

Public Document Pack

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4 June 2019

Health and Adult Social Care Select Committee

A meeting of the committee will be held at **10.30 am** on **Wednesday, 12 June 2019** at **County Hall, Chichester**.

Tony Kershaw
Director of Law and Assurance

This meeting will be available to view live via the Internet at this address:

<http://www.westsussex.public-i.tv/core/portal/home>

Agenda

10.30 am 1. **Committee Membership**

The Committee is asked to note the appointment of Mr Boram to the Committee in place of Mr Barling and to approve the co-opted membership of the Committee as set out below: -

Mr McGregor (Adur District Council)
Vacancy (Mid Sussex District Council) to be appointed on 26 June
Mr Bickers (Worthing Borough Council)
Vacancy (Arun District Council) to be advised
Vacancy (Horsham District Council) to be appointed on 1 July
Mrs Bangert (Chichester District Council)
Mr McAleney (Crawley Borough Council)

N.B. The Healthwatch West Sussex representative, Miss Russell, is an ongoing appointment.

10.31 am 2. **Declarations of Interest**

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 please contact Democratic Services before the meeting.

10.32 am 3. **Urgent Matters**

Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances, including cases where the Committee needs to be informed of budgetary or performance issues affecting matters within its terms of reference, which have emerged since the publication of the agenda.

- 10.36 am 4. **Minutes of the last meeting of the Committee** (Pages 7 - 12)

The Committee is asked to agree the minutes of the meeting held on 15 March 2019 (cream paper).

- 10.40 am 5. **Responses to Recommendations** (Pages 13 - 18)

The Committee is asked to note the following responses from: -

- a) The Department of Health & Social Care - to a recommendation made at the Committee's 16 January meeting
- b) The clinical commissioning groups - to a recommendation made at the Committee's 15 March meeting
- c) Brighton & Sussex University Hospitals NHS Trust - to a recommendation made at the Committee's 15 March meeting

The Committee is also asked to note that South East Coast Ambulance Service NHS Foundation Trust has agreed to send representatives to the November meeting of the Committee, with performance data for West Sussex in response to a recommendation made at the Committee's 15 March meeting.

- 10.45 am 6. **Forward Plan of Key Decisions** (Pages 19 - 22)

Extract from the Forward Plan dated 3 June 2019.

An extract from any Forward Plan published between the date of despatch of the agenda and the date of the meeting will be tabled at the meeting.

The Committee is asked to consider whether it wishes to enquire into any of the forthcoming decisions within its portfolio.

- 10.50 am 7. **Housing Related Support** (Pages 23 - 48)

- a) Report by the Executive Director of People Services.

The report sets out the work and progress that has been made

in the recommissioning and remodelling of existing and future housing related support contracts in the context of the budget for Housing Related Support.

b) Report by the Chair of the West Sussex Supported Housing & Homelessness Task and Finish Group.

The report outlines the work of the West Sussex Supported Housing and Homelessness Task and Finish Group between January and May 2019.

11.50 am 8. **improved Better Care Fund (iBCF) update** (Pages 49 - 58)

Report by Executive Director Peoples Services and Director of Adults' Services.

The report reviews iBCF investment for 2018/19 in terms of outcomes achieved, scheme suitability and priority.

12.10 pm 9. **West Sussex Safeguarding Adults Board Annual Report 2018/19** (Pages 59 - 94)

Report by the Independent Chair of the West Sussex Safeguarding Adults Board.

The report documents the activity and initiatives overseen by the Board during 2018/19.

Adjournment for Lunch

1.10 pm 10. **Proposals to improve mental health services in West Sussex** (Pages 95 - 118)

Report by Sussex Partnership NHS Foundation Trust.

The report outlines proposals to improve mental health services in West Sussex.

1.40 pm 11. **Low Vision Services** (Pages 119 - 146)

a) Report by Coastal West Sussex, Horsham & Mid Sussex, Crawley Clinical Commissioning Groups and Director Adults' Services.

The report sets out the provision of low vision services for residents in West Sussex.

b) Royal National Institute for the Blind policy position on low vision services.

c) Royal National Institute for the Blind low vision service mapping.

2.10 pm 12. **Appointment of the Committee's Business Planning Group** (Pages 147 - 148)

The Committee is asked to appoint five of its members to its Business Planning Group, to include the Chairman and Vice Chairman of the Committee, with two of the five being minority party members.

2.13 pm 13. **Possible Items for Future Scrutiny**

Members to mention any items which they believe to be of relevance to the business of the Select Committee, and suitable for scrutiny, e.g. raised with them by constituents arising from central government initiatives etc.

If any member puts forward such an item, the Committee's role at this meeting is just to assess, briefly, whether to refer the matter to its Business Planning Group (BPG) to consider in detail.

2.18 pm 14. **Requests for Call-in**

There have been no requests for call-in to the Select Committee and within its constitutional remit since the date of the last meeting. The Director of Law and Assurance will report any requests since the publication of the agenda papers.

2.20 pm 15. **Date of Next Meeting**

The next meeting of the Committee will be held on 26 September at 10.30 am at County Hall, Chichester. Probable agenda items include: -

- Substance Misuse – Drugs and Alcohol
- Suicide Prevention Strategy
- Health Protection Annual Report

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 12 September.

To all members of the Health and Adult Social Care Select Committee

Webcasting

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Health and Adult Social Care Select Committee

15 March 2019 – At a meeting of the Health and Adult Social Care Select Committee held at 10.30 am at County Hall, Chichester.

Present: Mr Turner (Chairman)

Dr Walsh	Dr O'Kelly, left after item	Cllr Belben
Mrs Arculus	8.	Cllr Boram
Lt Cdr Atkins	Mr Petts	Cllr Coldwell, left after
Ms Flynn	Cllr Bickers	item 7.
Mrs Jones, left after item	Cllr Blampied	Miss Russell
7.	Cllr Belsey	

Apologies were received from Mr Barling, Mrs Bridges, Mrs Smith, Mr Wickremaratchi, Cllr Neville and Mr Jones

Also in attendance: Mrs Jupp

44. Declarations of Interest

44.1 In accordance with the code of conduct the following personal interests were declared: -

- Cllr Belsey in relation to item 5a, Response to Recommendations, the response from Sussex Community NHS Foundation Trust, as a governor of Sussex Community NHS Foundation Trust

45. Minutes of the last meeting of the Committee

45.1 Resolved – that the minutes of the meeting held on 16 January 2019 be approved as a correct record and that they be signed by the Chairman.

46. Forward Plan of Key Decisions

46.1 Resolved – that the Committee notes the Forward Plan of Key Decisions.

47. Responses to Recommendations

47.1 The Committee discussed the responses and was unhappy that performance data from South East Coast Ambulance Service NHS Foundation Trust had not been attached to its response and the assertion that the data could lead to misinterpretation. The Committee also commented that there was lack of clarity in the response from the clinical commissioning groups.

47.2 Resolved – that the Committee

- i. Notes the responses from Sussex Community NHS Foundation Trust and the Cabinet Member for Adults and Health
- ii. Asks the Chairman to write to South East Ambulance Service NHS Foundation Trust requesting a representative to come to a future meeting of the Committee with performance data for West Sussex
- iii. Asks the Chairman to write to the clinical commissioning groups requesting clarity of their understanding of comments made by the Secretary of State for Health at the Conservative Party Conference in 2018 regarding the future of community hospitals

48. Radiotherapy services: New Service Specifications and implications for West Sussex provision

48.1 The Committee considered a report by NHS England South East (copy appended to the signed minutes) which was introduced by Fiona Mackison, Service Specialist, NHS England South East who told the Committee: -

- Service specifications had been published in January 2019 for Adult External Beam Radiotherapy Services delivered as part of a designated network and Operational Delivery Networks for Adult External Beam Radiotherapy Services
- Under the new services, treatment for rare cancers would be available closer to patients' homes where possible
- Trusts would be encouraged to work together and linacs (Linear Accelerators) would be available five days a week
- Providers will sign a Memorandum of Understanding to agree how networks should be run
- There will be agreed tumour treatment protocols across networks
- It was hoped that travel times for patients will be reduced by having more treatment nearer where patients' lived
- The specifications did not stop the possibility of a satellite site at Chichester as recommended by the Cancer Alliance

48.2 Phil McNamara of the Surrey & Sussex Cancer Alliance told the Committee: -

- The Alliance was concerned with population-based care giving people access to high quality radiotherapy
- The Alliance had a productive Network Oversight Group meeting with The Royal Marsden NHS Foundation Trust and Imperial College Healthcare NHS Trust
- The Alliance would chair the Group from April
- Modernisation of services had begun
- The Memorandum of Understanding should lead to clinicians working better together
- The Group would push for two linacs at Chichester

48.3 Summary of responses to Members' questions and comments: -

- Service providers had been involved in developing the new strategy
- It was thought unlikely that the Royal Marsden NHS Foundation Trust and Imperial College Healthcare NHS Trust would want West Sussex

patients to travel to London for treatment as their capacity was already stretched

- The Network Oversight Group had prioritised improved IT
- NHS England South East was waiting for a provider to produce a business case to take on radiotherapy services in West Sussex – until this happened it was not possible to say when new services would be available

48.4 Resolved that – the Committee: -

- i. Welcomes the support from the Surrey & Sussex Cancer Alliance to have two linacs sited at St Richard’s Hospital, Chichester
- ii. Agrees that the Chairman should write to local NHS trusts to ensure that a business case to provide radiotherapy services in West Sussex is drafted as a matter of urgency and submitted to NHS England South East
- iii. Asks that the Committee is kept regularly updated on progress towards implementation of the new services

49. Adult Social Care Improvement Programme

49.1 The Committee considered a report by the Executive Director for Children, Adults, Families, Health and Education and the Director of Adults’ Services (copy appended to the signed minutes) which was introduced by Paul McKay, Director of Adults’ Services who told the Committee: -

- The safeguarding indicators showed good improvement – information had been sought on the 10 cases that were outside the target
- All priority 1 and 2 assessments in Deprivation of Liberty Safeguards (DoLS) cases had been completed
- An extra £2m would be needed to complete the lower priority assessments, therefore these were being triaged to manage risk
- Some people may have more frequent assessments than others
- The increase in referrals over winter had caused longer timescales for assessments
- Continued improvement was expected over the next year, but the internal indicator targets needed to be reviewed as 100% targets were unrealistic and benchmarking of other authorities was being carried out to help decide new ones

49.2 Deborah Robinson, Interim Lead Adults’ Service Improvement Programme told the Committee that the safeguarding indicators had in depth information behind them and that monthly performance management meetings now took place to help increase quality and change culture.

49.3 Summary of responses to Members’ comments and questions: -

- The Council expected to employ an extra 21 social workers this year, thus reducing the spend on agency staff
- Retention of staff was more difficult in the north of the county due to the attraction of higher wages in Surrey

- Recruitment and retention of staff was a priority for the Health & Wellbeing Board which was working with district and borough councils on housing needs and also looking at pay levels
- New equipment was to be given to social workers by November to enable them to do some administration tasks whilst away from the office – the Council was also looking at other ways to increase the amount of time social workers spent with customers
- There was less turnover of occupational therapy staff, but the Council was still looking at how to attract newly qualified occupational therapists, including professional development opportunities
- The social worker presence at East Surrey Hospital was to become permanent
- The use of video, with customers' consent, was being introduced
- High demand, care home closures and staff sickness have caused problems
- Community teams provided packs of local information and there was also a lot of information on the Connect to Support website re accessing support
- Most authorities were in a similar position to West Sussex regarding DoLS assessments
- The Council will introduce national standards for DoLS assessments
- The order of priority was Safeguarding, DoLS, new assessments then assessment reviews
- Customer Access Points would be set up in locations used by people
- Early intervention should help social workers concentrate on more complex issues
- More integration between health and social care could avoid duplication – this was another priority for the Health & Wellbeing Board
- A map of the roll out of innovation sites would be sent to the Committee

49.4 Resolved – that the Committee welcomes: -

- i. That performance data has been shared with the Committee and asks to consider performance data again at a future meeting, including any suggested target changes
- ii. The work to shift the culture of the organisation in this area and aspiration to ensure sufficient staff are recruited permanently and retained, asking that the Committee is provided with further developments at a future meeting

50. Dementia Framework West Sussex 2014-19 - Review & Refresh

50.1 The Committee considered a report and presentation by the Executive Director Children, Adults, Families, Health and Education and Director of Adults' Services (copies appended to the signed minutes) which were introduced by Irene Loft, Senior Commissioning Officer and Julie Whittingham, Mental Health/Dementia Commissioning lead for the Central Sussex and East Surrey Commissioning Alliance who told the Committee: -

- The Framework covered the complete patient pathway and was reviewed using focus groups
- Key successes of the Framework included raising awareness of dementia, the importance of a healthy lifestyle, the creation of a

- dementia zone on the Connect to Support website, an increase in diagnosis rates from 50% to 67% (the national target) and numerous referrals to the Memory Assessment Service (MAS)
- Ways were being looked at to meet the demand for the MAS
 - Diagnosis waiting times were still too long – up to four months. There is a pilot scheme in Worthing MAS to reduce waiting times. MAS will be renamed as the Dementia Assessment Service to ensure referrals are from people who are likely to have dementia which will help ensure people do not drop off the waiting list when they learned they were being tested for dementia
 - Dementia Action Alliances had spread across the county supporting people affected by dementia including carers and were mainly run by volunteers with time limited grants – there were also Admiral nurses in the north of the county and East Surrey hospital
 - Dementia training in hospitals had improved
 - There had been a slight increase in referrals from black, Asian and minority ethnic communities, but the figure was still low
 - Reaching people in rural areas was difficult
 - The number of people with learning difficulties being diagnosed needed to be looked at as numbers were very low – training was needed for people who provided learning difficulty services to ensure they have the right level of skills to support the person with dementia
 - Better care planning was needed for end of life care that should take place as early as possible in the person’s journey
 - The number of people with dementia was increasing by 16% per year
 - Out of 14,000 people with dementia in West Sussex, 10,000 lived in the coastal area and the number of those with a diagnosis was greater than those without

50.2 Summary of responses to Members’ comments and questions: -

- Work was taking place to help people identify dementia before referring patients to the MAS – fast-track referrals were possible
- Consultation on the reconfiguration of dementia wards by Sussex Partnership NHS Foundation Trust would look at travel times for carers
- Health and social care workers were not always sharing information even when permission was given to do so
- Health was working with proactive care teams and was encouraging the Alzheimer’s Society to do the same
- A significant number of people were dissatisfied with training, communications and support for families – this would be addressed through the new strategy
- A lot of information had been put on the Connect to Support website, there had been a Dementia Action week to raise awareness of dementia and efforts were being made to get providers to signpost each others’ services

50.3 Resolved – that the Committee: -

- i. Welcomes the developments that have been made and emphasises the following: -
 - a. The importance of a timely diagnosis
 - b. The investment in keeping people healthy as a preventative measure for dementia in light of the reduction in the public health grant and that this be shared with the Health & Wellbeing Board
 - c. The importance of real leadership and governance
 - d. The need to address levels of dissatisfaction with the service
 - e. The importance of linking in with local clubs and associations rather than just parish councils in rural areas
- ii. Asks that current waiting times are shared with the Committee

51. Business Planning Group Report

51.1 The Committee considered a report by the Chairman (copy appended to the signed minutes) which was introduced by the Vice Chairman who highlighted the following: -

- An update regarding the progress of adults in-house social care provision – ‘Choices for the Future’ was intended to go to the Business Planning Group in November
- The NHS England (Southeast) report on the Health Needs Assessment of detainees at detention centres in West Sussex was reassuring
- GP numbers would be discussed at the Business Planning Group meeting in June

51.2 Resolved – that the Committee endorses the contents of the report and the work programme.

52. Possible Items for Future Scrutiny

52.1 Resolved – that the Committee agrees to discuss the integration of Health and Social Care at a future meeting.

53. Date of Next Meeting

The meeting ended at 1.05 pm

Chairman



Department
of Health &
Social Care

From Caroline Dinénage MP
Minister of State for Care

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London
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Councillor Bryan Turner
Chairman
Health and Adult Social Care Select Committee
West Sussex County Council
By email to: bryan.turner@westsussex.gov.uk

15 MAY 2019

Dear Cllr Turner,

Thank you for your further correspondence of 27 March to Matt Hancock about community hospitals. I apologise for the delay in replying.

I am afraid that we have no record of your original letter of 25 January. Please accept my apologies if that is due to a fault on the part of the Department.

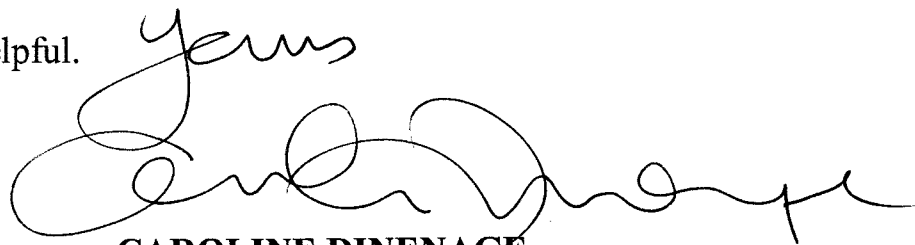
The Secretary of State and I have made clear the importance of community hospitals. This includes cottage hospitals. A patient should be supported to recover in the most appropriate setting, including a cottage hospital. Important planning decisions about all community hospitals should be taken with detailed consideration of local needs.

The *NHS Long Term Plan*, which sets out a vision for fully integrated community-based healthcare, includes a commitment that community hospital hubs will play a part in many integrated multidisciplinary teams.

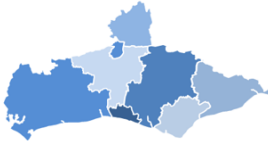
On the matter of future provision of community hospitals in West Sussex, these decisions should be made locally. It is right that these types of matters are addressed at a local level, where local healthcare needs are best understood.

It is vital that people can shape the future of their local services. For any significant system reconfiguration, we therefore expect all local parts of the system to talk to the public and stakeholders regularly. I was pleased to read that Sussex Community NHS Foundation Trust is working with the local area, including patient groups, in reviewing how it can best support communities in West Sussex.

I hope this reply is helpful.


CAROLINE DINENAGE

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Cllr Bryan Turner
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26 April 2019

Dear Bryan,

Community Hospitals

Thank you for your letter dated 27 March 2019. I thought it might be helpful to update you in more detail in relation to the work currently being carried out in West Sussex in terms of our review of our community assets specifically in relation to intermediate care services.

As you will know, a key priority of the CCGs in Sussex has always been to invest in and build the strength of our community services. We know that by having multidisciplinary NHS and social care teams based out in the community (both in NHS buildings and importantly supporting people in their own homes) and working in partnership across our local areas, we can better meet the needs of our whole population.

As our patients' health needs change over time, so does our commissioning of NHS services. This is evident in the way that our smaller community units (such as Horsham, Kleinwort or Midhurst) have and continue to change in response to the populations' needs, while remaining central hubs for community based health and care for the towns and surrounding areas.

In West Sussex, we have eight standalone community units that provide a range of services. We have 279 inpatient beds for use by community health and care services across all eight units. We also have four Minor Injury Units (MIUs) or Urgent Treatment Centres (UTCs); a comprehensive range of outpatient services; and some same-day ambulatory (diagnostic and treatment outpatient care) services.

The NHS Long Term Plan, published in January 2019, outlines how the NHS will change in the future. Most notably for us, it sets the target of having Integrated Care Systems (ICSs) covering the whole country by April 2021, which will involve a fundamental shift in how CCGs will work and how future commissioning will be done. Along with the formation of ICSs, the Long Term Plan also sets out the future formation of Primary Care Networks (PCNs) that will involve GP practices and community teams working together to serve communities of around 30,000 to 50,000. They will involve multidisciplinary teams with a range of staff, such as GPs, pharmacists, district nurses, dementia workers, physiotherapists and social care and voluntary sector workers.

In this approach, there is a genuine opportunity for our valued community units to develop into local, vibrant integrated care hubs where, for example, the new Primary Care Networks will be able to deliver the services that are now needed by our local populations, and where our health and social care community teams can also be based.

As I have said, the local NHS must change and adapt to the changing needs of our population. The clinical evidence in terms of health outcomes for our patients, workforce constraints, and estate issues mean that the current model is not fit to deliver the ambitions of the NHS Long Term Plan over the next ten years. And so alongside the development of our community units, we do need to recognise this will probably look quite different in terms of inpatient, bedded care from what we have today across all of these units.

I am aware that you have recently had both a presentation on the step up / step down (intermediate care) programme including the clinical case for change, and also our local urgent care transformation work (including urgent treatment centres and NHS111) at your HASC seminar on 16 January 2019. This introduced you to some the detail of how local care is changing and will continue to change. We will of course continue to engage with you as this work progresses.

As you will know, CCGs have a formal duty to involve and consult local people over any proposals that would involve significant changes to services. Before we implement any changes, the CCGs complete thorough assessments to help us understand how our decisions may affect people.

We have already started talking to local people, patients and other partners - including HASC, Healthwatch, the voluntary and community sector, patient representatives and leaders – through the Big Health and Care Conversations in 2018 and the Our Health and Care, Our FUTURE face to face events and conversations and online engagement in 2019. This will make sure that we hear from people who will be, or are likely to be, affected by any changes and is just the foundation of our public and patient engagement.

If it would be helpful, I would be happy to meet with you to discuss this work, and our local ambitions to deliver the NHS Long Term Plan, further.

Yours sincerely,



Adam Doyle
Chief Executive Officer

cc: Siobhan Melia - Chief Executive, Sussex Community NHS Foundation Trust

Our ref: MG/SF

15 April 2019

Bryan Turner
Chairman
Health and Adult Social Care Select Committee
West Sussex County Council
County Hall
West Street
Chichester
West Sussex PO19 1RQ

Dear Bryan

Thank you for your letter of 27 March regarding Radiotherapy Services in March. Your letter states infers that the Trust is unwilling to put forward a business case to our Commissioners for the provision of Radiotherapy on the St. Richard's site, which is inaccurate. The Trust has long supported the provision of Radiotherapy services in Chichester to better serve the local population. We worked closely with the Surrey and Sussex Cancer Alliance in their review and supported the conclusion that across the Alliance area that St. Richard's Hospital site would best address the current issues of access to services.

However, NHS England have been clear to the Trust that they would not support BSUH (as a tertiary cancer centre) building a Radiotherapy Unit on the Chichester site, as the other Cancer services for this area are provided by Portsmouth Hospitals, and they would only support a single tertiary provider across all Cancer services. As a result of this steer from our commissioners, the Trust is reviewing the provision of its Cancer services across Worthing and Chichester sites, as part of its Clinical Strategy review, to determine whether there is a better configuration for Cancer services across the whole Trust.

With our partner





**Brighton and Sussex
University Hospitals**
NHS Trust

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Should this review result in a single tertiary Provider of Cancer services serving both the Chichester and the Worthing populations, then we would be in a position to submit a business case for the provision of Radiotherapy services in Chichester that would fulfil NHS England's criteria.

I hope this clarifies matters and addresses the issues raised in your letter.

Yours sincerely

Dame Marianne Griffiths DBE
Chief Executive

DRAFT

With our partner





Forward Plan of Key Decisions

Explanatory Note

The County Council must give at least 28 days' notice of all key decisions to be taken by members or officers. The Forward Plan includes all key decisions and the expected month for the decision to be taken over a four-month period. Decisions are categorised in the Forward Plan according to the [West Sussex Plan](#) priorities of:

- Best Start in Life
- A Prosperous Place
- A Safe, Strong and Sustainable Place
- Independence in Later Life
- A Council that Works for the Community

The Forward Plan is updated regularly and key decisions can be taken daily. Published decisions are available via this [link](#). The Forward Plan is available on the County Council's website www.westsussex.gov.uk and from Democratic Services, County Hall, West Street, Chichester, PO19 1RQ, all Help Points and the main libraries in Bognor Regis, Crawley, Haywards Heath, Horsham and Worthing.

Key decisions are those which:

- Involve expenditure or savings of £500,000 or more (except decisions in connection with treasury management); and/or
- Will have a significant effect on communities in two or more electoral divisions in terms of how services are provided.

The following information is provided for each entry in the Forward Plan:



Decision	The title of the decision, a brief summary and proposed recommendation(s)
Decision By	Who will take the decision
West Sussex Plan priority	See above for the five priorities contained in the West Sussex Plan
Date added to Forward Plan	The date the proposed decision was added to the Forward Plan
Decision Month	The decision will be taken on any working day in the month stated
Consultation/ Representations	Means of consultation/names of consultees and/or dates of Select Committee meetings and how to make representations on the decision and by when
Background Documents	What documents relating to the proposed decision are available (via links on the website version of the Forward Plan). Hard copies of background documents are available on request from the decision contact.
Author	The contact details of the decision report author
Contact	Who in Democratic Services you can contact about the entry

For questions about the Forward Plan contact Helena Cox on 033022 22533, email helena.cox@westsussex.gov.uk.

Published: 3 June 2019

Forward Plan Summary

Summary of all forthcoming executive decisions in West Sussex Plan priority order

Page No	Decision Maker	Subject Matter	Date
 A Prosperous Place			
	Executive Director of People Services	Commissioning of community advice services from Citizens Advice in West Sussex	June 2019
 Independence in Later Life - None			

A Prosperous Place

Executive Director of People Services

Commissioning of community advice services from Citizens Advice in West Sussex

The community advice service provided by Citizens Advice is part of the information and advice commissioning portfolio within public health. It primarily provides support to working age adults and families and is commissioned as part of the Council's general duty for the promotion of wellbeing under the Care Act.

The community advice service in West Sussex is a universal service with a high-profile brand identity that is well known to the general public. The service is often the first point of contact for people in crisis situations and works with other voluntary and statutory sector organisations that operate within county, district and borough and parish boundaries. Through its universal advice offer the Citizens Advice service contributes to the following key West Sussex Plan objectives:

- Best start in life
- A prosperous place
- A strong, safe and sustainable place
- Independence for later life
- A council that works for the community

The Citizens Advice service in West Sussex is 80% delivered by volunteers and supports volunteering opportunities across the county. The service in West Sussex also supports better partnership working between the voluntary and the statutory sectors including the County Council, for example in promoting place-based local service delivery and the future development of volunteering.

The Cabinet Member for Adults and Health approved (Reference Cabinet Member Decision Report AH15 18-19) the commencement of procurement for a generalist community advice service via a single tender process, with Citizens Advice as the preferred provider, from 1st June 2019 for a period of 1+1+1 years on behalf of funding partners, the West Sussex District and Borough Councils. Authority has been delegated to the Executive Director of People Services to award the contract.

The funding of the community advice service for up to three years is a clear commitment from the County Council to support effective partnership working with District and Borough partners and voluntary and community sector service providers. During the first and second years of the contract the service will be remodelled to meet the changing needs and demographics in West Sussex. Funding will be awarded each year over three years subject to positive progress being made to remodel the service.

Upon completion of the procurement process The Executive Director of People Services will be asked to award the contract to the bidder, Citizens Advice.

Decision By	Executive Director of People Services
West Sussex Plan priority	A Strong, Safe and Sustainable Place
Date added to Forward Plan	1 April 2019

Decision Month	June 2019
Consultation/ Representations	Representations concerning this proposed decision can be made to the Executive Director of People’s Services, via the officer contact, in the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Seth Gottesman Tel: 033 022 28706
Contact	Erica Keegan Tel: 033 022 26050

Independence in Later Life

None.

Health & Adult Social Care Select Committee
12 June 2019
Housing Related Support
Report by Executive Director People Services and Director of Adults' Services

Summary

As part of the council's 2018 budget proposals consideration was given to aims and responsibilities underpinning the councils' expenditure on housing related support services (HRS). Funding for HRS was originally provided through the ring fenced "Supporting People" grant from 2003. This was subject to annual reductions until 2011 when the ring fence was removed. Funding for these services is now met from the core council budget. Some of the procured services enable the council to fulfil statutory responsibilities and others are discretionary in nature.

Following an intensive and complex consultation process, the decision was made to reduce expenditure on HRS from £6.3million in 2018/19 to £2.3million by 2020/21. The spending reduction of £4million will be implemented over the financial year 2019/20, allowing time to remodel services and explore impact mitigation with the providers and others. This work is being supported by a task and finish group of partners from the districts and borough councils.

The Cabinet Member for Adults and Health agreed that an update on progress would be brought to the June 2019 Health and Social Care Select Committee (HASC) meeting for consideration.

HRS services are delivered by multiple providers in a variety of forms across the. All contracts are due to end on the 30th September 2019.

The focus for scrutiny

The Health and Social Care Select Committee is asked to consider the approach to prioritising the County Council's remaining investment in housing related support, including the work of the officer task and finish group, and provide any comment to the Cabinet Member for Adults and Health, Executive Director for People and Director of Adults Services prior to a planned further key decision in July 2019 regarding the future procurement of HRS contracts.

Proposal

1. Background and Context

1.1. The purpose of this report is to set out the work and progress that has been made in the recommissioning and remodelling of existing and future housing related support contracts in the context of the budget for HRS.

1.2. This report is accompanied by the RAG rating of the existing HRS contracts (appendix one).

Housing Related Support

1.3. The purpose of HRS is to reduce the risk of tenancy breakdown and homelessness for individuals who, for a variety of reasons, may struggle to maintain independence without these inputs. Services are a mixture of 'accommodation based' support linked to specific properties, and 'floating' support for individuals in a variety of different types of accommodations.

1.4. In West Sussex these services support the delivery of a range of statutory duties and discretionary responsibilities on behalf of the county council and the district and boroughs. The primary statutory responsibility for addressing or preventing homelessness falls to the districts and boroughs as housing authorities. Council social care responsibilities may be discharged through housing support and homelessness prevention services. These services also support the prevention of demand on other services.

1.5. Funding for these services was historically funded by central government through a range of sources. In 2003 a review of funding streams resulted in the creation of a 'Supporting People' Grant, a reducing ring fence grant which was administered by the council. In 2011 the ring fence was removed.

1.6. HRS services are now funded from the Adults and Health budget as part of the council's base budget.

2. Proposal

2.1. As part of the Cabinet Member decision of 18th December 2019 it was agreed that all existing provider contracts would be extended until 30th September 2019 to allow time for an in-depth piece of work to be undertaken to look at future commissioning intentions and opportunities. Subject to a key decision in July 2019 the council will undertake a procurement exercise to re-commission services based on the outcome of this work.

2.2. To aid this process the council has rated the service using a RAG rating indicated the strategic fit with statutory duties and prevention. This RAG rating can be seen at appendix one.

2.3. Services rated as green are a high priority for continued funding, albeit with efficiencies. The proposed approach for these services is a single tender re-procurement. Services rated red are unlikely to attract on-going funding and work is underway to end this provision. Services rated amber will be subject to the outcome of a joint piece of work. The proposal is for these services will be extended until March 2020 and a re-procurement to commence from September 2019.

The amber rated services.

2.4. Amber services are those services the council could consider some on-going funding for, however they fit the council's prevention rather than statutory duties.

In order to continue these services at a similar level there would need to be investment in services and or property from other parts of the system. Alternatively, these services could be commissioned differently through a partnership arrangement.

2.5. It was agreed that a piece of work to agree a partnership commissioning approach to these services would be informed by a the task and finish group chaired by Natalie Brahma-Pearl, Chief Executive of Crawley Borough Council.

2.6. To facilitate this work in a timely manner the task and finish group appointed a consultancy firm, Snook, with a brief to;

- Utilise a design led approach to understand the needs of homeless people across West Sussex accessing supported housing and preventing homeless services now, and
- Understand what is needed for the future.

2.7. A series of stakeholder workshops held throughout April and May 2019 with partners, stakeholders, providers and service users has informed a senior executive workshop held on 30th May 2019 to decide on future commissioning intentions, the outcome of which will be published in June 2019.

2.8. The detailed work of the task & finish group will be presented in a separate update by the Chair of the group at the meeting on 12th June 2019.

2.9. Following consideration of the outcomes of the senior executive workshop the council will produce service specifications for the new contracts to be commissioned and commence tendering processes as required. It is anticipated that these services will be in place by 1st April 2020.

3. Resources

3.1 The current budget for services provided through the housing related support contracts is £4.6 million and supports services across the county. This is funded from the base council budget rather than through any dedicated or general grant. Council wide pressures across the entire range of services means that all financial commitments have to be tested and challenged.

3.2 Opportunities to close the budget gap that the council faces are limited due to the requirements to fulfil its statutory duties and demand pressure in children and adults' services. The council also recognises that districts and boroughs also face significant financial pressures and that it is unlikely that other parts of the system will be able to bridge the gap if this funding is removed.

3.3 It was agreed that the council allocates a budget to meet its statutory obligations and contribute to the wider prevention agenda;

- To meet statutory duties a commitment of £1m per year is considered appropriate. This is based on a review of services currently considered as meeting or contributing to council statutory duties,
- It is proposed that, in addition, the council continues to invest up to up to £1.3m per annum in services which support the prevention agenda.

Provision at that level will enable a continued contribution to commissioning for youth homelessness and services covering rough sleeping and domestic violence refuges, however it recognises that this may require providers to access alternative revenue streams or reduce the overall offer.

- The contracts will continue in their current form until September 2019. The remodelled contracts will commence from September 2019 onwards based on the recurrent £2.3m financial envelope.

3.4 A breakdown of the investment for 2019/20 is in the table below:

	Current Year 2019/20 £m	Year 1 2020/21 £m	Year 2 2021/22 £m
Current spend	3.15	0	0
Spend on new contracts	1.15	2.3	2.3
Contingency	0.3	0	0
Total	4.6	2.3	2.3

Factors taken into account

4. Issues for consideration by the Select Committee

4.1 It was agreed at the December 2018 meeting of the Health and Adults Social Care Select Committee that members would have the opportunity to consider developments regarding the housing related support contracts at its June 2019 meeting, and further to any decision approved by the Cabinet Member for Adults and Health.

4.2 Issues which the committee may wish to explore include;

- a) The work and progress to date of the partnership task and finish group,
- b) Revised timetable for delivery of proposals,
- c) Plans to monitor the impact of the proposals to include service users, their families and carers and current service providers, especially for those contracts rated either red or amber and,
- d) Plans for continued partnership working with strategic partners

5. Consultation

5.1. A significant programme of work has been undertaken on the future commissioning intentions led by the task and finish group and involving partners, stakeholders, providers and people who use services.

5.2. The outcomes of this work is expected by the end of June and will be used to develop the contract specifications throughout June and July 2019.

6. Legal Implications

6.1. A summary of statutory duties can be seen in appendix three. There is a complex set of overlapping statutory duties and associated powers, most usefully exercised to prevent or reduce the potential emergence of greater needs and their

demands on other services. All of the duties considered together illustrate the need for cooperation and joint working across agencies to identify a shared strategy and set of objectives and to reach a common set of aims and commissioning plans to meet them. The appendix also provides, for illustrative purposes the implications of current HRS arrangements for the various statutory functions.

7. Risk Management Implications

7.1. Reductions in funding create a risk that services will be forced to close leaving individuals and families who may require support unable to access this. The impact could be an increase in homelessness, or an increase in request for assessment and support from adult or children's social care. The proposed approach provides some stability by clearly profiling the financial constraints and allowing flexibility on how the changes are delivered.

7.2. There is a risk that services may become destabilised whilst the remodelling work is undertaken. This is being mitigated through early engagement and clarity of purpose amongst all the partner agencies. It is important that this is seen as a collective set of responsibilities where the beneficial outcomes for those in need in our community are shared and the need to maintain a coherent system of support and intervention is planned jointly within the financial constraints which exist.

7.3. There is a risk that, in remodelling these services insufficient additional resources can be identified across the system to fully meet the responsibilities shared by the agencies. Careful attention will be given to the impact of particular proposals for change and the need to adapt or modify those proposals as such impact and available mitigation are identified.

7.4. The timescale for remodelling the services is challenging. This situation will be kept under review during the implementation period.

8. Other Options Considered

8.1. In view of the scale of the financial challenge facing the council, it cannot rule any areas out of consideration. Clarity of purpose and priority of outcome for all contractual arrangements must be achieved to make the most effective use of resources. To do nothing is therefore not an option.

8.2. The option to withdraw the full HRS budget would not achieve the aims of ensuring these services meet the responsibilities of the council in a planned and measured way. This would have a significant impact across the county at both a strategic level and potentially on an individual level if services were to close with insufficient planning or impact assessment. Since it would also leave the council at risk of not being able to fulfil some of its statutory responsibilities, this has never been treated as a viable option to pursue.

8.3. The option to retain a core element of investment linked to the delivery of statutory functions and supporting prevention with the remaining reductions staged in two parts is therefore the agreed position.

9. Equality Duty

9.1. A detailed impact assessment was undertaken as part of the budget consultation. The work planned to develop future service priorities and how they can best be met will continue the approach which takes fully into account the council's duty to have regard to its public sector equality duties.

10. Social Value

10.1. The proposal to jointly review and remodel the commissioned services will take into account the social value that these deliver for the people of West Sussex. The particular elements of the Council's Social Value Policy which have been considered or will be included in the implementation of the proposals are set out as part of the impact assessment in appendix one.

11. Crime and Disorder Implications

11.1. Several commissioned services contribute to the council's role in reducing crime and anti-social behaviour. Stakeholders from the criminal justice sector will be encouraged to participate in this process so that this is properly recognised. The relevant statutory duties are included in the summary of responsibilities provided in appendix two.

12. Human Rights Implications

12.1. A number of the Articles of the Convention on Human Rights are engaged by proposals to alter service support to those with needs linked to their accommodation and wellbeing. The rights enshrined in Article 8 (private family life and home) will be the focus of the impact assessment and future service plans together with other fundamental rights identified as relevant as the process of service redevelopment is implemented.

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Appendices

Appendix 1 – Consultation feedback and Equality Assessment

Appendix 2 – Summary of legal duties and responsibilities

Background Papers - None

Contract	Service Type	2018/19 value £k	Suggested approach/Prioritisation	Potential WSCC £k 2020/21
Older People				
Worthing Homes	Floating Support (Adur/Worthing)	120	<i>WSCC has indicated that funding for any these services is unlikely to continue beyond 1/10/2019</i>	
Crawley Homes	Floating Support (Crawley)	71		
Extra Care Landlords	Accom. based support (countywide)	120		
Saxon Weald	Floating Support (Horsham)	56		
Peabody - Here to Help	Floating Support (Mainly Arun, Chi, Mid Sx)	600		
Total Older People		967		0
Adults with complex needs and homelessness				
CGL	Countywide - MAPPA houses	283	<i>Offender services not a priority for funding by WSCC. The Directions service has already ended.</i>	-
Directions	Homeless Offenders (service now closed)	240		
Stone Pillow	Arun & Chichester	190	<i>WSCC is likely to prioritise retention of specialist provision of supported accom for adults with complex needs</i>	
Open House	Crawley	262		
Turning Tides	Worthing	269		
Bognor Housing Trust	Arun	110		
Sanctuary	Accom. based support Arun and Worthing	215		
Peabody	Mid Sussex resettlement scheme	180	<i>Potential to remodel/reduce value of these services subject to D&B input/support</i>	
Southdown - resettlement	ILS Crawley, Horsham, Chichester, Adur/Worthing	550		
Southdown - Money Manangeme	Countywide - based in IPEH	170		
Southdown - co-located	A&W, CDC, CBC, HDC 2 workers, ADC, MSDC 1 worker	450	<i>Low priority ex. HDC</i>	-
Southdown NHS	Countywide - mental health & hospital discharge	250	<i>WSCC priority, esp. if co-funding can be secured</i>	
Total complex needs and homelessness		3,169		1,300
Young People				
YMCA Downslink	Crawley, Horsham, Worthing, Mid Sx	883	<i>Retention and re-modelling of accom based services for young people likely to be a priority for WSCC</i>	
Sanctuary	Accom based schemes in Adur & Arun	315		
Home Group	High support scheme in Worthing	205		
Southdown	My Place (Chichester)	80	<i>Low priority for WSCC funding</i>	-
Life	Mid Sx, Arun, Worthing, Crawley	156		
Total Young People		1,639		1,000
Grand Total		5,775		2,300
Low Priority for WSCC	High Priority for WSCC		Priority to be determined	

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Housing Related Supported Services: Analysis of County Council and District & Borough authority's statutory duties

<i>Commissioned services & Providers</i>	<i>WSCC duties under: Children Act 1989 & Care Act 2014</i>	<i>District & Borough duties under Housing Act 1996 (as amended by the Homelessness Act 2002) & Homelessness Reduction Act 2017</i>	<i>Duties that might arise in the absence of these services</i>
<p>Supported Housing for Young People (16-25):</p> <ul style="list-style-type: none"> • YMCA • Sanctuary • Home Group • Southdown 	<ul style="list-style-type: none"> • Accommodation duty for 16 & 17 year olds who are homeless • Support to care leavers using 'My Place' scheme • Support to small numbers of vulnerable 18-25 year olds with complex mental health needs 	<ul style="list-style-type: none"> • Accommodation duty to 18-25 year olds who could be potentially deemed to be vulnerable and have a 'priority need'. There is unlikely to be a large number that hit the priority need threshold. 	<p>WSCC – increase in presentation of 16 & 17 year olds and who would require placements</p> <p>D&Bs – increased use of TA and some homelessness acceptances for the full housing duty, but many will be deemed intentionally homeless due to exclusion from accommodation.</p>
<p>Housing Related Support for Young Parents</p> <ul style="list-style-type: none"> • Life Housing 	<ul style="list-style-type: none"> • None (unless providing for a child in need) 	<ul style="list-style-type: none"> • Residents are owed an accommodation duty (and are nominated to schemes by D&Bs for that reason) 	<p>WSCC – potentially some mothers might require a specialist mother & baby placement</p> <p>D&Bs – residents would require placement in TA/Rehousing</p>
<p>Support in Homelessness Hostels:</p> <ul style="list-style-type: none"> • Stone Pillow 	<ul style="list-style-type: none"> • Ostensibly none, though some residents may have needs which could be deemed to fall within the 	<ul style="list-style-type: none"> • Typically many service users will not be owed a substantive rehousing duty: as not in priority need or 	<p>WSCC there may be an increase in requests for formal Care Act assessments which may result in</p>

<ul style="list-style-type: none"> • Crawley Open House • Turning Tides • Bognor Housing Trust 	<p>scope of the Care Act</p> <ul style="list-style-type: none"> • 	<p>intentionally homeless</p> <ul style="list-style-type: none"> • Availability of hostel accommodation avoids need for provision of TA pending a homelessness decision. 	<p>the provision of services</p> <p>D&Bs: Some service users are likely to be owed a temporary duty i.e. TA, but most will be deemed to be intentionally homeless and not owed a long term duty.</p> <p><i>Service users in this cohort are not generally owed a formal statutory duty by either tier; though in reality the chaotic lifestyles of service users impose significant costs across a range of public services.</i></p>
<p>Domestic Violence Refuge: Safe in Sussex</p> <p><i>Total Cost: £100k</i></p>	<ul style="list-style-type: none"> • Potentially a duty where children at risk • Long term risks to children who are subject to violence 	<ul style="list-style-type: none"> • Accommodation duty owed to households who are homeless as a result of domestic violence 	<p>WSCC: limited, many service users are from outside WS</p> <p>D&Bs: would be required to provide TA and usually permanent housing.</p>
<p>MAPPA scheme for Offenders: CGL</p>	<ul style="list-style-type: none"> • Neither tier of Local Govt owes a statutory housing or care duty • Nominations to these schemes are exercised by the National Probation Service • Scheme typically accommodates life prisoners who are being released on licence 		<p>Absence of this scheme potentially creates risks if these residents start to be placed in the private rented sector without adequate supervision</p>

Services Provided under the West Sussex Homelessness Prevention Partnership (Southdown) and Resettlement Schemes in Arun (Sanctuary) and Mid Sussex (Peabody)

<ul style="list-style-type: none"> • Co-located workers 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • These roles support D&B role to prevent homelessness 	<p>WSCC: increasing homelessness creates risks for WSCC involving placement of vulnerable families who have been found intentionally homeless.</p> <p>Historically this is 10% of homeless families who apply to D & B authorities.</p> <p>Currently WSCC is accommodating 110 such households.</p> <p>D&Bs: Increasing use and cost of TA as well as a duty to provide permanent housing.</p>
<ul style="list-style-type: none"> • Resettlement Services including Sanctuary & Peabody 	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • These roles support D&B role to sustain vulnerable adults in tenancies and prevent homelessness 	<p>WSCC: Sustaining accommodation for vulnerable adults reduces potential long term call on care services</p> <p>D&Bs: reduced dependence on TA</p>
<p>NHS facing services</p>	<p>The Care Act places a duty to cooperate to ensure timely discharge from hospital this covers all statutory partners.</p>	<ul style="list-style-type: none"> • Potentially these services address needs which also fall to D&Bs e.g. to accommodate NHS patients who are homeless at 	<p>WSCC: Increase in number of assessment and discharge notices received for individuals who may otherwise have been discharged from hospital without</p>

		discharge	social care intervention. D&Bs: potential increase in unplanned/chaotic homelessness applications
<p>Older Persons (Floating Support)</p> <ul style="list-style-type: none"> • Peabody • Crawley Homes • Saxon Weald • Worthing Homes 	<ul style="list-style-type: none"> • Services may identify vulnerable households who have Care Act Needs • Support managing housing risks to some ASC service users 	<ul style="list-style-type: none"> • Limited, may assist in the prevention of homelessness or signposting to appropriate housing options 	<p>WSCC: potential increase in vulnerable adults requiring long term care as a result of breakdown in housing/independence</p> <p>D&Bs: potential increase in unplanned/chaotic homelessness applications</p>
<p>Older Persons Accommodation Based</p> <ul style="list-style-type: none"> • Extra Care Providers 	<ul style="list-style-type: none"> • Additional support to Care Act eligible residents 	<ul style="list-style-type: none"> • None 	<p>WSCC: potential reduction in ability of ECH providers to accept residents with higher support (as opposed to care) needs</p>

Report to WSCC Health and Adult Social Care Select Committee 12 June 2019

West Sussex Supported Housing and Homelessness Task and Finish Group

1.0 Executive Summary

1.1 This report outlines the work of the West Sussex Supported Housing and Homelessness Task and Finish Group between January and May 2019. The report provides an update on the work to review existing service provision and support West Sussex County Council (WSCC) to achieve its budget objectives, as well as a wider piece of service design work to support system wide change going forward. The ambition being that we meet the holistic needs of some of our most vulnerable residents and benefit from better understanding of how we can improve services and the outcomes for our communities.

2.0 Introduction

- 2.1 The West Sussex Supported Housing and Homelessness Task and Finish Group (T&F Group) has been formally meeting since January 2019. This followed the final decision of the WSCC Cabinet member for Adults and Health to reduce funding for supported housing commissioned services across the county from September 2019 to £2.3m per annum from an original budget of £6.3m per annum.
- 2.2 The membership of the group comprises of the Chair, Natalie Brahma-Pearl, Chief Executive of Crawley Borough Council, a strategic leadership group comprised of Paul McKay (Director of Adult Services, WSCC); Judy Holmes (Assistant Chief Executive, Mid Sussex District Council); Louise Rudziak (Director of Housing & Communities, Chichester DC) and Mary D'Arcy (Director for Communities, Adur & Worthing Councils) and the wider membership which includes lead housing professionals from WSCC and each of the Districts and Borough Councils in West Sussex.
- 2.3 The main aim of the group, which is aligned to the West Sussex Strategic Housing Officers group (also chaired by Natalie Brahma-Pearl) has been to develop an inclusive West Sussex response to these changes, recognising the wider systemic changes that have been taking place over many years. Most recently this includes the implementation of the Homelessness Reduction Act 2017.
- 2.4 The T&F Group aims to develop a response that addresses the needs of the customer and also recognises the statutory requirements of each agency within the system to prevent and relieve homelessness; addresses safeguarding issues for adults and young people (including those leaving the care system) and in essence, finds a way forward for the future in a vastly changed financial, legal and socio-economic climate.
- 2.5 The system also includes a wider base of commissioners, stakeholders and key interested parties, such as health commissioners and providers, the criminal justice system, those currently providing supported housing services as well as crucially, those in receipt of such services. The T&F Group recognises the importance of engaging with all these

stakeholders in this process. The Terms of Reference for the T&F Group are attached at **Appendix A.**

2.6 In January the T&F Group established the need to work at pace and defined two initial phases that required immediate consideration

- **Phase 1** - reviewing the impact of funding changes to service provision from September 2019 - March 2020 and agreeing how to collectively manage this.
- **Phase 2** - designing a new, whole system, approach to how we commission and deliver support to some of our most vulnerable communities in need of these services ensuring that we are a) meeting the right needs and b) are fit and sufficiently flexible for the changed landscape and the future.

2.7 Phase 2 will support a future joint commissioning programme for services from April 2020 and beyond. It is accepted that there are likely to be further phases, however the work to date has concentrated on these two, which have been running in parallel with each other. The progress to date is highlighted below.

3.0 Phase One: Service Provision October 2019 - April 2020

3.1 Key activities in this phase to date have included:

3.2 Reviewing and understanding the principles provided by WSCC regarding its approach to funding decisions for the future, linked to its statutory responsibilities, and the impact for services in 2019/2020 and beyond. These are referred to in the appendices of the WSCC report presented at this meeting.

3.3 This approach identified existing services as Red, Amber or Green depending upon whether WSCC would be likely to fund those services post September 2019. As a result of these discussions, the T&F Group is clear on the reasons underpinning the decisions by WSCC to cease funding certain services from October 2019 (Red services) and the rationale for continued funding of other services at a higher or lower level in 2019 and beyond (Green and Amber).

3.4 In partnership with the T&F Group, WSCC has agreed how the remaining funding allocated to 2019/2020, could be used across Amber and Green services, to continue to support service delivery whilst a service redesign process has been taking place.

3.5 Providers have received very clear messaging from WSCC colleagues on this process, and the Chair of the T&F Group has met with the Provider Coalition Group and kept the group up to date with the approach being taken. Providers have also had the opportunity to be involved in a number of workshops to help inform the emerging Phase two work.

4.0 Phase One - Emerging Risks and Issues

4.1 Two specific areas have emerged as key risks during Phase one and continue to be separate work streams within this phase.

i) Older People's Services

- 4.2 A number of the contracts commissioned by the Supported Housing budget are targeted specifically at an older age group, these contracts are in the main provided by agencies to assist older people to remain living independently in their homes or adapted accommodation. Experience of their success across the West Sussex area is patchy. These services were all identified as 'red' services by WSCC. Whilst as part of a wider service redesign and commissioning approach the T&F Group is exploring the way in which floating support for all ages can be provided going forward (see below) the loss of these services in some areas has been identified as a risk. The key risk being that additional and costly burdens are placed upon the health and adult social care system if a solution is not identified.
- 4.3 Work is ongoing to understand current service provision, any possible duplication of services and explore potential options for this type of support going forward. A subgroup of the T&F Group is scheduled to meet with the lead from WSCC Adult Social Care in June 2019 to discuss this and how to mitigate the risk.
- ii) High Risk/ Multi Agency Public Protection Arrangement (MAPPA) Offender Services
- 4.4 Currently Change, Grow, Live (CGL) is contracted to provide accommodation and associated support to high risk and MAPPA offenders. It has properties across West Sussex. Referrals are made exclusively by the National Probation Service (NPS). Part of the support includes working with those in the accommodation to access move on accommodation and in the main they are very successful at achieving this.
- 4.5 This service will not be funded by WSCC in the future. There is no requirement for statutory housing authorities to give specific priority to this group, and financial support for supported accommodation has not been made available by the NPS or the Ministry of Justice (MoJ). This type of provision is not universally provided across the country or even within Sussex. The support meets only a small percentage of the need for accommodation for those released from prison. In most cases, offenders leave custody and return to live with family/friends, secure private rented accommodation or in some cases will sleep rough or access hostel type accommodation. The key risk with high risk MAPPA offenders, is that without such accommodation they will not be able to access provision elsewhere, and will ultimately end up sleeping rough. With the associated increased risks, vulnerabilities and complexities that MAPPA offenders present with, this brings not only exposure of risks to others, but also to themselves.
- 4.6 In order to explore this issue and seek solutions a subgroup of the T&F Group is concentrating on this workstream. Meetings have taken place with CGL, and the NPS, along with other potential providers to see what other options can be explored moving forward. The Chair of the T&F Group is in the process of writing to both Secretaries of State for MHCLG and the MoJ, as the situation we are in is not unique, and to a degree requires national attention. Given the Government's target to reduce homelessness by 2027 and halve it by 2022 there is a significant disconnect between the approach from both Ministries.
- 4.7 Given the level of risk this issue presents, there needs to be a focus from the West Sussex Safeguarding Adults Board on how these individuals are supported following the withdrawal of funding.

4.8 It is important to emphasise that the risk/issues listed above and identified in section 7.0 of this report have significant potential to contribute towards an increase in rough sleeping, which is already a growing problem across West Sussex and nationally. There is a clear government requirement for partnership working to both tackle existing and prevent further rough sleeping and it is hoped that this work will galvanise partners further to achieve this.

5.0 Phase Two: Redesigning our System for the Future

5.1 At the outset of this work, the West Sussex Chief Executives agreed to collectively invest the necessary resources in terms of both people and finances to ensure that the work undertaken by the T&F Group created long term sustainable solutions, as opposed to a 'sticking plaster' approach. Having reviewed the options of appointing a consultant or using service design approach, the T&F Group decided to explore the latter. The key aim being to use all the resources and assets at hand; including our housing professionals, provider services, commissioners and interested parties as well as service users, to better understand our current needs, and create a system that was fit for now and the future. This approach recognised that the current system of provision has developed organically over many years without any recent strategic review or development. The changes described above, provided the impetus and opportunity for all partners in the system to work collectively to create new and innovative approaches and to ensure value for money.

5.2 Members of the T&F Group agreed that this work needed to cover all service provision going forward, regardless of whether the area of provision was within the Green or Amber services areas, as it is necessary to review the whole system and how it connects with housing, children's, adults and social care services, as well as other parts of the system such as health and criminal justice.

5.3 The three key areas the T&F Group agreed to focus on in redesigning services are:

- Young People and Care Leavers
- Adults with complex needs (including rough sleeping)
- Floating support and independent living for people of all ages

5.4 In March 2019 'Snook' were appointed as the design agency to support this work. The brief created to describe this work is attached at **Appendix B**

6.0 Service Design: Progress to date and emerging themes

6.1 The design work consisted of a number of key activities which have taken place across March, April and May these include:

6.2 Research and data gathering have included:

- Face to face interviews with 19 service users and telephone interviews with three others
- Face to Face interviews with Housing and other professionals
- Research interviews with seven provider organisations

- Data capture on the number of service users accessing supported housing provision and their needs
- Data capture on those presenting to housing teams and their needs
- Analysis of 'vulnerabilities' for those currently housed in Temporary Accommodation (TA) provided by all West Sussex housing authorities.

6.3 11 workshops to date have involved:

- Housing professionals mapping the current system
- T&F Executive team to understand and agree the structure of the work
- Commissioners from across the system including health, social care (adults and children), police, probation, local authorities and others
- Providers
- Registered Social landlords and other key stakeholders
- A final senior commissioners workshop held at the end of May.

6.4 The final stage of this process will be for Snook, the design agency to provide the T&F Group with its collated view and design principles as outlined in the attached brief.

7.0 Phase two - Emerging Themes - Risks and Issues

7.1 Snook has provided a high level review of the emerging themes from the workshops to date which are still to be further synthesised and discussed with the T&F Group in order to support the next phase of development. The key high-level themes include:

7.1.2 General themes:

- The need to identifying the risks of homelessness early in order to prevent it
- The system needs to be more joined-up and there could be better information sharing between agencies
- Good, user friendly information at the earliest stage is critical
- Recognition of a 'cliff edge' at the point of 'discharge' from statutory services – this includes care leavers, those being discharged from hospital and those being released from custody
- Waiting for services and the revolving door of provision causes high levels of distress and anxiety and increases complexity levels
- Life skills development is critical to long term outcomes
- Those in priority need vs those who are not, or who are deemed 'intentionally homeless'
- Move on accommodation and ongoing support is lacking
- Healthy networks are key
- Lack of affordable accommodation
- A more joined-up approach to service provision with effective cross-agency information sharing, including the identification of indicators which signal a need for intervention.

7.1.3 For younger people and care leavers specific themes included:

- There is evidence of a cliff edge when leaving care and there is a need to put preventative measure in place much earlier
- Setting realistic expectations for those leaving care/home

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- Cross agency information sharing
- Where is the first point of contact? Can this be exploited to better effect?
- Family breakdown is a key factor in young people becoming homeless – what needs to happen to support families?
- Information needs to be accessible and tailored to young people's needs
- Transitioning from children to adult services – whether health, social care or housing are all daunting and create huge barriers to progress
- Vulnerable young people are at greater risk of exploitation
- Health inequalities
- There is a need for specific mental health and trauma support and for statutory services to go beyond the letter of their remit
- Young people need dedicated substance misuse services
- Services can be rigid, and do not recognise the assets young people bring
- Support at the point of crisis can be difficult to obtain and often leads to a downward spiral into more complex needs
- Out of area placements create additional burdens

7.1.4 Vulnerable adults with complex needs including rough sleepers:

- Hope and giving people a reason to live came through strongly
- The sense that help is only offered at a 'point of crisis' and needs to be much earlier
- Such support could prevent complexity and significant costs to most agencies.
- If needs worsen, service users had experienced eviction and the inability to access services again
- Information and specialist knowledge at every port of call – DWP, health, benefits etc – all agencies need to understand how to support those who might be at risk of homelessness
- The need to collectively support the general public, businesses and other organisations to understand the complex issues for rough sleepers
- The need to collectively solve problems.

7.1.5 Targeted and Floating support for people of all ages:

- The priority is to help people live well, independently after a major life event (e.g. health issue, bereavement, fall etc)
- Enabling community support is critical
- There is a blurring of lines between what supported housing providers are expected to do, and how the statutory, social care and health systems should be responding
- Explore opportunities to empower private landlords in this area.

7.2 Following on from the above, the T&F Group has identified several key risks/gaps that have emerged, these are as follows:

i) Young people and care leavers.

7.3 Every session highlighted a need for a better defined preventative approach which could result in far fewer complex cases and reduce the number of seriously damaged young people in our system. Given that this has been highlighted by the recent OFSTED report as a critical area, this clearly warrants further detailed work. In addition, there is

clearly a related risk around external care placements in the county, many of which are located in a small geography and cause particular pressures for those Districts and Boroughs.

ii) Adults and young people with complex needs - particularly mental health issues.

7.4 The complex mental health needs of all our service user groups was a regular topic of discussion in every workshop and throughout the research. Many of the most vulnerable that present to local authorities and providers for help, often present with multi-faceted safeguarding concerns (adults and older children) often requiring intensive support and help, as opposed to shelter. The term 'snakes and ladders' was often used by customers/users and providers to describe the experience of individuals as they try navigating through the system. Engaging mental health service providers in this work is essential and there is significant concern that the level of need we are asking providers and officers to deal with is unsafe. It is clear that unless mental health services are better engaged in this process, we will continue to see gaps and issues that cannot necessarily be resolved via better commissioning of services.

iii) Affordable move on accommodation.

7.5 Whilst the provision of support and supported accommodation is a crucial part of our system, the fact remains that in many services, access to affordable move on accommodation creates its own challenges as 'bed blocking' prevents those in most need from accessing the type of support they may need. This is clearly part of a much wider issue regarding the availability of affordable housing and the pressure this places on health and social care services, both of which have a significant impact in this area of work.

iv) Ex-offender accommodation

7.6 Clearly a reduction in available accommodation, with appropriate and safe levels of support, for people leaving prison presents risks for the individuals and communities. This is particularly important for high risk offenders.

v) The ability of the market to meet the need.

7.7 Our supported housing providers and registered social landlords, provide an invaluable service to some of the most vulnerable members of our community. Their view is that levels of complexity are rising and access to appropriate health and social care support is reducing. The risk therefore is that some providers will seek to reduce their work in this area, unless we can support a whole system approach that enables and empowers not only our residents and service users, but those seeking to support them.

7.8 In addition to the workshops and evidence gathering, District & Borough councils (as Housing Authorities) have also undertaken an exercise to establish from live data the primary (Fig.1) and secondary (Fig.2) needs and vulnerabilities of those currently residing in temporary accommodation across West Sussex. (This data is extracted from the primary applicant if a family has presented as homeless). The vulnerabilities clearly identify the complexities of individuals and reinforces why a multi-agency partnership

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and systems approach is imperative if we are to improve outcomes and deliver more effective services.

Fig. 1 Primary vulnerabilities of those presenting as homeless. Consolidated across West Sussex.

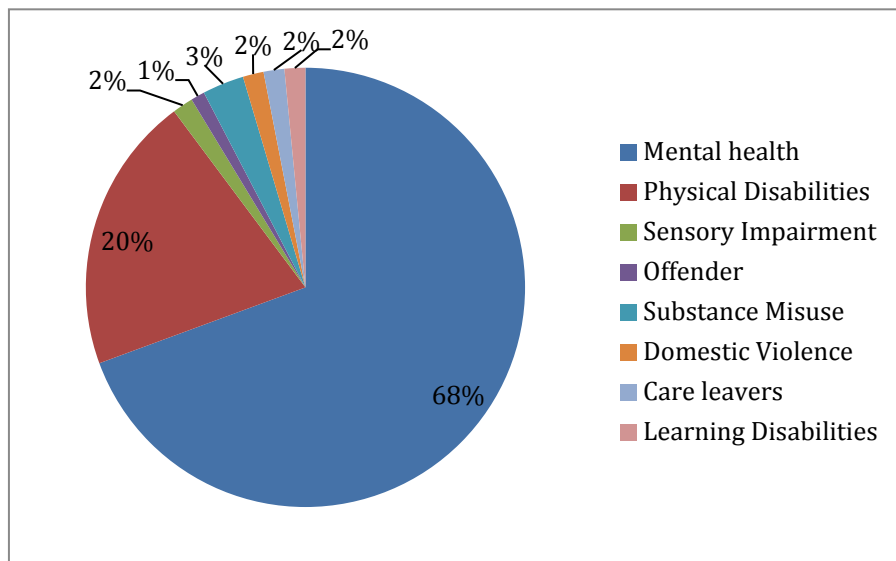
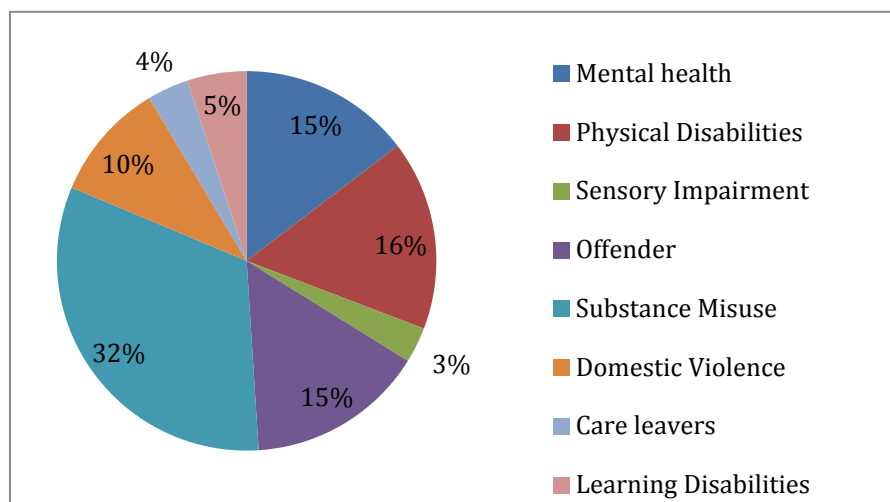


Fig. 2 Secondary vulnerabilities of those presenting as homeless. Consolidated across West Sussex.



8.0 Next steps

8.1 The T&F Group will be receiving and reviewing the output of the work undertaken by Snook and creating a timetable for future activity. It is anticipated that the short, medium- and longer-term steps will include some/all of the following:

- Agreeing what a redesigned system should look like
- Developing a set of specifications for future service provision
- Agreeing a financial envelope for future service provision
- Completing a procurement/commissioning process - which may involve further market testing/discussions with potential providers
- Reviewing the timetable for procurement

- Allocation of transition funding to support this programme of work
- Setting up contract management and governance structures going forward
- Identifying and supporting additional work streams that flow from the design work
- Supporting the future development and leadership capability across the housing system in West Sussex

- 8.2 In taking forward this work the T&F Group would welcome additional support from the following to ensure the revised approach is most effective:
- Mental Health service involvement in the service redesign and commissioning process
 - West Sussex Safeguarding Adults Board in particular in addressing the risks and issues related to ex-offender accommodation and support and in reducing rough sleeping, many of which present as significant adult safeguarding issues.

9.0 Conclusion

- 9.1 The Supported Housing and Homelessness T&F Group has achieved good progress in the first five months of the year. Further work at pace, is needed to complete a system redesign and recommission services for the future and build structures that can sustain and support those services in a way that has been lacking in recent years. There are emerging risks and issues, most notably how the work of the T&F Group links into the wider change and transformation work that is underway in WSCC Children's and Adult Services and also the impact of continued financial pressures across all agencies.
- 9.2 The T&F Group will continue progressing with this work with the aim of creating a fit for purpose, flexible and responsive supported housing system. Commissioning and procurement of new arrangements will be undertaken as soon as possible. It is proposed that a further report on the work /outcomes of the T&F Group will be presented to this committee in November 2019.

Report Author:

Natalie Brahma-Pearl – Chief Executive, Crawley Borough Council & Chair of the West Sussex Supported Housing & Homelessness Task and Finish Group.

Appendix A. Terms of Reference for the Supported Housing & Homelessness Task & Finish Group.

West Sussex Supported Housing & Homelessness Task & Finish Group February 2019

Terms of Reference

Supported housing helps hundreds of the most vulnerable people across the county. A safe, stable and supportive place to live can be key to improving people's lives, and for many it is a stepping stone to independent living in the longer term. The supported housing sector is diverse. People with physical or learning disabilities, drug or alcohol problems, ex-offenders, care leavers, older people, homeless people and those fleeing domestic violence are some of the groups who use this provision.

A WSCC decision (December 2018) has been made to reduce WSCC funding from £6.4m to £2.3 by April 2020. WSCC have agreed to extend Housing Support commissioned contracts until September 2019 while a review is carried out. However, it was agreed at the West Sussex Leaders Board meeting on 23 November 2018 that:

A task and finish group would be set up with representatives from the Social Care Authority and each of the Housing Authorities (Districts and Boroughs) to look at how we seek joint efficiencies, remodel provision and identify what alternative funding streams could be made available, including from other agencies.

WSCC and Districts & Boroughs agreed to fund this work externally with Terms of Reference to be agreed with parties. It was agreed that the T&FG need to take a whole system approach to reviewing how all councils and other agencies commission, manage and deliver services for vulnerable people.

Membership

- West Sussex County Council
- District & Borough Councils (across West Sussex)
- Agencies to be involved:
 - CCG/Health
 - Probation
 - Police
 - Mental health trust
 - MHCLG
 - Providers- as a reference/interface group/co-design of solutions/sense check.

Chair- Natalie Brahma-Pearl CBC Chief Executive,

Steering group- Mary D'Arcy, Director for Communities, A&W; Judy Holmes, Assistant Chief Executive, MSDC, Louise Rudziak, Director Housing & Communities, CDC, Paul McKay Director of Adult Services WSCC.

Meeting frequency: initially every 2-3 weeks. Separate meetings for Phase 2.

This group will undertake work in two phases:

Phase 1 - Critical priority task (to avoid a significant cliff edge in October 2019)

1. Review the current provision of supported housing & homelessness need across West Sussex to identify potential efficiencies. (This was prepared for the WSCC meeting in **November 2018**).
2. Identify all funding streams (all LAs) November 2018- update **new 2019/20** budget figs.
3. WSCC to identify which contracts will not be funded using WSCC criteria (i.e. across adult, children and preventive services using Red, Amber Green ratings). **Feb 2019**
4. Once WSCC have identified which services will be decommissioned, D&Bs (RAG ratings) to identify appropriate exit and lead in times for new arrangements and transition arrangements for those services that are to continue either in an existing or redesigned format. **March 2019**.
5. Identify which services DCs/BCs consider are critical to discharge their statutory homelessness duties and determine how services which fall out of the WSCC prioritisation exercise will be 'caught' by local/combined geographical arrangements and seek service alignment, redesign and efficiencies where possible. **March/April 2019**.
6. The Phase 1 exercise should look to protect and enhance services based on need, utilising opportunities of co-commissioning /production with wider partners and stakeholders to deliver services differently and access alternative funding streams. Identify easy wins to be in place **1/10/19**.
7. Identify and bring together other providers who have a role and establish commitment to working collectively and clarity on commissioning arrangements e.g. Probation/MOJ, CCG, mental health, police.
8. Influence where £750k WSCC Transition funding should be focussed. TBA (**Allocated from Sept 2019**).
9. Updates provided to the West Sussex Chief Executives Group (ongoing) to commission new services for commencement in October 2019 and agree future governance, monitoring and management arrangements.
10. Report to the Health & Social Care Select Committee 12th June 2019 (**report draft May 2019**).

Phase 2 - (in parallel to Phase 1) Longer term Service Redesign

1. Agree scope of external consultant to undertake Phase 2. Tender, appoint. (**Feb/March 2019**)
2. Undertake a comprehensive system review in readiness for redesign. **April 2019** onwards
3. Seek to develop the most appropriate and realistic joined-up local strategic partnership working arrangements amongst local commissioners and delivery partners, to ensure that strategic planning around homelessness and supported people is well informed, balanced, with realistic implementation and transition arrangements in place post April 2020. Commissioning workshops pathway design **April-June 2019**.
4. Multi-agency commissioning and provider's workshops **March/April 2019**
5. Identify provision needed after March 2020 and new services to be developed, commissioned and monitored from April 2020 through a new if possible multiagency funding model. **June-Dec 2019**

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6. Ensure that whatever proposals emerge that they allow local areas to take account of their particular circumstances and that they allow all agencies to discharge their statutory responsibilities. System synthesis, redesign, draft specifications.
7. Should involve coordination between housing, Revenue and Benefits (and local DWP representatives in connection with Universal Credit where appropriate), adult social care and health authorities and commissioners and should also include providers, managing agents and other stakeholders.
8. Report recommendations to the West Sussex Chief Executives Group to commission new services for commencement in April 2020 and agree future governance, monitoring and management arrangements.
9. Report into WSCC Select/Cabinet committee- Autumn 2019.

10. Highlight what further work the WSHOG can take forward for furthering integrating the commissioning process at a local level. E.g. Development of Multi-agency Supported Housing Principles.

Feb 2019 vs.4

Appendix B**Brief for Consultants- Undertaken by Snook.****Phase Two - Using a design-led approach**

This forms the basis of the scope for this brief.

The Task and Finish group have agreed to invest in a design-led approach to:

- Understand the needs of people across West Sussex accessing supported housing and preventing homelessness services now, and
- What is needed for the future.

The ambition is to co-create, suitable and flexible services in our places.

Our goal is to understand what the system design for the future needs to look like in order to commission services that support the wellbeing of vulnerable groups and prevent homelessness for the following groups:

- Younger people and care Leavers
- Vulnerable adults with complex needs (including Rough Sleepers)
- People of all ages who need targeted, intensive, and/or floating support to access and sustain their tenancy

Ex -offenders are being considered as a separate stream, but may also overlap with vulnerable adults with complex needs.

Key Outputs will be:

- A clear understanding of the services and support that members of the Task and Finish Group need/want to commission for the future.
- A better understanding of how these do - or could - fit into a wider system of support and intervention
- The development of a set of commissioning intentions that will inform a set of specifications.
- Involvement from providers and other key stakeholders to support a future commissioning process and
- Confirmation that there is a market for the services that will be commissioned
- An exploration of what measures could be used to ensure the effectiveness of these services in the short, medium and long term
- An agreed budget envelope for the future commissioning of these services
- An exploration of the possible ways in which WSCC and the Districts and Boroughs, could collectively develop a joined-up approach to the governance of such commissioning and contract management for the future.

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Health and Adult Social Care Select Committee
12 June 2019
improved Better Care Fund (iBCF) update
Report by Executive Director Peoples Services and Director of Adults' Services

Summary

iBCF funding has been provided by Government since 2017/18 to support local authorities to meet adult social care needs, reduce pressure on the NHS and support the social care market, in recognition of the increasing financial pressures being seen in the delivery of adult social care.

HASC were presented with an update on the use of iBCF in 2017/18 in June 2018 and agreed that spend of iBCF had been spent as set out in grant conditions and had achieved the outcomes required. HASC requested that there was a further review of iBCF investment for 2018/19 in terms of outcomes achieved, scheme suitability and priority.

The focus for scrutiny

The Committee is asked to review whether the use of the iBCF in the financial year 2018/19 has contributed towards delivery of the priority outcomes set out in the grant conditions.

When considering this review, members are asked to take into account that iBCF grant conditions stipulate that iBCF can only be spent on social care services. In addition, grant conditions state that iBCF has to be spent on supporting local authorities to meet adult social care needs; reduce pressure on the NHS, including supporting more people to be discharged from hospital when they are ready; and support the local social care provider market.

1. Background and Context

- 1.1 The iBCF has been provided to local authorities in recognition of the pressures on adult social care caused by demographic growth, people living longer with more complex needs and therefore needing greater support and the impact of cost pressures on providers, particularly the national living wage. Funding was confirmed for the three years between 2017/18 and 2019/20.
- 1.2 The iBCF is paid to local authorities who must;
- Pool the grant funding into the local Better Care Fund (BCF). This means that iBCF will come within the Section 75 agreement that governs the arrangements of spend of BCF,
 - Work with relevant CCGs and providers to meet the Integration and Better Care Fund National Condition 4 (Managing Transfers of Care), and

- Provide quarterly reports.
- 1.3 The iBCF has to be spent on adult social care and can only be used to;
- Meet adult social care needs,
 - Reduce pressures on the NHS, including supporting more people to be discharged from hospital when ready, as set out in the BCF National Condition 4 (Managing Transfers of Care), and
 - Make sure the local social care provider market is supported
- 1.4 The iBCF should not be seen as a separate funding stream but as part of the overall funding, including the Council's adults social care budget and Better Care Fund, available to meet adult social care needs, reduce NHS pressures and support the local care market.
- 1.5 There remains no confirmation from Government about the future of the iBCF after 2019/20. Clarity about this has been expected to be provided through the adult social care green paper but its repeated postponement means that the outlook remains uncertain. This creates a limiting factor for the Council in planning use of the iBCF and effectively gives all spending allocations the status of temporary funding. Given the types of expenditure that Government wishes to have supported, it goes without saying that the risks to the local health and social care system will be significant if the iBCF is not extended beyond 2019/20.

2. Proposal

- 2.1 A plan for the allocation of iBCF in 2017/18 and 2018/19 was agreed and set out in the BCF 2017-19 section 75 agreement between the Council and West Sussex Clinical Commissioning Groups (CCGS), to meet three outcomes, as set out in the grant award letter, which are:
- To meet adult social care needs,
 - To reduce pressure on the NHS, and
 - To ensure the local social care provider market is supported
- 2.2 Although the iBCF funding provided a welcome increase in resources, it was inevitable that large parts of it would need to be used to meet the cost of existing pressures rather than creating a source of investment in new initiatives. In that respect any assessment of the effectiveness of the iBCF cannot be divorced from the Council's wider challenge in funding adult social care, which means that the measure of its success is partly about what it has helped sustain.
- 2.3 Key areas of iBCF spend in 2018/19 are set out below.

Outcome 1: Meeting adult social care needs

- 2.4 The Council continues to face demand pressures on its budgets, due to demographic pressures as a result of people living longer with long term conditions.
- 2.5 Therefore, a sum of £4,071m of iBCF funding has been used in 2018/19 to enable the Council to continue to fulfil its statutory Care Act duties. Part of this was the result of a decision made during budget

preparation for 2018/19 when the Council agreed to allocate £1.4m specifically to help fund the cost of demand growth. The balance has mitigated an underlying overspend in Learning Disabilities carried forward from 2017/18 (£1.4m) and provided contingency funding (£1.3m) that ensured the 2018/19 adult social care budget was managed within its means.

- 2.6 Whilst none of this funding allowed anything additional to take place, it should be emphasised that this did enable the Council to continue to meet assessed eligible needs and averted the need for compensating reductions to be made elsewhere in the budget to mitigate the risk of overspending.

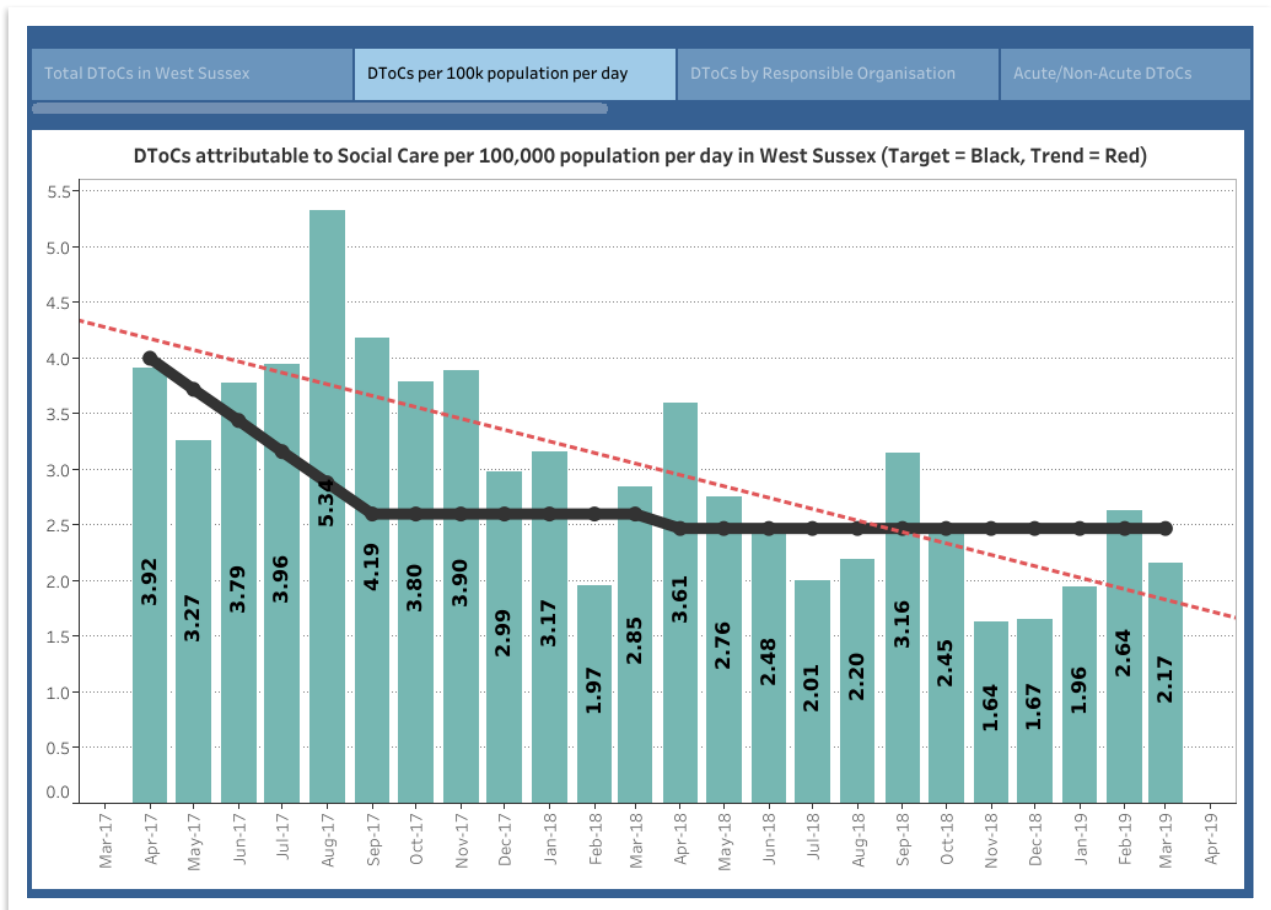
Outcome 2: Reducing pressure on the NHS

- 2.7 The local West Sussex acute and community health systems continue to face substantial financial pressures, with increases in the number of people presenting to acute hospitals and requiring community based health care.
- 2.8 The Council continues to work in partnership with CCGs and acute and community health services across West Sussex to improve the flow of patients through hospital in a timely way and thereby reduce pressures on the NHS. In line with the MTFs and the Adult Social Care Vision and Strategy a joint Step Up Step Down programme of work has commenced to introduce Discharge To Assess (D2A) Home First for winter 2019. This is a new service that will enable people, where appropriate to be discharged to their own homes for an assessment rather than being assessed for on-going health and care needs in a hospital bed. This will reduce the length of hospital stay, improve discharges for people and enable people to regain and retain their independence in their own home.
- 2.9 The iBCF has been used to improve the flow of patients through the acute system and reduce pressures in the NHS. In particular the Council has funded services and support, as summarised below, to continue to reduce delayed transfers of care (DTocS). This has meant that more social care customers have been discharged from hospital in a timely way.
- 2.10 The iBCF continues to be used to replace withdrawn CCG winter pressure funding for staff in hospital discharge teams. It also supports 7 day working in hospitals where required and supports the recruitment of permanent staff to East Surrey Hospital where it has traditionally been difficult to recruit. Through this funding the Council is able to continue to meet its Care Act duty of assessing people within 48 hours of a notice of discharge from the NHS. In total around 8,800 referrals for assessment were received by social care from acute hospitals in 2018/19.
- 2.11 The Council continues to fund 42 D2A beds across the county using iBCF funding. These beds enable people to be discharged from hospital with an individualised reablement plan to support them with the transition from hospital back to their own home wherever possible. In addition these beds ensure that no one had to make a decision about their on-going care whilst in crisis or in a hospital bed. They also complemented the 25 winter pressure beds across the County that were funded through the Winter Pressures Grant of £3.3m that Government announced in the autumn. This was provided to "manage demand pressures on the NHS between November 2018 and March

2019" and as such was used in part to support people being discharged from hospital in a timely manner during times when there was increased pressure across the health acute system.

- 2.12 Following the success of their use in 2017/18, the iBCF funding has been used again in 2018/19 to 'pump prime' new domiciliary care rounds across the County, with the majority focussed on areas where previously capacity had not been available. This has led to an increased estimated 8,300 extra hours of domiciliary care being available to support the reduction of NHS pressures.
- 2.13 iBCF funding has been used to fund additional Occupational Therapy staff to provide therapeutic interventions to customers leaving hospital with domiciliary care, extra care housing support and reablement bed services. This additional capacity has enabled more people to receive support to retain or regain skills to keep them independent in their own homes and not have to return to hospital or need further health and social care services.
- 2.14 Supporting carers continues to be an important part of the Council's strategy as there is clear evidence that supporting carer breakdown not only supports the cared for person to remain in their own home and family environment for longer but also provides system resource benefits, especially to health. iBCF funding has been used to continue to support the increased provision of Carers Support In Hospital and Carers Health Team services and provided inflationary uplifts on carers assessment, advice, information and support services.
- 2.15 The iBCF funding has also been used on:
- Supporting the continuation of a shared lives scheme for people with dementia,
 - Support for the Council's plans for a joint health and social care Technology Enabled Lives service to be commissioned during 2019,
 - Managing the demand on the Council's care point service by improving the timeliness of assessments so that people are receiving the right service to remain independent and not require further, more intensive, health or social care services,
 - Supporting people with lifelong conditions through funding investment in specialist Learning Disability health services, providing capacity to support reviews of people with learning disabilities and providing support to maintain funding in learning disability contracted services, and
 - Maintaining Public Health funding for assistance in the home that would otherwise have been at risk, because of continuing reductions in the Public Health Grant.
- 2.16 The iBCF supports the reduction of pressures across the NHS by reducing admissions to hospital and reducing the number of people returning to hospital after discharge. In addition iBCF funding has supported the reduction in DToCs attributable to West Sussex social care. From a baseline in February 2017 of 4.28 delayed days per 100,000 population, the Council was set a target of reducing DToCs to 2.47 delayed days per 100,000 population in 2018/19.

2.17 As at the end of March 2019 there were 2.17 delayed days per 100,000 population per day (total 464 days) attributable to the Council and this reflects the overall continuing downward trend in West Sussex attributable DToCs over the last two years. In 2018/19 the Council achieved its lowest ever recorded number of DToCs at 1.64 delayed days per 100,000 population in November and over the 12 months between April 2018 and March 2019 being under target 8 times.



2.18 As well as the success of using iBCF to reduce the numbers of DToC, the services paid for through iBCF are having a really positive impact on residents. For example, as recently highlighted in the Shoreham Herald, the iBCF funded D2A bed service enabled a Shoreham resident to be supported to leave hospital in a timely way and regain her health and wellbeing sufficiently to be able to return home in time for her 99th birthday, something her family were not expecting her to be able to do.

Outcome 3: Ensuring the local social care provider market is supported

2.19 The adult social care market remains in a fragile state, with demand for care rising. Independent providers also offer care services to people who pay for their own care and this impacts on the availability of care that can be purchased by the Council. This continues to weaken the Council’s position in the market, so £1.3m of the iBCF was used to fund the cost of an above inflation increase in fees paid to providers. Resources were also earmarked to manage the risk of market failure, for example in those situations where

residential placements could only be secured by the Council agreeing to pay a rate higher than its usual maximum.

- 2.20 In August 2018, as set out in the overarching framework agreement, the Council re-opened the 2015 Framework for existing and new providers. The iBCF has been used to fund the additional costs of this exercise through providers submitting new prices to ensure they are able to maintain a quality provision. In addition the Council has provided additional uplifts to a number of providers, as set out in the Framework, to ensure the financial sustainability of those providers and enable them to continue to provide services. The Council is reviewing how it procures care and support in the home and is currently engaging with the market as part of new commissioning arrangements that will come into effect from late 2020.
- 2.21 The iBCF continues to support permanent additional uplifts and resources for extra care housing support providers. This enables the Council to maintain commissioned extra care services, supporting vulnerable residents to sustain independent living. Had this service ceased, some of these residents would no doubt have had to move to residential or nursing care.
- 2.22 In 2017 the Government, following an earlier court ruling, determined that people who had worked 'sleep-in' shifts should be paid at national living wage per hour rather than a flat payment as was usually the case. The iBCF funding, to maintain a safe range of service availability for learning disability customers, has been used to meet a number of reasonable and justified increases from provider organisations due to this.
- 2.23 Workforce in the care market has always been an issue in West Sussex, with many providers informing the Council that they are often not able to meet the requests of Adult Services due to difficulties in recruiting staff. iBCF has been used to fund a Council team set up to support and develop capacity in the external workforce market. During 2018-19 this team has launched the Proud to Care website, advertising job vacancies, an employer hub and a one stop shop of resources for people considering a career in care including some great case studies. Since its launch in February 113 providers have advertised 242 vacant posts. The website has had 6,000 views, however the success in terms of actual recruitment cannot be measured easily as this is an open provider portal where providers manage the advertisement and recruitment themselves. In addition the team have ran 5 recruitment campaigns in communities across West Sussex with providers, visited 28 provider settings to offer bespoke advice and guidance to improve their staff recruitment and retention and produced marketing collateral, resources and a marketing toolkit for providers. This has resulted in some 23 care jobs being secured, and an estimated 20,000 plus hours of additional domiciliary care being delivered.

3. Resources

- 3.1 The iBCF financial summary for 2018/19 is summarised below. A more detailed breakdown can be found in Appendix 1.

	2018/19 Planned (‘000s)	2018/19 actual / committed (‘000s)	Over / (under) spending (‘000s)
Meeting adult social care needs	£4,990	£4,071	-£919
Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready	£5,560	£5,408	-£152
Ensuring that the local social care provider market is supported	£3,880	£3,980	£100
Total	£14,430	£13,459	-£971

- 3.2 The underspending of just under £1m mainly arose because less needed to be applied to manage overspending risks in the 2018/19 adult social care budget than at one time seemed likely. Under the grant conditions, his funding will carry forward into 2019/20 where it will add to the resources which are available to support delivery of the plans outlined in the recently approved Adult Social Care Vision and Strategy:
https://westsussex.moderngov.co.uk/documents/s8256/AH18_18-19_Adult%20Social%20Care%20Vision%20and%20Strategy%20Report.pdfw
Amongst the specific items of expenditure to which it will contribute are the cost of the Adult Social Care Improvement Team and to pump-prime investment in enhanced carer support services where providers are able to demonstrate that this will deliver additional benefits for social care.

Factors taken into account

4. Issues for consideration by the Select Committee

- 4.1 HASC were presented with an update on the use of iBCF in 2017/18 in June 2018 and agreed that spend of iBCF had been spent as set out in grant conditions and had achieved the outcomes required. HASC requested that there was a further review of iBCF investment for 2018/19 in terms of outcomes achieved, scheme suitability and priority.
- 4.2 When considering this review, members are asked to take into account that iBCF grant conditions stipulate that iBCF can only be spent on social care services. In addition grant conditions state that iBCF has to be spent on supporting local authorities to meet adult social care needs; reduce pressure on the NHS, including supporting more people to be discharged from hospital when they are ready; and support the local social care provider market.

5. Consultation

- 5.1 The iBCF spending plan for 2017/18 and 2018/19 has been shared with the Joint Strategic Commissioning Group, made up of health and social care commissioners, in addition to NHS Accident and Emergency Boards, made up of health and social care providers. It is part of the Improved Better Care

Fund Section 75 agreed by the Council and the Clinical Commissioning Groups in West Sussex.

- 5.2 Quarterly DCLG iBCF progress reports have been shared with CCG leads.
- 5.3 Individual schemes funded by iBCF will have consulted with stakeholders engaged with those schemes as appropriate and required.

6. Risk Management Implications

- 6.1 The lack of certainty over the future of the iBCF beyond 2019/20 means that it needs to be treated as temporary funding. Whilst this is recognised in the Council's plans, and in its exit strategy should that scenario come to pass, it acts as a constraint on the use of the resources. It is preventing on-going commitments being made to schemes and is bringing a short-term aspect to decision-making. It can only be hoped that the adult social care green paper, and/or the forthcoming Spending Review, will provide the type of certainty for local government that the NHS Ten Year Plan has done for the health system.
- 6.2 Individual schemes funded by the iBCF will have individual scheme risks that would be monitored by the scheme lead.

7. Other Options Considered

- 7.1 The grant determination letter outlined what was required from the additional iBCF funding. In particular the iBCF was used, alongside core funding, to ensure that adult social care needs could be met and to ensure that the local social care provider market was supported. In addition, the Council wanted to support the reduction of pressure on the NHS and the allocation of the iBCF was set with consideration of this.

8. Equality Duty

- 8.1 This report only summarises the allocation of the iBCF and the outputs and outcomes that have been delivered through the range of schemes that the iBCF has been used for in 2018/19. Scheme leads, where required, would have gone through appropriate governance processes to consider the impact of their schemes on customers with protected characteristics. These individual scheme considerations are not covered in this report, as this report deals only with the internal management of the iBCF. As such an Equality Duty Assessment for this report is not required.

9. Social Value, Crime and Disorder Implications and Human Rights Implications

- 9.1 This report only summarises the allocation of the iBCF and the outputs and outcomes that have been delivered through the range of schemes and the budgetary support that the iBCF has been used for in 2018/19. Individual schemes may have social value, crime and disorder and Human Rights that have been identified by scheme leads, but as this report only summarises how the iBCF has been used in 2017/18, these are not reported here.

Kim Curry
Executive Director People Services

Paul McKay
Director of Adults Services

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Appendices

Appendix 1 - iBCF financial summary for 2018/19.

Appendix 1 - iBCF summary 2018/19

2018/19	Plan £000	Actual / committed £000
Meeting adult social care needs		
Sustainability of adult social care commissioned services	£4,990	£4,071
Total	£4,990	£4,071
Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready		
System resilience (maintaining hospital social work teams)	£820	£819
Extension of existing discharge to assess bed arrangements	£1,700	£1,676
Development of additional domiciliary care capacity	£120	£120
Investment in OT support for reablement services	£520	£476
Support for people awaiting transfer from community health services	£50	£0
Support for people with dementia	£510	£523
Prevention / Admission Avoidance	£1,300	£1,259
Support to implement HICM	£240	£240
Support for people with life long conditions	£300	£295
Total	£5,560	£5,408
Ensuring that the local social care provider market is supported		
Permanent additional uplifts and resources for social care providers	£3,000	£3,178
Workforce development	£280	£194
Joint Commissioning / Demand and capacity plan	£100	£108
Fragility reserve to manage risk of market failure	£500	£500
Total	£3,880	£3,980
TOTAL	£14,430	£13,459

Health & Adult Social Care Select Committee
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12 June 2019

West Sussex Safeguarding Adults Board Annual Report 2018/19
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Report by the Independent Chair of the West Sussex Safeguarding Adults Board

Summary

There is a legal duty, under the Care Act (2014), to have a Safeguarding Adults Board (SAB) to ensure the following three statutory duties are met:

- To develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute to this;
- To publish an annual report detailing how effective their work has been;
- To commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for such reviews.

In response, the West Sussex Safeguarding Adults Board (WSSAB) has produced an annual report for 2018/19 documenting the activity and initiatives overseen by the Board during that year.

The focus for scrutiny

The Committee is invited to consider whether sufficient action is being taken to ensure that adults in West Sussex are being protected from abuse and neglect as reported in the WSSAB Annual Report 2018/19 and whether any issues arising from the Annual Report require any further scrutiny.

1. Background and Context

1.1 Although there was already an established Safeguarding Adults Board (SAB) in West Sussex prior to 2015, the statutory requirement for one came into force in April 2015 under the Care Act (2014) which, specifies the Board's three statutory responsibilities.

1.2 SABs' three statutory duties are that they **must**:

- develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute to this;
- publish an annual report detailing how effective their work has been;
- commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

1.3 The overarching purpose of a SAB is to safeguard adults with care and support needs. It does this by:

Agenda Item 9

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- assuring itself that safeguarding practice is person-centred and outcome-focused;
- working collaboratively to prevent abuse and neglect where possible;
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

1.4 The SAB must provide strategic leadership for adult safeguarding arrangements across its locality and, oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies, underpinned by the six key principles outlined in the Care Act Guidance:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

1.5 This also requires the SAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'.

1.6 The SAB should also concern itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- the safety of people who use services in local health settings, including mental health;
- the safety of adults with care and support needs living in social housing;
- effective interventions with adults who self-neglect, for whatever reason;
- the quality of local care and support services;
- the effectiveness of prisons in safeguarding offenders;
- enhancing partnership working between adult safeguarding and domestic abuse.

1.7 To report on West Sussex SAB's response to its' statutory requirements, the Board has produced an annual report for the year 2018/19 which, includes the range of initiatives provided by multi-agency partners to meet the statutory duties. The report also, summarises the vision, aims, key achievements, safeguarding data, learning and, priorities for the year ahead.

2. Proposal

2.1 It is proposed that the Independent Chair of the WSSAB along with West Sussex County Council's Head of Safeguarding, provide the annual update to the Committee in respect of the Board's priorities, action taken and annual report for 2018/19.

3. Resources

- 3.1 Funding of the WSSAB is provided by key agencies including health, police and, district and borough councils. Given the County Council has lead responsibility for safeguarding, it provides the largest contribution.

Factors taken into account

4. Issues for consideration by the Select Committee

- 4.1 The Committee is invited to consider the WSSAB Annual Report 2018/19 including the key areas of focus as detailed in the report and, whether sufficient action is being taken to ensure that adults in West Sussex are being protected from abuse and neglect.

5. Consultation

- 5.1 The work undertaken by the WSSAB is based upon full multi-agency engagement. This includes representation from voluntary groups and independent sector providers. It is recognised that further work is required for fuller engagement with service users and, this is reflected in developing and implementing a WSSAB Communication Strategy.

6. Risk Management Implications

- 6.1 In terms of political, reputational, legal and financial risks which may occur, the risk in relation to the on-going scrutiny of the WSSAB lies in reputational risk to the Council if this is not adopted. As the lead agency for safeguarding, there is a need for Members to provide scrutiny and to understand how effectively West Sussex residents are protected.

7. Other Options Considered

- 7.1 The Council is committed to safeguarding adults within its community. The only alternative to this proposal would be for the Committee to be unsighted on the activity of the WSSAB. However, this would consequently present the risk that the Council would fail to meet its responsibilities as lead agency for safeguarding adults and elected members would not meet their corporate responsibility to prevent and report abuse.

8. Equality Duty

- 8.1 An Equality Impact Report is not required for this decision for the following reasons:
- No actions are identified in the report which would impact on any specific groups of people with protected characteristics.

9. Social Value

9.1 Central to this approach is building resilience and social capital that can contribute towards stronger and effective communities.

10. Crime and Disorder Implications

10.1 Not applicable.

11. Human Rights Implications

11.1 The 2014 Care Act introduces new legislation governing social care but there is still a need for specialist and on-going training to keep the legal literacy of practitioners current. Local authorities must also ensure they support workers to utilise the less restrictive options and, comply with both the 1998 Human Rights Act and the 2005 Mental Capacity Act.

11.2 The Care Act requires practice in accordance with Making Safeguarding Personal. It follows the edict of 'no decision about me without me' and means that the adult, their family and carers are working together with agencies to find the right solutions to keep people safe and support them in making informed choices.

11.3 The Care Act introduces a duty on local authorities to consider whether it should provide an advocate for a person where an assessment, review, or safeguarding enquiry for a person is being undertaken, if that person would have significant difficulty in representing themselves in this process and has no one else who could represent them. The local authority must have enough capacity to provide an advocate to individuals in these circumstances, in addition to ensuring there is sufficient capacity to provide for an Independent Mental Capacity Advocate if they are subject to the Mental Capacity Act or, an Independent Mental Health Advocate if they are subject to the 2007 Mental Health Act.

Annie Callanan
Independent Chair

Julie Phillips
Head of Safeguarding

Contact: Ru Gunawardana (Board Manager): ru.gunawardana@westsussex.gov.uk

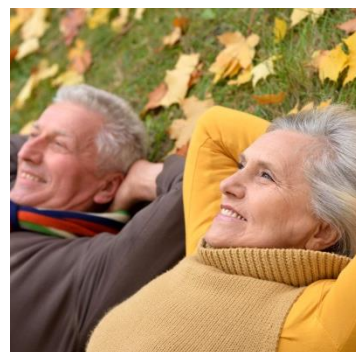
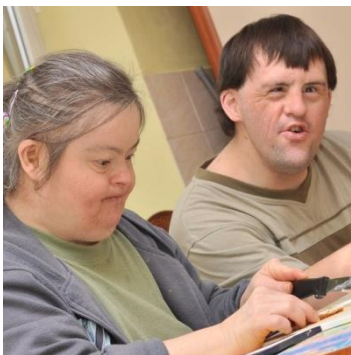
Appendices: West Sussex Safeguarding Adults Board Annual Report 2018/19

Background Papers: None



Annual Report

2018/19



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Safeguarding Adults Board Annual Report

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Foreword

Independent Chair, Annie Callanan

I am very pleased to introduce the Annual Report of the West Sussex Safeguarding Adults Board (WSSAB) 2018/19 covering my first full year as Independent Chair.

I appreciate and am thankful for the ongoing support of the whole partnership and specifically for all of the hard work that has supported the WSSAB during a busy and challenging year.

The Annual Report is produced as part of the WSSAB statutory duty under the Care Act 2014, and will be presented at the Health and Adult Social Care Board, Health and Wellbeing Board, Cabinet Board and the WSSAB.

In these times of increasing demand and reducing resource, attendance at the WSSAB and engagement in the subgroups, which are chaired by the statutory agencies and attended by relevant WSSAB members, is vital to our success as a partnership. I am pleased to report a high level of commitment which means that the WSSAB benefits from informed experience and expertise from busy senior operational managers.

This report reflects real progress in delivering our priorities for 2018/19, including the work to build and fully establish a stronger and more robust partnership in which all members are encouraged to provide high levels of support and constructive challenge as we continue to learn and improve.



Foreword

Independent Chair, Annie Callanan

Safeguarding Adult Reviews (SAR)

WSSAB has a legal duty under the Care Act 2014 to carry out a SAR in cases where there has been serious injury or a death of a vulnerable adult and there is concern about their care. Safeguarding practice can be improved by identifying what has hindered and what has helped practice in order to tackle barriers to good practice and protect adults from harm. WSSAB works with neighbouring partnerships across the South East and in the context of national guidance and learning to undertake the most effective review to learn from events and improve services. The WSSAB published two SARS during 2018/19 and completed two learning events. The published SARS are available on the WSSAB website, through the link below, or on request a copy from the Board .

In these times of increased demand on services across the WSSAB and other partnerships, in the context of decreasing resource, I would like to thank colleagues for their engagement and commitment in improving the Board and services as a result. I would also like to thank the WSSAB team who worked hard throughout a challenging year.



Annie Callanan
Independent Chair
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About us

What is the Safeguarding Adults Board (SAB)?

Our Board was set up in 2011 and is led by the Independent Chair, Annie Callanan.

We have a core membership of statutory partners from West Sussex County Council (WSSCC), the three NHS Clinical Commissioning Groups (CCGs) and Sussex Police. We also have a number of other partners.

The Board meets four times a year with most of our business delivered through our subgroups.

From 1 April 2015, the Board became a statutory body with specific duties and functions. These are set out in the [Care Act 2014](#).

How we work

The Board has the strategic lead for safeguarding adults in West Sussex with care and support needs who may be experiencing, or are at risk of, abuse or neglect. The Board does this by:

- making sure that local arrangements are in place and that the safeguarding work of all the partner agencies is effective;
- improving the way partner agencies and services work together to respond when abuse or neglect has occurred;
- preventing abuse and neglect from happening;
- making sure that people are always placed at the centre of any investigation where abuse or neglect has occurred;
- ensuring continuous improvement, development and learning which will improve our shared practice, and
- having a strategic plan to ensure we deliver on our objectives.

Our aims



Our vision

Our vision is for people in West Sussex to live in safety, free from abuse and the fear of abuse.

To realise our vision, we will continue to work with our partners and local communities to:



Prevent abuse and neglect from happening



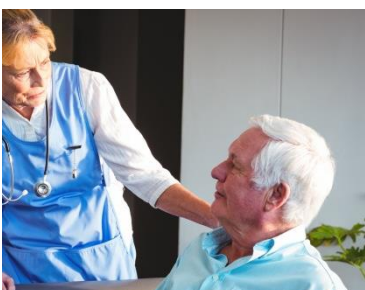
Identify, report and remove the risk of abuse and neglect



Place the person and their voice at the centre at all times

Improve community awareness

Share information and intelligence



Learn from safeguarding cases to improve practice

Reassure our communities

Our achievements

2018/19 has been a particularly busy year for the Board. We have put in place systems and processes to ensure that we meet our statutory duty to oversee safeguarding adults practice across West Sussex.

To make sure our Board works well, we have reviewed who needs to be at our meetings and what the focus of meetings are, including how they will make a positive change.

We have also, created a **new subgroup** to focus on preventing abuse and neglect in care homes and care agencies.

We have developed a **new safeguarding performance dashboard**, please see page 24.

We have worked with Brighton and Hove and East Sussex Safeguarding Adult Boards to produce [self-neglect policies and procedures](#) to accompany the [Pan Sussex Safeguarding Policies and Procedures](#) which will support professionals to navigate the process of self-neglect.

We have worked to **share learning** through the production of [professional learning briefings](#) based on the safeguarding adults reviews and learning reviews. This has included presenting to West Sussex County Council social workers on their best practice days. Key themes included managing information, engaging with family participation, escalating concerns, carers as active partners and transition and cultural competence.

We conducted **multi-agency audits** on safeguarding and substance misuse which found the following:

- a need for a clearer definition of “care and support needs” across agencies to ensure commonality & consistency of support and response to safeguarding concerns;
- that the multi-agency partnership as a whole has a good understanding of “cuckooing” as a category of abuse, and
- a need to ensure relevant communication between safeguarding teams and frontline workers (including Change, Grow, Live and homeless charities) to support early level conversations.

Our achievements

The Board has adopted the principles of the [National Competency Framework](#) and NHS [Adult Safeguarding: Roles and Competencies for Health Care Staff 2018 Intercollegiate Documents](#) to support the development of staff in their safeguarding adults learning.

During **safeguarding month** in November the SAB worked with partners to embark on a month of awareness raising and learning opportunities. There were 69 publicised safeguarding events with additional in-house courses and events.

Working in partnership with West Sussex Safeguarding Children Board and West Sussex County Council's Community Safety and Wellbeing we conducted a consultation around **modern slavery** in order to gain an understanding of the current level of the workforce's knowledge of referral processes, understanding and training. This consultation ran from 26th June 2018 to 17th August 2018 and received 210 responses which will be used to develop resources.



Our subgroups

Chairs' subgroup

The Chairs' Subgroup meets two weeks before Board meetings to check on the progress of subgroup work and ensure necessary sign-off of decisions. The group also plans what needs to be covered at our quarterly Board meetings.

Training subgroup

The training subgroup establishes systems for monitoring, reporting and evaluating adult safeguarding training across organisations.

The training subgroup developed the pan-Sussex Learning and Development strategy in partnership with East Sussex and Brighton and Hove training subgroups. The strategy involves the adoption of key competencies in safeguarding: the [National Competency Framework](#) and NHS [Adult Safeguarding: Roles and Competencies for Health Care Staff 2018 Intercollegiate Documents](#) and the [National Mental Capacity Act Competency Framework](#).

Quality and safeguarding information subgroup

A new subgroup was established following learning that identified the need for better communication between partners around the provider market.

This is a multi-agency group comprising health, social care, West Sussex County Council and Healthwatch representatives. Its purpose is to develop and maintain a single view of the quality and safety of the local care market. It will seek to improve the safety of services through early information sharing and intervention within appropriate systems, for example regulation, quality monitoring, safeguarding and other governance processes. It also plays a key role in prevention.

The group held its first meeting in February 2019 and will meet on a monthly basis.

Quality assurance and performance subgroup

The Quality Assurance and Performance subgroup has been focussing on the development of an information dashboard that can capture trends in key safeguarding areas to promote and inform the work-streams of the Board.

Our subgroups

Engagement subgroup

The purpose of the Engagement subgroup is to develop a strong service user and family and friend carer involvement base to work with us to improve adult safeguarding in West Sussex.

The SAB worked in partnership with the Safeguarding Children Board and West Sussex County Council's Community Safety and Wellbeing to implement a month-long campaign of awareness raising and learning opportunities in November 2018. There were 69 publicised safeguarding events with additional in-house courses. There was also a social media campaign which led to increased traffic on the Board website visits which has been sustained.

Safeguarding adult Review (SAR) subgroup

The Safeguarding Adults Review subgroup has responsibility for monitoring and commissioning [Safeguarding Adults Reviews](#) in line with Section 44 of the Care Act 2014.

When a referral is received that does not meet the threshold for a Safeguarding Adults Review, other ways of sharing and capturing learning may be used, such as learning reviews.



Board partners

How our Board partners are making a difference

Our Board partners have shared their three key achievements over the past year, and their future priorities.

West Sussex County Council

Key achievements

- Developed a quality pathway where quality concerns are raised, tracked, monitored and used to identify themes or training issues.
- Developed four safe indicators, including tracking the triage of safeguarding concerns and the Deprivation of Liberty Safeguards (DoLS). Performance has improved in both of these areas since the development of these safe indicators.
- Developed a tool to track safeguarding training for all staff in the Council. This ensures each staff member has undertaken the correct level of training required for their role.

Key priorities for 2019/20

- Embedding Making Safeguarding Personal within safeguarding practice and ensuring outcomes are improved for adults.
- Ensuring competent and skilled West Sussex County Council workforce in safeguarding.
- Ensuring the new provider concern framework is successfully implemented.

Clinical Commissioning Groups

Key achievements

- Undertaken assurance work with Trusts and NHS Foundation Trusts using the Sussex safeguarding standards.
- Organised and delivered a domestic abuse conference for primary care and health providers in West Sussex.
- Facilitated the NHS professionals forum.

Key priorities for 2019/20

- Roll out of the primary care safeguarding assurance tool across general practice in West Sussex.
- Implementation of safeguarding dashboard to provide further assurance for the services we commission.
- Working with primary care to provide information to, and actions from the multi-agency risk assessment conference meetings in West Sussex.

Board partners

How our Board partners are making a difference

Sussex Police

Priorities for 2019/20

- Engaging partners to work on shared tactical plans to tackle profiling known/suspected child sexual exploitation in West Sussex. This is done through the West Sussex Children Safeguarding Board's multi-agency children's missing and exploitation (MACE) tactical group.
- Improving Sussex Police's response to stalking.
- Improving Sussex Police's response in relation to vulnerable adults and our policing response.

- Developed closer working through the memorandum of understanding.

Local Safeguarding Children's Board (LSCB)

Key priorities for 2019/20

- Worked jointly with the Safeguarding Adults Board (SAB) on safeguarding month in November 2018.
- Identified learning across organisations for both Adults' and Children's through a specific case, coupled with the identification of work on transitions which the SAB/LSCB need to progress, and which the new West Sussex Safeguarding Children Partnership would want to support during 2019/20.



Board partners

How our Board partners are making a difference

Queen Victoria Hospital

Key achievements

- Developed support and advice for staff and patients, tools include staff safeguarding prompt cards and 'patient and family' information leaflets.
- Developed a staff learning and development strategy that includes delivery of hospital oriented adult safeguarding, the Mental Capacity Act and Prevent training for all staff.
- Developed safeguarding governance arrangements and data capture for recording purposes.

Key priorities for 2019/20

- Continue to strengthen safeguarding support, advice and guidance for staff, patients and their families.
- Promote a culture where staff are encouraged to raise concerns and to whistle blow without fear.
- Continue to streamline policies and training sessions whilst maintaining clear direction regarding legal requirements and maintaining staff knowledge, competence and skills.

National Probation Service

Key achievements

- Our risk assessments have demonstrated an increase in quality where safeguarding has featured more clearly in risk management plans.
- Practitioners have demonstrated an increased awareness of identification and then responses to exploitation of vulnerable adults, particularly in areas of financial exploitation and cuckooing.
- Development of a new group work programme meeting the specific needs of adults with learning difficulties.

Key priorities for 2019/20

- Greater exploration of joint working opportunities with existing partner agencies and potential new partners in the voluntary sector, with a particular emphasis on reducing homeless/rough sleeping.
- Raise the profile of MAPP (Multi-Agency Public Protection Arrangements) with agencies and wider community in the role these arrangements play in protecting vulnerable adults in the community.
- To continue to improve our assessments and consequent interventions with perpetrators of offences or behaviours associated with exploitation.

Board partners

How our Board partners are making a difference

Independent Lives

Key achievements

- Applied for and won money from Skills for Care to increase training for personal care assistants in East and West Sussex including first aid and safeguarding.
- Have increased staff awareness through internal and external training and conferences.
- Have reviewed and updated internal safeguarding policies and procedures.

Key priorities for 2019/20

- Continue to raise awareness of safeguarding with personal care assistants, offering further funded training places and workbooks.
- Raise awareness with direct payment employers on how to keep safe and how to raise a concern.
- Review and update our internal training provision.

Western Sussex Hospital Foundation Trust

- Held the second multi-agency safeguarding conference in May 2018. This included sessions on the role of the coroner, the Court of Protection and the role of the Independent Mental Capacity Advocate (IMCA), as well as sessions on self-neglect and modern slavery. The conference was attended by around 150 health professionals from across the local health economy.
- Hosted a number of events during safeguarding month in November. These included information and updates on safeguarding issues and a, "theme of the week".
- The work undertaken by the safeguarding adults team has continued to raise awareness of safeguarding issues and there has been an increase in the number of safeguarding concerns raised, as well as an increase in the number of Deprivation of Liberty Safeguards requests.

Board partners

How our Board partners are making a difference

Fire and Rescue Service

Key achievements

- The safeguarding adults awareness eLearning course is a required competency for all Fire and Rescue Service staff every three years.
- A bespoke course has been finalised for the service on dementia awareness course, and includes scenarios related to operational incidents and duties.
- Many teams throughout the service contributed to the Safeguarding Adults Board, 'What safeguarding means to me' campaign during safeguarding month.

Priorities for 2019/20

- A new database system which will be embedding, updating and improving the quality of safeguarding data that the fire service holds – this is predominantly supporting the Safe and Well visits to the most vulnerable members of West Sussex.
- The safeguarding adults training e-learning package on learning pool for safeguarding adults is now compulsory with a refresher every three years. This year nearly 600 staff will complete this training.
- Updating and improving training for the Safe and Well visits to include safeguarding for new recruits.

Aspire Sussex

Key achievements

- 100% of staff have completed safeguarding training (including front of house staff, caretaking staff, managers and trustees, all administrators and tutors and volunteers).
- Refreshed safeguarding posters.
- Continuing refreshers workshops to ensure awareness and knowledge is up-to-date.

Priorities for 2019/20

- Ensuring that safeguarding continues to have a high profile across all the provision and all students know about the incident flowchart and who to go to if they require support or advice.
- Updating student induction to include on Prevent duty.
- Continue doing spot visits and ensure most students know who the safeguarding compliance manager is.

Board partners

How our Board partners are making a difference

Arun District Council

Key achievements

- Creation of a partnership intelligence form for Arun District Council staff to complete to report concerns of criminal activity to the local Police hub e.g. drug related harm, modern slavery, human trafficking and terrorism.
- Established a regular partnership meeting to identify addresses at risk of cuckooing and the victimisation of tenants from organised crime in relation to county lines drug supply.
- Established links with Adult Social Care (Bognor Team) to raise concerns and help identify vulnerable adults and action plan to reduce known risks.

Key priorities for 2019/20

- To reinvigorate the programme of training for designated safeguarding officers and frontline staff, to ensure that all feel equipped to respond the challenges of safeguarding.
- To ensure that the voice of adults is heard to ensure a personalised approach to safeguarding.
- To provide assertive outreach support and advice to rough sleepers using established partnerships to assist adults in to hostel or residential accommodation.

Sussex Partnership NHS Foundation Trust

Key achievements

- Re-organised partnership working so there is greater support and focus on safeguarding resulting in a significant improvement in performance.
- Developed face-to-face Level 3 training programme for band 6 and 7 clinical staff – in line with requirements outlined in the intercollegiate documents for health care staff.
- Undertaken awareness raising with staff, leading to increased reporting and improved data.

Key priorities for 2019/20

- Improve the data we record and are able to use relating to safeguarding.
- Improve governance processes which include evidence of clear reporting lines, roles and robust scrutiny of Safeguarding Adult Reviews, Domestic Homicide Reviews, Serious Case Reviews and learning.
- Trust wide adoption and implementation of the revised training strategy to enable staff to learn through experience and broaden their knowledge and skills.

Board partners

How our Board partners are making a difference

West Sussex Partners in Care

Key achievements

- Attended the managers' forum in January 2019 and shared guidance on raising concerns about abuse and neglect, which was later cascaded to all care providers.
 - Ensured that learning and good practise from Safeguarding Adult Reviews were shared with care providers.
 - Worked closely with the safeguarding team and represented the independent sector on the Safeguarding Adults Board in order to raise concerns, issues and challenges facing the sector.
- Continue to ensure that the independent care sector is represented on the Safeguarding Adults Board and the training subgroup and that its concerns are listened to.

Priorities for 2019/20

- Work with the principal manager of safeguarding on guidance on raising concerns about falls and any other issues pertinent to the sector.
- Ensure that the independent sector understands its responsibilities and when to report a concern and address areas of conflict that may arise with specific regard to Care Quality Commission.

Our data

WEST SUSSEX STATISTICS¹

In **2019** it is estimated that **864,653** people live in West Sussex.
This is predicted to increase to **997,684** by **2039**

It is estimated that **201,547** people will be over **65** in **2019**

In West Sussex **84,393** people provide unpaid care.
This is about **1 in 10** people in West Sussex²



Almost **20 per cent** of the above unpaid family and friend carers³
provide **over 50 hours** a week of care⁴

It is estimated that **3,160** people have a **moderate or severe** learning disability in West Sussex

1,990 people with a learning disability are provided with a social care

9058 people live in medical or care establishments in West Sussex.

4494 people live in residential and nursing care settings.

122 supported living accommodation based services for people with learning disabilities.

9 extra care housing services.

100+ day care organisations and groups providing day activities for older people.

105 specialist services for people with physical and/or learning disabilities.

¹ The statistics for this chapter are taken from a variety of sources, including: West Sussex Life 2017-19; NICHE (Police database); West Sussex Fire and Rescue; Performance and Insight Teams from both Sussex Police and West Sussex County Council; Hospital Episode Statistics (HES), Health and Social Care Information Centre (HSCIC) and Skills for Care.

² West Sussex Life 2017-19.

³ An unpaid family or friend carer is a person who gives any help or support to their friend or family member who are, for example, living with a person with a life-limiting condition, a disability, a terminal condition or issues related to old age. Family and friend carers are critical to people in their care.

⁴ West Sussex Life 2017-19.

⁵ West Sussex Life 2017-19.

Our data

Safeguarding concerns

West Sussex County Council is the lead agency on safeguarding and has a duty to record all safeguarding information on behalf of the West Sussex Safeguarding Adults Board. Concerns from agencies are usually raised using the online form and are screened by West Sussex Adult’s CarePoint.

safeguarding from websites, publications and media.

This part of the data has been taken from the draft West Sussex Safeguarding Adults Collection 2019.

*The figures provided within this report relate to the first submission sent to NHS Digital and maybe subject to change post further analysis.

Safeguarding concerns

Of **10,591** concerns, there were **3,430** where a fuller investigation (i.e. a Section 42 safeguarding enquiry) was required and **93** other safeguarding enquiries to be carried out.

By the end of the year **3,240** enquiries were concluded.

The **10,591** safeguarding concerns raised were about **7,388** adults. This means that some adults had multiple safeguarding concerns.

The **10,591** concerns is an increase from last year and suggests an improving awareness of



Figure 1: Safeguarding concerns versus safeguarding enquiries

Our data

Types of abuse and needs

Type of alleged abuse

Of the concluded Section 42 enquiries, there were **1519** neglect and acts of omission enquiries and **829** physical abuse enquiries. Together, these two categories represent **72%** of all concluded safeguarding enquiries and therefore, account for the majority of abuse enquiries. Neglect and acts of omission along with physical abuse have been the most common forms of abuse over the past three years.

*Please note that due to the high proportion of safeguarding concerns being recorded as neglect, further breakdown information has been requested and this will be presented to the Safeguarding Adult Board Quality Assurance Subgroup for further analysis.

Type of abuse	2018/19
Physical abuse	829
Sexual abuse	148
Psychological abuse	161
Financial or material abuse	297
Discriminatory abuse	8
Organisational abuse	108
Neglect and acts of omission	1519
Domestic abuse	51
Sexual exploitation	1
Modern slavery	3
Self-neglect	134
TOTAL*	3259

Figure 2: Nature of alleged abuse for safeguarding enquiries

Primary support needs

Physical support is, by far, the most likely primary support need for a person undergoing a Section 42 safeguarding enquiry.

Primary Support Need	2018/19
Physical support	1103
Sensory support	75
Support with memory cognition	433
Learning disability support	318
Mental health support	248
Social support	180
No support reason	342
Not known	0
TOTAL	2699

Figure 3: Individuals involved in Section 42 Safeguarding Enquiries by primary support reason

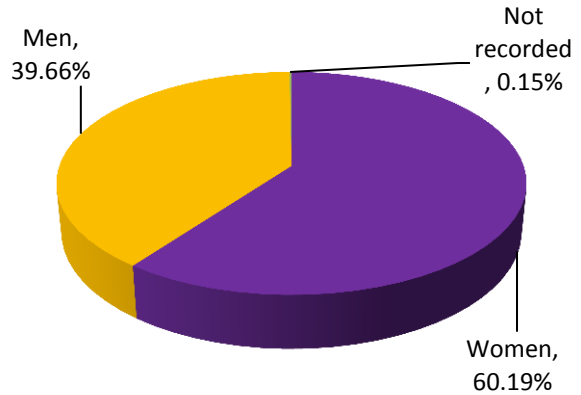
Our data

Demographics

Gender

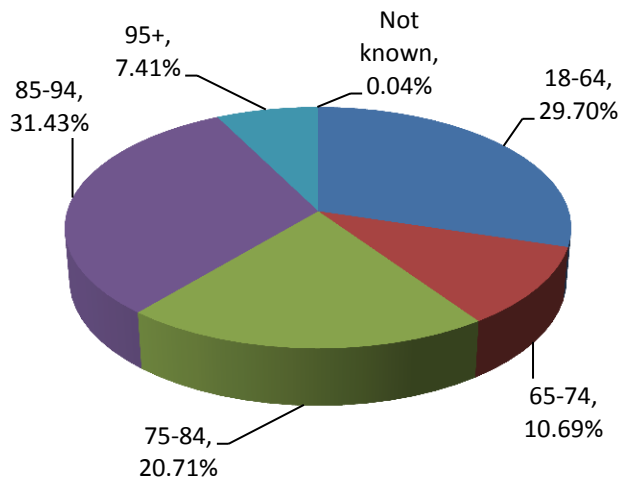
Section 42 enquiries evidenced **60.19%** were women and **39.66%** were men.

Non-recording of gender has reduced to **0.15%** and improvement of 0.06% The aim will be for this to be 0% next year.



Age

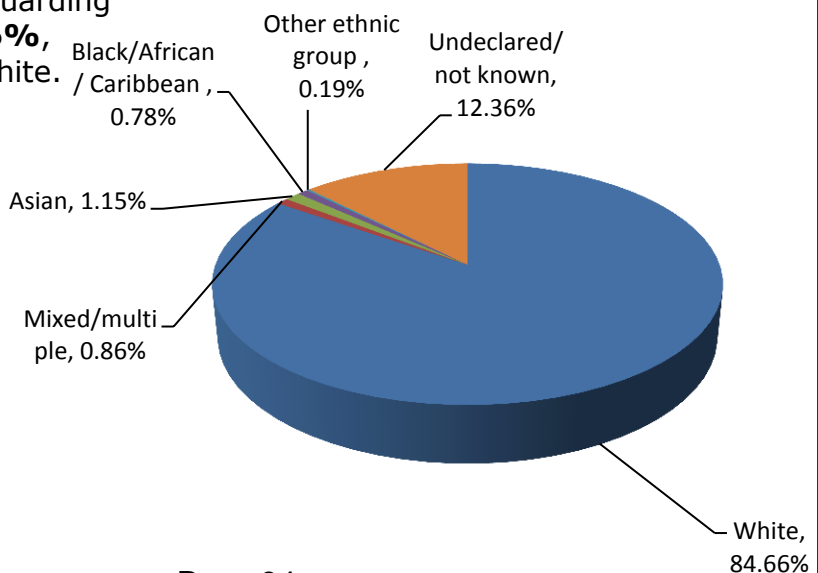
As with last year, the vast majority of adults having a Section 42 enquiry are older adults, that is, adults over 65 years old. This group accounts for a total of **62.83%** of all enquiries. Of this group and also, all groups, adults between 85-94 years old had the most enquiries, that is **38.84%**.



Ethnicity

The vast majority of safeguarding enquiries related to **84.66%**, adults who identified as white.

Only **2.98%** of safeguarding enquiries were carried out with adults who identified as black/African/Caribbean, Asian, minority ethnic or mixed heritage.



Our data

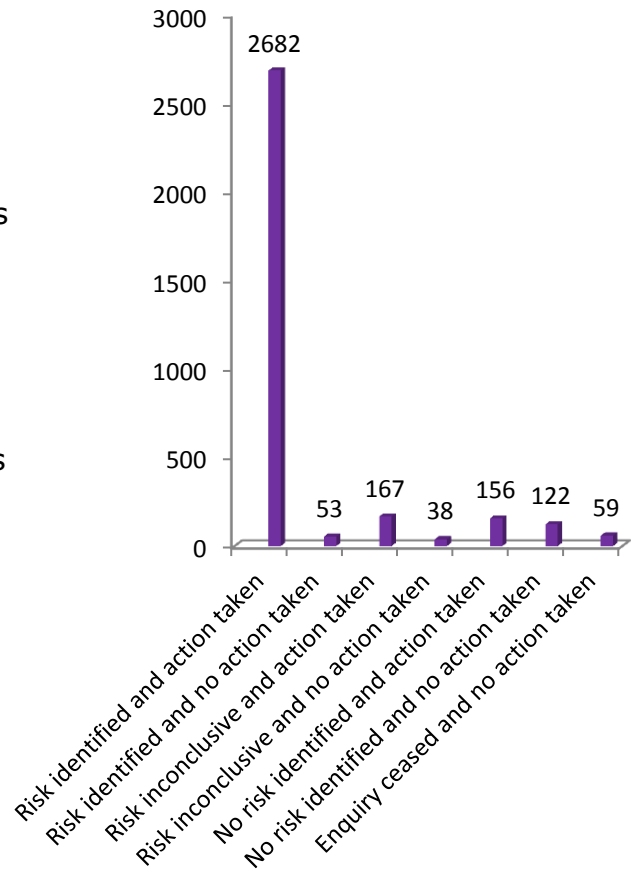
Outcomes

Assessment outcomes of concluded Section 42 enquiries

As part of a Section 42 enquiry, an assessment of the risk to the adult is made and whether any action is needed. Where a risk is identified, the outcome is recorded at the conclusion of the enquiry.

In the majority of concluded Section 42 enquiries, **2682 outcomes**, risks were identified and action taken.

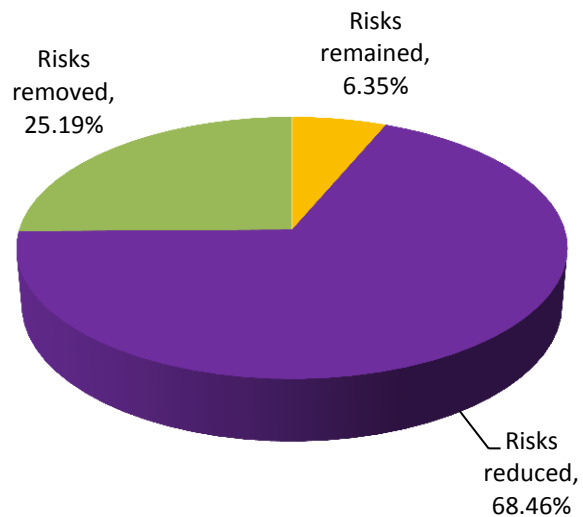
The reason for actions not being taken when risk has been identified (53 cases) are due to the risk ceasing or adults not wanting any action taken.



Risk outcomes where a risk has been identified

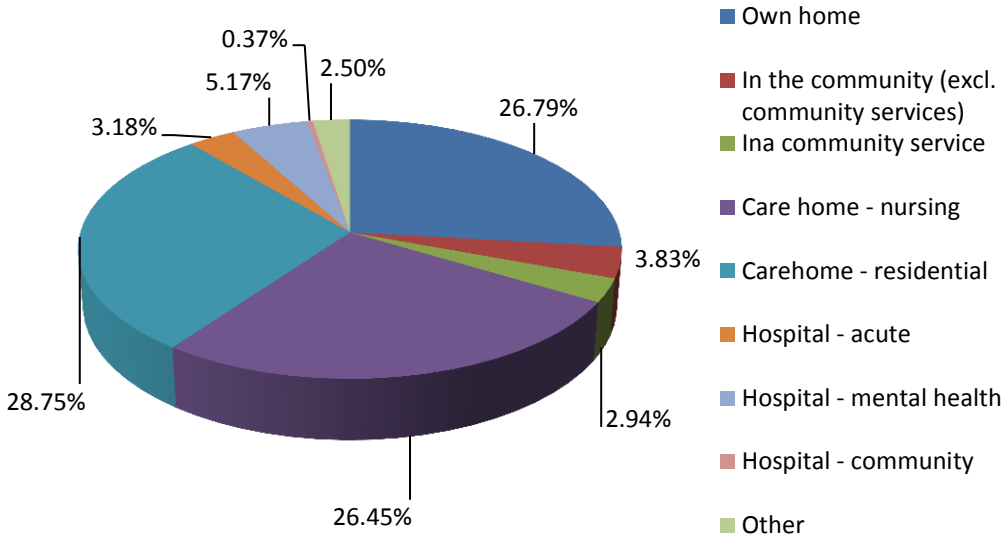
Where a risk was identified in Section 42 enquiries, a total of **93.65%** had either risk reduced or risk removed completely.

Where 'risk remains' this could be due to a person who has capacity choosing not to take advice/use support offered, or after being given an explanation and options has chosen to make an 'unwise decision'.



Our data

Location



Over half of adults, that is **55.2%**, for which Section 42 enquiries were completed, lived in **nursing and residential care homes**.

The next most prevalent area of where adults lived when experiencing risk, was at their **own home** which accounts for **26.79%**.

Our data

Deprivation of Liberty Safeguards (DoLS)

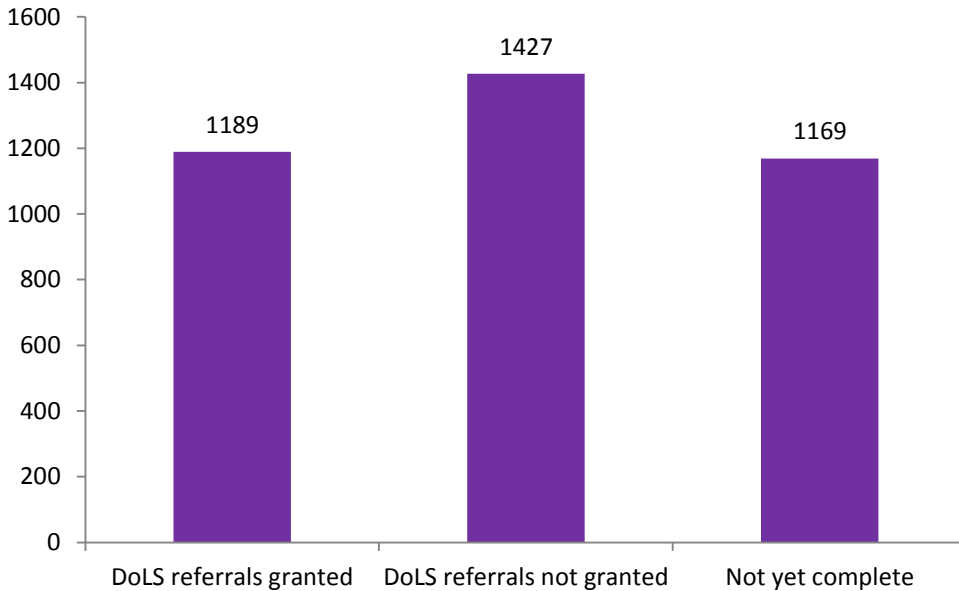
The Deprivation of Liberty Safeguards (DoLS), is an amendment to the Mental Capacity Act 2005, which allows restraint and restrictions that amount to a DoLS being used in hospitals and care homes for adults, who lack capacity to make decisions about their care and treatment, if they are in a person's best interests.

To deprive a person of their liberty, care homes and hospitals must request standard authorisations from a local authority.

DoLS referrals

During 2018-19 , **3785** DoLS referrals were received.

Out of the **3785** DoLS referrals **1189** were granted, **1427** were not granted and there were **1169** yet to complete.



Learning

What did we learn?

The Safeguarding Adults Board is responsible for ensuring that all agencies working with adults in West Sussex continue to learn and develop the best safeguarding practice. We do this by reflecting on practice through audits and best practice events and conferences with staff.

This year the SAB held a number of safeguarding best practice days in partnership with learning and development colleagues. These considered the introduction of a learning strategy for safeguarding in line with standard 10 of the care certificate which is aimed to support care homes and other services.

Safeguarding performance dashboard

The SAB also identified the need to have oversight of all safeguarding activity in West Sussex. Data and information around the number of concerns raised were examined; how concerns are managed and included within a Safeguarding Adults Board Safeguarding performance dashboard.

Data from the dashboard has been reported to the Board on a regular basis and partners have already recognised the benefit in having a dashboard where trends and patterns have been able to identify how the Board could focus their activity to support better safeguarding practice.

Our learning

- We have a higher than average level of repeat concerns raised to those raised nationally – this is where more than one safeguarding enquiry happens to the same person in the space of a year. In 2019/20 we want to look at this to ensure that safeguarding plans are robust and effective. We will do this by undertaking a multi-agency audit.
- To share learning and work collaboratively with our partnering Boards in East Sussex and Brighton and Hove and also with the West Sussex Children Board. We are working on joint policies, challenge events and shared learning events.
- Evidencing Making Safeguarding Personal is not always being captured and recorded in a way that is meaningful for the person or the organisation. The Safeguarding Adults Board will look at national assessment tools and systems and see how we can apply within West Sussex.

Learning

Our priorities for 2019/20

As a Board we will continue to work together to deliver our vision to keep people in West Sussex safe from abuse and neglect.

In 2019/20 we will be placing a focus on:

- Embedding safeguarding practices and processes that are person-led and underpinned by the principles of **Making Safeguarding Personal**;
- Building the resilience of those who may be at risk of abuse and neglect, including adolescents who are **transitioning** to adulthood and
- Working with partners to assist **prevention** and promote the **wellbeing** of those who are **homeless** and experience abuse.

We have also published a strategic plan, outlining our vision for the Board and the outcomes we want for the people of West Sussex. This strategic plan includes key actions and target timescales, under the following work streams:

- accountability and leadership;
- policies and procedures;
- quality, audit and learning;
- prevention, engagement and Making Safeguarding Personal and
- training and workforce development.



Safeguarding Adults Review (SAR)

A SAR is a legal duty under the Care Act 2014. The purpose of the review is to learn from cases to prevent similar incidents occurring. The aim is not to apportion blame on an organisation or individuals for any failings that may be discovered.

During 2018/19, we worked closely with neighbouring Boards to ensure that we applied the threshold for SARs consistently. This has prompted a full review of the Safeguarding Adults Review protocol which will be implemented later this year.

The SAR subgroup received **nine** referrals in 2018/19. None of these were identified as meeting the threshold for a full Safeguarding Adults Review and indicates a need for the process and training for referrals to be updated as part of the protocol review.

Two SARs were published in April 2018, the full reports for which can be accessed on the SAB website:

<http://www.westsussexsab.org.uk/publications/safeguarding-adult-reviews-2/>

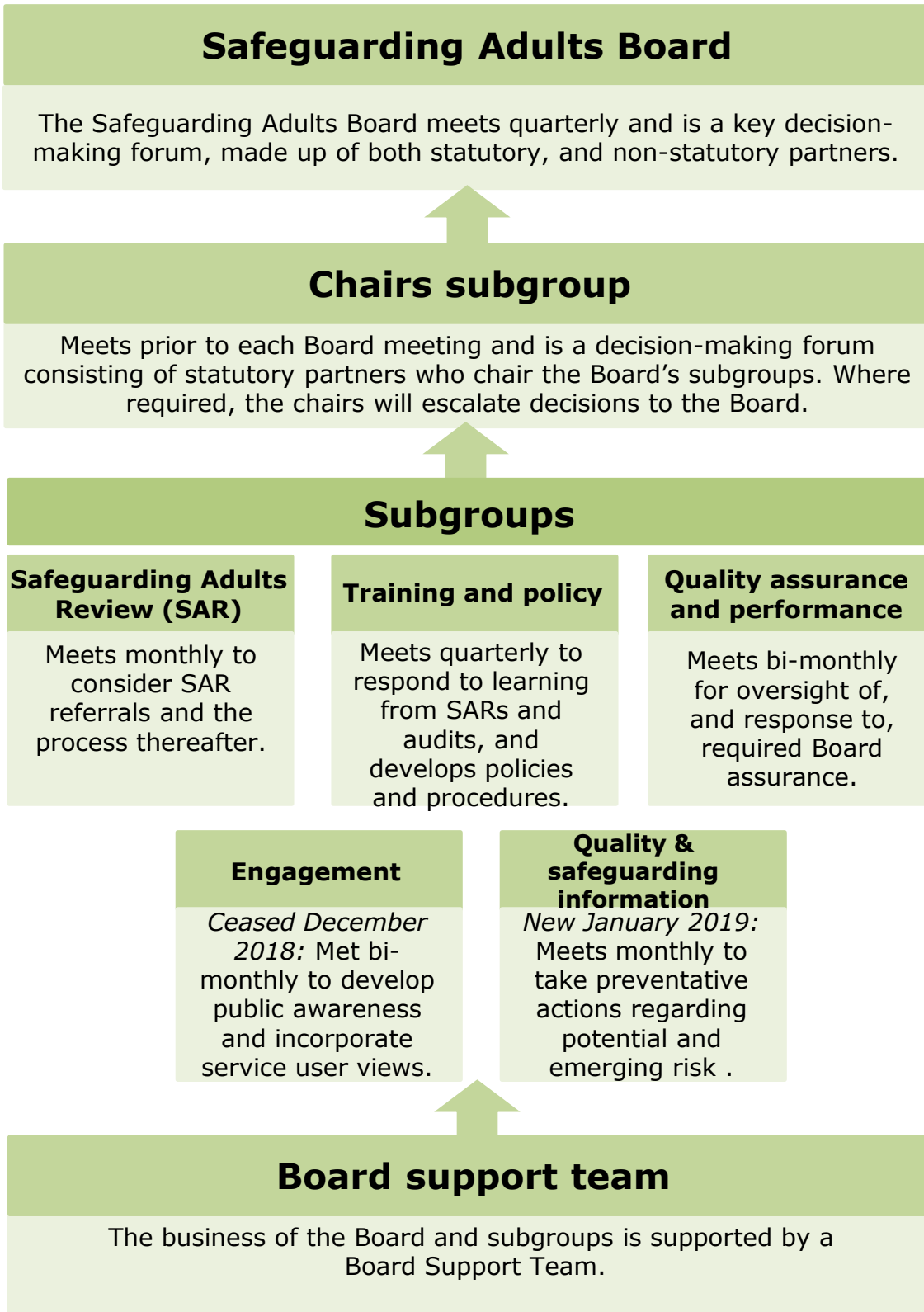
Learning Reviews

In addition to the SARs published this year, the Board has also undertaken two learning reviews. Our published Reviews are available on our website [here](#).

We also held two learning events to reflect on learning from Safeguarding Adult Reviews nationally. Examples of areas of focus included the monitoring of fire safety visits on our data dashboard and information required by our community about the use of emollient creams.

Board structure

The structure of the Safeguarding Adults Board



Board governance

Our links to other Boards

The West Sussex Safeguarding Adults Board reports to the Health and Wellbeing Board which is a Board consisting of key decision-makers from the health and care sector.

The aim of the Health and Wellbeing Board is to give a voice to communities and involve them in decisions made about local health and social care issues.

Our Annual Reports are submitted to this Board for scrutiny, and also to:

- the West Sussex County Council Cabinet and
- the Health and Adult Social Care Select Committee.

In addition, our Board maintains links with the following:

- West Sussex Local Safeguarding Children Board;
- National Network for Chairs of Safeguarding Adults Boards;
- Pan Sussex Safeguarding Adults Boards
- Pan Sussex Modern Slavery Network and
- Pan Sussex Honour-Based Abuse Network.



Board membership

The Board consists of the following membership:

Statutory partners

- West Sussex County Council (WSCC)
- Clinical Commissioning Groups (CCGs); Horsham and Mid Sussex CCG, Crawley CCG and Coastal West Sussex CCG
- Sussex Police

Members

- WSCC Public Health
- Local Safeguarding Children's Board
- Western Sussex Hospitals Foundation Trust
- West Sussex Fire and Rescue Service
- Care Quality Commission
- NHS England
- WSCC Community Safety and Wellbeing
- South East Coast Ambulance Service
- Probation Services
- Sussex Partnership Foundation Trust
- Brighton and Sussex University Hospitals
- WSCC Lifelong Services
- Sussex Community NHS Foundation Trust
- Healthwatch West Sussex
- District and Borough Councils
- Ford Prison
- Surrey and Sussex Healthcare
- Queen Victoria Hospital
- West Sussex Partners in Care
- Representatives from the community and voluntary sector



Contact points

Reporting concerns about harm, abuse or neglect

If you are concerned that you, or someone you know is being harmed, neglected or exploited, you can report these concerns.



If you think the danger is immediate, phone the emergency services on 999

- Phone West Sussex County Council's Adults' CarePoint on 01243 642121
- NGT Text Relay for people with hearing loss (available as a download able App for tablets and smartphones)
018001 01243 642121
- Complete an online adult safeguarding alert form [here](http://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/safeguarding-adults-raise-your-concerns/):
www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/safeguarding-adults-raise-your-concerns/
- Write to Adults' CarePoint at Adults' CarePoint, Second Floor, The Grange, County Hall, Chichester, PO19 1RG
- Phone Sussex Police on 101



If you would like to access WSCC's safeguarding training programme, or would like more information on safeguarding training in general, please visit:

www.westsussexcpd.co.uk

Electronic copies of our Annual Report are available at

www.westsussexsab.org.uk

If you would like to find out more about this report, or the work of the Safeguarding Adults Board, please e-mail:

safeguardingadultsboard@westsussex.gov.uk

Briefing paper for West Sussex Health and Adult Social Care Select Committee

Wednesday 12 June

Proposals to improve mental health services in West Sussex

Recommendations

West Sussex Health and Adult Social Care Select Committee (HASC) is asked to:

- 1. consider the information set out in this report by West Sussex Clinical Commissioning Groups (CCGs) and Sussex Partnership NHS Foundation Trust (Sussex Partnership)**
- 2. agree whether or not the proposals set out constitute a substantial change or development of service, and**
- 3. consider whether or not the proposals outlined should be subject to a full public consultation and that, as a part of this, there should be consultation with HASC.**

1. Background

1.1 The NHS Coastal West Sussex, NHS Crawley and NHS Horsham and Mid Sussex Clinical Commissioning Groups (West Sussex CCGs) are working in partnership with Sussex Partnership NHS Foundation Trust (Sussex Partnership) to improve services across West Sussex for adults and older people with mental health problems – and those living with dementia.

1.2 There are a number of drivers for changing the current arrangements. The primary one is the need to improve some wards in West Sussex which are in a poor condition.

1.3 Harold Kidd Unit in Chichester is an old building with poor layout, outdated dormitory accommodation, no en-suite bathrooms and inherent ligature risk. The nature of the building (which cannot be changed) precludes improvement work such as creating en-suite bathrooms and open plan areas. Furthermore, the fact that Sussex Partnership owns the building as part of a Private Finance Initiative (PFI) makes any improvement works prohibitively expensive.

1.4 Iris Ward based at Horsham Hospital has eight single rooms with en-suite facilities. The remaining four beds are located in two bays separated by curtains. The ward is a stand-alone unit at Horsham Hospital with no other mental health services on site. This level of isolation is disadvantageous in terms of quality of patient care for a number of reasons, including:

- the absence of immediate support that can be called on from other mental health wards in the event of a serious incident or emergency

- a lack of staffing flexibility and capacity, particularly in relation to the support that inpatient teams on multi-ward sites are able to draw on to address short-term, unforeseen staffing problems or provide cover for training, and
- the additional difficulties this creates in recruiting staff, given the understandable appeal and career development opportunities associated with being part of a much wider clinical team.

1.5 Another driver for change is the need to eliminate mixed-sex inpatient wards for adults of working age and older people, including those living with dementia, so they can receive the privacy and dignity they deserve. Doing this means that Sussex Partnership will comply with Care Quality Commission (CQC) guidance on changing all wards to single sex.

1.6 A final driver is for Sussex Partnership to meet the broader aims of its Clinical Strategy, particularly in relation to strengthening community services and reducing hospital admissions where possible.

1.7 A specific element of this strategy, which is relevant to these proposals, is the development of an acute community care pathway to help improve the experience of people in mental health crisis and reduce the reliance on A&E to provide urgent mental health care support.

1.8 Sussex Partnership is making good progress to strengthening community services and crisis care and improvements will be in place before these proposals will be implemented fully.

1.9 For further information about the current adult and older people's inpatient beds, their location, and the implications of the current proposals, see **Appendix I**.

2. The proposals

2.1 In summary, the proposals developed by the West Sussex CCGs and Sussex Partnership are to:

- Close the Harold Kidd Unit in Chichester which has two wards for older people with mental health problems and male patients with dementia.
 - These patients will move to more modern single-sex wards at Langley Green Hospital, Crawley (older adult), Meadowfield Hospital, Worthing (older adult) and The Burrowes, Worthing (dementia).
- Close Iris Ward at Horsham Hospital which treats female patients with dementia.
 - These patients will move to a new ward at 1st Floor, Salvington Lodge on the Swandean site in Worthing.
- Remove all mixed sex wards in West Sussex and replace them with single sex wards, in line with CQC and national NHS guidelines.

- Put in place measures to strengthen our community services so that we can care for people in their own homes rather than send them to hospital unless it's absolutely necessary.
- It is important to note that these proposals keep the same number of inpatient beds for West Sussex and are supported by the community redesign plans.
- The proposals also provide the opportunity to set up a centre of excellence at Salvington Lodge for people living with dementia, as the Sussex Community NHS Foundation Trust has a physical health continuing care unit already based on site.

2.2 NHS England has approved these proposals in line with its 'Planning, assuring and delivering service change for patients' guidelines, published in March 2018.

West Sussex CCGs and NHS Trust Lead Officer Contacts:

CCGs:

Matt Powls, Director of Commissioning – Mental Health
Harpreet Kaur, Senior Commissioning Manager – Mental Health

Sussex Partnership:

Simone Button, Chief Operating Officer.
Dr Brian Solts, Clinical Director.
John Wilkins, Programme Director.

Appendix I – Maps showing current and proposed bed locations
Appendix II – Maps showing where patients live

3. Timescale and milestones

Activity	Date	Status
Sussex Partnership Board	Wednesday 22 May	Proposals approved for public consultation
West Sussex HASC	Wednesday 12 June	Awaiting decision
Coastal and West Sussex CCG Board	Wednesday 25 June	Awaiting decision
Crawley and Horsham and Mid Sussex CCG Boards	Friday 27 June	Awaiting decision
Public Consultation starts	Monday 8 July	To be confirmed
Public Consultation ends	Monday 30 September	To be confirmed
Staff Consultation starts	Tuesday 1 October	To be confirmed
Staff Consultation ends	Friday 20 December	To be confirmed – decision still to be made on length of consultation for staff
Final sign-off by NHSE (Decision Making Business Case)	September	To be confirmed
West Sussex HASC to agree its response to the consultation, if required	Thursday 26 September	To be confirmed
Final 3xCCG Boards sign-off (public)	November	To be confirmed
Final Sussex Partnership Board sign-off (public)	Wednesday 27 November	To be confirmed
Final option – implementation begins (subject to consultation outcome)	December 2019 – first phase (move to single sex wards and close HKU) April/May 2020 – second phase (close Iris Ward)	Subject to post-consultation feedback and responses

4. Theme	
<p>A. What are the reasons for the proposed change?</p>	<p>4.1 The primary driver for changing the current arrangements is the need to improve the environments which provide some in-patient services in West Sussex are provided.</p> <p>4.2 Harold Kidd Unit in Chichester is an old building with poor layout, outdated dormitory accommodation, no en-suite bathrooms and inherent ligature risk. The nature of the building (which cannot be changed) precludes improvement work such as creating en-suite bathrooms and open plan areas. Furthermore, the fact that SPFT owns the building as part of a Private Finance Initiative makes any improvement works prohibitively expensive.</p> <p>4.3 Iris Ward has eight single rooms with en-suite facilities. The remaining four beds are located in two bays separated by curtains. Moreover, the ward is located within a stand-alone unit at Horsham Hospital with no other mental health services on site. This level of isolation is disadvantageous in terms of quality of patient care for a number of reasons, including:</p> <ul style="list-style-type: none"> • the absence of immediate support that can be called on from other mental health wards in the event of a serious incident or emergency • a lack of staffing flexibility and capacity, particularly in relation to the support that inpatient teams on multi-ward sites are able to draw on to address short-term, unforeseen staffing problems or provide cover for training, and • the additional difficulties this creates in recruiting staff, given the understandable appeal and career development opportunities associated with being part of a much wider clinical team. <p>4.4 Another driver for change is the need to eliminate mixed sex inpatient wards for adults of working age and older people, including those living with dementia, to improve their privacy and dignity.</p> <p>4.5 Sussex Partnership needs to comply with CQC guidance on changing all wards to single sex. In its latest Inspection Report, the CQC advised that Sussex Partnership should make sure that all older adult wards comply with national guidelines on elimination mixed sex accommodation.</p> <p>4.6 A final driver is for Sussex Partnership to meet the broader aims of its Clinical Strategy, particularly in relation to strengthening community services and reducing hospital admissions where possible.</p> <p>4.7 A specific element of the Clinical Strategy which is relevant to these proposals is the development of an acute community care</p>

	<p>pathway to help improve the experience of people in mental health crisis and reduce the reliance on A&E to provide urgent mental health care support.</p> <p>4.8 Sussex Partnership is making good progress in strengthening its community services and crisis care.</p>
<p>B. How will the accessibility of services, and how they are delivered, change?</p>	<p>Accessibility:</p> <p>4.9 In developing its proposals, Sussex Partnership engaged with organisations representing service users and carers, staff and their trade union representatives, governors and partner organisations including third sector providers.</p> <p>4.10 From these discussions, it was clear that a key issue which needed further work to reassure everyone affected was that the proposals option would likely increase travel times for some service users and their carers and it was recognised that patients, carers and families - as well as staff – may have to travel further than they do now.</p> <p>4.11 As a first step, a group was established to look at this issue and suggest possible transport solutions. This, together with feedback from staff and other groups such as the West Sussex HASC BPG, led to the following suggestions:</p> <ul style="list-style-type: none"> • Mileage allowance/payments for people who use their own cars, or pay an individual’s public transport costs. • Provide a Trust minibus to follow a specific route once/twice daily to and from each affected hospital or unit. • Using Dial-a-Ride or community transport. • Provide overnight accommodation for carers and families in certain circumstances. <p>4.12 Following this, Sussex Partnership wanted to get a more in-depth picture of who would be affected and how. It commissioned West Sussex County Council to carry out an Independent Transport Analysis to assess the travel impact of the preferred option on patients, carers and their relatives.</p> <p>4.13 The analysis looked at the number of in-patients in the two wards at Harold Kidd Unit (Grove and Orchard) and Iris Ward on the first day of the month for a 12 month period between April 2018 and April 2019 – and where they came from.</p> <p>4.14 It found that there was a total of 183 people, i.e. 123 at Harold Kidd Unit and 60 at Iris Ward. At Harold Kidd, 13% (16 patients) were from the Chichester area and 87% were from other areas across West Sussex, East Sussex and further afield. At Iris Ward, 20% (12 patients) were from the Horsham area and</p>

80% from other areas across West Sussex, East Sussex and further afield.

4.15 This data confirms that most inpatients and their carers were from outside the areas where these wards are located. The analysis assumed that current carers and/or partners lived at the same address or close to the patient's address.

4.16 As illustrated in the maps in **Appendix II**, the analysis confirms that carers and their families travelled a wide range of distances during the last year, entailing many different travel times and journeys. For some carers, the proposals show shorter and easier journey times and for others it would be more problematic. SPFT has also undertaken a separate transport analysis of the impact on staff affected by the proposed service changes.

4.17 A Transport Review Group - consisting of senior clinical and operations staff, service users, carers, Healthwatch and representatives from the West Sussex CCGs – was set up to look at the analysis and come up with innovative and workable solutions to help those people who may face travel difficulties under the proposed change in services.

4.18 The transport analysis, the group's findings and possible transport solutions will be further reviewed as part of the public consultation process.

Service delivery:

4.19 Bed modelling work carried out by Sussex Partner indicates that a West Sussex 'bed neutral' position is clinically viable. This is based on:

- current bed use
- reducing the number of SABP beds from 13 to 9 beds
- the availability of high-quality inpatient environments
- comparatively low levels of out of area placements, and
- the proposed modernisation of acute and community services.

4.20 It should also meet demand, in particular, for people with dementia over the next two to three years. In addition, once SABP have undertaken their own service redesign, the nine beds being used for East Surrey will become available for West Sussex.

4.21 Therefore the re-design is 'bed-neutral' for West Sussex – if changes are agreed, there will be no reduction in beds in the area. At the same time, Sussex Partnership will continue to develop, with other providers:

	<ul style="list-style-type: none"> • improved out-of-hours 'crisis cafes' • greater alignment between crisis teams, community teams and mental health acts functions • improved care pathway for people with personality disorders, and • growth of mental health crisis teams across West Sussex. <p>4.22 These developments, among others, are being addressed as part of Sussex Partnership's wider community redesign work and are planned to be in place by end of 2019/beginning of 2020.</p> <p>4.23 The proposals will also provide the opportunity to set up a centre of excellence at 1st Floor, Salvington Lodge, Worthing for people living with dementia.</p> <p>4.24 Sussex Partnership is working with the Sussex Community NHS Foundation Trust (SCFT) which has a physical health continuing care unit based at Salvington Lodge.</p> <p>4.25 The proposals will create a specialist dementia centre of 32 beds, i.e. two 10-bed wards in the Burrowes Unit (Ground Floor, Salvington Lodge) and one 12-bed ward on the 1st Floor which will sit alongside SCFT's current 18 physical health beds.</p> <p>4.26 This would have a significant positive impact on the outcomes for people with dementia who have physical health problems as well as those with long-term physical health conditions who have cognitive and/or behavioural difficulties. It could also help streamline referral and assessment processes, and reduce unnecessary bureaucracy and access/care pathway difficulties between the two organisations.</p>
<p>C. How will patients be affected?</p>	<p>4.27 These proposals are wholly focused on patient safety and quality of service. They do not represent a major service reconfiguration. And, as already stated, will not entail any reduction in beds for West Sussex patients, although there will be a small reduction of four beds for East Surrey patients.</p> <p>4.28 The proposals aim to:</p> <ul style="list-style-type: none"> • create modern, safe and high-quality accommodation for all adults of working age and older people, including those living with dementia • close stand-alone, isolated units • eliminate mixed sex inpatient accommodation for adults of working age and older people, including those living with dementia • make sure that there are enough beds to meet current

	<p>and projected future demand</p> <ul style="list-style-type: none"> • improve recruitment and reduce vacancies from 17% to 10% (2019) and 5% (2020) to ensure adequate staffing levels • retain a contractual arrangement with SABP for East Surrey residents being admitted to our services (currently 13 beds), and • create a centre of excellence for dementia inpatient services. <p>4.29 Meeting these aims will improve the quality of care and patient safety by:</p> <ul style="list-style-type: none"> • providing high-quality inpatient environments • moving to single sex wards, improving privacy and dignity • creating safer facilities with reduced ligature risk, and • consolidating expertise in one place. <p>4.30 Sussex Partnership wants to treat people in their own homes rather than admit them to hospital, unless it's absolutely necessary. Which is why these proposals go hand-in-hand with plans to strengthen community services for people in West Sussex.</p> <p>4.31 So, for example, Sussex Partnership aims to make it easier for people to get home treatments and receive crisis support 24 hours a day, seven days a week.</p> <p>4.32 However, Sussex Partnerships has a contract with SABP to provide 13 beds for working age adults from East Surrey at Langley Green Hospital, Crawley. In 2019/20, this will be reduced from 13 beds to nine beds. This is a small reduction of four beds for East Surrey residents.</p> <p>4.33 To make up the shortfall, SABP will be improving and extending its inpatient facilities which will increase its total number of beds. When this work is complete in 2024, SABP will no longer need the nine beds at Langley Green. But, in the meantime, they want to keep the beds to maintain levels of inpatient care.</p> <p>4.34 This decision was made to ensure that there were no bed losses for West Sussex at a time when there are significant bed pressures across the county.</p>
<p>D. Will there be any impact on the</p>	<p>4.35 Sussex Partnership does not envisage that these proposals will have any economic or environmental impact locally. It believes that no other services will be needed from either health or social care resources in light of the proposed services</p>

<p>wider community and other services?</p>	<p>changes.</p> <p>4.36 However, initial conversations suggest that West Sussex County Council would see a centre of excellence for dementia services as an opportunity to employ a hospital social worker dedicated to the one site. At the moment, it is having to cover three sites.</p> <p>4.37 We will be consulting wider as part of the formal public consultation process to seek the views about how the proposals may affect other resources, e.g. police and ambulance services.</p> <p>4.38 Any negative effects which result in the need for patients, carers and families to travel further will be mitigated by any proposed new travel arrangements which arise from the consultation. Ideas put forward by the Transport Review Group will feature in the consultation and include:</p> <ul style="list-style-type: none"> • Mileage allowance or payments for people who use their own cars, or pay people’s public transport costs. <ul style="list-style-type: none"> ○ This may be difficult because some people would benefit and others wouldn’t. So, the group suggested it could be targeted at those most seriously affected, that is those who are inpatients at the time they transfer to other wards. • Provide a minibus. <ul style="list-style-type: none"> ○ A minibus which followed a specific route one or twice a day would be very helpful to carers and family members. • Using Dial-a-Ride or community transport. <ul style="list-style-type: none"> ○ Because there is a huge demand for these services, this would be difficult to achieve but the group suggested looking at providing a volunteer transport scheme. • Provide overnight stays for carers and families in certain circumstances. <ul style="list-style-type: none"> ○ This could be for a limited time, for example during the first three or four days after a patient has been admitted as this is often a traumatic and anxious time for everyone.
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	<ul style="list-style-type: none"> • The group also suggested: <ul style="list-style-type: none"> ○ carers and families should be told how to apply for financial support when visiting people in hospital, and ○ speaking to the Red Cross to see if they can provide transport for hospital appointments.
<p>E. What are the views of key stakeholders?</p>	<p>4.39 In developing these proposals, we have spoken directly to people who use our services, carers and their representatives - such as Healthwatch West Sussex - as well as GPs, other clinicians and the voluntary sector.</p> <p>4.40 Their feedback helped us refine our proposals to the point where we are confident that they offer us the best opportunity to help meet the challenges we face to provide the best quality care for all our patients, both now and in the future.</p> <p>4.41 As part of the pre-consultation work undertaken to date, service users and carers have been involved in reviewing the proposals. These included Crawley Mental Health Forum, Sussex Partnership Service User Working Together Groups (during July 2018 and March 2019) and Chichester Carers' Support Group. SPFT has engaged with service user representatives through the Capital Project Trust and MIND.</p> <p>4.42 Sussex Partnership also contacted Carer Support branches in Crawley, Worthing and Littlehampton, Age UK and Worthing Churches and has received emails from several service users and carers requesting further information about the plans.</p> <p>4.43 There has been a significant and ongoing programme of staff engagement events during 2018. A video featuring the clinical director detailing the proposals has been viewed almost 356 times. Staff, including senior clinical representatives from all disciplines, have been involved at an early stage in the development of the proposals – and this engagement led to the proposals being revised.</p> <p>4.44 For 2019, we have 30 staff engagement events planned. The issues that have arisen so far include:</p> <ul style="list-style-type: none"> • plans to improve community services • transport implications • job roles and responsibilities, and • the need for certainty about when plans would be implemented. <p>4.45 A series of more than 12 service user, carer and staff events were held between January and March 2019, as well as more informal engagement with as many of these stakeholders</p>

	<p>as possible. We have also had contact with representative organisations such as the Dementia Alliance, West Sussex Carer Support and local carer committees.</p> <p>4.46 These meetings generated debate around:</p> <ul style="list-style-type: none"> • the pros and cons of moving from mixed to single sex wards • transport issues • why the need to close down units, and • wider general issues facing services users and carers. <p>4.47 These views have been collated and will feed into the formal public consultation process.</p>
<p>F. Do the proposals meet the NHSE five key tests for service change?</p>	<p>Support from GP commissioners</p> <p>4.48 These proposals have been developed by NHS Coastal West Sussex CCG, NHS Crawley CCG and NHS Horsham and Mid Sussex CCG (West Sussex CCGs) in partnership with Sussex Partnership and have the backing of all the relevant organisations.</p> <p>4.49 It was agreed that the West Sussex CCGs would, in partnership with Sussex Partnership, develop the service proposals and business case, in line with NHSE’s ‘Planning, Assuring and Delivering Service Change for Patients’ guidance.</p> <p>4.50 The three West Sussex CCGs currently hold weekly meetings with Sussex Partnership to oversee the development of these proposals. This meeting is chaired by the Sussex and East Surrey CCGs’ Interim Director of Commissioning, Mental Health, and its membership includes CCG Communications and Mental Health Commissioning Leads and Sussex Partnership’s Chief Operating Officer, Programme Director, Project Management and Communications Lead.</p> <p>4.51 The Sustainability and Transformation Partnership (STP) Executive Group has been updated about the proposals and its Mental Health Programme Board has discussed them in detail.</p> <p>4.52 It was agreed by all parties that, as part of the proposal development, the West Sussex CCGs would convene an independently-chaired Panel to consider the proposals within the context of a system redesign and complete an options appraisal.</p> <p>4.53 This was a commissioner-led panel, chaired independently by a senior London GP clinical commissioner – and independent of Sussex Partnership. Membership included GPs and/or GP clinical commissioners from each of the constituent local CCG areas, patient and service user representatives and Healthwatch.</p>

4.54 The Panel was charged with scrutinising and challenging how Sussex Partnership decided on its preferred option for the reconfiguration of services and provide assurances that this process was robust and fair. The Panel was also asked whether or not it agreed with Sussex Partnership's conclusions after following the exact same appraisal process which Sussex Partnership used.

4.55 The Panel made recommendations about specific topics that it feels should be covered within any future consultation process. It was agreed that the recommendations of the Panel would be presented to the Sussex and East Surrey CCG Alliance Governing Bodies and the Sussex Partnership's Board of Directors.

4.56 Membership of the Panel included:

- Independent GP Clinical Commissioning Chair
- GP representatives from the local CCGs
- Sussex and East Surrey CCG Alliance's Director of Mental Health Commissioning and Commissioning Leads
- Commissioning representatives from East Surrey and Coastal West Sussex CCGs
- SPFT Clinical Leads/Advisers
- Healthwatch
- Patient/Service User and Carer representatives

4.57 The proposals have now passed successful through the extensive NHS England assurance and approval process and it has been agreed that the proposals can now go to public consultation subject to the comment/approval of the West Sussex HASC, Sussex Partnership Board of Directors and the Boards of the three West Sussex CCGs.

4.58 Sussex Partnership gave its approval at its meeting on Wednesday 22 May. The CCG Boards will consider the proposals at their meetings on Thursday 27 June. Therefore, any decision made by the HASC today (Wednesday) remains subject to CCG Board decisions.

Strengthened public and patient engagement

4.59 As set out in 'What are the views of key stakeholders?', there has been significant engagement with a wide range of stakeholders, including service users, carers, their families and representative organisations.

4.60 There is now a communications and engagement plan in place for the public consultation. This will make sure that all interested parties know about the proposals, understand the reasons for the proposed changes and expected benefits – and

<p>are able to take part and contribute to any discussions.</p> <p>4.61 The consultation will be guided by the following key principles. It will be:</p> <ul style="list-style-type: none">• visible - to ensure as many people as possible have their say• open and transparent• engaging and accessible• proportionate, and• designed to provide people with the opportunity to express wider views and individual preferences <p>4.62 This public consultation will be conducted in line with the Government's Code of Conduct on consultation. It will seek to comply with NHS England's guidance document, 'Planning, assuring and delivering service change for patients', published in March 2018.</p> <p>4.63 The consultation will use a range of channels to target all interested parties, including those who are hard-to-reach. To know who to target, and how best to target them, there is a database of key stakeholders which can be used to track when people and organisations have been contacted and how their perceptions about the proposals may have changed following engagement activity.</p> <p>4.64 The range of people on the stakeholder database include:</p> <ul style="list-style-type: none">• Service users, their carers and families• Staff members, their respective unions and other social care and mental health professionals (local authority employees)• Our respective Boards and Council of Governors• Sustainability and Transformation Partnership (STP) members• Police and ambulance services• Neighbouring Trusts and Clinical Commissioning Groups• Pathfinder Alliance (consisting of local charities, carers' groups etc.)• GPs and other primary care providers• Local government politicians and officers• MPs• Healthwatch• National health bodies• Campaign and advocacy groups• Media <p>4.65 Third parties will be approached to help engage more fully with all stakeholders, e.g. Healthwatch to reach service users, carers and families by using their own channels such as their access to GP surgeries.</p>
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4.66 It will be an important part of this public consultation to engage as much as possible groups that are either hard to reach, or seldom heard. That is why it is important to make sure that these groups receive special help to make sure they are engaged properly, e.g. producing specifically targeted information toolkits, materials in different languages and easy-read versions or braille.

4.67 Other interested parties, e.g. West Sussex HASC will be briefed regularly and all ad hoc meeting requests, e.g. from patient groups or local councils, will be responded to in an appropriate and proportionate manner.

4.68 The following channels will be considered to engage fully with all stakeholders:

- A dedicated consultation section on the Sussex Partnership website site, with links from other relevant websites, e.g. West Sussex CCGs).
- Targeted and timely press releases and other initiatives with local media, e.g. letters to the editor.
- An advertising campaign which will include newspaper and online advertising and social media activity.
- A regular newsletter, electronic or otherwise, published throughout the consultation period to update the public and other stakeholders about the latest activities.
- Possible use of TV screens in hospitals, GP surgeries and local authorities.

4.69 A range of materials will be produced and distributed to raise awareness of the consultation further. These will include a summary document, flyers, leaflets and posters and an animated video.

4.70 A proportionate number of public meetings will be held there will be opportunities for other events such as drop-ins, staff engagement and participation in other related activity, e.g. annual meetings.

4.71 Responses to the consultation will be independently analysed and the findings will be included in a report which will be provided to the respective governing bodies, HASC and the public. They will also accompany the final outcome report which will publish as soon as possible after the consultation ends.

Clarity on the clinical evidence base

4.72 While these proposals seek to address specific issues within West Sussex, they are being developed in the context of the Sussex Partnership's wider clinical strategy. This is also happening during a period of sustained, significant demand being

	<p>experienced across all our services. We need to ensure that any changes to clinical services do not further exacerbate this pressure.</p> <p>4.73 Sussex Partnership carried out a detailed bed modelling exercise between April 2017 and March 2018 as part of the clinical case for change. This exercise reviewed how West Sussex adults of working age and older people, including people living with dementia, used existing in-patient beds across the Trust, their average length of stay and their gender.</p> <p>4.74 The exercise also considered the use of the 13 beds for adults of working age at Langley Green Hospital, Crawley, provided to SABP for their East Surrey residents.</p> <p>4.75 Between April 2017 and March 2018, the split between older people and working age adults shows that there were 10 additional adult beds and fewer older people's beds being used in West Sussex.</p> <p>4.76 The bed modelling indicated that, based on usage in May 2018, patients in West Sussex occupied:</p> <ul style="list-style-type: none"> • 95% of available adult beds (85 beds) • 93% of older adult functional beds (39 beds) and • 89% of dementia beds (32 beds). <p>4.77 Historically West Sussex has had comparatively low levels of out of area placements (ECRs). During this period there were 740 bed days used by adults of working age (equivalent to approximately 2 beds per day) and 61 bed days used by older adults with mental health problems, equivalent to approximately 0.16 bed per day. There were no out of area placements (ECRs) for people with dementia during this period nor have there been historically for West Sussex.</p> <p>4.78 The bed modelling work was used to assess the impact on the bed numbers and the gender split of wards for each option considered as part of the process to develop these proposals.</p> <p>4.79 It also identified how many beds on each ward and the number of male and female wards were required to address a 'bed neutral' option for West Sussex. However this 'bed neutral' position for West Sussex could only be achieved by reducing the number of beds provided for East Surrey residents at Langley Green Hospital from 13 beds to nine beds.</p> <p>4.80 The bed modelling work indicated that that the West Sussex 'bed neutral' position is clinically viable, based on:</p> <ul style="list-style-type: none"> • current use
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- reduction of SABP beds from 13 to 9 beds
- available high-quality local inpatient environments
- comparatively low levels of out of area placements, and
- the proposed modernisation of acute and community services

4.81 It should meet demand, in particular, for people with dementia over the next two to three years. Also, once SABP have undertaken their own redesign, the nine beds being used for East Surrey will become available for West Sussex.

4.82 Therefore, West Sussex – if changes are agreed, there will be no reduction in beds in the area. At the same time, other work is going on to modernise acute and community services. The real work of the community has to be the provision of alternatives to psychiatric hospital admissions with real 'least restrictive options', ie safe alternatives to hospital admissions.

Patient pathways

4.83 Inpatient pathways will continue to be triaged by existing crisis teams who act as the gate-keepers for all admissions and assess suitability for less restrictive options.

4.84 Admission is considered where it is unsafe to manage risk in the community, where specialist services can only be delivered within an inpatient environment or where community teams require a period of planned assessment work that would require a 24 hour safe environment, e.g. taking people off medication or introducing a new medication regime.

4.85 For dementia, it is where the impact of the condition has increased, symptoms that cannot be managed outside of an acute environment or a period of assessment and intensive support and intervention is needed in order to maximise the options for the person returning to a less restrictive environment as possible.

4.86 Generally, admissions consider risk, treatability, carer burden, complexity of presentation and severity of symptoms, plus known history. Every patient is considered individually and our focus is always on providing the least restrictive option. That is why we decided that crisis team should continue their role as gatekeepers to acute services. Our strategy is to increase their availability and provide more capacity for face-to-face gatekeeping assessments.

Community care pathway

4.87 Over the next year, Sussex Partnership will continue to develop:

- improved out-of-hours 'crisis cafes'
- greater alignment of crisis team function into community teams and mental health acts
- improved care pathway for people with personality disorders, and
- growth of mental health crisis teams across West Sussex

4.88 Sussex Partnership is also looking at developing standards which will make sure that staff can better support patients as they return to GP care or voluntary sector support. It wants to reduce active caseloads for Assessment and Treatment Services clinicians to make sure patients receive more high-quality care.

4.89 These developments are being addressed as part of its wider community redesign work and is planned to be in place by end of 2019/beginning of 2020.

Consistent with current and prospective patient choice

4.90 Again, these proposals should be seen in the context of Sussex Partnership's wider Clinical Strategy and the work it is doing with the Sussex and East Surrey STP.

4.91 This work will determine how the voluntary sector, local authorities and NHS can work better together as a local health and social care system to provide greater choice when meeting the needs of the local community.

4.92 The proposals are underpinned by an approach to health and well-being that considers the impact that physical, psychological, financial, social, house and environmental factors have on people's health and well-being.

4.93 Sussex Partnership's recovery services aim to help people to understand how they have got to where they are and support them to make informed choices about the treatment and broader social care support they need to help to reach their full potential.

4.94 The development of an acute community care pathway' will also help improve the experience of people in mental health crises, increase choice for patients and reduce the reliance on A&E to provide mental health crisis support.

4.95 Sussex Partnership wants to keep people in their local communities for as long as possible and prevent unnecessary hospital admissions that separate people from the networks that work to keep them well. It also enables them to receive quick psychiatric treatment and care. This provides people a real choice and helps reduce the risk of matters escalating to the use of the Mental Health Act to enforce treatment.

4.96 Proposals which include plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it;
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

4.97 These proposals are bed-neutral for West Sussex, with a small reduction of 4 beds for East Surrey. In relation to West Sussex, the proposals:

- address the likely population growth in West Sussex to ensure they are future proof through strengthened community provision and looking at using beds in a different way, and
- allow for bed flexibility based on the current use of beds and average length of stay, as well as the proposed improvements in acute and community services.

4.98 Furthermore, the implementation of these proposals will be further reviewed following the public consultation and will not start until Sussex Partnership is satisfied that the necessary community transformation is in place to improved efficiency in the way beds are used.

4.99 Work is already underway to analyse and review the caseloads of all community teams and put extra support in place where this is higher than the optimum number.

4.100 Sussex Partnership will be improving community services, making the most of the opportunity to help people to remain at home rather than in hospital (unless admission is the most clinically appropriate option). This is a key part of its community pathway development work and the proposals must be seen in that context.

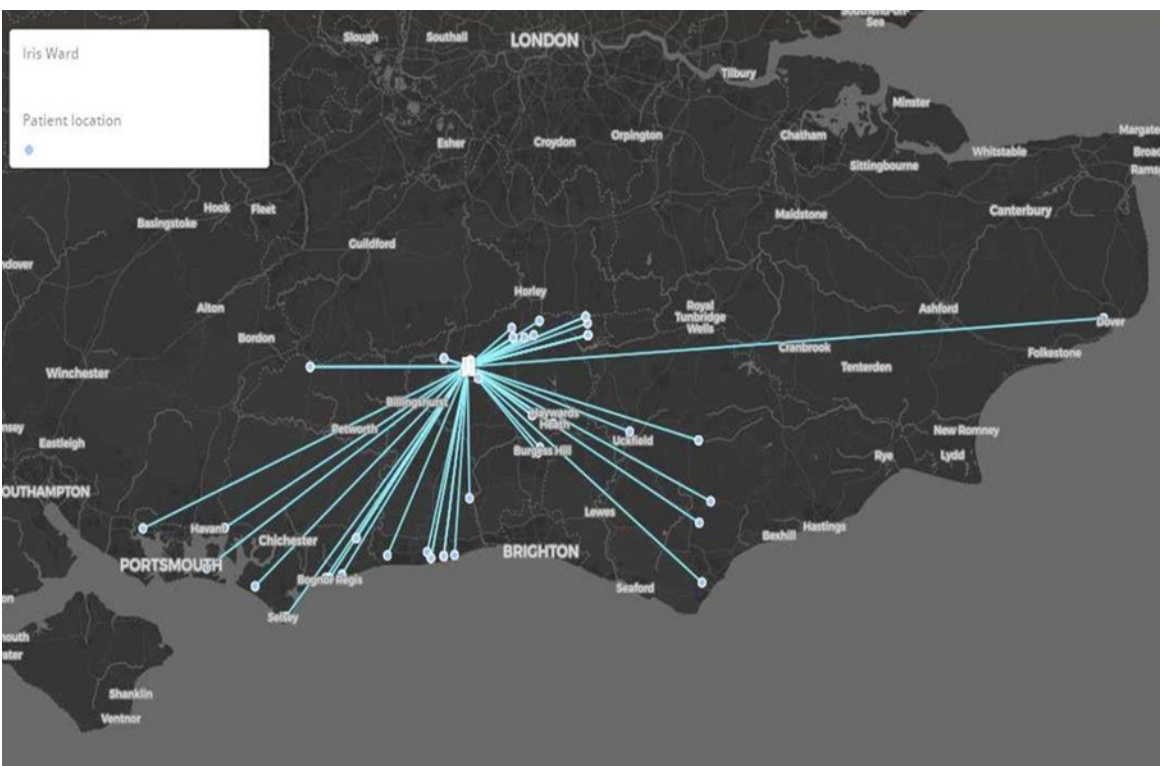
4.101 There is an investment plan in place for urgent care services across West Sussex during the next year. The STP Mental Health prioritisation process for 2019/20 has agreed to fund £1.3m for 2019/20 and £2.4m recurrently for investment in

	<p>urgent care services across Sussex. A clinically supported business case is being developed for the STP and will be presented for decision this month (June). The overarching aim will be for urgent care services in each area to meet core fidelity standards and resource will be allocated in response to shortfalls in existing service provision.</p> <p>4.102 The STP has also agreed to fund 13 support and peer workers in Sussex and the recruitment process for these roles is currently underway.</p>
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Appendix I







Health and Adult Social Care Select Committee
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12 June 2019

West Sussex Low Vision Service

Report by Coastal West Sussex, Horsham & Mid Sussex, Crawley Clinical Commissioning Groups and Paul McKay, Director of Adult Services.

Summary

The Royal National Institute for the Blind (RNIB) approached the West Sussex Health and Adult Social Care Select Committee regarding the provision of low vision services within West Sussex following a decision by the Horsham & Mid Sussex Clinical Commissioning Group to decommission low vision services within the CCG area.

Focus from scrutiny

The Committee is asked to consider whether there is an equity of provision of low vision services for West Sussex residents, regardless of the CCG area in which they live.

1. Background and Context

- 1.1 Low Vision Services (LVS) support people with loss of vision to regain or maintain as much independence as possible by enabling them to maximise their residual vision through low vision aids. The service also provides information and support for people living with low vision.
- 1.2 Early in 2017 Brighton and Hove Clinical Commissioning Group (CCG), as the lead commissioner for the LVS which covered the Mid Sussex area, undertook a review of contracts that were due to expire in March 2017. The service was commissioned jointly between Brighton and Hove, Horsham and Mid Sussex and High Weald Lewes Havens CCGs and Brighton and Hove City Council. At that point the decision was made to extend the contract for one year to enable a robust review of the service and to undertake an Equality Impact Assessment (of copy of which can be found at appendix 1).
- 1.3 Following this review Brighton & Hove CCG made the decision to transfer the commissioning of the service from the CCG to the Local Authority (LA), as it was agreed that the service was more appropriately commissioned by WSCC rather than Health Care services.

2. Issues for consideration by the Select Committee

- 4.1 The Royal National Institute for the Blind (RNIB) has queried the decision made by B&HCCG to decommission the low vision service. It was specifically concerned that the changes to the commissioning of the Low Vision Service (LVS) would mean that Horsham and Mid Sussex patients

would need to be referred to an acute trust for a low vision appointment and that this would lead to capacity issues.

- 4.2 The RNIB also raised concerns about the way that the decision was made suggesting that it potentially breached the requirements of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules).
- 4.3 The decision regarding the future of the LVS was made by Brighton and Hove (B&H) CCG in the context of ensuring the most appropriate use of resources across the local health economy. It was felt that by transferring the commissioning responsibility from the CCGs to the LAs would create a consistent commissioning position across Sussex.
- 4.4 In the current financial climate it is important that CCGs ensure they spend their allocated public funds on getting the best possible health outcomes for their local populations. B&H CCG, in making this decision regarding the LVS gave full consideration to a number of factors including the equality and quality impacts, the effectiveness and outcomes from the service and whether it aligned to the CCGs' strategic objectives for the commissioning of local healthcare. As such B&H CCG felt that the decision making, impact analysis and engagement surrounding the decision to transfer the funding responsibility of the LVS was appropriate and proportionate.

Service provision for Mid Sussex, Horsham and Crawley

- 4.5 A Low Vision Service is delivered at Crawley and Horsham Hospitals as part of the CCG contract with Surrey and Sussex Healthcare Trust. 4Sight delivers the service under a sub-contractor agreement with Sight for Surrey.
- 4.6 It is important to note that patients from Mid Sussex can also access this service if they have not attended the eye clinic through GP referral.
- 4.7 Alternatively Horsham and Mid Sussex patients can be referred to the Rehabilitation Officers for the Visually Impaired (ROVI) Team at WSCC via opticians and ophthalmology clinics. The ROVI service has reported an increase in demand as a consequence of this change; however the service has been able to manage the increase in referrals. Horsham and Mid Sussex patients that require a magnifier are referred to 4Sight for assessment (£25 home visit) and then have to pay for a magnifier (between £35 and £80).

Service provision for Coastal West Sussex

- 4.8 The LVS service in Coastal West Sussex is delivered by 4Sight Sight Loss Advisors in Worthing and Chichester hospitals who can issue a Hospital Eye Services Prescription, which can be redeemed for assessment and free magnifier at participating opticians. However there are vision eligibility criteria in place.

3. Consultation

- 5.1 B&H CCG, as the lead commissioner commissioned a multi-agency panel, including colleagues from Brighton and Hove Adult Social Care Services and Local Public Health Team, to review a number of services including the LVS. This review included a quality impact assessment to understand the possible impact of not commissioning the Low Vision service. On the balance of evidence, the recommendation, supported by the CCG, was that this did not represent the best value clinical care and, in addition, identified alternative services that could support people with visual needs. The CCG also consulted with Healthwatch Brighton and Hove and Community Works as part of the decision process, along with the other associate commissioning CCGs.

4. Other Options Considered

- 4.1 One option was for the CCGs to continue to fund the service. The review of the service found that it was not widely used and the CCGs view was that it was more appropriately funded by the LA.

5. Equality Duty

- 5.1 An Equality Impact Assessment was undertaken as part of the decision making process, a copy of which can be found at appendix 1.

6. Next Steps

- 6.1 It is acknowledged that for historic reasons and, as a consequence of the change of commissioning arrangements for the Brighton service, there is some inequity in the way LVS services are currently provided in West Sussex. In order to address this, a task and finish group involving WSCC and the CCG, with input from the RNIB will be set up; which will report to HASC by Autumn 2019. The objectives of the group will be to review the provision of LVS across West Sussex and identify options to address current inequities and agree future commissioning arrangements across West Sussex.

Wendy Young

Deputy Director of Planned Care

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

Appendix 1 - Equality Impact Assessment

Background Papers - None

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Equality Impact Assessment (EIA) Form

Public sector bodies need to be able to evidence that they have considered the potential impact on all people with ‘protected characteristics’¹ when drawing up policies, delivering services or planning for their own employees.

To comply with our legal requirements and ensure that all programmes, services and investments do not result in unfair disadvantage or exclusion, an EIA must be completed.

Please submit this document with the associated Case for Change or Business Case to the PMO team at bhccg.pmo@nhs.net. You should consult the EIA Guidance when completing this form.

EIA INFORMATION			
Title	Low Vision Service and Eye Care Liaison Officer		
Author	Katie Chipping	Team	Planned Care
Date	21 st July 2017	Reference No.	
FOR PMO USE ONLY			
Approved By		Date Approved	

Section 1: Looking at the Evidence

1. Please summarise the purpose of the proposal, project or policy and its desired outcomes:

Brighton and Hove CCG (with High Weald Lewes and Havens CCG and Horsham and Mid Sussex CCG as associate contractors) currently commission a Low Vision service. This service is provided by Brighton and Hove County Council (BHCC).

- Annual Spend: B&H Hove CCG £63k, HWLH CCG £11k, HMS CCG £6k

Brighton and Hove CCG and BHCC jointly fund the post of ECLO at the following hospital sites; BSUH – Sussex Eye Hospital, PRH and QVH.

- Annual B&H CCG funding £21k (the cost of the postholder)

This EIA will be submitted to the Health Policy Committee with a covering paper, to consider options for the future commissioning of these services.

These are legacy agreements which have been extended beyond their original 3 year contract term.

2. Who should benefit from the proposal, project or policy and in what way?

- B&H CCG efficiencies, cost savings in the amount of £101k per annum.

¹ These include: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender, and sexual orientation. Marriage and civil partnership also apply but only in relation to eliminating discrimination

- There is a risk that if the CCG withdraws funding that this would negatively impact upon both B&H and HWLH patients, it is yet unknown as to whether BHCC or East Sussex County Council would be able to fund these services.
3. Is there any evidence or reason to believe that in relation to this proposal, project or policy, there may be a difference between certain groups and communities in relation to:
- Levels of participation - n/a
 - Uptake - n/a
 - Needs or experiences - n/a
 - Priorities - n/a

If the CCG ceased funding of these services this would negatively impact upon patients.

Section 2: Assessing the Impact

Using the evidence listed above, fill in the table below to highlight the groups you think this proposal, project or policy has the potential to impact on:

	Evidence for identifying negative impact on the below groups	Plans in place to mitigate potential negative impact
People of all ages	Patients either with low vision or those who are registered as blind will no longer have access to these services.	CCG conversation with BHCC. These are services could be funded by social care. Other third sector services are available.
People with a disability² (including deaf people)	As above	As above
People who are transitioning from one gender to another³	As above	As above
People who are black or from a minority ethnic background (BME)⁴	As above	As above
People with a religion or belief⁵	As above	As above
People who are lesbian, gay or bisexual (LGB)	As above	As above

² A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities

³ A person who proposes to, starts, or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

⁴ This includes ethnic or national origins, colour or nationality, including refugees and migrants; Gypsies and Travellers

⁵ The Act also covers lack of religion or belief

People who are pregnant or new parents	As above	As above
People with caring responsibilities	As above	As above
Men or women generally	As above.	As above
People married or in a civil partnership⁶	As above	As above
Other relevant groups⁷	As above	As above
<i>Community cohesion⁸</i>	Patients either with low vision or those who are registered as blind will no longer have access to these services.	As above
<i>Cumulative impact⁹</i>	Patients either with low vision or those who are registered as blind will no longer have access to these services.	As above

⁶ This applies only in relation to due regard for the need to eliminate discrimination

⁷ E.g. people experiencing domestic violence, substance misusers, homeless people, looked after children, ex armed forces personnel etc.

⁸ What must happen in all communities to enable groups of people to get on well and work together.

⁹ The impact when considering other services or activities together as a change in one area may impact somewhere else

Section 3: Developing an Action Plan

Considering our duty to proactively tackle disadvantage and promote equality of opportunity, list the actions required to ensure the new programme, service or investment does not result in unfair disadvantage or exclusion.

Low Vision Service

Access to this service is at Brighton and Haywards

Equality Group	Specific Action	Owner / Lead	Date Due	Monitoring Arrangements
B&H CCG Patients	Transfer of care (are patients under long term care? Is there a need to transfer them to a new provider and how do we do this?)			There are a range of voluntary sector services within Brighton and Hove for those with sight loss.
HMS CCG Patients	Transfer of care			Patients care can be transferred to the Low Vision service provided by West Sussex County Council
HWLH CCG Patients	Transfer of care			HWLH CCG have a low vision service provided by East Sussex County Council who could take both Low vision and ECLO patients (awaiting confirmation from HWLH)
B&H CCG Patients	Communications Strategy			To be determined as appropriate
HWLH CCG Patients	Communications Strategy			To be determined as appropriate
HMS CCG Patients	Communications Strategy			To be determined as appropriate

ECLO

Postholder in place at Sussex Eye Hospital Brighton, PRH and QVH.

Equality Group	Specific Action	Owner / Lead	Date Due	Monitoring Arrangements
B&H CCG Patients	Transfer of care (are patients under long term care? Is there a			

	need to transfer them to a new provider and how do we do this?)			
HMS CCG Patients	Transfer of care			
HWLH CCG Patients	Transfer of care			HWLH CCG have a low vision service provided by East Sussex County Council who could take both Low vision and ECLO patients (awaiting confirmation from HWLH)

Access to Low Vision Services (England)

31st January 2019

What we think

Access to low vision services are vital for children and adults whose daily life is affected by visual impairment. Provision of appropriate low vision services helps enable people to maintain independence, maximise the use of their residual vision and thereby improve quality of life, reduces the risk of falls, isolation and improves mental wellbeing.

It is essential that low vision services are provided locally, free of charge, by appropriately qualified professionals in all areas of England. Provision of low vision services should not be delayed until a person is certified as visually impaired but rather provided as soon as an individual will benefit.

Background information

Low vision services include assessment of low vision needs, provision of low vision aids free of charge on a long term loan basis based on identified need, training on the use of these aids and referral to further help and support, particularly rehabilitation services.

Recent research from the USA indicates that vision-related quality-of-life scores increased significantly after people had comprehensive vision rehabilitation [1].

What's happening now

Provision of low vision services varies considerably across England. Some areas have a comprehensive service based in a hospital or in the community while in other areas services do not exist or are being cut leaving people without support. This “postcode lottery” of provision is unacceptable.

What should happen

Low vision services should be provided consistently in all areas of England in line with the Clinical Council for Eye Health Commissioning's (CCEHC) 'Low Vision, Habilitation and Rehabilitation Framework for Children and Adults' (July 2017)[2]. Access to low vision services should not be dependent on certification of visual impairment but rather on the ability to benefit from provision of service. There is evidence (ref) that people are better able to use low vision aids if they are able to access them as soon as they would benefit rather than waiting until the person is certified as visually impaired.

There need to be a variety of routes through which people can access low vision services, including self-referral, referral from local sight loss societies, high street optometrists, GPs, as well as hospital eye services. The referral routes need to be clear and well publicised. All services, wherever they are provided must be offered free of charge to the individual with low vision, the equipment is often provided on a free long term loan basis.

What RNIB are doing

RNIB will campaign nationally, working with people with low vision and eye health sector stakeholders, to secure statutory recognition of the right to low vision services for all those who would benefit.

Locally Networks and Regional Campaign Officers are working with partners to defend against cuts to low vision services.

RNIB is commissioned to provide a comprehensive low vision service to Camden and Islington residents. This is a beacon practice that provides training in the provision of multi-disciplinary working in low vision. It is an approach that achieves the recommendations of the CCEHC low vision framework.

Contact

For further information please contact Helen Lee, RNIB Policy and Campaigns Manager, helen.lee@rnib.org.uk

This policy is due for review on February 2020.

References

[1] Selivanova A, Fenwick E, Man R, Seiple W, Jackson ML, (2019) Outcomes After Comprehensive Vision Rehabilitation Using Vision-related Quality of Life Questionnaires: Impact of Vision Impairment and

National Eye Institute Visual Functioning Questionnaire. *Optom Vis Sci*, 96 (2): 87-94

<https://www.ncbi.nlm.nih.gov/pubmed/30589760>

[2] Clinical Council for Eye Health Commissioning's (July 2017, revised February 2018) Low Vision, Habilitation and Rehabilitation Framework for Children and Adults

<https://www.college-optometrists.org/the-college/ccehc/planning-commissioning.html>

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See differently

Low Vision Service Mapping – Sussex

1. Introduction

The purpose of this briefing is to assess current Low Vision Service (LVS) coverage across West Sussex, East Sussex and Brighton & Hove. The LVS provides a specialist service to support people in making the most of their available sight.

Data modelling and geospatial mapping have been applied alongside local knowledge to investigate who currently does or does not have access to vital Low Vision Services across these areas.

2. How many people live with sight loss in East Sussex, Brighton and Hove, West Sussex, Worthing?

2.1 Demand summary

The estimated population of 40,700 people living with sight loss represents the potential demand for low vision services (RNIB Sight Loss Data Tool, 2018).

It is important to note that Sussex, outside of a few urban areas, has a much higher proportion of older people than most of the UK. Sight loss becomes considerably more common with age with one in five people aged 75 and older living with sight loss.

The three CCGs with over 2.8% of their population living with sight loss are in the top 10 of all English CCGs by proportion with sight loss. This means demand in these three CCGs is higher than across most of England making low vision services vital to support the population in need.

2.2 Demand description and table

RNIB's living with sight loss estimates have been applied to the local population to determine the number of people for whom sight loss has a significant impact on their lives (i.e. sight below the legal

driving limit). The estimates include the main eye conditions (AMD, glaucoma, cataract, diabetic retinopathy) and other less common conditions.

It is important to note that the estimates used can be considered **conservative** estimates as they exclude uncorrected refractive error, which is a leading yet correctable cause of avoidable sight loss, particularly in older populations.

Low vision aids are useful to anyone with poor sight regardless of registration or even if the condition is permanent. The estimated population living with sight loss represents the number of people in the area who could benefit from a LVS.

Across the seven CCGs in West Sussex, East Sussex and Brighton & Hove, there are estimated to be over 40,700 people living with sight loss that affects their daily lives, excluding those with refractive error. This represents the potential population who would benefit from the Low Vision Service to make the most of their sight and to continue with normal, everyday activities with the aid of tools, such as magnifiers.

The table below shows the breakdown of the 40,700 by CCG area and the proportion of the total population estimated to be living with sight loss (excluding refractive error). This proportion is **above the national average of 1.9% in five of the seven CCGs due to the older population in these areas.**

Table 1: Living with sight loss numbers and proportion of CCG population with sight loss by CCG

CCG name	Living with sight loss estimate 2016, minus RE	Sight loss as proportion of CCG population
High Weald Lewes Havens CCG	4,250	2.5%
Horsham and Mid Sussex CCG	5,100	2.2%
Brighton and Hove CCG	4,450	1.5%
Crawley CCG	1,730	1.6%
Eastbourne, Hailsham and Seaford CCG	5,820	3.1%

Hastings and Rother CCG	5,120	2.8%
Coastal West Sussex CCG	14,190	2.8%

3. Where are Low Vision Services and how are they funded?

3.1 Access to the LVS summary

In summary, it is clear there is a patchwork of different forms of LVS delivered across Sussex by different organisations with some residents unable to access a funded service at all. The absence of a consistent, quality service across Sussex is of added concern given the ageing population and higher demand for low vision services across the local CCGs when compared to others across England.

The service in Brighton and Hove CCG is temporary and will cease in March 2019. It is positive the service remained after the previous funding came to an end, however the current situation is unsustainable. The low vision service is delivered by Rehabilitation Officers for Visually Impaired (ROVIs) people and funded by Brighton and Hove Adult Social Care. Patients are recommended to arrange an appointment with a community optician/optometrist for a sight test prior to accessing the LVS through the ROVIs. This is at cost to the patient unless they are NHS eligible.

Low vision services for patients who live within Hastings and Rother CCG and Eastbourne, Hailsham and Seaford CCG is delivered by qualified optometrists based at Eastbourne and Hasting hospitals, funded by East Sussex Healthcare Trust. East Sussex Vision Care offer Low Vision Support Workers to compliment the low vision service. This is funded by the East Sussex local authority. However, the local authority budget for 2019/20 is under heavy pressure and funding for the service is at risk of being cut.

In Crawley CCG and Horsham and Mid Sussex CCG, the LVS is delivered through Crawley and Horsham Hospitals funded by Surrey and Sussex Healthcare Trust. 4Sight deliver the service under a sub-contractor agreement with Sight for Surrey. The 4Sight practitioner leading on this clinic is not an optometrist but has completed the Optima low vision two-day course. Across mid-Sussex, patients can access the service if they have not attended

the eye clinic through GP referral. A service was previously available at Haywards Heath Hospital however this is no longer in place. Patients are required to access a ROVI assessment and pay for any equipment or a self-funded low vision assessment through 4Sight.

There is no LVS in High Weald Lewes Havens CCG. Patients would need to contact 4Sight and fund their own low vision assessments and equipment needs.

Patients in Coastal West Sussex CCG can be issued with a Hospital Eye Services Prescription in local hospitals by 4Sight Sight Loss Advisors. This can be redeemed for a low vision assessment and free equipment at participating opticians. However, this requires specific vision eligibility criteria to be met which is not a requirement for other services.

In addition, 4Sight provide low vision assessments at a fee across Sussex. The drop-in charge is £15 and home visits are around £25 (varying depending where the patient lives). The 4Sight practitioner leading on this clinic is not an optometrist but has completed the Optima low vision two-day course. Patients pay for any low vision aids.

3.1 Access to LVS table

The seven CCGs are listed below with details of whether a LVS is available and who it is funded by. The funding arrangement is different for each CCG with some areas being funded by the local authority or an NHS Trust with specific criteria for access to the service.

Table 2: Low vision service information by CCG

CCG name	Low Vision Service	Funder	Concerns
Brighton and Hove CCG	<ul style="list-style-type: none"> • Yes – temporary. • Based at a local authority building. • Delivered by ROVIs rather than optoms. 	<ul style="list-style-type: none"> • Local authority, Brighton & Hove (ROVI cover) 	<ul style="list-style-type: none"> • At risk if local authority funding ends • Sight test recommend er at patient

			cost unless NHS eligible before accessing the service.
Crawley CCG	<ul style="list-style-type: none"> • Yes, at Crawley Hospital • Delivered by 4Sight, staff leading delivery have completed the 2 day Optima Low Vision training 	<ul style="list-style-type: none"> • SASH funded (NHS Trust) 	<ul style="list-style-type: none"> • n/a
Eastbourne, Hailsham and Seaford CCG	<ul style="list-style-type: none"> • Yes, at Eastbourne DGH. • LVS delivered by NHS Trust optoms & orthoptists. • Eastbourne Blind Society and East Sussex Association for Blind and Partially Sighted People also provide a Low Vision Support Worker. • However LV Support Worker not full time service so some patients reliant on referrals. 	<ul style="list-style-type: none"> • East Sussex Healthcare Trust • LV Support Worker contract held by East Sussex Vision Care and funded by Adult Social Care, East Sussex local authority 	<ul style="list-style-type: none"> • Low Vision Support Workers not in clinic full-time so risk of missing some patients • No Eye Clinic Liaison Officer (ECLO) employed by trust
Horsham and Mid Sussex CCG	<ul style="list-style-type: none"> • Service available at Horsham hospital and Crawley hospital delivered by 4Sight, staff leading delivery have completed the 2 day Optima Low Vision training • If do not attend 	<ul style="list-style-type: none"> • LVS funded by SASH (NHS Trust) 	<ul style="list-style-type: none"> • LVS service funded by SASH on yearly contract. • No service at Haywards Heath, can be fee for

	<p>hospital, GP can make referral to LVS.</p> <ul style="list-style-type: none"> • No service at Haywards Heath – 4Sight fee service available (Princess Royal Hospital) 		<p>assessment and equipment</p>
High Weald Lewes Havens CCG	<ul style="list-style-type: none"> • No service. • Only fee service from 4Sight 	<ul style="list-style-type: none"> • Previously CCG (in Brighton) 	<ul style="list-style-type: none"> • No service
NHS Hastings and Rother CCG	<ul style="list-style-type: none"> • Yes, at Conquest and Eastbourne hospitals. • Delivered through East Sussex Healthcare Trust • Hastings and Rother Voluntary Association no longer have LV Support Worker in place but do have presence at some clinics in Conquest. • East Sussex Association for the Blind (ESAB) attend Bexhill AMD unit once or twice a week. • However, not full time service so some patients reliant on referrals 	<ul style="list-style-type: none"> • East Sussex Healthcare Trust • LV Support Worker contract held by East Sussex Vision Care and funded by Adult Social Care, East Sussex local authority 	<ul style="list-style-type: none"> • At risk if local authority funding ends • No ECLO employed by the trust
NHS Coastal West Sussex CCG	<ul style="list-style-type: none"> • 4Sight Sight Loss Advisors in Worthing and Chichester hospitals can issue a Hospital Eye Services Prescription which 	<ul style="list-style-type: none"> • Funded through Hospital Eye Services Prescription, Trust / CCG 	<ul style="list-style-type: none"> • Eligibility criteria

	<p>can be redeemed for assessment and free magnifier at participating opticians.</p> <ul style="list-style-type: none"> • Requires vision eligibility criteria to be met. 		
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4. How many people have access and do not have access to a LVS?

Six CCGs currently have access to a funded LVS service, totalling 90% of the population of Sussex. However, some patients in the Haywards Heath area would be required to pay for their assessment and or equipment, which is estimated to be 20% of the local CCG population. This reduces the population with access to a funded LVS to 87% across Sussex.

- 35,400 people with sight loss have access to a service.

13% of the population of Sussex has no access to a funded LVS.

- This totals 5,290 people with sight loss who are potentially in need of the service.

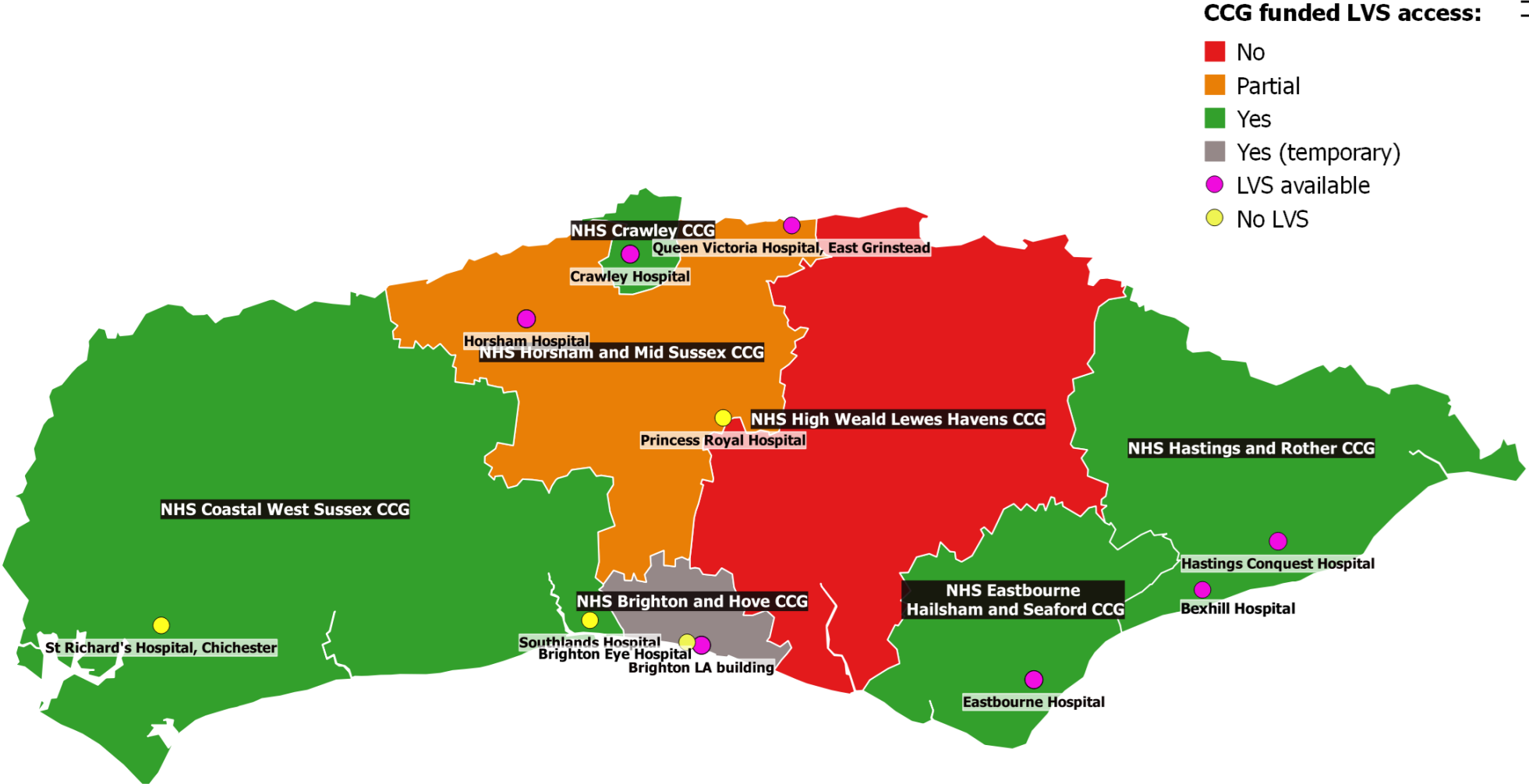
However, due to differences in commissioning and provision, a full, secure service is not available to all those with access.

- 4,460 people with sight loss in Brighton and Hove are at risk of losing their funded service once Brighton and Hove LA funding ends. This is 11% of the population with sight loss in Sussex.

This totals 24% of people with sight loss in Sussex who either do not have access to a funded LVS or their access is at risk due to local authority budget cuts.

5. Where do people have access to a LVS: Map

(Also available in separate high-resolution PDF document)



5.1 Map description

The map shows boundaries for the seven CCG's across Sussex. The CCGs are shaded based on whether residents have access to a LVS. About a fifth of the map is shaded red to indicate no access to a LVS as the CCG without access covers a large land area. Around two thirds of the map is shaded green indicating the CCGs with access to a LVS. The remainder is shaded orange to indicate partial access in Horsham and Mid Sussex with a small area representing Brighton and Hove shaded grey to indicate temporary access to a LVS.

There are seven pins on the map showing where the existing hospital LVSs are situated with one pin in each CCG with access or temporary access to the service except for two pins in the Hastings and Rother CCG hospitals. The locations are Crawley Hospital, Horsham Hospital, Queen Victoria Hospital in East Grinstead, Eastbourne Hospital, Hastings Conquest Hospital, Bexhill Hospital and a Brighton & Hove local authority building. The LVS is accessed through participating opticians in West Sussex rather than hospitals however, the locations are unknown and do not appear on the map.

There are also four pins with hospital locations where an LVS is not available. These include St Richard's Hospital in Chichester, Southlands Hospital, Brighton Eye Hospital and Princess Royal Hospital.

The CCG's access to funded LVS is listed below:

- Eastbourne, Hailsham and Seaford CCG has access to a LVS
- Crawley CCG has access to a LVS
- Hastings and Rother CCG has access to a LVS
- Coastal West Sussex CCG has access to a LVS
- Brighton and Hove CCG has temporary access to a LVS
- Horsham and Mid Sussex CCG has partial access to a LVS due to the absence of a service at Haywards Heath
- High Weald Lewes Havens CCG doesn't have access to a LVS

6. Further reading

Evidencing the positive impact Low Vision Services bring to patients and building services on best practice is key to protecting quality services. The LVS is an under researched area, so there are no key statistics to draw on. However, there are some useful studies looking at the different methods of delivery and the positive impact of the service on patients' lives.

Delivery models

There are many different ways to deliver low vision services. An article in *Optometry in Practice* provides a useful description of different service models (Charlton, 2011). The range of models described include the traditional UK model of hospital low vision services situated in eye clinics, the role of Low Vision Workers in assisting people in using the correct aids, the integration with rehabilitation services and delivery through community opticians, where privately funded low vision services are generally available. All of these models are visible in Sussex, demonstrating the inconsistent local approach by commissioning bodies.

There is currently no standard model of delivery across the UK, although the Wales Low Vision Service has standardised delivery across Wales.

Low Vision, Habilitation and Rehabilitation Framework

To provide guidance for commissioners, the Clinical Council for Eye Health Commissioning has produced a framework describing best practice and quality indicators for the commissioning of Low Vision Services. The Low Vision, Habilitation and Rehabilitation Framework acknowledges the currently fragmented system for commissioning these key services for people with sight loss.

Before commissioning or re-designing the service, an eye health needs assessment should be completed to establish priorities. Effective local clinical leadership is essential, as is integrating the LVS, habilitation and rehabilitation with community, hospital and local authority services and employing professionals with appropriate training and qualifications for their roles. Providing a consistent, shared approach in line with the framework recommendations will ensure equal access to vital services with

will ultimately improve the quality of life for people living with sight loss. Further details on the framework can be found [here](#).

Low Vision Service Model Evaluation (LOVSME)

A study from 2002, now dated, estimated that there were at least 155,000 low vision service users annually with the bulk provided by hospital eye departments. The study found apparent inadequacies in service provision in terms of distribution, magnitude, and coordination. The [results](#) highlight a need to review current services with LOVSME following up on this research. This is useful background, although the research is now outdated.

The LOVSME project aimed to profile a range of Low Vision Services to describe the different approaches, professionals involved and pathways and identify costs, outcomes measures and good practice. A Low Vision Services Assessment Framework was developed as a tool to help service providers evaluate different aspects of their service, and to establish a baseline for future service development. It comprises 15 sets of questions covering key aspects of service provision, in terms of both the services on offer (eg, provision of LV aids; assessment of psychological needs) and supporting infrastructure (eg, buildings; staffing; record-keeping). Further details on the framework and comparison of different models can be found [here](#) (Dickenson et al, 2011).

Wales model

Since 2004, the Wales Low Vision Service (WLVS) has been successfully delivered through community-based opticians, all trained to deliver the service. It is funded through NHS Wales. In the first 9 months of the WLVS, the overall number of NHS-funded low-vision appointments in Wales increased by 51.7% and waiting times reduced from 50% waiting 6 months or more for a low-vision assessment to 70% waiting less than 2 weeks (Charlton, 2011).

A comparison with hospital low-vision services in the same period has found no significant difference in effectiveness between the community and hospital services in terms of visual ability, patient satisfaction, use of low-vision aids and near visual acuity (Court et al. 2011).

Impact

One key study from 2012 evaluated evidence from approximately 160 studies and states that low-vision services can help people with a visual impairment, rehabilitation services can result in improved reading ability and are valued by service users (Binns, 2012).

Individual studies have demonstrated improvements in mood and reduced depression following interventions such as a low vision service. For example, one study found reductions in functional disability and depression in patients using optical aids (Horowitz, 2006). There are a wide range of studies finding positive wellbeing and independence benefits for rehabilitation service users including the application of low vision aids.

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Health and Adult Social Care Select Committee

12 June 2019

Report by Director Law and Assurance

Appointment of the Committee's Business Planning Group

1. Introduction

- 1.1 As set out in the County Council Constitution, each Select Committee must set up a business planning group (BPG) to oversee the Committee's work programme and prioritise issues for consideration by the Committee.
- 1.2 BPGs should have five members, be cross-party (three members from the majority political group on the County Council and two from the minority group(s)) and include the Chairman and Vice Chairman of the Select Committee. Other members of the committee may be invited to attend individual meetings as appropriate. The Chairman of the Select Committee will be the Chairman of the BPG. Membership is reviewed annually. Members should not serve on more than one BPG.
- 1.3 In consultation with the Chairman, the BPG membership is proposed as follows: Bryan Turner (Chairman), James Walsh (Vice Chairman), Pat Arculus and Kevin Boram (remaining majority group members), and Brenda Smith (remaining minority group place).
- 1.4 BPGs meet approximately quarterly, but they also carry out their work outside meetings (e.g. reviewing and discussing issues via e-mail; virtual meetings using teleconferencing facilities).
- 1.5 The Committee is asked to agree the appointment of five members to the Business Planning Group (with the membership as set out in paras 1.2 and 1.3 of this report).

2. Role of Business Planning Group (BPG)

BPG responsibilities include:

- Overseeing the work programme for the Committee and prioritising issues for consideration by the Committee, including the proposed methodology and time tabling.
- Agreeing objectives and planned outcomes for agenda items, and any witnesses to be invited and/or any visits or further information required by the Committee prior to its formal scrutiny of an issue.
- Establishing Scrutiny Task and Finish Groups (TFGs)
- Deciding whether or not call-in requests should be accepted for matters exclusively within the Committee's portfolio. Requests for call-in of a cross cutting issue will be considered by the Performance and Finance Select Committee BPG.

- Monitoring service performance

3. Reporting the BPG's work to the Committee

A short report will be provided for the Select Committee following each BPG meeting. The Committee will be asked to support the outline work programme as recommended by the Business Planning Group and to consider any other matters referred by the BPG.

4. Implications

There are no resource, risk management, social value, Crime and Disorder Act or Human Rights Act implications arising directly from this report.

Tony Kershaw

Executive Director Law and Assurance

Contact: Helena Cox, Senior Advisor, 03302 222533