

# Public Document Pack

**Tony Kershaw**  
Director of Law and Assurance

If calling please ask for:

Rob Castle on 033 022 22546  
Email: [rob.castle@westsussex.gov.uk](mailto:rob.castle@westsussex.gov.uk)

[www.westsussex.gov.uk](http://www.westsussex.gov.uk)

County Hall  
Chichester  
West Sussex  
PO19 1RQ  
Switchboard  
Tel no (01243) 777100



19 November 2019

## Health and Adult Social Care Select Committee

A meeting of the committee will be held at **10.30 am** on **Wednesday, 27 November 2019** at **County Hall, Chichester**.

**Tony Kershaw**  
Director of Law and Assurance

**The 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.    **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.
- 10.31 am    2.    **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.
- 10.32 am    3.    **Minutes of the last meeting of the Committee** (Pages 5 - 14)
- The Committee is asked to agree the minutes of its meeting held on 26 September (cream paper).
- 10.34 am    4.    **Responses to Recommendations** (Pages 15 - 22)
- The Committee is asked to note the responses to recommendations made at its 26 September meeting from the

Cabinet Member for Adults & Health.

- 10.35 am 5. **Forward Plan of Key Decisions** (Pages 23 - 34)
- Extract from the Forward Plan dated 15 November.
- 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.
- 10.45 am 6. **West Sussex Winter Plan** (Pages 35 - 44)
- Report by West Sussex Clinical Commissioning Groups.
- The report outlines the winter plans for the health and social care systems across West Sussex.
- 11.45 am 7. **South East Coast Ambulance Service Update** (Pages 45 - 74)
- Report by South East Coast Ambulance NHS Foundation Trust which updates the Committee on progress made by the Trust since the November 2018 Care Quality Commission inspection that judged it required improvement.
- The report also includes an update on 999 performance.
- 12.45 pm 8. **Housing Related Support** (Pages 75 - 78)
- Report by the Executive Director Adults and Health regarding Housing Related Support contracts.
- 1.15 pm 9. **Local Assistance Network Task & Finish Group** (Pages 79 - 80)
- Letter from the Chairman of the Task & Finish Group to the Cabinet Member for Adults and Health.
- The letter informs the Cabinet Member of the Task & Finish Group's thoughts and recommendations.
- 1.25 pm 10. **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.

1.27 pm 11. **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.

1.28 pm 12. **Date of Next Meeting**

The next meeting of the Committee will be held on 15 January at 10.30 am at County Hall, Chichester. Probable agenda items include:

- Proposals to improve mental health services in West Sussex

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 30 December 2019.

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

**Webcasting**

Please note: this meeting may be filmed for live or subsequent broadcast via the County Council's website on the internet - at the start of the meeting the Chairman will confirm if all or part of the meeting is to be filmed. The images and sound recording may be used for training purposes by the Council.

Generally the public gallery is not filmed. However, by entering the meeting room and using the public seating area you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

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## Health and Adult Social Care Select Committee

26 September 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           | Cllr Bennett  |
| Mrs Arculus   | Mr Wickremaratchi    | Cllr Bickers  |
| Lt Cdr Atkins | Ms Sudan, Arrived at | Cllr McAleney |
| Mr Boram      | 11.00                | Cllr McGregor |
| Mrs Jones     | Miss Russell         |               |
|               | Cllr Bangert         |               |

Apologies were received from Mrs Bridges, Ms Flynn, Cllr Peacock and Cllr Tricia Youtan

Also in attendance: Mrs Jupp

### 14. Declarations of Interest

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

- Mr McAleney declared a personal and prejudicial interest in item 4a - Response to Recommendations by the Cabinet Member for Adults & Health as he is employed by Crawley Open House. The response was not discussed so Mr McAleney did not need to leave the room
- Mr McAleney declared a personal interest in item 6 - Local Assistance Network as he is employed by Crawley Open House
- Mr Turner declared a personal interest in items 7 – West Sussex Suicide Prevention Strategy 2017-20, 8 – Health Protection Annual Report and 9 – Substance Misuse – Drugs and Alcohol as a pharmacist

### 15. Minutes of the last meeting of the Committee

15.1 Resolved – that the minutes of the meeting held on 12 June 2019 be approved as a correct record and that they be signed by the Chairman.

### 16. Responses to Recommendations

16.1 Resolved – that the Committee notes the responses and the fact that concerns over Housing Related Support can be raised at the next meeting of the Committee.

### 17. Forward Plan of Key Decisions

17.1 Resolved – that the Committee agrees with the Chairman's proposal that the Review of In-house Residential Care be looked at by a one-off Task & Finish Group on 13 November 2019.

## **18. Local Assistance Network**

18.1 The Committee considered a report by the Executive Director People Services and Director of Adults' Services (copy appended to the signed minutes).

18.2 The Cabinet Member for Adults & Health told the Committee that the Council had not been made aware of any significant detrimental impacts on providers as a result of the reduction in funding. She reminded the Committee that the Council did not have a statutory duty to fund this service and needed to make savings where possible.

18.3 Dave Sargeant, Acting Director of Adults' Services, made the following points: -

- Providers had found other sources of funding after the Council reduced its contribution
- Consultation was taking place with current recipients until 18 October, which would help with the impact assessment
- The effect on Children's Services would be monitored

18.4 Summary of responses to the Committee's questions and comments: -

- Members of the Committee expressed that
  - those affected might not be able to raise their concerns
  - providers might not have complained as the reduction last year was less than originally planned
  - the reduction in funding could lead to increased costs later for the Council and other public bodies such as the NHS and Police
  - the Council had a moral duty to help
  - the decision should not be taken until it had seen the results on the consultation
- No decision had been made on how the proposed £100k funding would be allocated
- The current allocated Local Assistance Network funding to Citizens Advice was in addition to the core funding the Council gave to the service
- The Cabinet Member for Adults & Health encouraged committee members to ask people in their areas to take part in the consultation

18.5 Resolved – that the Committee would like a detailed paper covering the outcomes of the consultation with providers of the Local Assistance Network on the proposed reduction in funding from £200k to £100k and that this be presented to the one-off Task & Finish Group on Housing Related Support on 13 November 2019.

## **19. West Sussex Suicide Prevention Strategy 2017-20**

19.1 The Committee considered a report by the Director of Public Health and the West Sussex Suicide Prevention Strategy 2017-20 (copies appended to the signed minutes) which were introduced by Daniel MacIntyre, Head of Service, Public Health, who highlighted the age profile

of victims, the economic impact and the fact that the number of suicides in West Sussex was reducing. He also told the Committee that: -

- £687k of funding had been awarded for suicide prevention activity in Brighton & Hove, East Sussex and West Sussex
- Emerging issues and clearer levels of ambition needed to be included in the next version of the strategy

19.2 Summary of responses to the Committee's comments and questions: -

- The YMCA operated Children & Young Peoples' Improved Access to Psychological Therapies interventions in the community and data was inputted into the NHS data set. It also employed a clinical psychologist from Sussex Partnership NHS Foundation Trust (SPFT)
- Pathfinder West Sussex is an alliance of ten third sector providers working in partnership with SPFT to enable people with mental health support needs, and their carers, to improve their mental health and wellbeing
- SPFT would be increasing its Crisis Team staff and hoping to engage better with hard to reach groups that might prefer to speak to the voluntary sector or their peers
- The West Sussex Suicide Prevention Steering Group included representatives from the Council, SPFT, bereavement support, the ambulance service, Police, Transport Police and Network Rail, all of who provided information to update the Group's action areas
- Coroners could now pronounce verdicts on suicides which increased the numbers of deaths attributed to suicide 'on the balance of probabilities'
- There had been a peer review of the strategy
- The strategy correctly identified the key at-risk groups
- The Samaritans could only provide national data
- Drug and alcohol abuse were large causes of suicide
- Social isolation was another risk factor and tackling this was a priority for Public Health with services being commissioned to combat it
- SPFT's adult services recognised the needs of children transferring to its services more through partnership working with the Council, Children & Adolescent Mental Health Services and Children Looked After teams
- The YMCA provided information on mental health to schools written by young people
- Work was taking place to reach LGBTQI people who were considered higher risk of suicide and self-harm compared to the general population
- Daniel MacIntyre offered to produce a briefing for the Committee on the key groups at risk of suicide
- From February 2020 the first point of contact for anyone with mental health problems would be the NHS 111 service
- Educational psychologists provided a wellbeing service to schools – there was also a schools-based mental health team providing emotional support in a pilot scheme
- Coastal MIND worked with partners to deliver training in schools
- Young people could be helped with online counselling with therapeutic input and online resources with clinician support
- It was important that people were encouraged to say if they felt suicidal as they could then be advised where to go for support

- Change, Grow, Live had 1,500 service users, many with a dual diagnosis e.g. mental health issues and drug/alcohol abuse - the Drug & Alcohol Death Audit showed dual diagnosis was an area of high priority
- Social media could have both positive and negative effects
- 'Time to Talk Health' has successfully targeted men, and in March 2020 a social media campaign would be launched aimed at preventing male suicides
- Training was required for staff in financial debt support organisations, such as the Citizens Advice Bureau given the association between debt / financial hardship and suicide
- People who have been discharged from inpatient wards will now be followed up in the community within 72 hours
- Recovery colleges for patients and peers have worked well and now offer suicide prevention courses
- Mental health professionals accompanying police patrols worked well

19.3 Resolved – that the Committee: -

- i. is assured that the relevant partner organisations are coming together to monitor the output of the current Suicide Strategy
- ii. asks that the priority areas for action have increased levels of ambition
- iii. asks that work continues and increases around those in transition between Children's and Adults' Services, including Children Looked After
- iv. asks that further support is given to educational establishments in terms of support and training in the work place
- v. asks that the offer of training is prioritised
- vi. asks that a focus on the wider determinants are prioritised with an importance on treating the cause rather than the symptom
- vii. asks that a briefing is circulated to all Members and the offer of Member training is explored
- viii. asks to consider the next West Sussex Suicide Prevention Strategy in draft form at a future meeting and also the Self Harm Needs Assessment

## 20. Health Protection Annual Report

20.1 The Committee considered a report by the Director of Public Health and the West Sussex Health Protection Annual Report 2018/19 (copies appended to the signed minutes) which were introduced by Anna Raleigh, Director of Public Health who told the Committee that it had been a busy year with challenges around immunisation and screening.

20.2 Dr Sarah Lock, Consultant in Health Protection Public Health England highlighted the following: -

- Enquiries were up by nearly 43%
- There were 3,037 cases of infection notified to PHE last year
- 39% of outbreaks were in care homes, which caused difficulties when they had to close, 46% of outbreaks were in schools and nurseries. Outbreaks were mainly flu and norovirus
- There was low uptake of the flu vaccination by care home staff



- There had been an outbreak of measles in a Chichester school and an outbreak of cryptosporidium linked to an open farm
- Work had taken place with schools and hospitals to screen contacts of tuberculosis (TB) cases
- There had been problems with commissioning TB screening in north West Sussex

20.3 Caroline Vass, Consultant in Immunisation and Screening, Public Health England highlighted the following: -

- The new faecal immunochemical test for bowel cancer should increase screening numbers
- There was a problem with women not getting breast cancer screening appointments within the 36-month deadline - this was being carefully monitored locally
- A new process for cervical cancer screening testing was being rolled out using a primary test for human papillomavirus (HPV) to triage further management and treatment
- HPV vaccinations were now available for boys in schools
- Take-up of the first MMR vaccination was good, but take-up for the second was poor – there was ongoing activity to try to increase uptake
- National uptake for shingles vaccine was low at 30% and this was reflected locally against a 60% national target
- Care home staff were now offered free flu vaccinations at pharmacies

20.4 Paul Woodcock, Commissioner Sexual Health highlighted the following: -

- Diagnosis of HIV was decreasing due to treatment as prevention and risk groups being protected with Pre-Exposure Prophylaxis
- The introduction of the HPV vaccination has helped bring down the number of cases of genital warts and will have an impact on cervical cancer
- Chlamydia diagnosis in young people was an issue which should improve with the reprocurement of the sexual health service

20.5 Rachel Loveday, Public Health Lead - Health Protection highlighted the following: -

- Work was going on with partners to improve air quality
- Many care homes now had infection control champions
- Healthcare associated infections in many areas are decreasing but there was still further focus required in some areas
- Priorities were to increase uptake of vaccinations and the TB pathway for patients in the north West Sussex

20.6 Summary of responses to the Committee's comments and questions: -

- The take up of flu vaccinations in care homes and hospitals was monitored weekly
- The Health Protection Annual Report did not include every subject – others were covered elsewhere, e.g. diabetes in health improvement plans

- The measles immunisation strategy would help parents understand the importance of their children receiving the MMR vaccination
- People were consistently offered vaccinations, including new university students
- The shingles vaccination was being rolled out in stages and would soon be available to all aged 70-79 year olds
- Although cases of TB were going down, the vaccination was still available for those living in high incidence areas or to babies born to those from high incidence countries
- There was no evidence that single vaccinations were more effective than the combined MMR vaccinations
- Work was going on with the National Farmers' Union and schools to raise awareness of the risk of catching infections from animals on farms

20.7 Resolved – that the Committee asks the Director of Public Health to:  
-

- i. urge all care home and hospital staff to receive the flu vaccination, understanding there are medical exceptions
- ii. ensure that publicity and awareness is increased in relation to childhood immunisations, especially in relation to 'herd' immunity

## **21. Substance Misuse - Drugs and Alcohol**

21.1 The Committee considered a report by the Director of Public Health (copy appended to the signed minutes) which was introduced by Philippa Gibson, Senior Commissioning Manager (Substance Misuse) who told the Committee: -

- The £5m cost of the contract with Care, Grow, Live (CGL) to provide a health, wellbeing and recovery service was mainly funded from the Public Health Grant
- There had been sustained improvements in key measures of treatment outcomes since 2017 despite an increase in demand and complexity of cases
- There is a shared priority with service and Public Health England to reduce further drug related deaths.
- The direction and focus of future work would be influenced by an audit into drug-related deaths
- Over the last four years, there have been a number of successful bids to Public Health England primarily for capital monies but also for revenue.
- Partnership priorities include the following
  - Prevention and Behaviour Change
  - Treatment and Support
  - Enforcement and Regulation
- Services needed to be easier to access
- Better feedback and analysis of risks was required to help service response

21.2 Ian Dunster, Service Manager, West Sussex Drug and Alcohol Wellbeing Network told the Committee: -

- Interventions included specialist prescribing and psychosocial interventions were generally working well
- With numbers of people seeking treatment increasing, help was required with caseloads with 100 – 180 referrals coming in per month
- People often also had problems with housing, mental health difficulties and unemployment
- The Service had a specific team supporting young people and their families
- Over 200 partner agency staff had been trained to use Naloxone to treat overdoses and three lives had been saved so far by CGL staff using Naloxone

Naloxone was available from 28 pharmacies in the county  
Hepatitis C testing was available, but many people did not like the fact that it took place in hospitals, so the service was working with health colleagues and partner agencies to improve the offer

21.3 Katherine Wadbrook, Service Manager - CGL West Sussex Young Persons and Families Services told the Committee: -

- Innovation fund money from Public Health England was available to help children affected by parental alcohol misuse and pregnant women who were misusing alcohol

21.4 Kerry Lemon, CGL Service User Involvement Lead told the Committee that she had been addicted to alcohol and heroine and spent time in prison and been homeless in Chichester before receiving help from CGL. She had not always attended appointments with CGL and an end of live care plan had been prepared for her. She went to a treatment centre for nine weeks and has been clear of addiction for two years and now works as a peer mentor for CGL.

21.5 Summary of responses to the Committee's comments and questions: -

- All treatment was voluntary, and the figures took into account those who had moved out of the area
- Due to the complexities and difficulties of beating addiction, any success was welcomed
- Outcomes included: -
  - People injecting drugs to reduce safely within three months
  - Just under 90% of people referred for detoxification completed their treatment
- No revenue bids were currently available from Public Health England
- Nearly all drug dependencies were for heroine, but spice users were also treated
- The number of naloxone kits in an area was demand-led
- CGL provided information packs for schools, visited children's homes and attended fresher fairs at universities
- Information submitted by service to the Council's commissioner was shared with district and borough councils
- Responding to misuse of over the counter medication was not a core service offer, but might be something the partnership wished to consider when reviewing the findings of the Drug Related Death Audit
- CGL and other providers worked with a number of prisons and this included developing community/prison protocols and joint working

- Drug related deaths can be of individuals who may also have relatively poor physical and/or mental health
- People who didn't attend scheduled appointments with CGL might have to wait till another became available
- Deaths (for whatever reason) of people known to service were reported to the Council's commissioner
- Public Health aimed to tackle drug misuse by measuring evidence-based outcomes through the Joint Strategic Needs Assessment and a collaborative working agreement with partners would be launched in October to decide which partner led in which area
- 60% of patients did not use drugs on top of the treatment they received

21.6 Resolved – that the Committee: -

- i. welcomes the work which has been done to date and service user involvement
- ii. recognises the positive figures in West Sussex in relation to the national average, especially due to the complex nature of this cohort of the West Sussex population

## **22. Business Planning Group Report**

22.1 The Committee considered a report by the Chairman of the Business Planning Group (copy appended to the signed copy of the minutes).

22.2 It was noted by the Committee that a Total Performance Monitor was not provided to the Business Planning Group meeting and as a result the performance of Adult Social Care Services could not be appropriately assessed and examined. The Committee required that the most recent Total Performance Monitor should be presented five business days prior to the Business Planning Group meeting together with an update of any significant issues that have occurred after the preparation of that Total Performance Monitor.

22.3 It was confirmed that the Committee would have an opportunity to scrutinise the capacity of the Children & Adolescent Mental Health Service. This would be in conjunction with the Children & Young People's Services Select Committee.

22.4 An update on continuing issues with the Shaw Homes contract was requested to be circulated to Business Planning Group members before the group's next meeting.

22.5 Resolved – that the Committee endorses the Business Planning Group's report.

## **23. Possible Items for Future Scrutiny**

23.1 It was requested that the Committee looked at the NHS Human Resources Strategy.

23.2 Resolved – that the request that the Committee look at the NHS Human Resources Strategy be referred to the next meeting of the Business Planning Group.

**24. Date of Next Meeting**

24.1 The next meeting of the Committee will be held on 27 November at 10.30 am at County Hall, Chichester.

The meeting ended at 3.24 pm

Chairman

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**Responses to recommendations made at the 26 September meeting.**

| <b>Local Assistance Network Recommendations</b>  | <b>Local Assistance Network Response</b>   |
|--|--|
| <p>The Committee would like a detailed paper covering the outcomes of the consultation with providers of the Local Assistance Network on the proposed reduction in funding from £200k to £100k and that this be presented to the one-off Task &amp; Finish Group on Housing Related Support on 13 November 2019.</p>   | <p>Considered by the Task &amp; Finish Group at its meeting on 13 November 2019.</p>   |
| <b>West Sussex Suicide Prevention Strategy 2017-20 Recommendations</b>   | <b>West Sussex Suicide Prevention Strategy 2017-20 Response</b>  |
| <p>The Committee: -</p> <ul style="list-style-type: none"> <li>i. is assured that the relevant partner organisations are coming together to monitor the output of the current Suicide Strategy</li> <li>ii. asks that the priority areas for action have increased levels of ambition</li> <li>iii. asks that work continues and increases around those in transition between Children’s and Adults’ Services, including Children Looked After</li> <li>iv. asks that further support is given to educational establishments in terms of support and training in the work place</li> <li>v. asks that the offer of training is prioritised</li> <li>vi. asks that a focus on the wider determinants are prioritised with an importance on treating the cause rather than the symptom</li> <li>vii. asks that a briefing is circulated to all Members and the offer of Member training is explored</li> </ul> | <ul style="list-style-type: none"> <li>i. No response required</li> <li>ii. The priority areas for action in the revised Strategy will all have associated SMART objectives/ambitions.</li> <li>iii. The updated Strategy will make specific reference to those in transition between Children’s and Adults’ Services, including Children Looked After as a priority area for action.</li> <li>iv. Training will be a priority area for action in the updated Strategy. WSCC Educational Psychology has recruited a self-harm lead with a focus on educational settings.</li> <li>v. Incorporated in response above</li> <li>vi. The updated Strategy will focus on wider determinants including employment and finance.</li> <li>vii. Grassroots, the Sussex based suicide prevention charity, have offered to provide a half day Safetalk suicide prevention training to 30 Elected Members. A briefing for all members on Suicide is included in Appendix 1.</li> </ul> |

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| <p>viii. asks to consider the next West Sussex Suicide Prevention Strategy in draft form at a future meeting and also the Self Harm Needs Assessment</p>  | <p>viii. The updated Suicide Prevention Strategy and Self-Harm Needs Assessment will be presented to HASC for consideration.</p>   |
| <p><b>Health Protection Annual Report</b></p>   | <p><b>Health Protection Annual Report</b></p>  |
| <p>The Committee asks the Director of Public Health to: -</p> <ul style="list-style-type: none"> <li>i. urge all care home and hospital staff to receive the flu vaccination, understanding there are medical exceptions</li> <li>ii. ensure that publicity and awareness is increased in relation to childhood immunisations, especially in relation to 'herd' immunity</li> </ul> | <ul style="list-style-type: none"> <li>i. The West Sussex Public Health Directorate has taken the following actions to urge all care home staff across the county to receive the flu vaccination: <ul style="list-style-type: none"> <li>• All WSCC registered care homes have been written to, to inform them of the WSCC staff flu vaccine campaign and have been encouraged to take up the offer.</li> <li>• All care homes in West Sussex have been sent a letter from the DPH urging managers to encourage all staff to take up the NHS free flu vaccine offer</li> <li>• All care homes have been sent a video recording of a presentation which highlights the importance for all staff to receive the flu vaccine</li> <li>• All care homes have been sent an electronic copy of the winter preparedness packs which includes posters encouraging all staff to take up the flu vaccine offer.</li> <li>• Hard copies of the winter preparedness packs are currently being prepared and will be sent out to care homes imminently, they include two posters that encourage staff to have their vaccinations and a leaflet that explains to care home staff why vaccination is so important</li> </ul> </li> </ul> |



- A spreadsheet has been sent to care homes asking them to fill in the numbers of staff and residents who receive the vaccine.
- NHS England is responsible for running campaigns that target hospital staff.

Additionally, at HASC the Committee raised concerns about the low shingles vaccine uptake; as a result, the West Sussex Public Health Directorate has been circulating materials promoting the shingles vaccine alongside the flu vaccination.

- ii. In West Sussex, the uptake rates for the routine childhood vaccination programmes are higher than the national average and this reflects the hard work and commitment from our local practices, local Child Health Department, and the Immunisation team at Sussex Community Foundation Trust (SCFT).

There are areas for improvement if West Sussex is to achieve herd immunity levels for some of the programmes where the uptake is less than 95%. Whilst MMR vaccine uptake rates for West Sussex are above regional average, two doses of MMR are required for full immunity and we are working in particular to improve the uptake of the second MMR to reach the 95% national target for herd immunity. This is being addressed locally through the development of a Joint Immunisation Improvement Plan to join up partnership working at local level involving all key stakeholders. NHS England (NHSE) has also commissioned a local incentive (called a CQUIN) to improve access to childhood immunisations and recording of data (data quality). This involves the Child Health and School Immunisation Team (SCFT) working closely with GP

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|  | <p>practices to offer additional “catch up” clinics and to support with data reconciliation. SCFT also runs an advice line where parents can call in to speak to healthcare professionals. In addition a stakeholder wide workshop has been scheduled for November 2019 and the focus of the workshops will be ‘the communication of Immunisation messages.’</p>  |
| <p><b>Substance Misuse - Drugs and Alcohol Recommendations</b></p>   | <p><b>Substance Misuse - Drugs and Alcohol Response</b></p>   |
| <p>The Committee: -</p> <ul style="list-style-type: none"> <li>i. welcomes the work which has been done to date and service user involvement</li> <li>ii. recognises the positive figures in West Sussex in relation to the national average, especially due to the complex nature of this cohort of the West Sussex population</li> </ul> | <p>i and ii<br/>                 The Public Health Directorate would like to thank HASC for the opportunity for this area to be scrutinised and for their feedback, particularly noting the positive improvement in all three Public Health England (PHE) key measures of treatment outcomes for individuals 18+ years, with significant improvement in treatment outcomes for opiate drug users and alcohol users.</p> |

## Appendix 1: Suicide Briefing for All Elected Members

### WSCC Public Health Directorate Briefing for All Elected Members on Suicide

Suicide is the biggest killer of men aged 49 and under, and the leading cause of death in all people aged 20–34 years in the UK. It is estimated that in England the average cost per completed suicide for those of working age is £1.67m (at 2009 prices). The cost to West Sussex between 2013 and 2015 equates to estimated suicide-related costs of £367.4m between. This includes lost output, police time and funerals, as well as intangible costs such as loss of life and distress of relatives. 60% of these costs relate to those bereaved.

Office of National Statistics data on the number / rate of people who have died through suicide in West Sussex is available up until 2016-2018 (three year bands are used due to small numbers). Although it is not statistically significantly lower than the England rate of 9.6 per 100,000 population for 2016-18, the rate in West Sussex is numerically lower and has declined from 10.0 per 100,000 population in 2013-15 to 8.5 per 100,000 population in 2016-18. The rate for males in 2016-18 is 13.2 per 100,000 population and for females it is 4.0 per 100,000 population i.e. over three times greater for males than for females.

#### Who is most likely to attempt or complete suicide?

Risk factors include:

- Demographics and identity – suicide is the biggest killer of middle aged men, LGBTQI people
- Mental illness and wellbeing – being diagnosed with a depressive illness or serious mental illness
- Physical health and health behaviours – alcohol and drug use, having a long term condition
- Relationships – bereavement, divorce/separation, lack of contact with children, loneliness
- Acute and chronic environmental/social stressors – loss of a job, loss of home
- Deprivation – specific issue in-mid-life males with debt related distress, poor or insecure housing, homelessness and unemployment
- Known to have been in contact with statutory or VCS services.

**Starting Well:** Specific risk factors for children and young people include, but are not limited to: poor mental health; people who identify as LGBTQI; low familial socio-economic and/or education status; adverse childhood experiences; poor relationships with family or peers; experience of suicide/self-harm; looked after children; psychological challenges (such as low emotional intelligence, low self-esteem).

**Living and Working Well:** Specific risk factors for working age people include, but are not limited to: being aged 35-59; male; identifying other than heterosexual; poor mental health; substance dependence; physical illness (especially those that preclude/limit work); debt, unemployment and housing issues; lacking a close or supportive relationship; living alone; abuse (including bullying and violence); stressful life events such as relationship breakdown; contact with criminal justice system; and being attacked.

**Ageing Well:** Specific risk factors in older people include but are not limited to: decline in function due to frailty and/or multiple health conditions; diagnosis of mental illness (as with any stage of life); experience of social isolation or loneliness; and experience of bereavement.

### **Preventing Suicide**

West Sussex Suicide Prevention Strategy 2017-20 details the following priority areas for action:

- Focus on reducing suicides in vulnerable middle aged and older people, particularly those experiencing financial difficulties and social isolation
- Focus on preventing suicides in people in contact with mental health services, particularly those recently discharged or disengaged from care
- Focus on preventing suicide in people who misuse alcohol or drugs, particularly those with a dual diagnosis
- Focus on reducing self-harm, particularly in young people
- Focus on preventing suicide in people with long-term conditions or requiring end of life care, and their carers
- Improve support for people bereaved or affected by suicide
- Increase confidence and skills of paid and volunteer workers to support people at risk of suicide, maximising the use of existing resources and support
- Reduce access to the means of suicide, focusing on self-poisoning, railways and other public places
- Monitor suicide patterns and trends in West Sussex

The multi-agency West Sussex Suicide Prevention Steering Group, chaired by Rachel Jevons, Public Health Lead for Mental Health, oversees the delivery of the strategy and will lead on updating it for the next time period. The strategy and related documents can be found [here](#).

## Bereavement

The following organisations offer support to those bereaved by suicide in West Sussex:

- Sussex Community Foundation Trust Child Death Service (<https://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16282>) is for families who have experienced the death of a child from age 0 up to their 18th birthday.
- Winston's Wish ([https://www.winstonswish.org/?gclid=CjwKCAjwusrtBRBmEiwAGBPgE0AInVSZGMlesZtEbWrIV9OigT1is37FIhI9Oamui0\\_4f\\_K34PTwkhoC0gIQAvD\\_BwE](https://www.winstonswish.org/?gclid=CjwKCAjwusrtBRBmEiwAGBPgE0AInVSZGMlesZtEbWrIV9OigT1is37FIhI9Oamui0_4f_K34PTwkhoC0gIQAvD_BwE)) offers bereavement services to families with children under 18 after a traumatic bereavement.
- Cruse (<https://www.cruse.org.uk/get-help/local-services/south/west-sussex>) offers support, advice and information to children, young people and adults when someone dies.
- Survivors of Bereavement through Suicide (<https://uksobs.org/>) offers peer support throughout the county.

## Training

- Zero Suicide Alliance offers free twenty minute online training to help you support someone who is at risk of suicide to stay safe.
- Grassroots offers a range of suicide and mental health support training
- Coastal and West Sussex Mind offer a range of mental health training courses including on suicide and self-harm

### Authors:

Rachel Jevons, Public Health Lead for Mental Health Contact: [rachel.jevons@westsussex.gov.uk](mailto:rachel.jevons@westsussex.gov.uk)

Daniel MacIntyre, Acting Consultant in Public Health (Ageing Well) Contact: [daniel.macintyre@westsussex.gov.uk](mailto:daniel.macintyre@westsussex.gov.uk)

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## Forward Plan of Key Decisions

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

- **Best Start in Life** (those concerning children, young people and schools)
- **A Prosperous Place** (the local economy, infrastructure, highways and transport)
- **A Safe, Strong and Sustainable Place** (Fire & Rescue, Environmental and Community services)
- **Independence in Later Life** (services for older people or work with health partners)
- **A Council that Works for the Community** (finances, assets and internal Council services)

The most important decisions will be taken by the Cabinet sitting in public. The [schedule of monthly Cabinet meetings](#) is available on the website. The Forward Plan is updated regularly and key decisions can be taken on any day in the month if they are not taken at Cabinet meetings. The [Plan](#) is available on the County Council's website 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. [Published decisions](#) are also available via the website.

A key decision is one which:

- Involves expenditure or savings of £500,000 or more (except 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:

|                                      |   |
|--------------------------------------|---|
| <b>Decision</b>                      | A summary of the proposal.  |
| <b>Decision By</b>                   | Who will take the decision - if the Cabinet, it will be taken at a Cabinet meeting in public.   |
| <b>West Sussex Plan priority</b>     | Which of the five priorities in the West Sussex Plan the proposal affects.  |
| <b>Date added</b>                    | The date the proposed decision was added to the Forward Plan.   |
| <b>Month</b>                         | The decision will be taken on any working day in the month stated. If a Cabinet decision, it will be taken at the Cabinet meeting scheduled in that month.  |
| <b>Consultation/ Representations</b> | How views and representations about the proposal will be considered or the proposal scrutinised, including dates of Select Committee meetings.  |
| <b>Background Documents</b>          | The documents containing more information about the proposal and how to obtain them (via links on the website version of the Forward Plan). Hard copies are available on request from the decision contact. |
| <b>Author</b>                        | The contact details of the decision report author   |
| <b>Contact</b>                       | Who in Democratic Services you can contact about the entry  |

### Finance, assets, performance and risk management

Each month the Cabinet Member for Finance reviews the Council's budget position and may take adjustment decisions. A similar monthly review of Council property and assets is carried out and may lead to decisions about them. These are noted in the Forward Plan as 'rolling decisions'.

Each month the Cabinet will consider the Council's performance against its planned outcomes and in connection with a register of corporate risk. Areas of particular significance may be considered at the scheduled Cabinet meetings.



Significant proposals for the management of the Council's budget and spending plans will be dealt with at a scheduled Cabinet meeting and shown in the Plan as strategic budget options.

For questions contact Helena Cox on 033022 22533, email [helena.cox@westsussex.gov.uk](mailto:helena.cox@westsussex.gov.uk).

**Published: 15 November 2019**

## Forward Plan Summary

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

| Page No   | Decision Maker                       | Subject Matter   | Date          |
|---|--------------------------------------|--|---------------|
|  <b>A Strong, Safe and Sustainable Place</b> |                                      |  |               |
|   | Executive Director Adults and Health | Community Based Social Support Award of Contract   | November 2019 |
|   | Executive Director Adults and Health | Technology Enabled Care (TEC) Award of Contract  | December 2019 |
|   | Director of Public Health            | Contract for Provision of Children, Young People and Adults, who use Alcohol and / or Drugs, their Families and Carers extension | December 2019 |
|   | Executive Director People Services   | Hospital Discharge Care Service Award of Contract  | January 2020  |
|   | Cabinet Member for Adults and Health | Supported Living Services Procurement  | March 2020    |
|  <b>Independence in Later Life</b>           |                                      |  |               |
|   | Cabinet Member for Adults and Health | Development of an Extra Care Housing Scheme in East Grinstead  | November 2019 |
|   | Cabinet Member for Adults and Health | Commissioning of Care and Support at Home  | November 2019 |
|   | Cabinet Member for Adults and Health | Review of In-house Residential Care  | January 2020  |
| <b>Strategic Budget Options 2020/21</b>   |                                      |  |               |
|   | Cabinet                              | Local Assistance Network (LAN)   | December 2019 |



## A Strong, Safe and Sustainable Place

### Executive Director Adults and Health

#### Community Based Social Support Award of Contract

The County Council is committed to providing early help and prevention services to adults across the County which support people to remain outside of personal budget funded services for as long as possible, maximising individual strengths and local assets to support this outcome.

In April 2019 the Cabinet Member for Adults and Health approved the procurement of community based social support for people with lifelong disabilities, autism and/or complex needs. Following Key Decision [AH02 \(19/20\)](#) the tender process commenced in June 2019.

Following completion of a compliant, open and competitive procurement experienced providers have been found.

The Executive Director Adults and Health is requested to award the contract to the bidders that have provided the most advantageous tender.

|  |  |
|--|--|
| <b>Decision by</b>                           | Kim Curry - Executive Director Adults and Health   |
| <b>West Sussex Plan priority</b>             | A Strong, Safe and Sustainable Place   |
| <b>Date added</b>                            | 8 October 2019   |
| <b>Month</b>                                 | November 2019  |
| <b>Consultation/ Representations</b>         | <p>Extensive stakeholder consultation and engagement has informed this procurement including an online survey and market event. In addition, Impact Advocacy service facilitated focus groups to help the council understand prevention service experiences to inform the re-commissioning process.</p> <p>Representations concerning this proposed decision can be made to the Executive Director People Services, via the officer contact, by the end of October 2019.</p> |
| <b>Background Documents</b><br>(via website) | None   |
| <b>Author</b>                                | Lisa Loveman Tel: 033 022 23430  |
| <b>Contact</b>                               | Erica Keegan Tel: 0330 033 26050   |

**Executive Director Adults and Health****Technology Enabled Care (TEC) Award of Contract**

On 19 March 2019 the Cabinet Member for Adults and Health approved the recommencement of the procurement of an all age countywide Technology Enabled Care service (TEC) and delegated authority to the Director of Adults Services (DASS) to let the contract on the basis of the most economically advantageous bid. ([Report Ref: AH16 18/19](#))

The recommended option was the procurement of a TEC provider, specifically a TEC development partner, thereby replacing the existing telecare provision with an offer broader than the current one. This will involve working in partnership with the development partner to identify and develop new products and approaches for supply to customers. The ability to specify the service, albeit with the need to ensure that there is sufficient flexibility within the contract to enable the Council and development partner to adapt, innovate and be flexible is designed to permit the Council to manage the relationship in the way that it wishes to.

The procurement process is now complete and the Executive Director Adults and Health is asked to approve the award of contract for commencement on 1 April 2020.

|  |  |
|--|--|
| <b>Decision by</b>                           | Kim Curry - Executive Director Adults and Health   |
| <b>West Sussex Plan priority</b>             | A Strong, Safe and Sustainable Place   |
| <b>Date added</b>                            | 13 November 2019   |
| <b>Month</b>                                 | December 2019  |
| <b>Consultation/ Representations</b>         | <p>Consultation undertaken through the development of the Technology Enabled Lives Strategy.</p> <p>Representations concerning this proposed decision can be made to the Executive Director Adults and Health via the officer contact.</p> |
| <b>Background Documents</b><br>(via website) | None   |
| <b>Author</b>                                | Chris Jones Tel: 0330 022 28249  |
| <b>Contact</b>                               | Erica Keegan Tel: 0330 022 26050   |

**Director of Public Health****Contract for Provision of Children, Young People and Adults, who use Alcohol and / or Drugs, their Families and Carers extension**

The County Council currently provides a service to support children, young people and adults affected by alcohol and other drug use, and their families and carers in West Sussex.

The service is an all age, county wide service working with people who misuse alcohol and drugs and provides:

- Harm reduction and needle syringe provision
- Engagement and early interventions
- Structured treatment including specialist prescribing
- Assessment for onward referral to detox and residential rehabilitation\*
- Blood Borne Virus testing and vaccination
- Education, training and employment support
- Peer mentoring
- Support to families and carers

The current contract expires in May 2021, with an option to extend for a further two years. The Director for Public Health will be asked to approve an extension to the current contract to May 2023.

|  |   |
|--|---|
| <b>Decision by</b>                           | Anna Raleigh - Director of Public Health  |
| <b>West Sussex Plan priority</b>             | A Strong Safe & Sustainable Place   |
| <b>Date added</b>                            | 15 November 2019  |
| <b>Month</b>                                 | December 2019   |
| <b>Consultation/ Representations</b>         | Representations concerning this proposed decision can be made to the Cabinet Member for Highways and Infrastructure, via the officer contact, by the beginning of the month in which the decision is due to be taken. |
| <b>Background Documents</b><br>(via website) | None  |
| <b>Author</b>                                | Moira Jones Tel: 033 022 28694  |
| <b>Contact</b>                               | Erica Keegan 033 022 26050  |

**Executive Director People Services**

| <b>Hospital Discharge Care Service Award of Contract</b>   |   |
|--|---|
| <p>Health and social care in West Sussex are working together to develop and implement a pathway for people who are medically fit for discharge from acute hospitals but who may have continuing health or social care needs. People meeting these criteria and who do not require 24-hour care would be supported to return home immediately through this 'Home First' pathway without having their care needs assessed in hospital.</p> <p>In August 2019, the Executive Director People Services approved the commencement of a procurement process for new hospital discharge care services (<a href="#">Report Ref: OKD15 19/20</a>) that will form one part of the multi-agency approach to the 'Home First' care pathway.</p> <p>Following the completion of the procurement process the Executive Director Adults and Health will be asked to award contracts for hospital discharge care services to commence delivery from April 2020.</p> |   |
| <b>Decision by</b>   | Kim Curry - Executive Director People Services  |
| <b>West Sussex Plan priority</b>   | A Strong, Safe and Sustainable Place  |
| <b>Date added</b>  | 8 November 2019   |
| <b>Month</b>   | January 2020  |
| <b>Consultation/ Representations</b>   | Representations concerning this proposed decision can be made to the Executive Director Adults and Health, via the officer contact, by the beginning of the month in which the decision is due to be taken. |
| <b>Background Documents</b><br>(via website)   | None  |
| <b>Author</b>  | Juliette Garrett Tel: 033 022 223748  |
| <b>Contact</b>   | Erica Keegan Tel: 033 022 26050   |

**Cabinet Member for Adults and Health****Supported Living Services Procurement**

Supported Living services are care, support and accommodation services purchased by the Council on behalf of people who have been assessed as having eligible social care needs. These services support people to live more independently through the provision of personal care and outreach support.

The council currently commissions the majority of these services from a framework agreement which first commenced in April 2012 (Supported Living & Personal Support for Adults with Learning Disability Framework). In 2016 a new framework was let (Supported Living and Family Support Services for adults with learning disabilities and disabled children and young people in West Sussex Framework). This framework ends in March 2021.

The commissioning of supported living is being reviewed with proposals being developed for new arrangements to be established across the county which will enable the achievement of our strategic aim to support more people to live in settled accommodation, with their family or in their own tenancy, for longer. The council will develop new arrangements considering: the challenges faced in the market - particularly around recruitment and retention of staff; the provision for increasingly complex individuals; the need to strengthen community networks and maximise customer independence; and develop services which meet the expectations of customers and their families.

Following the review and wide-ranging stakeholder engagement, the Cabinet Member for Adults and Health will be asked to approve the commencement of a procurement process to source the future supported living services and delegate authority for Contract Award to the Executive Director People Services.

|  |  |
|--|--|
| <b>Decision by</b>                           | Mrs Jupp - Cabinet Member for Adults and Health  |
| <b>West Sussex Plan priority</b>             | A Strong, Safe and Sustainable Place   |
| <b>Date added</b>                            | 16 October 2019  |
| <b>Month</b>                                 | March 2020   |
| <b>Consultation/ Representations</b>         | <p>Key Stakeholder engagement will inform this procurement including an online survey and market event.</p> <p>Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health, via the officer contact, by the beginning of the month in which the decision is due to be taken.</p> |
| <b>Background Documents</b><br>(via website) | None   |
| <b>Author</b>                                | Alison Nuttall Tel: 033 022 25936  |
| <b>Contact</b>                               | Erica Keegan Tel: 033 022 26050  |

## Independence in Later Life

### Cabinet Member for Adults and Health

| <b>Development of an Extra Care Housing Scheme in East Grinstead</b>   |   |
|--|---|
| <p>Enabling residents to remain independent in later life is one of the key objectives of the West Sussex Plan. To this end, the Council has indicated a willingness to invest in social care infrastructure projects which help to make this possible.</p> <p>Extra care housing has been identified as a particularly effective means of enabling people with care needs to remain independent, living in purpose-built homes within a residential setting with some communal amenities and an on-site care service. The proposal being put forward is to support the development of new extra care housing scheme comprising 48 flats on the site of a former supported housing scheme in East Grinstead.</p> <p>The site is owned by Eldon Housing Association which has obtained planning permission and a commitment to grant funding from Homes England, however additional funding from WSCC will also be required if the scheme is to proceed.</p> <p>The Cabinet Member for Adults and Health will be asked to approve the provision of approximately £0.96m from the Council's Capital Programme to Eldon Housing Association to support the development of this scheme, following the implementation of a business case and necessary approval arrangements to ensure that the required capital resources are available.</p> |   |
| <b>Decision by</b>   | Mrs Jupp - Cabinet Member for Adults and Health |
| <b>West Sussex Plan priority</b>   | Independence in Later Life                      |
| <b>Date added</b>  | 11 June 2019                                    |
| <b>Month</b>   | November 2019                                   |
| <b>Consultation/ Representations</b>   | Mid Sussex District Council.                    |
| <b>Background Documents</b><br>(via website)   | None  |
| <b>Author</b>  | Sarah L Leppard Tel: 0330 022 23774             |
| <b>Contact</b>   | Erica Keegan Tel: 033 022 26050                 |

**Cabinet Member for Adults and Health****Commissioning of Care and Support at Home**

Care and support at home services (also known as domiciliary care or home care) are services purchased by the Council on behalf of people who have been assessed as having eligible social care needs. These services support people to maintain their independence through the provision of personal care and support.

The Council currently commissions the majority of these services from a framework agreement which commenced in 2015 and which will come to an end in January 2021. This framework was developed jointly with NHS Continuing Healthcare who also use the contract. In addition, the Council purchases services from the wider market through a contractual agreement. The commissioning of care and support at home is being reviewed with proposals being developed for new arrangements to be established across the county which will enable the achievement of our strategic aim to support people to live independent lives for longer. The Council will continue to work with health partners on these arrangements, to prevent unnecessary emergency hospital admissions and speed up discharges.

Given the strategic context in which this recommissioning is set, Care and Support at Home shall ensure that it:

- Enables people to be independent for longer in their home, having choice and control over their care which is personalised for their needs.
- Stimulates the care market to build capacity and deliver sustainable and high quality care, including a skilled, valued and sustainable workforce.
- Strengthens community networks and supports people closer to where they live. Including increasing the number of Direct Payments.
- Works in partnership with providers, the NHS, communities, the independent and voluntary sector and those in receipt of care to ensure the coordination and delivery of high quality care.
- Understands market capacity and capability to make informed decisions and be innovative. Improve technology systems, including payments to improve the process for all stakeholders.
- Maximises short-term services to reduce demand and maximise customer independence.

Following the current review and a public consultation, the Cabinet Member for Adults and Health will be asked to approve the commencement of a procurement process to source the future care and support services and delegate authority for Contract Award to the Executive Director People Services.

|                                      |  |
|--------------------------------------|--|
| <b>Decision by</b>                   | Mrs Jupp - Cabinet Member for Adults and Health  |
| <b>West Sussex Plan priority</b>     | Independence in Later Life   |
| <b>Date added</b>                    | 2 September 2019   |
| <b>Month</b>                         | November 2019  |
| <b>Consultation/ Representations</b> | Public consultation available until 15 Sept 2019 at:<br><a href="http://www.westsussex.gov.uk/csh">www.westsussex.gov.uk/csh</a> |

## Agenda Item 5

|  |   |
|--|---|
|  | <p>Consultation with Director of Adult Services, Executive Director for People Services, NHS Continuing Healthcare, Coastal Clinical Commissioning Group, Crawley Clinical Commissioning Group, Horsham and Mid Sussex Clinical Commissioning Group.</p> <p>Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health, via the officer contact, by the beginning of the month in which the decision is due to be taken.</p> |
| <b>Background Documents</b><br>(via website) | None.   |
| <b>Author</b>                                | Juliette Garrett Tel: 033 022 223748  |
| <b>Contact</b>                               | Erica Keegan Tel: 0330 022 26050  |

### Cabinet Member for Adults and Health

| <b>Review of In-house Residential Care</b>   |   |
|--|---|
| <p>Through the commissioning plans for lifelong and older people's services, the County Council will move towards a reduction in the reliance on residential care and an increase in community-based care and accommodation that supports independence. This will include a review of the Council's in-house service in line with the adult social care vision and strategy and the need to develop and shape the care market. The outcome will be a strategy for accommodation services for adults.</p> <p>The principles of the review and development of the strategy will be;</p> <ul style="list-style-type: none"> <li>• To increase access to new models of supported and independent living,</li> <li>• To review the position and place of in-house residential care in the market,</li> <li>• To enable people to stay in their own home as long as possible by commissioning effective carer support, respite/reablement, access to employment and community-based activities,</li> <li>• Using a strengths-based approach to improve value for money and support choice and control,</li> <li>• To support young people as they approach adulthood with realistic expectations,</li> <li>• To build long-term sustainable solutions based on expected future demand and capacity modelling and</li> <li>• To develop positive relationships with the market, delivering value for money across all aspects of care and support.</li> </ul> <p>We will engage with customers, carers and families as part of the review and development of a future strategy.</p> <p>The Cabinet Member for Adults and Health will be asked to approve:</p> <ol style="list-style-type: none"> <li>1) the outcome of an initial review phase of in-house residential care</li> <li>2) the plans for a wider review of in-house residential care and the development of an accommodation strategy for adults.</li> </ol> |   |
| <b>Decision by</b>   | Mrs Jupp - Cabinet Member for Adults and Health |



|  |  |
|--|--|
| <b>West Sussex Plan priority</b>             | Independence in Later Life   |
| <b>Date added</b>                            | 30 July 2019   |
| <b>Month</b>                                 | January 2020   |
| <b>Consultation/ Representations</b>         | <p>Customers, carers and families, Health and Adult Social Care Select Committee (HASC) (to be considered by HASC Business Planning Group) and market partners/service providers.</p> <p>Representations concerning this proposed decision can be made to the Cabinet Member for Adults &amp; Health via the author or officer contact by the beginning of the month in which the decision is to be taken.</p> |
| <b>Background Documents</b><br>(via website) | None   |
| <b>Author</b>                                | Catherine Galvin Tel: 033 022 24869  |
| <b>Contact</b>                               | Erica Keegan - 033 022 26050   |

## Strategic Budget Options 2020/21

### Cabinet

| <b>Local Assistance Network (LAN)</b>  |  |
|--|--|
| <p>The Local Assistance Network (LAN) was established in 2013 to replace a number of discretionary benefits for households in crisis situations which had previously been available through the benefits system. A ring-fenced grant to support this spending was originally provided by the Department of Work and Pensions but this was removed in 2015. Although the scale of the County Council's commitment has reduced since then, and following a Cabinet Member decision in December 2018, the LAN budget is currently £200,000 per annum.</p> <p>The Cabinet Member will be asked to agree to the further reduction of Local Assistance Network (LAN) funding to £100,000 per annum from 2020/21.</p> |  |
| <b>Decision by</b>   | Mrs Jupp - Cabinet   |
| <b>West Sussex Plan priority</b>   | Independence in Later Life   |
| <b>Date added</b>  | 30 July 2019   |
| <b>Month</b>   | December 2019  |
| <b>Consultation/ Representations</b>   | <p>District and Borough Councils and Voluntary Sector Partners.</p> <p>Representations should be made to the Cabinet Member for Adults and Health at County Hall, Chichester by the beginning of the month in which the decision is due to be taken.</p> |

Agenda Item 5

|  |                                    |
|--|------------------------------------|
| <b>Background Documents</b><br>(via website) | None                               |
| <b>Author</b>                                | Sarah Farragher Tel: 033 022 28403 |
| <b>Contact</b>                               | Erica Keegan - 0330 22 26050       |

## **Health & Adult Social Care Select Committee**

**27 November 2019**

### **West Sussex Winter Plan**

#### **Report by West Sussex CCGs**

##### **Summary**

The winter plans outlined in this presentation cover the health and social care systems across West Sussex including the Surrey & Sussex Healthcare NHS Trust (SASH) and Western Sussex Foundation NHS Trust (WSHFT). The planning also covers Princess Royal Hospital (PRH) in Haywards Heath part of the Brighton Sussex University Hospital Local A&E Delivery Boards (LAEDB) system due to services accessed at PRH by West Sussex residents. All plans are consistent across West Sussex.

The NHS in Sussex has taken a partnerships approach to Winter Planning, including a £3.3m funding commitment from West Sussex County Council to support residents with increased needs during the winter period and to keep NHS services resilient during the busy period.

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

The plans have been developed by WSHFT and SASH LAEDBs, which have representation from all local system health and social care commissioners and health care providers. The plans for winter build on learning from previous years as part of a continual improvement process. The plans were considered for assurance by the Coastal, Crawley, Horsham and Mid Sussex Governing Bodies in September and individual providers have assured their own plans through their respective boards. NHS England have also reviewed the LAEDB system plans across the Sussex Health and Care Partnership and have confirmed that they are also assured.

## **Focus for scrutiny**

The Committee is asked to scrutinise the contents of this report. Key areas for scrutiny include:

- (1) Winter plan approach
- (2) Risks and mitigations
- (3) Next steps

Members of the select committee are asked to note that the NHS Winter Plan for 19/ 20 has been approved by NHS England, and is therefore not subject to significant change.

## **Winter plan objectives**

The main objectives of the winter plan are:

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

## **Lessons learnt from previous years**

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

- Support from other local health and social care systems in response to pressure in the local system.
- Maintenance of patient safety in A&E during periods of sustained demand pressure.
- Single winter communications plan across Sussex and East Surrey aligned to the national NHS campaign.

- Development of discharge to assess pathways across health and social care to ensure people do not wait in acute hospitals when they can be supported at home.
- Improve use of timely business intelligence to identify system pressure to enable a more proactive approach.
- Renewed focus on long length of stay (over 21 days) in acute trusts to manage patient flow.
- The systems have undertaken reviews of drivers of increase A&E demand and has identified self-presenters with minor conditions as a key area of growth. System wide collaboration is underway to deliver Integrated Urgent Care model (IUC) including Urgent Treatment Centres (UTC) roll out from December 2019 to tackle this increase in demand.
- West Sussex wide system capacity and demand planning for this winter has built further upon the successful planning model that was used for last winter.

### **Capacity and demand planning**

Integral to the winter plan is the development of a consistent Sussex wide system demand and capacity planning approach which has been developed. The model enables local systems to forecast predicted system demand over a 12 month period with a particular focus on the winter period and to identify any system capacity risks that require mitigating actions to be developed and agreed. Additional winter capacity is agreed across West Sussex as follows-

#### **Community capacity**

- Community and the local authority discharge to assess pathway, Home First, which launched have launched across West Sussex including local authority domiciliary care to support the new pathway.
- Health spot purchase beds in the independent sector for additional capacity.
- Additional community beds around the Princess Royal Hospital and WSHFT systems.
- Coastal Stroke Early Supported Discharge for the Coastal system - timelines to be confirmed.

#### **Acute capacity**

- WSHFT- 82 additional acute winter beds (38 St Richard's Hospital, 44 Worthing Hospital).
- WSHFT planned length of stay improvements (same day emergency care, fractured neck of femur, frailty, cardiology rapid access, gastro ambulatory care, 36 bed equivalents).
- SASH- 33 planned escalation beds; elective profiling reducing demand by 5 to 8 beds. 39 exceptional escalation beds have been agreed for short term use in extremis.
- PRH- 15 additional acute medical beds at PRH (January-20) – PRH re-stack. 20 acute exceptional escalation beds (PRH and Royal Sussex County Hospital)

## **West Sussex County Council**

The West Sussex County Council winter plan is included as an appendix. Key commissioning and investment focus this winter is around the implementation of Home First across West Sussex and care and support at home reflecting a primary focus on enabling people to return home wherever possible. The Council also recognises that the allocation of funding may also be required to respond to challenges across the system over the winter months. The aim is to respond flexibly during the winter in the face of demand and also in the face of significant challenges that were faced over the last year with regards to market pressures. In summary the plan includes the following additional capacity to manage demand over winter:

- Discharge to assess bedded care.
- Home first pathways- purchase of care provision from domiciliary care frameworks to support implementation of Home First pathway alongside Sussex Community Trust. This also includes provision of meals on wheels.
- Additional capacity of care and support at home, through commissioned rounds of service across West Sussex.
- A pilot for a new model of provision of care at home focused on a self-employed personal assistants model facilitated by an agency.
- Workforce campaigns.
- Free flu vaccinations for WSCC employees, and local communications plan.
- Winter block beds with a focus on dementia and nursing.

## **Maintaining patient flow**

There is national ambition to reduce by 40% the number of patients in an acute hospital bed with a long length of stay over 21 days by March 2020. It is well evidenced that patients with a long length of stay in acute hospital settings are at high risk of de-conditioning.

Extensive programmes are in place across West Sussex to understand the data related to long length of stay and the delivery of system wide actions to ensure patients are not delayed in acute hospitals when they are medically optimised. Alongside the work to improve flow to tackle long lengths of stay, delayed transfer of care remain a focus at local level to ensure delays are no greater than 3.5% of acute hospital beds. Actions include-

- The national Discharge Patient Level Tracker is in place at ward level across acute trusts recording standard codes for patients with a stay of over 21 days.
- Weekly multi-disciplinary long length of stay panels are in place to review all patients with 21 day length of stay and agree next steps.
- Review of frailty impact on length of stay in acute trusts.
- Sharing best practice from board/ ward rounds to increase standardisation.
- Let's get you home policy and communication campaign is in place to support patients/ families with onward care decisions.
- Development in community pathways are progressing, including the discharge to assess pathways, will contribute to reducing long length of stay. Home first is being rolled out across West Sussex reducing the number of patients waiting in the acute when they are medically fit for discharge.

It is noted the long length of stay ambition remains a challenge and risk to capacity over winter. Work continues to develop actions to improve performance including identifying best practice from areas that have successfully met the target.

### **Mental Health**

The on-going mental health acute inpatient capacity and demand challenges remain a strong focus in Sussex to ensure patients receive the right care in the right place to improve flow and outcomes for patients. Sussex Partnership Foundation Trust (SPFT) is leading an improvement programme and developments include-

- Psychiatric Decision Unit at Mill View Hospital now fully operational – able to take 4 patients for prolonged assessment of up to 23 hours; dedicated space for WSHT.
- Detailed milestone Out of Area Placements reduction improvement plan and trajectory in place.
- Increased Crisis Resolution Home Treatment Team resource.
- Street Triage in place.
- 111 Clinical assessment service including mental health coming online Dec/ Jan 2020.
- Increase in SPFT Clinical Bed Management to 24/7 cover.
- Improvements for acute inpatient flow: system MADE events and fortnightly whole system delayed transfers of care call.
- Core 24 bids successful for Worthing and St. Richards Hospitals – recruitment underway for Worthing.
- Core 24 bids for PRH, Conquest & EDGH hospitals in progress.
- Working with local authorities to improve access to supported accommodation for MH patients.
- Developing specific plan with WSHT for mental health support in A&E.

### **South East Coast Ambulance Trust**

The winter capacity plan for Ambulance services covers the period 1st November 2019 until 31st March 2020. The plan covers the identified winter pressure reporting period and details the Trust's intentions for delivering its core business. Analysis of historical data for this period over the past four years will be utilised to identify the anticipated periods of increased demand.

### **Primary Care**

All systems are focused on ensuring that improved primary care access capacity is fully utilised over the winter period, including relocation to the acute hospital sites in response to an identified increase in primary care A&E presentations. A programme is in place across West Sussex to enable direct booking into improved access services and Urgent Treatment Centres via 111 by December 2019 using digital or alternative interim solutions.

### **Integrated urgent care**

The IUC model across Sussex brings together the 111, Clinical Assessment Service (CAS) and local face to face services to ensure seamless access to urgent care services. The 111 CAS will go-live on 1 April 2020 with enhanced clinical input to ensure patients access the most appropriate services.

Collocated urgent treatment centres (UTC) in Worthing and St Richard's A&E departments are being developed. These will go live on 1 December 2019 with full roll out by April 2020. The Crawley UTC is already in place and meeting the nationally required standards.

The plan for direct booking from 111 is being developed. A communications and engagement plan that links to changes in behaviour and the move to 'talk before you walk' has been developed to cover this activity.

### **Sussex influenza vaccination and outbreak plan**

Currently the Southern Hemisphere is experiencing higher levels of Influenza, which provides an indication of potentially high impact Influenza season within the UK. In 2018/19, high levels of flu activity and outbreaks had a significant impact on provider organisations, therefore early planning and effective communication to increase vaccination uptake is vitally important, along with the prompt management of any outbreaks in closed settings.

Public Health England (delegated to local personnel) has ultimate responsibility for the overall plan, with specific responsibilities resting with the CCG for certain elements. The CCGs held a Flu Planning meeting in July to review the 2018/19 influenza season and develop system plans for 2019/20 and a flu plan has been developed working in partnership with social care, providers and primary care colleagues. The expected outcomes of the plan are as follows:

- NHS providers to achieve a minimum 80% front line clinical staff vaccination rate;
- Improve vaccination rates for all staff group across primary care;
- CCGs to offer free Influenza vaccination for all staff via a standard approach across all CCGs;
- Increase in compliance with Influenza national vaccination programmes for social and primary care staff;
- Continued system focus on increasing vaccination programme uptake for high risk patient groups within primary care;
- Implementation of near patient testing in A&Es to improve out of hours testing and rapid identification of cases supporting appropriate placement of patients and prevent outbreaks;
- Commissioning of a standardised out of season flu outbreak service to assess and provide antiviral treatment and prophylaxis in and out of hours;
- Clear outbreak Management process for all adult social care settings to include escalation pathway to Public Health England for guidance and support;
- Provision of training and clear outbreak management for adult social care settings to support and manage outbreaks;
- Infection Control Champions programmes to promote influenza vaccination and management of outbreaks across all system partners;
- Supporting the national Influenza campaign at a local level and supplementing this with local SCHP and East Surrey communications.

### **Communications plans for winter**

A Sussex wide winter communications strategy and tactical plan, aligned to the national campaign has been developed, building on the learning from last year. The aim of the communication strategy is to help people get the right care in the right



place, first time this winter and to start to encourage behavioural change. The top four objectives are:

- To always, have patients and patient stories leading on all communication activity.
- To raise the awareness among the public of the alternative local services to A&E and explain when to use them.
- To ensure information is easily accessible through a range of channels and meet accessibility standards of the alternative services, such as, NHS111, GP Improved Access, Urgent Treatment Centres and bookable appointments into other primary and community services.
- To establish channels of feedback that will help to better inform why people access A&E and GP services, which can be used to shape and adapt services in the future.

The Sussex Health and Care Partnership will follow the national communications timeline. However, the system continues to see an increase in attendances from New Year well into January. Therefore, it has been agreed locally that proactive communications will ramp up throughout January to support the system.

There will be both planned and reactive communications. Reactive communications will be based on the pressures and demands within the system.

Learning from last year will be utilised to run targeted messages to high A&E users but as these do vary from area to area:

- Across all of Sussex we will to the broadcast wide, general public messaging.
- Across all of Sussex targeting women, 19-29 (highest users of A&E after U18s – Sussex wide).
- In West Sussex our additional target is: 50-59 and 80-89 year olds (men and women).
- This is based on the A&E figures from 2017/18 and 2018/19.

## **Key risks and mitigations**

The winter plans include risks to service delivery identified by LAEDBs. The key risks this winter are summarised below with the high level mitigating actions.

**Risk:** Poor system flow could result in the failure to deliver acute and community length of stay assumptions and required occupancy levels will result in significant patient flow risks.

**Mitigation:** the winter plan is in place including lessons learnt from previous peaks in activity. A system capacity and demand planning model has been developed including capacity to provide resilience over winter.

**Risk:** Increase in Urgent and Emergency Care (UEC) demand above plan assumptions could result in performance and quality risks.

**Mitigation:** a quarter one deep dive of UEC activity has taken place and action plans are in place for four programmes- self presenters, conveyance, long length of stay and mental health.

**Risk:** Workforce challenges across the health and social care system could impact upon the resilience of local services.

**Mitigation:** workforce remains the biggest risk across the system. This is managed routinely within providers and risks escalated to daily system calls as required.

### **Governance and next steps**

LAEDBs for Coastal West Sussex, SASH and BSUH will be responsible for monitoring the delivery of the winter plans and for responding to any system risks that emerge over the winter period.

The winter framework ensures that review and sign off of the winter plan takes place at the relevant Local Management Teams, Executive Management Team, Local A&E Delivery Boards, CCG Quality and Safety Committees and Governing Bodies, West Sussex Health and Wellbeing Board and the West Sussex Health & Adult Social Care Select Committee (HASC).

Delivery and oversight of the winter plans and monitoring of performance against actual plan assumptions commenced from October 2019 with monthly reports to be submitted to LAEDBs, the CCG Local Management Team and the CCGs' Executive Management Team.

Detailed system operational plans covering the Christmas and New Year period will be developed and agreed by the LAEDBs by 30 November 2019.

### **Name of person responsible for the report**

Pennie Ford, Executive Managing Director, West Sussex CCGs

**Contact Officer:** tbc

### **Appendices**

The West Sussex County Council Winter Plan.

### **Background papers**

None

Winter Plan 2019/20

|   | Activity/Programme       | Description  | Estimated Start Date          |
|---|--------------------------|--|-------------------------------|
| 1 | Step Up Step Down        | Discharge to Assess – Bedded Care <ul style="list-style-type: none"> <li>• SASH - 10 beds</li> <li>• BSUH 10 beds</li> <li>• Western – 22 beds</li> </ul>  | In place                      |
| 2 | Step Up Step Down        | Home First Care <ul style="list-style-type: none"> <li>• Purchase of Care provision from domiciliary care frameworks to support implementation of Home First pathway alongside SCFT.</li> </ul>  | 30 <sup>th</sup> October 2019 |
| 3 | Step Up Step Down        | Bridging Care provision <ul style="list-style-type: none"> <li>• Extension of Provider of Last Resort arrangement with SCFT in Northern area until end March 2020. 130 hours block and 70 hours spot per week (as capacity allows)</li> <li>• Extension of Coastal Hospital Discharge Service with First Col in Southern and Western area until end March 2020. 150 block and 50 spot hours per week (as capacity allows)</li> </ul>   | In place                      |
| 4 | Step Up Step Down        | Meals on Wheels for customers returning home with home first pathway   | November 2019                 |
| 5 | Care and Support at Home | Additional rounds and blocks of service<br>Stage 1 – Winter – Nov 2019 – Feb 2020<br>Northern: <ul style="list-style-type: none"> <li>• Horsham and Southwater</li> <li>• Crawley</li> <li>• East Grinstead</li> <li>• Burgess Hill, Hassocks and Hurstpierpoint</li> <li>• Haywards Heath and Lindfield</li> </ul> Southern: <ul style="list-style-type: none"> <li>• Adur (Lancing and Shoreham)</li> <li>• Littlehampton &amp; Arundel</li> <li>• Worthing</li> <li>• Rural Southern</li> </ul> Western: <ul style="list-style-type: none"> <li>• Manhood peninsula (Witterings and Selsey)</li> <li>• Rural Western</li> <li>• Billingshurst &amp; Pulborough</li> </ul> Stage 2: Easter 2020 – plans to be developed. | November 2019                 |
| 6 | Care Match               | A pilot for a new model of provision focused on a self-employed PA model facilitated by an agency that supports with payroll, training and rostering.  | December 2019                 |

Agenda Item 6  
Appendix

|  |   |   |               |
|--|---|---|---------------|
| 7  | Workforce                               | <p>Workforce campaigns</p> <ul style="list-style-type: none"> <li>• Provider support</li> <li>• Worthing Campaign (Oct 2019)</li> <li>• Proud to Care boost campaign (Oct 2019)</li> <li>• Retail workers online campaign (Dec 2019)</li> </ul>   | Ongoing       |
| 8  | Flu Vaccinations                        | In 2019/20, NHS England will continue to support the flu vaccination of social care and hospice workers. The eligible groups will remain the same as in 2018/19 and free vaccination will be available through community pharmacy or their registered general practice. West Sussex County Council will offer free flu vaccination to all employees via a voucher scheme, in addition West Sussex County Council will support the national communication campaign with a local communications plan.   | Early Autumn  |
| 9  | Winter block beds                       | <p>Western</p> <ul style="list-style-type: none"> <li>• Dementia Nursing Beds x 1</li> <li>• Dementia Residential Beds x 2</li> <li>• General Nursing Beds x 2</li> </ul> <p>Southern</p> <ul style="list-style-type: none"> <li>• Dementia Residential beds x 2</li> <li>• General Nursing beds x 4</li> <li>• Expand usage of current dementia crisis bed</li> </ul> <p>Northern</p> <ul style="list-style-type: none"> <li>• Dementia Nursing beds x 2</li> <li>• Dementia Residential beds x 2</li> <li>• General Nursing beds x 5</li> </ul> | November 2019 |
| <b>Areas for Further Consideration and Development</b> |   |   |               |
|  | Personalised Services                   | Alternative models of care provision supporting recommissioning level 3 areas.  | TBC           |
|  | Falls prevention                        | OT targeted intervention for people at high risk of falls.<br>Utilising learning from falls prevention interventions in 18/19   | TBC           |
|  | Community Equipment                     | Additional investment to support equipment requirements over winter   | TBC           |
|  | Voluntary and Community Sector Services | Additional investment into voluntary and community sector services supporting hospital services.  | TBC           |

## Health and Adult Social Care Select Committee

**27 NOVEMBER 2019**

### South East Coast Ambulance Service Update

Report from: Philip Astle, Chief Executive Officer, SECAmb  
Steve Emerton, Director Strategy & Development

Author: Helen Wilshaw-Roberts, Strategy & Partnerships  
Manager, SECAmb

#### Summary

This report updates the committee on the South East Coast Ambulance Service, with special focus on changes since the last report of 19<sup>th</sup> January 2019, especially in the areas of Performance and the Demand and Capacity Review for the Trust and across West Sussex, the recent Care Quality Commission (CQC) report, Executive leadership development, and other strategic updates and local development initiatives of interest for West Sussex.

#### Focus for scrutiny

The Committee is asked to consider the detail of the report and provide comment on progress made by the Trust in respect of its recent CQC inspection, in addition to other updates as outlined in the summary above. The Committee may also wish to consider whether there are any issues arising from the report which may require any further scrutiny.

## 2. Background

- 2.1 On 15 August 2019, the CQC published its most recent report on the Trust, following its inspections in June and July. This saw the Trust receive an overall rating of 'Good', with Urgent & Emergency Care rated as 'Outstanding' overall, including 'Outstanding' for Caring. Each of the CQC domain areas were rated as 'Good' individually and our NHS 111 service was also rated as 'Good'.
- 2.2 Following the recommendation made by the CQC, we were subsequently informed by NHS Improvement that it had also decided to take the Trust out of Special Measures.
- 2.3 Following the NHS England commissioned review of urgent and emergency care in 2013 and the Sheffield University study into ambulance responses in 2015, the subsequent Ambulance Response Programme<sup>1</sup>

<sup>1</sup> <https://www.england.nhs.uk/urgent-emergency-care/arp/>

(ARP), went live at SECamb on 22<sup>nd</sup> November 2017. A reminder of the ARP performance categories is shown at **Appendix A, Table 1**. A subsequent national update to Health Care Professionals / Inter-facility Transfers (HCP/IFT) has been implemented in SECamb from 4<sup>th</sup> September 2019 to bring these response mechanisms in line with the wider ARP programme and to promote appropriateness of response to request. In the first month to 6<sup>th</sup> October, as anticipated and in line with peers, this has shown to adversely impact Category 1 response times by 14 seconds, whilst increasing Category 2 performance by 19 seconds.

- 2.4 SECamb is commissioned to deliver to national ARP targets at a Trust-wide level only, as a Clinical Commissioning Group (CCG) level adherence would have required a substantial increase in investment to meet population and geographical demographics. Since ARP implementation, SECamb has performed close to the national average for Category 1, and better than average for Category 2. Category 3 and Category 4 responses remain challenging, as resources available are prioritised to the highest acuity calls, although improved in all categories versus the prior report December 2018 (**Appendix B, Table 2a, 2b**). Of specific mention is the Category 3 performance which has improved by 51 minutes versus the national average. Ongoing recruitment for frontline and Emergency Operations Centre staff will bring about improvements.
- 2.5 The first step in our recovery is taken with performance improving at a Trust-wide level, we are progressing well, but have a significant way still to go. Despite adhering to Demand & Capacity recommendations following the published report in Aug 2018, some areas of performance remain challenging, particularly in the more rural areas. Workforce recruitment is going well, and we are focusing upon initiatives that encourage 'home grown' trained staff.
- 2.6 We are delighted to report that on 7 August 2019, it was announced that our bid to provide the NHS 111 and Clinical Assessment Service (CAS) across Sussex, Kent and Medway from April 2020 was successful. CareUK was awarded the Surrey contract from April 2019.

### **3. Executive Leadership Development**

- 3.1 On 1 September 2019, Philip Astle joined the SECamb Team as Chief Executive Officer (CEO), replacing Dr Fionna Moore, who has acted up as CEO on an interim basis since the departure of Daren Mochrie on 1 April 2019. Philip joins us from South Central Ambulance Service where he held the post of Chief Operating Officer for three and a half years.
- 3.2 Prior to joining South Central Ambulance Service in 2016, Philip held a number of senior operational and leadership roles in the public and private sector including director roles in the Border Force, on the London 2012 Olympics, Chief Operating Officer of Her Majesty's Passport Office and strategist and planner for Army operations in Afghanistan, as part of a successful career in the British Army.

- 3.3 In his early weeks, Philip has been getting to know the geography, the key players and assessing SECAMB's key strengths, areas of risk and opportunities.
- 3.4 With Dr. Fionna Moore moving back into the post of Medical Director, the Executive team will shortly be complete with the imminent announcement of the Director of Human Resources. Until his permanent replacement arrives, Paul Renshaw will remain with the Trust in an interim capacity.

#### **4. SECAMB Commissioning Arrangements**

- 4.1 North West Surrey CCG acts as lead commissioner for the 999 Emergency and Urgent Care Contract with SECAMB on behalf of Kent, Surrey and Sussex CCGs (22 in total). Governance of the contract is held across a number of key fora including the Kent, Medway, Surrey & Sussex Executive Collaborative, 999 Joint Commissioner Forum, Contract Review Meeting and Clinical Quality Review Group meetings overseen by a regional System Assurance Meeting which links with regional NHS England / Improvement representation.

#### **5. Care Quality Commission Rating**

- 5.1 In November 2018 the CQC, following its inspections during July and August 2018, saw SECAMB rated as 'requires improvement' in recognition of the improvements that the Trust had made through its delivery plan of continuous improvement.
- 5.2 On 15 August 2019, the CQC published its most recent report on the Trust, following its inspections in June and July. This saw the Trust receive an overall rating of 'Good', with Urgent & Emergency Care rated as 'Outstanding' overall, including 'Outstanding' for Caring.
- 5.3 Each of the CQC domain areas - safe, effective, caring, responsive and well-led, were rated as 'Good' individually and our NHS 111 service was also rated as 'Good'. It was also heartening to see many areas of good and outstanding practice within the Trust recognised by the CQC in its report.
- 5.4 Following the recommendation made by the CQC, we were subsequently informed by NHS Improvement that they had also decided to take the Trust out of Special Measures.
- 5.5 Across emergency and urgent care, several areas were highlighted as 'Outstanding' including work to reduce hospital handover times and improve services for mental health patients, with staff receiving particular praise. Inspectors also commended the introduction of Joint Response Units with police services and the Trust's Wellbeing Hub, which provides a range of resources to assist staff with their physical and mental health.
- 5.6 Throughout the report, the CQC spoke positively about a number of aspects of the Trust's service including:

- Staff treating patients with compassion and kindness, respecting their privacy and dignity and taking account of individual needs
- A strong, visible person-centred culture and that staff were highly motivated
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff
- There were clear systems and processes to safely prescribe, administer, record and store medicines. Inspectors observed outstanding practice in the management of controlled drugs.
- Staff were supported following traumatic experiences and events
- Trust leaders, new to the organisation at the last inspection, had now embedded into their roles. The changes had had a positive impact on the organisation.
- Staff told inspectors they felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The service promoted equality and diversity in daily work and provided opportunities for career development.

5.7 This positive report is testament to the huge amount of work that has been ongoing at SECamb for the past couple of years and whilst the Trust is pleased that the CQC has evidenced such significant improvements, it is aware that there are areas where further work is required.

5.8 The Trust is working hard to improve its response times to less seriously ill and injured patients and is also committed to improving staffing levels across the region, including in its Emergency Operations Centres. Progress updates will be provided through our subsequent board meetings.

## **6. NHS 111 / Clinical Assessment Service**

6.1 On 7 August 2019, it was announced that our bid to provide the NHS 111 and Clinical Assessment Service (CAS) across Sussex, Kent and Medway from April 2020 was successful.

6.2 The contract, worth £18.1m in 2020/21, includes being able to issue prescriptions and have access over the phone to a wider range of Healthcare Professionals such as GPs, Paramedics, Nurses and Pharmacists, who will be able to directly book people into urgent care appointments, if they need one. We will act as lead provider with Integrated Care 24 (IC24) working in partnership with us to deliver key elements of the new service.

6.3 A great deal of work is currently underway as part of the pre-mobilisation phase to ensure that the new service to be provided from next year will differ significantly from 111 services provided previously by SECamb.

## **7. Operational Restructure**

7.1 A key piece of work that has been on-going during recent months has been Phase One of the Operational Leadership restructure. This has seen the redesign of the senior leadership team structure, with the aim of



strengthening governance, increasing resilience and introducing clearer accountability.

- 7.2 Following a robust assessment and interview process, the following appointments have been made, with a number of people already in post:
- Emma Williams joined the Trust on 30 September as the Deputy Director of Operations
  - Mark Eley (Associate Director of Operations West), Tracy Stocker (Associate Director of Operations East and Ian Shaw (Associate Director of Resilience) have recently joined SECAMB
  - John O’Sullivan (Associate Director for Contact Centres and Integrated Care)
  - Chris Stamp (Head of Emergency Planning Resilience & Response) and James Pavey (Head of Production and Workforce Planning) all took on their new roles on 1 September 2019, whilst Andy Cashman is joining the Medical Directorate Leadership Team, on a temporary basis, to provide advice and support to the Clinical Education Team
- 7.3 Phase Two of the restructure, which will cover the remaining middle management layers, will commence in Spring 2020.

## **8. Operational Performance: Overview**

- 8.1 Our increased focus on EOC staff recruitment, retention and performance has resulted in significant improvement in our call answer times performance (**Appendix B Table 2d**)
- 8.2 The focussed work to improve our response to patients, especially to our less seriously ill and injured patients and to improve our 999 call answer performance, is continuing and is closely monitored on a daily basis by the Operational Leadership Team and by the Executive Team on a weekly basis.
- 8.3 During the recent months, we have been supported in this by the NHS national performance team. As well as scrutiny of our own performance, the national team has also looked closely at regional system issues, particularly hospital handover delays.
- 8.4 As part of our improvement work, we have established an Operational Strategic Hub, based alongside the EOC, which has allowed us to tightly manage day to day operational pressures and the delivery of our Performance Improvement Plan, including:
- Taking a more proactive approach to planning the resources we need to match demand
  - Targeting overtime to when it’s most needed
  - Ensuring we are making the most efficient use of the resources we have available, without impacting on the care we provide to patients, for example, by paying close attention to the number of vehicles we send to incidents

- Working with our system partners to ensure we are working effectively together, including ensuring our staff can access support if needed from other healthcare professionals without significant delays.
- 8.5 We are now seeing real improvements in our response time performance in all categories (**Appendix B, Table 2a and 2b**), especially in our Category 3 response, which has improved by 51 minutes versus the national average. However, we still have a long way to go to hit all our performance targets consistently and we are not yet resilient enough to with stand peaks in demand, as we saw recently around the August Bank Holiday period.
- 8.6 Our ongoing focus in providing clinical expertise in our EOC to support 999 & 111 call outcomes has supported an improvement in our Hear & Treat percentage (H&T%) of incident outcomes. We are targeting further improvement with the introduction of new clinicians such as Mental Health nurses to support improved patient outcomes at time of 999 call, as well as supporting crews on scene for specialist clinical guidance when requested. This should result in increased H&T% and See and Treat percentage (S&T%) outcomes for patients. **Appendix B, Table 2c** illustrates the Trusts activity outcomes performance as better than the national average for S&T% by 1.6% and See and Convey percentage (S&C%) by 1.1%.
- 8.7 Our 111 performance is close to the national average, however we still have areas of focus for improvement such as a reduction in our 111 to 999 transfer rates. Please note this applies for the Sussex and Kent contract only, with other 111 providers operating in Surrey Heartlands and Frimley Health Integrated Care Systems (ICS's).

## 9. 999 Performance

- 9.1 The variance in performance for SECamb across the three counties (Kent, Surrey, Sussex) is minimal, although some individual CCGs with larger rural populations within the counties have an affected performance as expected. Since ARP implementation, SECamb has performed close to the national average for Category 1 (C1), significantly better than average for Category 2 (C2), Category 3 (C3) and Category 4 (C4) responses remain challenging over the last performance period April19 – September 19 as illustrated in **Appendix B, Table 2a, 2b**. This represents an improving picture across all ARP categories versus the prior report period December 2018, which C3 reducing from 81 minutes to 32 minutes greater than the national average.
- 9.2 In September'19, there was a particularly high level of abstractions due to key skills training and university course requirements, which results in reduced available resource in hours provided. Integral to the improvement initiatives already outlined and continued focus to increase response hours provided, we are placing a strong internal focus on improving efficiency metrics, particularly around incident cycle times, understanding and addressing local operating unit variation and reducing resource duplication.

- 9.3 Whilst we are working to deliver specialist response vehicles, where needed to support system reconfiguration and address gaps in commissioning, the Trust must maintain a consistent approach to retain resource for commissioned 999 activity. As a result, any response models requiring incremental resource versus the current 999 response model must be evaluated on a case by case basis.
- 9.4 West Sussex comprises of 3 CCGs within Sussex Health and Care Partnership sustainability and transformation partnership. **Appendix B, Table 2e** illustrates the ARP Performance Dashboard for April – September 2019 delivered by the three main dispatch desks serving the county - Gatwick, Tangmere and Worthing.
- 9.5 The County is receiving similar response in C1, C1T <sup>2</sup>and C2 versus Trust-wide commissioned performance. Focus on C3 & C4 response times continues with a resource review ongoing, especially where we are not hitting performance improvement targets as expected and rural areas are more challenged in this respect.
- 9.6 SECamb is commissioned at a Trust level to deliver to ARP targets and is also working with commissioners in 2019, to further understand and address rural response times collaboratively. Baseline data has been established for quarter 1 and is subsequently provided by County for quarter 2 and attached in **Appendix E**. In order to fully address local rural ARP performance urgent care teams, wider systems and communities must work together to resolve.
- 9.7 Worthing Dispatch desk meets C1 and C2 response targets and delivers improved C3 and C4. Tangmere performs less consistently which is partly due the rurality challenges of the local road networks and is also influenced by deteriorating local handover performance at the Acute.
- 9.8 In West Sussex, the Trust delivers enhanced incident outcomes via increased See & Treat versus Trust-wide performance for all categories as a result of system-wide focus on Falls & Frailty pathways and ease of access via the provision of 24/7 well established Single Point of Access, OneCall operated by Sussex Community NHS Foundation Trust (SCFT).
- 9.9 With new staff, we are focused on inclusion in induction programmes and refreshing knowledge through key skills training for all staff annually. We are working with our community pathway providers SCFT and Sussex Partnership NHS Foundation Trust (SPFT) to create a webinar to share with staff and further update on new community pathways as they develop, such as the recently opened crisis response pathway The Havens @ Millview, which accepts direct referrals from Worthing and Brighton dispatch areas.

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<sup>2</sup> C1T is an Ambulance Response Programme performance category measured with the arrival of a transporting vehicle as opposed to C1 with is measured with the arrival of the first emergency responder.

- 9.10 SPFT has received significant transformation funding during the 2 funding years 2019/20 and the 2020/21, to further establish direct Mental Health community support services such as Urgent Care Lounges, Crisis Cafes and 24/7 Havens. The Ambulance Street Triage response model is being considered for expansion across Sussex, subject to evaluation alongside our new Mental Health Nurses working in the Emergency Operation Centre and a needs-based assessment. Any incremental resource requirement as a result of the enhanced model of care would need to be fully funded.
- 9.11 The Tangmere and Worthing Operating Unit will be developing an Urgent Care Hub during Winter 2019. This aims to further improve C3 & C4 S&T% and enable more referrals to established community and crisis pathways for falls, frailty and mental health.
- 9.12 The Urgent Care hub will provide localised clinical support via our specialist paramedic workforce and work closely with our community services providers to maximise the local urgent care pathways usage and reduce unnecessary conveyance into Emergency Departments, providing improved outcomes and care for patients in the community. This initiative will be ahead of the NHS Long Term Plan Urgent Emergency Care deliverable for the 111/CAS to enable clinical referrals and direct booking into alternate community pathways 24/7, whilst further developing the case for change and community services investment over time.

## **10. Falls Response Vehicle Update**

- 10.1 As reported in the January '19 report, key findings from the top 5 activity areas in the Trust for falls were as follows:-
- Careline calls make up approximately 50% of the falls activity
  - The numbers of falls incidents has steadily declined over the past year
  - See & Convey is on average 30% of all falls incidents
  - Average time on scene to clear for all CCG areas is 01:10:15
- 10.2 Coastal West Sussex CCG is the area with the most Falls incident activity as measured from October '17 to September '18. The Falls Response Vehicle pilot, funded by the CCG, started 14 May 2018 and operated for a full 52 weeks.
- 10.3 The outcomes noted from the Coastal West Sussex pilot were as follows :
- 430 patients responded to
  - Average response time of 46 minutes 35 seconds.
  - Average on scene time of 1 hour 57 minutes
  - Average conveyance rate of 21.53% reduced from 27% pre-trial.
  - There was no visible impact on acute admissions, although this is likely to be more as a result of a long-term effect of reducing the number of future falls due to rapid interventions and this will take longer to establish.
  - This trial did not produce the number of patients expected and could be improved with more proactive incident screening.

- 10.4 A subsequent trial in North West Surrey was more successful as far as activity is concerned and this is also being trialled in the Thanet area. The multidisciplinary falls vehicle model is still the Nationally accepted best model, although long term effects for reducing the number of subsequent falls is still to be established.
- 10.5 Benefits to SECamb of the falls response vehicles are reduced response times for cat 3 and 4 falls patients, reduced conveyance rates, increased skills and knowledge surrounding falls and multidisciplinary working. Reduced conveyance rates to ED also results in less strain on the department.
- 10.6 Benefits for patients includes a reduced length of time on floor thereby reducing the possible complications of the long lie and rapid intervention, assessment and referral to the falls prevention team.

## 11. Workforce Update

- 11.1 In West Sussex, there has been a significant increase in staff and vehicles which will continue into 20/21. This extra resource, the protected targeted dispatch model and the creation of Urgent Care hubs during Winter 2019, will support increasing our 'see and treat' %, increasing referrals into community care pathways and reduce the time to respond to lower acuity C3 & C4 incidents.
- 11.2 **Appendix C Table 3a** illustrates the Trusts delivery against the Workforce plan derived from the Demand and Capacity Review. Workforce recruitment is going well, and we are focusing upon initiatives that encourage 'home grown' trained staff, whilst the Trust is still working towards recommendations from the Demand and Capacity review.
- 11.3 The Trust has made good progress on its frontline recruitment plans and it's especially positive to see that we currently have 128 external Newly Qualified Paramedics joining the Trust in addition to the 73 internal graduates, meaning that from January 2020 (Q4), we will have these additional resources available as part of our operational delivery hours to aid our work to achieve ARP targets.
- 11.4 The challenge remains to retain our paramedic workforce in light of the Primary Care Network (PCN's<sup>3</sup>) developments as part of the NHS England long-term plan, which includes 70% additional role reimbursement for community paramedics in 2020/2021. We are commencing work across Integrated Care System (ICS) footprints and in partnership with PCN's to determine requirement and reach a solution to enable shared rotational workforce modelling across the system.
- 11.5 The ECSW (Emergency Care Support Worker) deficit is a planned position since we intend to now focus on Associate Ambulance Practitioner/Trainee paramedic and Experienced Paramedic recruitment for Q4 and into 2020/21. The Trust and Commissioners will be reviewing our frontline

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<sup>3</sup> <https://www.england.nhs.uk/primary-care/primary-care-networks/>

clinical recruitment plans during November via a workshop facilitated by Deloitte to ensure we have a strategy that gives the best opportunity to reach required performance standards.

- 11.6 We are still experiencing low retention rates within EOC and 111 and therefore we are reviewing recruitment and retention practices during November with the aim to pilot new approaches during Q4.
- 11.7 Our new frontline leadership development programme is being launched in Q4 and is expected to cover over 200 first line managers during 2020/21. The programme is aimed at developing managerial and leadership skills.
- 11.8 The Trust previously became aware of concerns regarding Bullying & Harassment from several sources such as staff surveys and union feedback. An independent review was commissioned by the Trust from Professor Duncan Lewis and a number of recommendations were made to improve the culture.
- 11.9 As a result of the Duncan Lewis report we have completed the following tasks and we will evaluate our interventions thereafter:-
  - Invested into a behaviour and values toolkit for all staff.
  - Invested in the Freedom to Speak Up role and ensure that advocates are available across the Trust to support staff to raise issues
  - Embedded our values and expected behaviours into every aspect of the Trust from training to the recruitment process.
  - Invested in new ways to communicate to staff such as the infographic produced in Appendix F.

## **12. West Sussex Estate**

- 12.1 One of our key Trust strategies is our Estates Strategy, which sets out our plans to ensure that the estate portfolio provides a safe, legally compliant, financially sustainable and operationally efficient environment. As part of this, we have committed to continuing to utilise the Make Ready approach for our operational estate.
- 12.2 The Make Ready system, which has been in operation across our area for more than ten years, bring significant and proven benefits for both patients and staff. Specially-trained operatives (who are in addition to our front-line crews) regularly deep-clean, restock and check vehicles for mechanical faults, which minimises the risk of cross-infection, keep vehicles on the road for longer and, vitally, frees up front-line staff, who historically have cleaned and re-stocked ambulances, to spend more time treating patients.
- 12.3 The move to Make Ready Centres, supported by increased numbers of Ambulance Community Response posts, also allows us to provide a much more responsive service to our patients. It is also one of the nine recommendations in the Lord Carter Review of Ambulance Services.
- 12.4 Following on from the capital funding award made to SECamb to invest further in its 'Make Ready Centre' estate, Worthing Ambulance Station was converted to a make ready centre and fully reopened in August 2019.

As part of this conversion, Littlehampton and Shoreham Ambulance Stations were re-designated as Ambulance Community Response Posts (ACRPs). This means that crews still respond from the ACRP's at Littlehampton and Shoreham but just start and finish shifts at Worthing.

- 12.5 During Q2, we finally received the formal agreement to use Midhurst Fire Station as an ACRP, which means that ambulance staff now have somewhere to go when on standby and breaks rather than parked at the roadside in the area. Signage and a designated parking space are now in place.

### 13. Hospital Handover Delays

- 13.1 A dedicated Programme Director is leading a system-wide programme of work to reduce hours lost at hospital sites due to ambulance handover delays. The programme covers 12 acute hospitals over 18 sites. A steering group is in place and is chaired by the CEO of Ashford and St Peters Hospital. Membership includes NHS England and NHS Improvement (NHSE/I), lead commissioners, CCGs, two acute hospital Chief Operating Officers, SECAMB and a national Emergency Care Intensive Support Team (ECIST) advisor.
- 13.2 Hours lost >30 minute turnaround across Surrey, Sussex and Kent is illustrated in **Appendix 4 Table 4a**. Across the Trust in the last financial year there was a
- 12,000 (17%) reduction in hours lost compared to the previous year.
  - 34% reduction in the numbers of patients who waited over 60 minutes for a handover and a 17% reduction in the numbers of patients who waited between 30 and 60 minutes for a handover.
- 13.3 This achievement was celebrated, and good practice shared at a regional event held in Gatwick in May 2019. Both Royal Surrey County Hospital and East Surrey Hospital were featured in a video produced for the event outlining how the hospitals and SECAMB had worked together collaboratively to reduce handover delays through the use of a dedicated ambulance nurse, Fit2 Sit<sup>4</sup> and adopting lean methodology to streamline processes.
- 13.4 Although good progress has been made at some hospital sites, ambulance handover delays continue to be a problem particularly with regards to managing surges in demand and when patient flow across hospital sites is reduced. The challenge is maintaining improvements that have been made, when faced with increasing demand. We are working together with hospitals to ensure early warning triggers are in place and associated actions are taken when ambulances start to queue. This includes hospitals now having access to live and retrospective data which enables greater visibility of conveyance trends in terms of time of arrivals, peak surges and delays.

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<sup>4</sup> An NHS Improvement campaign which aims to put a stop to patients lying down on trolleys or stretchers if they are well enough to sit up or walk and so prevent unnecessary muscle deterioration.  
<https://improvement.nhs.uk/resources/are-your-patients-fit-sit/>

- 13.5 Live front door conveyance reviews continue to be undertaken to ensure that available community pathways are being optimised by crews and to identify opportunities for new pathways. These include direct conveyances to non-ED destinations for example Same Day Emergency Care departments and Medical and Surgical Assessment Units. This reduces congestion in EDs, reduces handover delays caused by crowding, and provides better patient experience
- 13.6 Joint operational meetings (SECamb and hospitals) supported by the CCG are in place within most hospitals. Progress against trajectories is reviewed and action plans are monitored. Within West Sussex the two Acute hospitals Worthing and St. Richards differ in profile of lost hours >30 minutes as illustrated in **Appendix 2, Table 2f**. Worthing has made good progress in retaining the improvements made in 2018/19, whilst St. Richards has struggled to retain improvements especially since April this year. A live front door conveyance review is planned for early November 2019 to identify key issues for system review.

#### **14. Cardiac and Stroke Pathways**

- 14.1 SECamb's Cardiac and Stroke Ambulance Quality Indicators (AQI's) for timeliness of response are shown in **Appendix 2, Table 2f**. The Trust's performance against the stroke diagnostic bundle has been above the national average most months and we continue to build on our success in improving care for STEMI (Acute ST-Elevation Myocardial Infarction) patients to bring our performance above the national average.
- 14.2 We consistently collaborate with our pPCI<sup>5</sup> stakeholder partners to improve standards of care for patients, resulting in prompt and effective feedback mechanisms and quality improvement initiatives.
- 14.3 Over the last two years, we have focussed on improving STEMI care during our statutory and mandatory annual training days, which has resulted in positive feedback from staff and a reduction of time on scene for this group of time-critical patients. We will continue to actively support our staff in improving care for STEMI patients, for example, through providing ECG <sup>6</sup> interpretation support via our specialist paramedics.
- 14.4 We are also working closely with our systems partners involved in stroke reconfiguration in Kent, Sussex and Surrey both operationally and clinically. There is on-going work developing a 'gold standard' clinical framework for pre-hospital stroke care, such as telemedicine and improved assessment training.
- 14.5 Since April 2018, the Trust has also delivered sustained improvements in the proportion of patients who have a ROSC (Return of Spontaneous Circulation) when they arrive at hospital. The Trust has also been highest

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<sup>5</sup> pPCI - Primary Percutaneous Coronary Intervention is a surgical procedure used for the treatment of Myocardial Infarction (Heart Attack).

<sup>6</sup> ECG - electrocardiogram is a simple test that can be used to check your heart's rhythm and electrical activity



performing in the country for the sepsis and post-ROSC care bundles and continues to perform well above the national average.

- 14.6 The Trust is engaged with the West Sussex Stroke Oversight Group to contribute to the review, case for change and provide impact modelling on options appraisal.

## **15. Clinical Education**

- 15.1 On 31 July and 1 August 2019, the Trust underwent a two-day Ofsted Monitoring Visit, looking specifically at our apprenticeship training provision. This report was published by Ofsted on its website on 29 August 2019.
- 15.2 The results of this visit unfortunately showed that the Trust had made 'insufficient progress' in two of the three areas inspected. These findings, together with the results of a subsequent Peer Review commissioned by the Trust, have clearly shown that we need to take immediate action to address the issues identified. It is important to emphasise, however that the quality of the teaching provided to our students, as well as the commitment of the teaching staff has never been in doubt and was recognised as being of a very high standard, both by the Ofsted team and by our students.
- 15.3 The Trust agreed to undertake a planned, 6-week closure of our Clinical Education Department. During the closure, which began on 11 September 2019, the Executive Management Board (EMB) initiated a series of internal and external reviews in order to fully understand the issues and the rectification plans required. The temporary closure period was due to be for six weeks but unfortunately, there is still a great deal of work to be done.
- 15.4 In response, the Trust Board has implemented a Clinical Education Transformation Project. This Project is led by two executive directors, Dr Fionna Moore, Medical Director and David Hammond, Finance Director. The project consists of two phases.
- 15.5 The initial phase addresses a number of immediate issues, including clearing a backlog of marking, ensuring all students are able to progress to the roles that they have been trained for in a seamless and timely way, and aligning the Trust's Clinical Education function to the needs of the whole organisation. The aim is to have Phase 1 completed by the end of March 2020.
- 15.6 Phase 2 will look at the longer term and will ensure that we are structured, resourced and funded appropriately to deliver the needs of the organisation.

## **16. EU Exit**

- 16.1 SECamb has, as a Category 1 responder, been working closely and responsibly for some time with the NHS and other partners to ensure we

plan ahead to minimise the impact of the UK's exit from the EU. This includes the impact on the Trust, and our ability to provide a responsive service to our patients. We are monitoring the changing situation daily and will update our operational plans accordingly.

- 16.2 As part of our planning, we have agreed mutual aid (for front-line ambulance staff & EOC staff) from the other English Ambulance Services, to provide us with additional resource and help us mitigate against the likely impacts of increased traffic congestion. We have a team in place to ensure that these staff are properly inducted into SECAMB and supported during their time with us. The level of any potential support sought will be dependent on the impact on our region and will be in line with our everyday escalation processes which protect our service to patients.
- 16.3 We take staff welfare extremely seriously and recognise how hard our staff work every day. We are regularly briefing staff and maintaining staff welfare, and this has been a major part of our planning in recent months. The EU Exit plan is currently on hold but can be restarted at very short notice.

**Philip Astle**  
Chief Executive Officer

**Steve Emerton**  
Executive Director, Strategy and  
Business Development

**Lead Officer Contact:**

Helen Wilshaw-Roberts, Strategy & Partnerships Manager, SECAMB  
Email : [helen.wilshaw@secamb.nhs.uk](mailto:helen.wilshaw@secamb.nhs.uk)

**APPENDICES**

**APPENDIX A : Table 1 : ARP Performance Categories**

**APPENDIX B : Operational Performance**

Table 2a: National ARP Ambulance Quality Indicators (AQI's) : Cat 1 / Cat 2  
Response times : September 2019 vs December 2018

Table 2b: National ARP Ambulance Quality Indicators (AQI's) : Cat 3 / Cat 4  
Response times : September 2019 vs December 2018

Table 2c: National ARP Ambulance Quality Indicators (AQI's) : September  
2019 - Incident Outcomes

Table 2d: National ARP Ambulance Quality Indicators (AQI's) : Emergency  
Operations Centre – Call Answer Times

Table 2e: ARP Performance Dashboard : April – September 2019  
Trust wide, West Sussex County; Dispatch Desk level

Table 2f: ARP Performance Dashboard : April – September 2019  
Tangmere Dispatch : ARP and Turnaround Hours Lost >30 minutes  
Worthing Dispatch : ARP and Turnaround Hours Lost >30 minutes

Table 2g: SECAMB Clinical Safety Indicators - Cardiac and Stroke Response  
Timeliness

**APPENDIX C: Workforce**

Table 3a: September 2019 : Workforce Plan vs Workforce Actual : Trust wide

**APPENDIX D: Handover Performance**

Table 4a: Hours lost >30 minute turnaround across Surrey, Sussex and Kent

Table 4b: April – October 2019 : Hours lost >30 minute per journey by Acute

**APPENDIX E: Reporting clinical outcomes for people living in rural areas**

**APPENDIX F: Staff Survey Infographic : Bullying & Harassment**

**APPENDIX A : ARP Performance Categories**

**Table 1:**

| Category  | Types of Calls  | Response Standard   | Likely % of Workload             | Response Details  |
|---|---|---|----------------------------------|---|
| <b>Category 1<br/>(Life-threatening event)</b>                  | Previous Red 1 calls and some Red 2s Including <ul style="list-style-type: none"> <li>• Cardiac Arrests</li> <li>• Choking</li> <li>• Unconscious</li> <li>• Continuous Fitting</li> <li>• Not alert after a fall or trauma</li> <li>• Allergic Reaction with breathing problems</li> </ul> | 7 Minute response (mean response time)<br><br>15 Minutes 9 out of 10 times (90 <sup>th</sup> Centile) | Approx. 100 Incidents a day (8%) | Response time measured with arrival of first emergency responder<br><br>Will be attended by single responder and ambulance crews          |
| <b>Category 2<br/>(Emergency, potentially serious incident)</b> | Previous Red 2 calls and some previous G2s Including <ul style="list-style-type: none"> <li>• Stroke Patients</li> <li>• Fainting, Not Alert</li> <li>• Chest Pains</li> <li>• RTCs</li> <li>• Major Burns</li> <li>• Sepsis</li> </ul>   | 18 minute response (mean response time)<br><br>40 minute response (90 <sup>th</sup> centile)          | (48%)                            | Response time measured with arrival of transporting vehicle<br><br>(or first emergency responder if patient does not need to be conveyed) |
| <b>Category 3<br/>(Urgent Problem)</b>                          | <ul style="list-style-type: none"> <li>• Falls</li> <li>• Fainting Now Alert</li> <li>• Diabetic Problems</li> <li>• Isolated Limb Fractures</li> <li>• Abdominal Pain</li> </ul>   | Maximum of 120 minutes<br><br>(120 minutes 90 <sup>th</sup> centile response time)                    | (34%)                            | Response time measured with arrival of transporting vehicle   |
| <b>Category 4<br/>(Less Urgent Problem)</b>                     | <ul style="list-style-type: none"> <li>• Diarrhoea</li> <li>• Vomiting</li> <li>• Non traumatic back pain</li> </ul>  | Maximum of 180 minutes<br><br>(180 minutes 90 <sup>th</sup> centile response time)                    | (10%)                            | May be managed through hear and treat<br><br>Response time measured with arrival of transporting vehicle                                  |

## APPENDIX B : Operational Performance

Table 2a : National ARP Ambulance Quality Indicators (AQI's) : Cat 1 and Cat 2 Response times  
September 2019

| C1      |                  | Mean     |
|---------|------------------|----------|
| England |                  | 00:07:15 |
| 1       | North East       | 00:06:39 |
| 2       | London           | 00:06:41 |
| 3       | Yorkshire        | 00:06:58 |
| 4       | West Midlands    | 00:07:00 |
| 5       | South Western    | 00:07:11 |
| 6       | South Central    | 00:07:15 |
| 7       | North West       | 00:07:24 |
| 8       | East Midlands    | 00:07:34 |
| 9       | South East Coast | 00:07:35 |
| 10      | East of England  | 00:07:55 |
| 11      | Isle of Wight    | 00:13:54 |

| C1      |                  | 90th     |
|---------|------------------|----------|
| England |                  | 00:12:44 |
| 1       | London           | 00:11:13 |
| 2       | North East       | 00:11:29 |
| 3       | Yorkshire        | 00:12:02 |
| 4       | West Midlands    | 00:12:11 |
| 5       | North West       | 00:12:27 |
| 6       | South Central    | 00:13:06 |
| 7       | South Western    | 00:13:20 |
| 8       | East Midlands    | 00:13:36 |
| 9       | South East Coast | 00:13:56 |
| 10      | East of England  | 00:14:30 |
| 11      | Isle of Wight    | 00:20:44 |

| C1      |                  | Mean     |
|---------|------------------|----------|
| England |                  | 00:07:06 |
| 1       | London           | 00:06:17 |
| 2       | North East       | 00:06:29 |
| 3       | West Midlands    | 00:06:48 |
| 4       | South Western    | 00:06:49 |
| 5       | South Central    | 00:06:55 |
| 6       | Yorkshire        | 00:07:03 |
| 7       | East of England  | 00:07:31 |
| 8       | North West       | 00:07:41 |
| 9       | South East Coast | 00:07:44 |
| 10      | East Midlands    | 00:07:45 |
| 11      | Isle of Wight    | 00:09:40 |

| C1      |                  | 90th     |
|---------|------------------|----------|
| England |                  | 00:12:24 |
| 1       | London           | 00:10:29 |
| 2       | North East       | 00:11:17 |
| 3       | West Midlands    | 00:11:49 |
| 4       | Yorkshire        | 00:12:15 |
| 5       | South Western    | 00:12:18 |
| 6       | South Central    | 00:12:26 |
| 7       | North West       | 00:12:55 |
| 8       | East of England  | 00:13:42 |
| 9       | East Midlands    | 00:13:50 |
| 10      | South East Coast | 00:14:13 |
| 11      | Isle of Wight    | 00:18:34 |

| C2      |                  | Mean     |
|---------|------------------|----------|
| England |                  | 00:22:22 |
| 1       | West Midlands    | 00:13:09 |
| 2       | Yorkshire        | 00:18:26 |
| 3       | London           | 00:18:27 |
| 4       | South Central    | 00:18:40 |
| 5       | South East Coast | 00:18:51 |
| 6       | North West       | 00:24:06 |
| 7       | Isle of Wight    | 00:27:06 |
| 8       | East of England  | 00:27:22 |
| 9       | East Midlands    | 00:28:34 |
| 10      | North East       | 00:29:49 |
| 11      | South Western    | 00:30:04 |

| C2      |                  | 90th     |
|---------|------------------|----------|
| England |                  | 00:45:41 |
| 1       | West Midlands    | 00:24:10 |
| 2       | South East Coast | 00:35:49 |
| 3       | London           | 00:37:09 |
| 4       | Yorkshire        | 00:37:32 |
| 5       | South Central    | 00:38:31 |
| 6       | North West       | 00:51:32 |
| 7       | East of England  | 00:56:32 |
| 8       | Isle of Wight    | 00:58:02 |
| 9       | East Midlands    | 00:58:37 |
| 10      | North East       | 01:01:39 |
| 11      | South Western    | 01:02:51 |

| C2      |                  | Mean     |
|---------|------------------|----------|
| England |                  | 00:22:22 |
| 1       | West Midlands    | 00:12:29 |
| 2       | South Central    | 00:17:13 |
| 3       | Isle of Wight    | 00:18:22 |
| 4       | South East Coast | 00:20:24 |
| 5       | London           | 00:20:39 |
| 6       | Yorkshire        | 00:21:03 |
| 7       | East of England  | 00:22:34 |
| 8       | North West       | 00:24:52 |
| 9       | North East       | 00:26:35 |
| 10      | South Western    | 00:27:24 |
| 11      | East Midlands    | 00:31:20 |

| C2      |                  | 90th     |
|---------|------------------|----------|
| England |                  | 00:46:21 |
| 1       | West Midlands    | 00:22:57 |
| 2       | South Central    | 00:34:54 |
| 3       | Isle of Wight    | 00:36:37 |
| 4       | South East Coast | 00:38:59 |
| 5       | London           | 00:43:20 |
| 6       | Yorkshire        | 00:44:17 |
| 7       | East of England  | 00:46:13 |
| 8       | North West       | 00:53:44 |
| 9       | North East       | 00:54:50 |
| 10      | South Western    | 00:58:08 |
| 11      | East Midlands    | 01:06:31 |

**Table 2b : National ARP Ambulance Quality Indicators (AQI's) Cat 3 and Cat 4 Response times  
September 19**

| C3      |                  | Mean            |
|---------|------------------|-----------------|
| England |                  | <b>01:09:03</b> |
| 1       | Yorkshire        | 00:40:18        |
| 2       | West Midlands    | 00:47:41        |
| 3       | London           | 00:55:56        |
| 4       | South Central    | 00:56:48        |
| 5       | North West       | 01:19:45        |
| 6       | Isle of Wight    | 01:20:11        |
| 7       | South Western    | 01:22:15        |
| 8       | East Midlands    | 01:24:06        |
| 9       | South East Coast | <b>01:26:21</b> |
| 10      | East of England  | 01:30:54        |
| 11      | North East       | 01:42:39        |

| C3      |                  | 90th            |
|---------|------------------|-----------------|
| England |                  | <b>02:44:15</b> |
| 1       | Yorkshire        | 01:33:37        |
| 2       | West Midlands    | 01:49:15        |
| 3       | South Central    | 02:13:42        |
| 4       | London           | 02:16:02        |
| 5       | North West       | 03:07:42        |
| 6       | Isle of Wight    | 03:09:18        |
| 7       | South Western    | 03:14:14        |
| 8       | South East Coast | <b>03:17:42</b> |
| 9       | East Midlands    | 03:29:12        |
| 10      | East of England  | 03:49:55        |
| 11      | North East       | 04:13:16        |

**December 2018**

| C3      |                  | Mean            |
|---------|------------------|-----------------|
| England |                  | <b>01:06:07</b> |
| 1       | West Midlands    | 00:36:15        |
| 2       | South Central    | 00:54:22        |
| 3       | Yorkshire        | 00:54:59        |
| 4       | London           | 01:00:25        |
| 5       | Isle of Wight    | 01:02:05        |
| 6       | East of England  | 01:06:25        |
| 7       | South Western    | 01:10:06        |
| 8       | North West       | 01:11:02        |
| 9       | East Midlands    | 01:31:53        |
| 10      | North East       | 01:40:55        |
| 11      | South East Coast | <b>01:42:37</b> |

| C3      |                  | 90th            |
|---------|------------------|-----------------|
| England |                  | <b>02:36:23</b> |
| 1       | West Midlands    | 01:23:00        |
| 2       | South Central    | 02:10:56        |
| 3       | Yorkshire        | 02:15:22        |
| 4       | Isle of Wight    | 02:22:50        |
| 5       | London           | 02:27:51        |
| 6       | East of England  | 02:38:35        |
| 7       | South Western    | 02:43:07        |
| 8       | North West       | 02:50:33        |
| 9       | East Midlands    | 03:39:09        |
| 10      | North East       | 03:53:19        |
| 11      | South East Coast | <b>03:57:30</b> |

| C4      |                  | Mean            |
|---------|------------------|-----------------|
| England |                  | <b>01:19:34</b> |
| 1       | Yorkshire        | 00:39:36        |
| 2       | West Midlands    | 01:10:38        |
| 3       | South Central    | 01:17:48        |
| 4       | London           | 01:19:07        |
| 5       | East Midlands    | 01:24:16        |
| 6       | East of England  | 01:25:09        |
| 7       | North East       | 01:29:53        |
| 8       | South Western    | 01:30:33        |
| 9       | North West       | 01:35:51        |
| 10      | Isle of Wight    | 01:49:03        |
| 11      | South East Coast | <b>01:53:03</b> |

| C4      |                  | 90th            |
|---------|------------------|-----------------|
| England |                  | <b>03:03:24</b> |
| 1       | Yorkshire        | 01:28:16        |
| 2       | South Central    | 02:46:18        |
| 3       | East Midlands    | 02:55:35        |
| 4       | West Midlands    | 02:55:44        |
| 5       | London           | 03:01:50        |
| 6       | North West       | 03:29:27        |
| 7       | North East       | 03:31:55        |
| 8       | South Western    | 03:34:50        |
| 9       | East of England  | 03:38:18        |
| 10      | South East Coast | <b>04:34:31</b> |
| 11      | Isle of Wight    | 04:39:26        |

| C4      |                  | Mean            |
|---------|------------------|-----------------|
| England |                  | <b>01:24:13</b> |
| 1       | West Midlands    | 00:51:41        |
| 2       | East Midlands    | 01:06:19        |
| 3       | Yorkshire        | 01:08:40        |
| 4       | East of England  | 01:15:38        |
| 5       | London           | 01:15:44        |
| 6       | South Central    | 01:15:47        |
| 7       | North East       | 01:27:05        |
| 8       | North West       | 01:38:00        |
| 9       | South Western    | 01:40:51        |
| 10      | Isle of Wight    | 01:45:39        |
| 11      | South East Coast | <b>02:08:29</b> |

| C4      |                  | 90th            |
|---------|------------------|-----------------|
| England |                  | <b>03:09:39</b> |
| 1       | West Midlands    | 02:01:16        |
| 2       | Yorkshire        | 02:43:07        |
| 3       | East Midlands    | 02:50:27        |
| 4       | London           | 02:52:36        |
| 5       | South Central    | 02:56:59        |
| 6       | East of England  | 03:06:17        |
| 7       | North West       | 03:24:46        |
| 8       | South Western    | 03:40:21        |
| 9       | North East       | 03:44:09        |
| 10      | Isle of Wight    | 04:04:33        |
| 11      | South East Coast | <b>04:40:58</b> |

**Table 2c : National ARP Ambulance Quality Indicators (AQI's) : September 2019 - Incident Outcomes**

| Incident Outcomes |                  | H&T         | Incident Outcomes |                  | S&T          | Incident Outcomes |                  | S&C (elsewhere) | Incident Outcomes |                  | S&C (to ED)  |
|-------------------|------------------|-------------|-------------------|------------------|--------------|-------------------|------------------|-----------------|-------------------|------------------|--------------|
| <b>England</b>    |                  | <b>6.3%</b> | <b>England</b>    |                  | <b>30.3%</b> | <b>England</b>    |                  | <b>5.6%</b>     | <b>England</b>    |                  | <b>57.8%</b> |
| 1                 | Isle of Wight    | 8.7%        | 1                 | South Western    | 35.9%        | 1                 | South East Coast | 1.2%            | 1                 | South Central    | 53.3%        |
| 2                 | East Midlands    | 7.9%        | 2                 | West Midlands    | 34.9%        | 2                 | Isle of Wight    | 1.6%            | 2                 | South Western    | 53.5%        |
| 3                 | South Central    | 7.7%        | 3                 | South Central    | 33.1%        | 3                 | East of England  | 2.4%            | 3                 | West Midlands    | 54.5%        |
| 4                 | North West       | 7.1%        | 4                 | East of England  | 33.0%        | 4                 | East Midlands    | 4.5%            | 4                 | London           | 58.1%        |
| 5                 | London           | 6.7%        | 5                 | South East Coast | 31.9%        | 5                 | South Western    | 4.7%            | 5                 | East of England  | 58.3%        |
| 6                 | East of England  | 6.3%        | 6                 | London           | 28.5%        | 6                 | North West       | 5.9%            | 6                 | North East       | 58.3%        |
| 7                 | Yorkshire        | 6.1%        | 7                 | North West       | 28.1%        | 7                 | South Central    | 6.0%            | 7                 | North West       | 58.8%        |
| 8                 | South Western    | 5.9%        | 8                 | Isle of Wight    | 27.2%        | 8                 | West Midlands    | 6.7%            | 8                 | Yorkshire        | 59.8%        |
| 9                 | South East Coast | 5.8%        | 9                 | North East       | 25.9%        | 9                 | London           | 6.7%            | 9                 | South East Coast | 61.1%        |
| 10                | North East       | 5.4%        | 10                | Yorkshire        | 25.0%        | 10                | Yorkshire        | 9.2%            | 10                | Isle of Wight    | 62.5%        |
| 11                | West Midlands    | 3.9%        | 11                | East Midlands    | 24.8%        | 11                | North East       | 10.3%           | 11                | East Midlands    | 62.8%        |

| SECamb Outcomes (AQI)                       |        |        |        |           |
|---|--------|--------|--------|-----------|
|   | Jul-19 | Aug-19 | Sep-19 | YTD 18/19 |
| H&T %                                       | 5.8%   | 5.9%   | 5.9%   |           |
| S&T %                                       | 32.6%  | 32.6%  | 32.0%  |           |
| S&C to ED %                                 | 61.6%  | 61.5%  | 62.1%  |           |
| Patients Cared for in Community or own Home | 24640  | 24455  | 23041  | 276373    |

| National Performance (AQI) |        |        |        |  |
|----------------------------|--------|--------|--------|--|
|                            | Jul-19 | Aug-19 | Sep-19 |  |
| H&T                        | 6.6%   | 6.4%   |        |  |
| S&T                        | 30.7%  | 30.7%  |        |  |
| S&C to ED                  | 57.3%  | 57.3%  |        |  |
| S&C to Elsewhere           | 5.4%   | 5.6%   |        |  |

Currently SECamb is only able to record a small number of conveyances to non ED destinations.

This is being addressed through changes to recording final destination currently.

Total S&C % = ED + elsewhere to enable a cross Trust comparator.

**Table 2d : National ARP Ambulance Quality Indicators (AQI's) : Emergency Operations Centre – Call Answer Times**

| Call Answer Times |                  | Mean      |
|-------------------|------------------|-----------|
| <b>England</b>    |                  | <b>10</b> |
| 1                 | East Midlands    | 3         |
| 2                 | Yorkshire        | 3         |
| 3                 | West Midlands    | 4         |
| 4                 | South East Coast | 5         |
| 5                 | North East       | 6         |
| 6                 | Isle of Wight    | 8         |
| 7                 | East of England  | 9         |
| 8                 | South Central    | 10        |
| 9                 | North West       | 11        |
| 10                | South Western    | 11        |
| 11                | London           | 26        |

| Call Answer Times |                  | 90th centile |
|-------------------|------------------|--------------|
| <b>England</b>    |                  | <b>32</b>    |
| 1                 | Yorkshire        | 1            |
| 2                 | East Midlands    | 3            |
| 3                 | South East Coast | 4            |
| 4                 | West Midlands    | 8            |
| 5                 | Isle of Wight    | 10           |
| 6                 | North East       | 12           |
| 7                 | South Central    | 23           |
| 8                 | East of England  | 28           |
| 9                 | South Western    | 35           |
| 10                | North West       | 37           |
| 11                | London           | 98           |

| Call Answer Times |                  | 95th centile |
|-------------------|------------------|--------------|
| <b>England</b>    |                  | <b>60</b>    |
| 1                 | East Midlands    | 4            |
| 2                 | Yorkshire        | 5            |
| 3                 | West Midlands    | 20           |
| 4                 | North East       | 22           |
| 5                 | South East Coast | 32           |
| 6                 | Isle of Wight    | 39           |
| 7                 | East of England  | 55           |
| 8                 | South Western    | 57           |
| 9                 | South Central    | 61           |
| 10                | North West       | 70           |
| 11                | London           | 160          |

| Call Answer Times |                  | 99th centile |
|-------------------|------------------|--------------|
| <b>England</b>    |                  | <b>120</b>   |
| 1                 | East Midlands    | 44           |
| 2                 | West Midlands    | 45           |
| 3                 | Yorkshire        | 57           |
| 4                 | North East       | 58           |
| 5                 | South East Coast | 89           |
| 6                 | South Western    | 101          |
| 7                 | East of England  | 106          |
| 8                 | Isle of Wight    | 119          |
| 9                 | South Central    | 126          |
| 10                | North West       | 130          |
| 11                | London           | 277          |



**Table 2e : ARP Performance Dashboard : April – September 2019**

**Trust wide**

| Category | Target   |              | Incidents | AQI      |              | H&T % | S&T %  | S&C %  |
|----------|----------|--------------|-----------|----------|--------------|-------|--------|--------|
|          | Mean     | 90th Centile |           | Mean     | 90th Centile |       |        |        |
| C1       | 00:07:00 | 00:15:00     | 21826     | 00:07:23 | 00:13:50     |       | 36.89% | 63.11% |
| C1T      | 00:19:00 | 00:30:00     | 13774     | 00:09:28 | 00:17:54     |       | 36.89% | 63.11% |
| C2       | 00:18:00 | 00:40:00     | 193907    | 00:19:48 | 00:37:40     | 0.00% | 27.81% | 72.19% |
| C3       |          | 02:00:00     | 117171    | 01:34:20 | 03:38:42     | 0.02% | 46.73% | 53.25% |
| C4       |          | 03:00:00     | 2876      | 01:59:17 | 04:44:02     | 0.10% | 42.83% | 57.07% |

**West Sussex County : Gatwick, Tangmere and Worthing Dispatch desks**

| Category | Target   |              | Incidents | AQI      |              | H&T % | S&T %  | S&C %  |
|----------|----------|--------------|-----------|----------|--------------|-------|--------|--------|
|          | Mean     | 90th Centile |           | Mean     | 90th Centile |       |        |        |
| C1       | 00:07:00 | 00:15:00     | 3457      | 00:07:18 | 00:13:35     |       | 38.36% | 61.64% |
| C1T      | 00:19:00 | 00:30:00     | 2131      | 00:09:52 | 00:18:10     |       | 38.36% | 61.64% |
| C2       | 00:18:00 | 00:40:00     | 34007     | 00:19:41 | 00:37:42     |       | 29.79% | 70.21% |
| C3       |          | 02:00:00     | 20940     | 01:38:09 | 03:55:27     | 0.01% | 48.87% | 51.11% |
| C4       |          | 03:00:00     | 411       | 02:12:59 | 05:20:43     | 0.24% | 52.91% | 46.84% |

Similar response times versus Trust wide commissioned performance for higher acuity Cat 1 and Cat 2. Cat 3 & 4 focus continues with a resources review ongoing, and the larger mid Sussex rural locations, will impact overall performance

Enhanced incident outcomes in increased S&T versus Trust-wide performance for all categories as a result of system wide focus on Falls & Frailty pathways and ease of access via the provision of 24/7 well established Single Point of Access, OneCall operated by Sussex Community Foundation Trust.

The Tangmere and Worthing Operating Unit will be further developing an Urgent Care Hub during Winter 1920. This aims to further improve Cat 3 & 4 S&T and enable more referrals to established community pathways and develop direct pathways for patients in acute mental health crisis jointly with Sussex Partnership Foundation Trust.

Table 2f : ARP Performance Dashboard : April – September 2019

Worthing Dispatch Desk

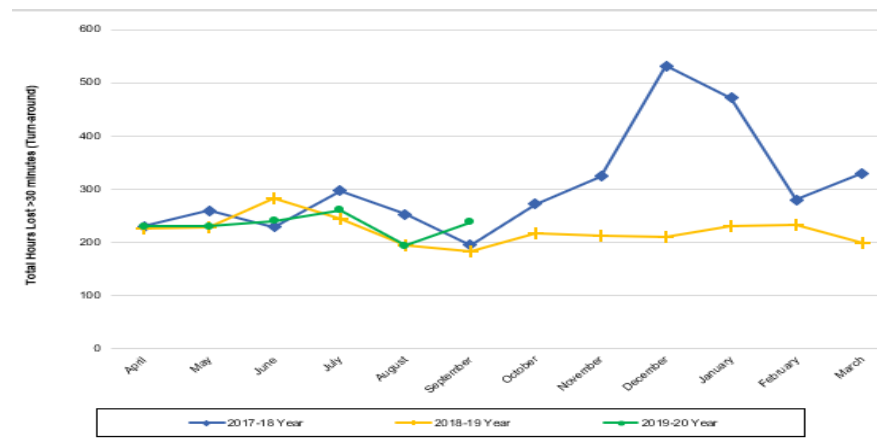
| Category | Target   |              | AQI       |          |              |
|----------|----------|--------------|-----------|----------|--------------|
|          | Mean     | 90th Centile | Incidents | Mean     | 90th Centile |
| C1       | 00:07:00 | 00:15:00     | 1257      | 00:06:21 | 00:11:26     |
| C1T      | 00:19:00 | 00:30:00     | 793       | 00:08:14 | 00:15:22     |
| C2       | 00:18:00 | 00:40:00     | 11896     | 00:18:03 | 00:34:39     |
| C3       |          | 02:00:00     | 7469      | 01:48:55 | 04:09:35     |
| C4       |          | 03:00:00     | 143       | 02:04:60 | 04:56:35     |

Tangmere Dispatch Desk

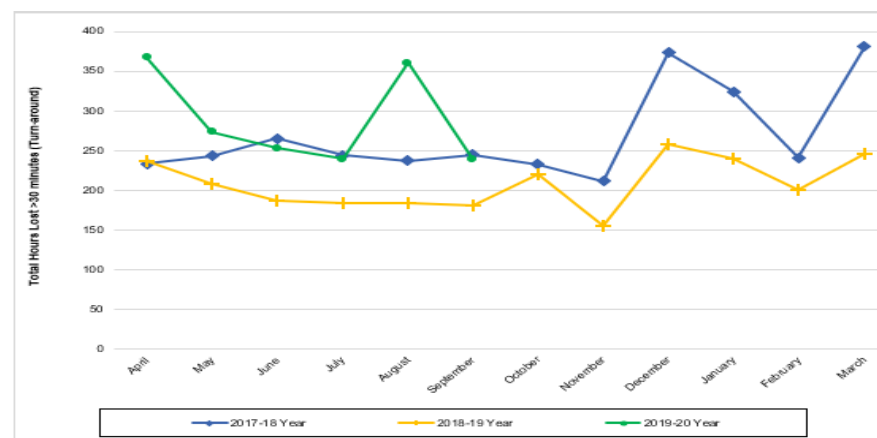
| Category | Target   |              | AQI       |          |              |
|----------|----------|--------------|-----------|----------|--------------|
|          | Mean     | 90th Centile | Incidents | Mean     | 90th Centile |
| C1       | 00:07:00 | 00:15:00     | 943       | 00:08:38 | 00:16:20     |
| C1T      | 00:19:00 | 00:30:00     | 570       | 00:11:32 | 00:20:41     |
| C2       | 00:18:00 | 00:40:00     | 10000     | 00:21:21 | 00:40:34     |
| C3       |          | 02:00:00     | 6649      | 01:34:11 | 03:51:15     |
| C4       |          | 03:00:00     | 130       | 02:27:37 | 06:06:52     |

Turnaround Hours Lost >30 minutes

Worthing District General Hospital :








St.Richards District General Hospital



Increased lost hours >30 mins at St.Richards from April 2019 will impact resource availability to respond especially to C1 & C2's.

Table 2g:

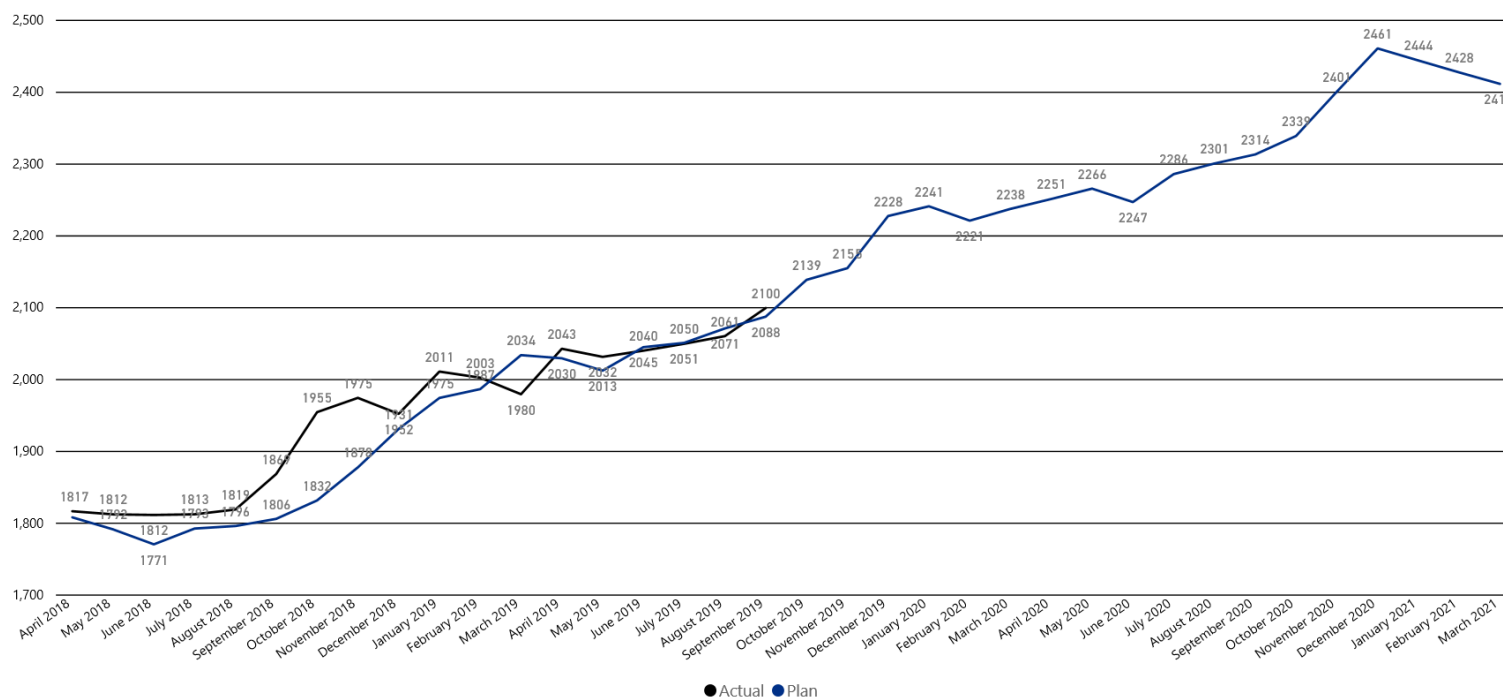
**SECAmb Clinical Safety Indicators - Cardiac and Stroke Response Timeliness**

| Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography |        |        |        |  | Stroke - call to hospital arrival |        |        |        |   |
|--|--------|--------|--------|--|-----------------------------------|--------|--------|--------|---|
|  | May-18 | Jun-18 | Jul-18 | 12 Month's   |                                   | May-18 | Jun-18 | Jul-18 | 12 Month's  |
| Mean (hh:mm)   | 02:11  | 02:19  | 02:14  |  | Mean (hh:mm)                      | 01:12  | 01:10  | 01:14  |  |
| National Average   | 02:09  | 02:11  | 02:07  |  | National Average                  | 01:18  | 01:13  | 01:15  |   |
| 90th Centile (hh:mm)   | 03:06  | 03:15  | 03:09  |  | 90th Centile (hh:mm)              | 01:03  | 01:01  | 01:04  |  |
| National Average   | 02:56  | 03:05  | 02:51  |  | National Average                  | 01:05  | 01:05  | 01:06  |   |
|  |        |        |        |  | 90th Centile (hh:mm)              | 01:47  | 01:45  | 01:52  |  |
|  |        |        |        |  | National Average                  | 01:47  | 01:49  | 01:52  |   |

**APPENDIX C: Workforce**

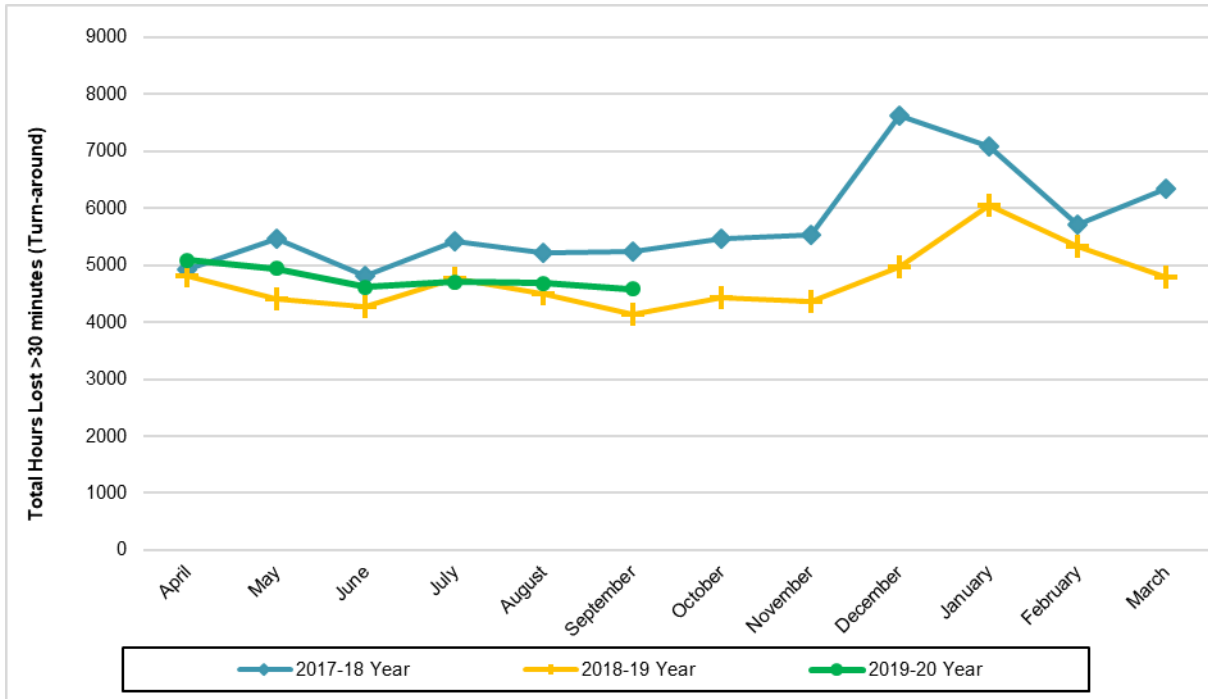
**Table 3 : September 2019 : Workforce Plan vs Workforce Actual : Trust wide**

|            |                 |                   |                 |                 |               |                |
|------------|-----------------|-------------------|-----------------|-----------------|---------------|----------------|
| Plan       | Para Plan       | NQPara Plan       | Tech Plan       | ECSW Plan       | PP Plan       | CCP Plan       |
| 2,087.70   | 578.70          | 297.20            | 424.80          | 705.70          | 35.70         | 45.60          |
| Actual     | Para Actual     | NQPara Actual     | Tech Actual     | ECSW Actual     | PP Actual     | CCP Actual     |
| 2,099.74   | 569.41          | 312.92            | 491.33          | 631.86          | 44.13         | 50.09          |
| Difference | Para Difference | NQPara Difference | Tech Difference | ECSW Difference | PP Difference | CCP Difference |
| 12.04      | -9.29           | 15.72             | 66.53           | -73.84          | 8.43          | 4.49           |

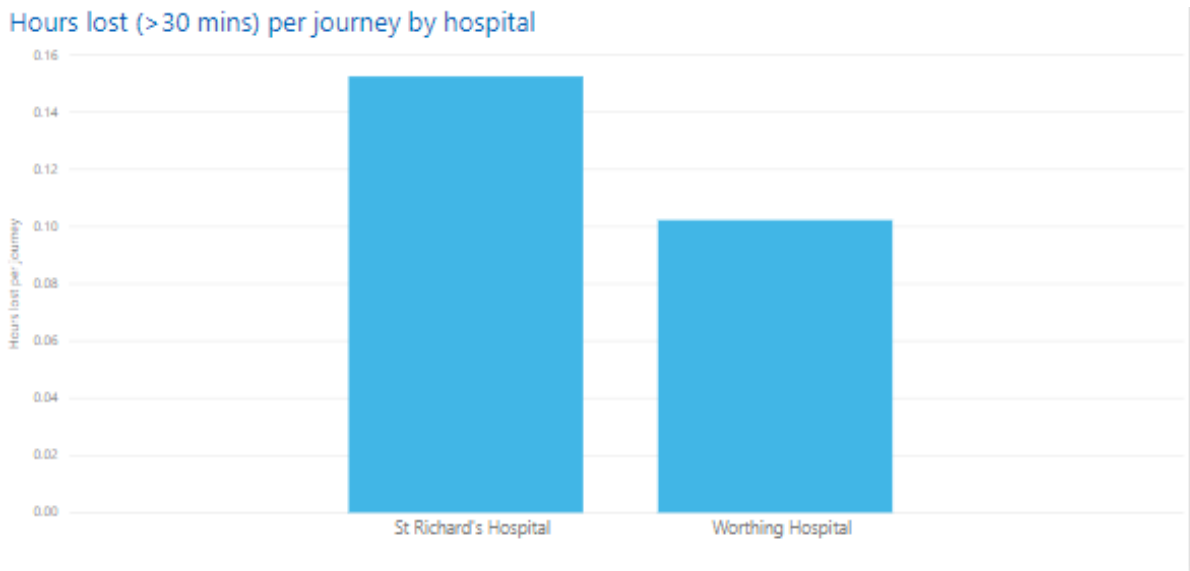


**APPENDIX D: Handover Performance**

**Table 4a: Hours lost >30 minute turnaround across Surrey, Sussex and Kent**



**Table 4b: April – October 2019 : Hours lost >30 minute per journey by Acute**



**APPENDIX E: Reporting clinical outcomes for people living in rural area**

Reporting on clinical outcomes for people living in rural areas that are categorised as Cat 1, 2, 3 or 4 :  
Quarter 1 Baseline.

There is a perception that patients in rural areas receive a substandard service compared to those in urban areas. The analysis of differences in performance between urban and rural areas showed that this does not hold as a rule, however, living in rural areas could be a contributing factor to increased mortality rates and poorer clinical outcomes.

REF: <https://www.england.nhs.uk/wp-content/uploads/2018/10/ambulance-response-programme-review.pdf>

SECamb serves an expansive area that comprises large rural communities. The Trust report on national AQIs for example, Stroke, STEMI and out of hospital Cardiac Arrest. However, the impact living in a rural area has on these clinical outcomes and other conditions are not fully understood.

Reporting on these outcomes will support the harm review around long waits and aligns with development of the wider SECamb Quality Account priorities for example, improving out of hospital cardiac arrest survival and the Clinical and Community Resilience Strategy.

In terms of patient outcome data provided back to SECamb, only ROSC and survival from cardiac arrest is feasible to include in year due to the reporting delays for STEMI and Stroke.

This focus will be to monitor patient outcomes to determine the necessary actions required to ensure that people in rural areas get the clinical expertise required in a timely way. This will reflect a medium-term intention to measure and to improve the way the Trust gathers intelligence on their care for people in rural communities.

## Q1 - Establish current data as a priority

SECAmb have sourced and added ONS reference data to the trust data warehouse. This enables linking incident postcodes to ONS rurality category. There are a small number of records (<0.1%) where the postcode has not matched, this is due to the addition of postcodes after the ONS table was built in 2015. Table 1 below shows the results of this additional data, presenting percentage of incidents and response times by rurality and category. The below table illustrates performance as indicated by ONS rurality categories for April to June 2019:

| AQI indicators by Rurality                 | Percentage of % of incidents |       |       |       |        | Response times (hummus) |                          |               |                          |                          |                          |
|--|------------------------------|-------|-------|-------|--------|-------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|
|  | Cat 1                        | Cat 2 | Cat 3 | Cat 4 | Total  | Cat 1<br>mean           | Cat 1<br>90th<br>centile | Cat 2<br>mean | Cat 2<br>90th<br>centile | Cat 3<br>90th<br>centile | Cat 4<br>90th<br>centile |
| <i>Target</i>                              |                              |       |       |       |        | 00:07:00                | 00:15:00                 | 00:18:00      | 00:40:00                 | 02:00:00                 | 03:00:00                 |
| Urban (less sparse surroundings)           | 5.5%                         | 46.9% | 28.5% | 0.8%  | 81.6%  | 00:12:37                | 00:19:38                 | 00:38:02      | 03:57:23                 | 04:53:22                 | 04:52:20                 |
| Town and Fringe (less sparse surroundings) | 0.4%                         | 4.7%  | 2.8%  | 0.1%  | 8.1%   | 00:18:14                | 00:24:33                 | 00:43:09      | 04:07:11                 | 04:49:28                 | 04:49:28                 |
| Town and Fringe (sparse surroundings)      | 0.0%                         | 0.0%  | 0.0%  | 0.0%  | 0.0%   | 00:00:00                | 00:32:04                 | 00:41:43      | 01:03:13                 | 00:00:00                 | 00:00:00                 |
| Village (less sparse surroundings)         | 0.0%                         | 0.0%  | 0.0%  | 0.0%  | 0.0%   | 00:11:21                | 00:31:26                 | 00:47:05      | 06:01:21                 | 00:00:00                 | 03:49:23                 |
| Village (sparse surroundings)              | 0.3%                         | 3.7%  | 2.1%  | 0.1%  | 6.2%   | 00:17:54                | 00:24:37                 | 00:44:35      | 04:03:34                 | 03:49:23                 | 00:00:00                 |
| Hamlet (less sparse surroundings)          | 0.2%                         | 2.4%  | 1.3%  | 0.1%  | 4.0%   | 00:17:59                | 00:23:58                 | 00:42:32      | 03:55:20                 | 05:32:49                 | 05:39:39                 |
| Unknown                                    | 0.0%                         | 0.0%  | 0.0%  | 0.0%  | 0.1%   | 00:12:33                | 00:18:54                 | 00:35:35      | 02:45:28                 | 00:00:00                 | 00:00:00                 |
| <b>Trust</b>                               | 6.5%                         | 57.8% | 34.7% | 0.9%  | 100.0% | 00:07:22                | 00:13:50                 | 00:20:31      | 00:39:11                 | 03:58:14                 | 04:50:36                 |

**Q2 – Report 50% or more of incidents to be reported in line with denominator**

Table 1 below shows the results of this additional data, presenting percentage of incidents and response times by County, rurality and category for 19/20 Q2 (July 2019 to September 2019 inclusive).

|        | AQI indicators by Rurality                 | Percentage of % of incidents |       |       |       | County Total | Response times (hh:mm:ss) |                    |                 |                    |                    |                    |
|--------|--|------------------------------|-------|-------|-------|--------------|---------------------------|--------------------|-----------------|--------------------|--------------------|--------------------|
|        |  | Cat 1                        | Cat 2 | Cat 3 | Cat 4 |              | Cat 1 mean                | Cat 1 90th centile | Cat 2 mean      | Cat 2 90th centile | Cat 3 90th centile | Cat 4 90th centile |
|        | <i>Target</i>                              |                              |       |       |       |              | <i>00:07:00</i>           | <i>00:15:00</i>    | <i>00:18:00</i> | <i>00:40:00</i>    | <i>02:00:00</i>    | <i>03:00:00</i>    |
| Sussex | Urban (less sparse surroundings)           | 5.6%                         | 46.5% | 30.5% | 0.7%  | 83.3%        | 00:06:23                  | 00:11:40           | 00:18:38        | 00:36:40           | 03:45:28           | 04:24:58           |
|        | Town and Fringe (less sparse surroundings) | 0.4%                         | 4.2%  | 2.8%  | 0.1%  | 7.5%         | 00:10:31                  | 00:19:11           | 00:25:06        | 00:43:49           | 03:49:12           | 04:49:05           |
|        | Village (less sparse surroundings)         | 0.3%                         | 3.0%  | 1.8%  | 0.0%  | 5.2%         | 00:10:49                  | 00:17:54           | 00:24:41        | 00:44:26           | 03:47:03           | 04:43:39           |
|        | Hamlet (less sparse surroundings)          | 0.2%                         | 2.3%  | 1.4%  | 0.0%  | 4.0%         | 00:10:46                  | 00:18:12           | 00:25:12        | 00:43:57           | 03:35:29           | 06:59:05           |
|        | Unknown                                    | 0.0%                         | 0.0%  | 0.0%  | 0.0%  | 0.1%         | 00:05:50                  | 00:10:02           | 00:20:49        | 00:35:35           | 03:15:53           | 00:00:00           |



# Staff Survey 2018 - The Results

**NHS**  
South East Coast  
Ambulance Service  
NHS Foundation Trust



## You Said:

21% of staff had experienced bullying, harassment or abuse from colleagues or managers.

## We Did:

The Duncan Lewis report set out a number of targets to improve the culture at SECAmb. We have now;

- Invested into a behaviour and values toolkit for all staff being released soon.
- Invested in the FTSU role and ensured FTSU advocates are available across the Trust to raise issues to.
- Embedded our values and expected behaviours into every aspect of the Trust from training to the recruitment process.
- Soon to release a 6-day first line manager training course with B&H as a core module.

## Staff Survey 2019

The 2019 NHS Staff Survey is out now. Please check your emails for the link. The more people who complete the survey the more useful the information and the more change you can influence.



Taking  
Pride



Striving for  
Continuous  
Improvement



Acting With  
Integrity



Demonstrating  
Compassion  
and Respect



Assuming  
Responsibility

#Greatplacetowork

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## Health and Adult Social Care Select Committee

**27 November 2019**

### Housing Related Support

#### Report by Executive Director Adults and Health

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#### Summary

On the 12<sup>th</sup> June 2019 the Health and Adults Social Care Select Committee (HASC) received a report in relation to the future of housing related support contracts. This followed a reduction in funding as part of the County Council budget setting for the 2019/20 financial year. The Committee asked that a further report be considered by the HASC at its November meeting in relation to the contracts which had been removed (the 'red' contracts) and those being recommissioned jointly with the district and boroughs (the 'amber' contracts).

#### Focus for scrutiny

The Committee is asked to consider how risks and potential consequences of the changes have been managed and whether the mitigating actions are sufficient.

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

---

#### Proposal

##### 1. Background and Context

- 1.1 The budget for housing related support for 2020/2021 has been reduced to £2.3 million from the previous level of £6.3 million following a cabinet member decision in December 2018.
- 1.2 In consultation with the district and borough councils the contracts funded by this budget were rated red, amber and green broadly in line with the statutory responsibilities of West Sussex County Council. Extensive consultation was carried out with providers and service users about the value of the services delivered through the housing related support budget.
- 1.3 Since April 2019 the red rated contracts have been gradually decommissioned, and the green rated contracts recommissioned. The remaining three amber rated contracts, which predominantly deliver housing and resettlement for vulnerable households, have been the subject of considerable work with the district and borough councils to consider how to retain these services within a reduced financial envelope.

## **2. Proposal – mitigation and risk management action**

- 2.1 The amber contracts were extended until 31 March 2020 with the current providers to enable the recommissioning work to be carried out.
- 2.2 The district and borough councils have agreed to jointly fund services for housing and resettlement services with effect from 1<sup>st</sup> October 2020 for the life of the contracts. Each district and borough council has committed £25k funding for the financial year 2020/21 and £50k per year thereafter.
- 2.3 The existing contracts for housing and resettlement services will be extended until 30 September 2020 to allow time for the procurement exercise to take place. In 2020/21 this will require West Sussex County Council to fund an interim shortfall of £175k, in addition to the £350k that it has committed on an on-going basis to support the amber contracts. From 2021/22 onwards the combined partner contributions will create a financial envelope of £700k, which is expected to be sufficient to cover costs in full.
- 2.4 The new contract specifications will be agreed with district and borough councils in December 2019. In January 2020 the procurement of the new contracts will commence, with contract awards and due diligence to be completed by June 2020. The new contacts will commence from 1 October 2020.
- 2.5 There is still one amber service for which on-going funding has not yet been agreed. This service supports people with mental health needs on discharge from hospital. Negotiations are ongoing with Sussex Partnership Trust (SPT) to agree a funding envelope for these services, however if this is unsuccessful the service will cease on 31<sup>st</sup> March 2020. The impact on users will be mitigated through close partnership working with the existing providers to maximise the existing housing resettlement contracts.

## **3. Resources**

- 3.1 As detailed above.

## **Factors taken into account**

### **4. Consultation**

- 4.1 The proposal has been subject to extensive consultation with district and borough councils and partner organisations.

### **5. Risk Management Implications for decommissioned services**

- 5.1 Members requested the opportunity to scrutinise the impact of decommissioning the red contracts. These contracts were low level, short term floating support services for older people. Decommissioning of these services took place in a gradual and planned manner meaning that existing customers were able to access the full benefit of the short-term service and seek other sources of support if required.

- 5.2 The primary referral source to these providers were the registered housing providers and it is reported that they have increased capacity within their own organisations to support tenants directly.
- 5.3 Additionally, a multi-agency sub group of the strategic housing task and finish group was established to monitor the impact of the loss of these services. To date there is no evidence that this has increased pressure and demand in other areas or impacted on homelessness. This group will continue to meet every six months to monitor this position.

### **Amber Contracts**

- 5.4 The amber services will be extended to enable a joint recommissioning process to take place. The overall financial envelope is reduced however market testing has indicated that the identified budget of £700k is sufficient to deliver these services and attract providers to tender for their provision.

### **Probation Contract**

- 5.5 The probation contract has been considered separately to the other commissioning arrangements. This has been extended until 30<sup>th</sup> September 2020. From April 2020 this service will be jointly funded by the national probation service, police and crime commissioner, district and borough councils and the county council. This will enable the probation service time to consider ongoing provision for this cohort of individuals and provides a more cohesive and collaborative approach to issues of shared responsibility.

### **Kim Curry**

Executive Director Adults and Health

**Contact:** Mark Dow, Head of Strategic Housing, People Services

### **Background papers**

Previous Health and Adult Social Care Select Committee agendas/reports:  
12 June 2019  
12 December 2018  
27 September 2018

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**Mr Bryan Turner**Chairman  
Health and Adult Social Care Select Committee

e-mail address: bryan.turner@westsussex.gov.uk

website: www.westsussex.gov.uk

County Hall  
West Street  
Chichester  
West Sussex  
PO19 1RQ

19 November 2019

Mrs Amanda Jupp  
Cabinet Member for Adults and Health

Dear Amanda,

**Health and Adult Social Care Select Committee Task and Finish Group -  
Local Assistance Network**

Thank you for attending the Health and Adult Social Care Select Committee Task and Finish Group (TFG) on 13 November, which considered the proposed decision to reduce the Local Assistance Network, as outlined in the Forward Plan of Key Decisions.

The overriding Member concern in relation to this proposed decision was how this will impact on the most vulnerable residents in West Sussex and how moving forward those who find themselves in crisis can be supported. It was recommended by the TFG that you, as Cabinet Member, work with partners, potentially through the West Sussex Health and Wellbeing Board, to undertake a mapping exercise to provide a holistic view of what provision is currently in place, where the gaps are and how these can be filled. In particular Members discussed working more closely with district and borough councils and the voluntary sector. In regard to furniture provision, it was suggested that more partnership working with district and borough councils was required, especially in the re-use of furniture collected.

In terms of the report presented to members, the TFG concluded that the proposal did not detail the potential unintended consequences and impact on other services, and that there had not been enough time to evaluate the impact from the previous reduction in funding. The TFG felt that a delay would be advisable in relation to a potential change in Government and therefore funding, following the General Election on 12 December. Through the discussion, Members did note that the impact on single people who had been in receipt of the LAN following the Cabinet Member's previous decision, was not the subject of this further decision.

The TFG did not support the proposed Cabinet Member decision, although Members sympathised with the financial challenges faced by the Cabinet. Members did also note that the County Council does not have a statutory duty to fund the LAN. If the decision was to go ahead, the TFG requested that any additional funding received by the County Council from a future government be used to prioritise these services in the future.

Yours sincerely

A handwritten signature in black ink, appearing to be "BY" followed by a stylized flourish.

Mr Bryan Turner  
Chairman, Health and Adult Social Care Select Committee

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