

# Public Document Pack

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8 June 2020

## Cabinet

A virtual meeting of the Cabinet will be held at **10.30 am** on **Tuesday, 16 June 2020**.

**Note:** In accordance with regulations in response to the current public health emergency, this meeting will be held virtually with members in remote attendance. Public access is via webcasting.

**The meeting will be available to watch 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.
- 10.35 am    2.    **Minutes** (Pages 3 - 8)
- The Cabinet is asked to agree the minutes of the meeting held on 26 May 2020 (attached, cream paper).
- 10.40 am    3.    **Urgent Matters**
- Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances.
- 10.45 am    4.    **Key Decisions**
- The Cabinet is asked to agree the following decision as per the decision report (to follow).
- Small Schools Proposals – Determination of Statutory Notices (CAB05\_20/21).

The Cabinet Member for Education & Skills will introduce the report.

The Chairman of the Children & Young People's Services Scrutiny Committee will be invited to speak for up to three minutes to provide the views of his Committee on proposals being considered by the Cabinet relevant to that Committee's work.

Each of the main Opposition Group Leaders will be invited to speak for up to three minutes each on any of the proposals.

The Cabinet will then discuss the proposal prior to the decision being taken.

(a) **Small Schools Proposals - Determination of Statutory Notices (CAB05\_20/21) (To Follow)**

Following the decision by the Cabinet on 22<sup>nd</sup> April ([CAB01\(20/21](#) - <https://westsussex.moderngov.co.uk/ieDecisionDetails.aspx?ID=891>), West Sussex County Council (WSCC) issued notices on 7<sup>th</sup> May 2020 of their intention to discontinue Clapham and Patching C of E Primary School and Rumboldswyke C of E Infants' School on 31<sup>st</sup> August 2020.

Following consideration of representations received during the 4 week period in relation to these proposals, the Cabinet is asked to determine the statutory notices.

11.15 am 5. **Safeguarding Adults Board Annual Report** (Pages 9 - 48)

The Cabinet is asked to consider and comment on the Safeguarding Adults Board Annual Report.

11.45 am 6. **Covid-19 Update** (Pages 49 - 76)

The Cabinet is asked to consider and comment on the Council's response to the Covid-19 emergency.

Scrutiny Committee Chairmen and each of the main Opposition Group Leaders will be invited to speak for up to three minutes to provide their views/the views of their Committee.

12.25 pm 7. **Date of Next Meeting**

The next meeting of the Cabinet will be held on 21 July 2020.

**To all members of the Cabinet**

## **Cabinet**

26 May 2020 – At a meeting of the Cabinet held at 10.30 am at Virtual meeting with restricted public access.

Present: Cllr Marshall (Chairman)

Cllr Crow, Cllr Elkins, Cllr Hunt, Cllr A Jupp, Cllr N Jupp, Cllr Lanzer, Cllr Russell and Cllr Urquhart

Also in attendance: Cllr Barling, Cllr Barrett-Miles, Cllr J Dennis, Cllr M Jones, Cllr Turner, Cllr Waight and Cllr Walsh

### **7. Declarations of Interest**

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

- Cllr Bob Lanzer as a member of Crawley Borough Council, in relation to item 5, Covid-19 Update.
- Cllr Duncan Crow as a member of Crawley Borough Council, in relation to item 5, Covid-19 Update
- Cllr Bryan Turner as a practising pharmacist, in relation to item 5, Covid-19 Update.

### **8. Minutes**

8.1 Resolved – that the minutes of the meeting held on 22 April 2020 be approved as a correct record and that they be signed by the Chairman.

### **9. Key Decisions**

9.1 Cllr Paul Marshall, Leader, introduced the item.

### **10. Total Performance Monitor and Capital Programme Quarter 4 (CAB02\_20/21)**

10.1 The Cabinet considered a report by the Director of Finance and Support Services.

10.2 The report was introduced by Cllr Jeremy Hunt, Cabinet Member for Finance, who advised the outturn position was in line with predictions and the £6.3m overspend was proposed to be balanced from reserves.

10.3 Investment in improvement plans in the Fire and Rescue and Children's Services were running on course, however it had been a challenging year both financially and operationally. Savings of £6.7m had not been achieved. Next year's budget would require difficult decisions to be made. Pressures would continue to grow owing to the Covid-19 pandemic.

10.4 A supported review of the Capital Programme was required, which would involve consideration of corporate transformation and key performance indicators.

10.5 The Medium-Term Financial Strategy would address continuing pressures including plans to rebuild reserves in the context of the challenges presented by Covid-19. The anticipated cost of the pandemic to West Sussex in 2021 was in the region of £75-80m. Arising issues had been identified with prompt and decisive action taken to mitigate these risks, and the service had done well to estimate the size of the overspend.

10.6 Cllr Joy Dennis, Chairman of the Performance and Finance Scrutiny Committee noted the current TPM results did not reflect the current emergency, however noted the improvements in the FRS and Children's services. The Committee felt the West Sussex Plan should be reviewed and refreshed as appropriate.

10.7 Cllr Michael Jones, Leader of the Labour Group raised the One Public Estate proposals in Littlehampton and the adequacy of healthcare facilities.

10.8 Cllr Paul Marshall, Leader, summarised that the improvement programmes had incurred additional costs and presented growing challenges. Covid-19 was likely to continue to be prevalent for 18 months or longer and that this would feature alongside existing priorities. The Leader agreed it was necessary to reset the West Sussex Plan with a draft in the coming months.

10.9 Resolved – that Cabinet:

1. Noted the information contained in the Total Performance Monitor in particular the requirement to utilise reserves to meet the expenditure requirement and
2. Agreed the allocation of the contingency budget set out in paragraph 1.8 of the report.

## **11. Woodlands Meed (CAB03\_20/21)**

11.1 The Cabinet considered a report by the Director of Property and Assets and the Director of Education and Skills.

11.2 The report was introduced by Cllr Nigel Jupp, Cabinet Member for Education and Skills. There were some difficulties with the current site in terms of access and proximity which were being considered as was usual for such a project.

11.3 Governors and teaching staff had been consulted, and work continued to be honed. Planning would be submitted in November and other due processes would be undertaken. The ambition was to complete the school as soon as possible.

11.4 Cllr David Barling, Chairman of the Children and Young People's Services Scrutiny Committee welcomed the decision. He highlighted three

success factors: an ongoing dialogue with governors, the cost in a post-Covid-19 context and timing.

11.5 Cllr Michael Jones, Leader of the Labour Group advised the decision was welcome, however felt the current stage should have been reached some time ago and he praised the efforts of campaign groups. He questioned if the service were confident that no expansion of pupil places was required.

11.6 Resolved – that Cabinet approved:

1. The allocation of £19.5m, bringing the total budget available to £20m to fund the replacement of the Woodlands Meed College building on its existing site and with its existing capacity of 100 places (option 1B as set out in paragraph 2.3)
2. The authorisation of the Director of Property and Assets to commence a procurement process and appoint contractors to fully design and cost the replacement college on the college playing field while the college staff and pupils remain in occupation in the existing accommodation
3. The submission of applications for full planning permission and statutory consents; and with the Director of Law and Assurance, to enter into such agreements as the completion of the project may require, and
4. That subject to receipt of planning permission and statutory consents, the delegation of the authority to enter into a construction contract with the successful provider to the Director of Property and Assets.

## **12. Covid-19 Update**

12.1 The Cabinet considered a report by the Chief Executive. The following key points were highlighted in WSCCs response to Covid-19:

- WSCC continued to provide a significant response to the pandemic, including working with care providers as part of the care home resilience plan.
- The authority was supporting the ease of lockdown as an employer through testing, tracking and tracing.
- Preparation was underway to support the economy at Gatwick, coastal and rural areas, residents and businesses.
- A fundamental focus remained on the needs of communities and responding to those flexibly and creatively. WSCC was lobbying government to understand the short and long-term difficulties and impact the Covid-19 situation presented. Proactive work with district and borough councils continued.

12.2 Cllr Joy Dennis, Chairman of the Performance and Finance Scrutiny Committee advised she was pleased with the regular reporting on the response to Covid-19 and found this to be reassuring.

12.3 Cllr David Barling, Chairman of the Children and Young People's Services Scrutiny Committee considered the service's ability to protect

vulnerable children and families during Covid-19 and was pleased there had been no reduction to statutory services.

12.4 Cllr Andrew Barrett-Miles, Chairman of the Environment and Communities Scrutiny Committee reported the reopening of household waste recycling sites had gone well and noted the upcoming cycling and walkways schemes and hoped that these were adequately financed and offered longer-term solutions.

12.5 Cllr Bryan Turner, Chairman of the Health and Adult Social Care Scrutiny Committee highlighted that the service had responded well to the needs of the social care sector and welcomed the care home resilience plan. The Committee would likely scrutinise the issue of vulnerable residents remaining in the community. He raised the lack of focus on acute mental health services and that dental and pharmaceutical services were also under strain.

12.6 Cllr Steve Waight, Chairman of the Fire and Rescue Service Scrutiny Committee noted the adaptability and versatility of the service to engage with and support the community.

12.7 Cllr Michael Jones, Leader of the Labour Group commented there was an urgent need to move ahead on the pop-up cycling strategy and that there was anxiety about schools reopening.

12.8 Cllr James Walsh, Leader of the Liberal Democrat Group commented that pedestrian and cycle routes should be treated with urgency. He stated that additional financial support was required to mitigate the impacts of low collection rates of council tax and business rates.

12.9 Cabinet Members, Scrutiny Chairman and Minority Group Leaders gave thanks to staff and officers across the authority for their hard work in the current circumstances. The Leader also thanked the residents of West Sussex. Each Cabinet Member provided a brief portfolio update in the context of Covid-19.

12.10 Resolved – that Cabinet note the update and discussion, including comments from Scrutiny Chairman and Minority Group Leaders, in the council's response to the Covid-19 pandemic.

### **13. Outside Body Appointments (CAB04\_20/21)**

13.1 The Cabinet considered a report by the Director of Law and Assurance.

13.2 Resolved – that Cabinet approved:

1. The appointment of Cllr Jacky Pendleton to the Littlehampton Harbour Board for the remainder of the County Council term (May 2021)
2. The appointment of Cllr Kevin Boram to the Southern Regional Flood and Coastal Committee for the remainder of the County Council term (May 2021)

3. The addition of the Rural Service Network to the County Council's Outside Bodies list
4. The appointment of Cllr Janet Duncton to the Rural Services Network for the remainder of the County Council term (May 2021).

**14. Date of Next Meeting**

14.1 The next meeting of Cabinet would be held on 16 June 2020.

The meeting ended at 1.07 pm

Chairman

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## **Cabinet**

**16 June 2020**

### **West Sussex Safeguarding Adults Board (WSSAB) Annual Report 2019-20**

**Report by the Independent Chair of the WSSAB, Annie Callanan**

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#### **Summary**

The report details the WSSAB's work to deliver three statutory duties including the range of initiatives provided by multi-agency partners to meet these duties. It summarises the vision, aims, key achievements, safeguarding data, learning and priorities for the following year.

#### **Recommendations**

Cabinet is asked to consider and comment on the Safeguarding Adults Board Annual Report.

#### **Details**

The details of this item for consideration, including achievements in 2019-20 and priorities for 2020-21, are set out in the attached Appendix.

#### **Annie Callanan**

Independent Chair WSSAB

**Contact:** Ru Gunawardana, Safeguarding Adults Board Manager. Email: [ru.gunawardana@westsussex.gov.uk](mailto:ru.gunawardana@westsussex.gov.uk)

#### **Appendix A:**

WSSAB Annual Report 2019-20

#### **Background papers:**

None

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West Sussex  
**Safeguarding Adults**  
Board  
Making Safeguarding Personal

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# Annual Report 2019/20

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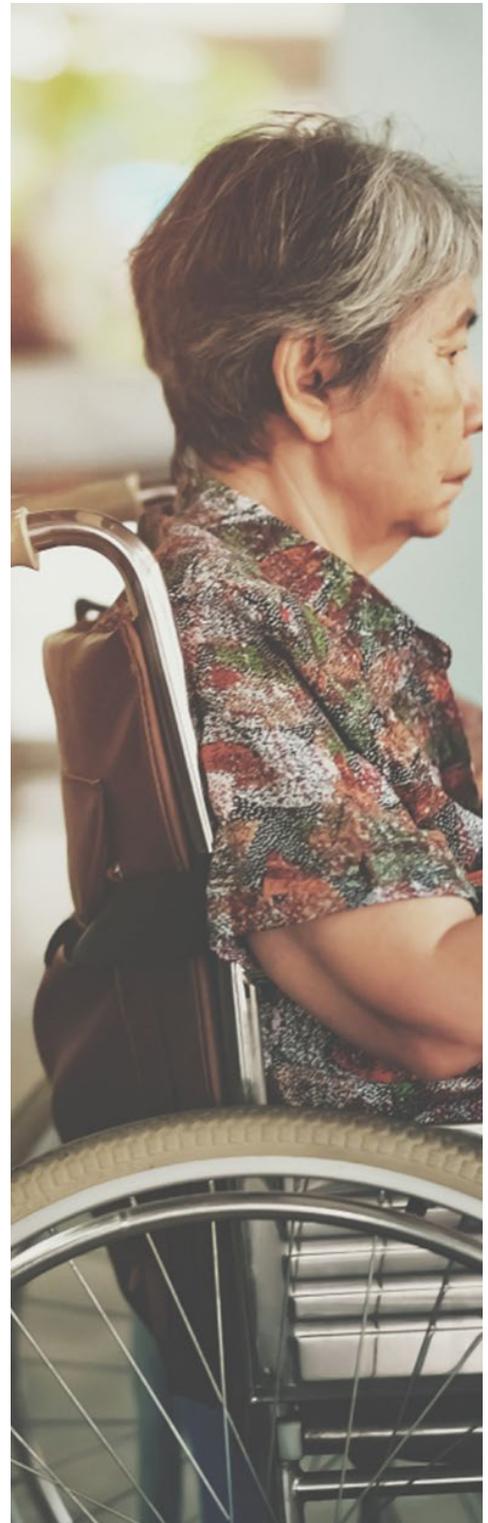
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# Foreword



**This is my second full year as Independent Chair of the West Sussex Safeguarding Board and this report, my third. As well as looking back at a year of challenges, with much more to do, we are undoubtedly looking at a year of progress. I want to thank all our Statutory Partners, all Board Members, the Head of Adult Safeguarding and the Board Support Team for making that possible.**

Having consolidated our structure, we directly serve the vital work carried out in all agencies to protect adults at risk of abuse and neglect and prevent harm; we are compliant with the 2014 Care Act.

Through training and awareness raising, and establishment of the Safeguarding Hub led by West Sussex County Council and the Police; systems responding to safeguarding referrals are no longer inundated and those in need of a safeguarding service receive a timely response. The Hub has had a significant impact on the quality of services provided to adults at risk of abuse and neglect. It demonstrates capacity to make a significant difference through working together.

The work of the Safeguarding Adults Review (SAR) subgroup has been strengthened; the Quality and Performance subgroup identifies progress on SAR outcomes and assesses quality of services;

the Learning and Policy subgroup works to improve practice and; the Quality and Safeguarding Information Sharing subgroup identifies provider agencies in need of support and challenge and acts quickly to reduce harm. I want to thank all Chairs of the subgroups for their hard work, expertise, insight and commitment to improving services and for helping the Board, focus on improvement.

We have used our increasingly well-informed Data Dashboard, with emphasis on senior operational manager narrative, which improved our understanding and analysis of challenges. DoLS assessments completed, (7,790) undoubtedly demonstrate significant progress. We begin each Board Meeting with a presentation of a safeguarding case, with consent from the service user. This retains our focus on the lives of those receiving services. In the coming year however, we are mindful of the need to make improvement in getting meaningful feedback from those who use services.

# Foreword 2

We intend to build on that and the excellent work at our Annual Conference in November 2019, where we heard from voluntary sector agencies, working with some of the most vulnerable and marginalised groups in West Sussex, and from those who use services.

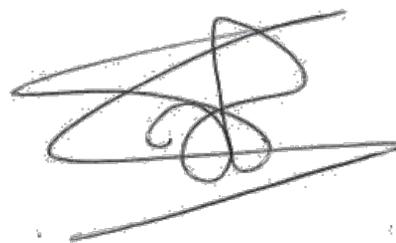
Our Development Day helped us to review our shared priorities, where we've made progress and where we need to work harder. For 2020/21, we retain focus on Homelessness and Safeguarding; Transitions, (Children moving on from Children's Services into receiving a service from Adult Services) and; capturing the voice of those who use services. We have an added priority of focusing on Mental Health and safeguarding. We will carry out multi-agency audits and focus on qualitative information in relation to data, thereby improving our understanding of the quality of services overall.

Over the past year we are pleased to have strengthened our relationship with the Health and Wellbeing Board, West Sussex Safeguarding Children's Partnership (WSSCP), and; Safer West Sussex Partnership (SWSP) by establishing a Collaborative agreement to share and align our work. We continue our work across the region and nationally.

We appreciate the significant support we receive from all agencies. We are aware that resources are stretched, and these are extremely challenging times. We were supported by the

District and Borough Councils, who provided venues for Board meetings. We also want to thank Dame Marianne Griffiths who opened our Annual Conference and generously provided the venue and refreshments and; Natalie Brahma-Pearl, for her work in organising such an excellent, challenging and enlightening afternoon for us, as well as those voluntary sector agencies who provided us with insight into the work they do with those who are vulnerable in West Sussex.

With progress made and the significant challenges of responding to COVID -19; we are, all sectors, moving through extremely difficult times. As a Board and a partnership, we have made progress and are in a better place to respond, not least having demonstrated what can be achieved when we decide, across all sectors, to make progress.



**Annie Callanan**  
Independent Chair  
West Sussex Safeguarding Adults  
Board

# About us

**The West Sussex Safeguarding Adults Board was established in 2011 and is led by the Independent Chair, Annie Callanan.**

The Board comprises a core membership of statutory partners from West Sussex County Council (WSCC), the NHS West Sussex Clinical Commissioning Group (CCG) and Sussex Police. We also have a number of other partners (please see Appendix).

Our Board meets quarterly with most of our business delivered through our subgroups. Our duties and functions are set out in the [Care Act 2014](#).

## Our vision

Our vision is for people in West Sussex to live in safety, free from abuse and the fear of abuse. To realise our vision, we will continue to work with our partners and local communities to:

- prevent abuse and neglect from happening;
- identify, report and remove the risk of abuse and neglect;
- place the person and their voice at the centre of any investigations;
- improve community awareness;
- share information and intelligence;
- learn from safeguarding cases to improve practice; and
- reassure our communities.

## Our purpose

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

The Board does this by:

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

# Our aims



# Case study

**This case study highlights the multiple difficulties faced by adults in accessing support, and how safeguarding works within a complex set of circumstances. It also highlights the need for a cohesive, multi-agency approach.**

Adult S was street homeless, a long-term intravenous drug user, living in a tent in the town centre. Adult S had previously lived with his father, who had now entered sheltered accommodation due to ill health. S was not deemed as priority need for housing.

## **How did you become homeless?**

*Circumstances – drugs, family, lack of work.*

## **What was life like on the street?**

*[It is] hard – practically invisible. Allsorts happens you get hit, verbal abuse, they think it's funny to start on you.*

## **What were your thoughts about obtaining housing?**

*Did not think I would be able to get it – when I was first homeless I was working, I went to the council and all they did was give me a list of places to rent.*

The Street Community Outreach Keyworker assisted S to obtain benefits that he could not access due to having no 'care of address'.

Adult S was also assisted to see his General Practitioner (GP) and work with intensive housing brokerage, which led to him securing private rented accommodation.

The financial cost was met by the Street Community Outreach Keyworker's budget, a project funded by the Police and Crime Commissioner to reduce homelessness.

## **How did it feel when you were assisted with housing?**

*Good, things started to improve pretty quickly.*

Two days after S moved into his flat, his father passed away unexpectedly. S told his Street Community Outreach Keyworker that he planned to overdose.

Adult S was then subject to cuckooing. Cuckooing is a form of crime, termed by the police, in which drug dealers take over the home of a vulnerable person in order to use it as a base for county lines drug trafficking.

*Whilst having [my] own roof and front door, things started to unravel . . . other people started coming, I did not feel I could tell the truth – what was happening, [I] did not know which way to turn. Could not say no – was worried what might happen. I lost the flat. I got a criminal record (never had before), [my] health took a dip and I shut myself off – pulled away from keyworker.*

S began to disengage with professionals, where previously relations had been good. This resulted in reluctance of S to let professionals into his home, instead insisting they spoke elsewhere. The police were asked to undertake a welfare visit with the Street Community Outreach Keyworker, where they found him in very poor physical health. He declined going to hospital. The Street Community Outreach Keyworker raised a safeguarding concern and liaised with his GP and drug keyworker.

The Safeguarding concern was assessed as meeting the Care Act 2014 criteria. The criteria is: having care and support need, experiencing (or being at risk of) abuse or neglect and being unable to protect themselves because of those needs.

The Street Community Outreach Keyworker returned to see S and was met with a voice over the intercom that was not S. S eventually came to the door in very poor health. The Street Community Outreach Keyworker informed S that she would call an ambulance and S agreed to go to hospital. S was assessed as needing several weeks stay at the hospital.

After six weeks, S discharged himself from hospital against medical advice. Once S returned to his flat, so did the drug dealers who were cuckooing his flat.

There was a joint meeting held with S's social worker and homeless support worker to speak about housing options.

*I felt listened to. I was not keen on the idea, was not wanting to leave [redacted].*

S spent some time at a care home.

*I decided to give it a good go. Decided not to use heroin whilst there, now nearly clean for 6 months – longest ever in 25 years that I have not used drugs . . . Nice area, quiet, not risk of bumping into anyone. The distance helped.*

**What are your best hopes moving forward?**

*Staying clean and keep the new flat that I have managed to get via the council. In time, though it's not a good idea would rather be back in the flat [redacted].*

**What would you like to say about your experience of being supported by Adult's Services?**

*She [the social worker] has been really good. Anything I have needed help with she has tried. Tried to get my health better by arranging GP appointment. I won't be going back to my doctors as did not like him, felt dismissive of me as a drug addict. My social worker wanted to make a complaint as he was rude but I have asked her not to do so. She does not judge me, she always gives me positive feedback to motivate but if she needs to say something she will!! I would tell other people like me – give it a chance – stick with it!*

# Our achievements

**In 2019/20 the Board has had an industrious period of updating systems, processes and procedures to streamline business. We are also recognising the following achievements:**

## April 2019

Annual business plan and subgroup workplans in place.

## May 2019

Progression of Pan Sussex SAB learning and development strategy.

## June 2019

The Quality and Performance subgroup led on a Pan Sussex self-assessment which required agencies to evidence their compliance with the Care Act.

## July 2019

Participated in a Pan Sussex Safeguarding Adults Board Challenge Event.

## August 2019

Safeguarding Pathway revised.

Collaborative Working Agreement reached with the Health and Wellbeing Board, Safer West Sussex and West Sussex Safeguarding Children Partnership.

Produced guidance on Safeguarding Thresholds for referring concerns.

Relaunched our bi-monthly newsletter for professionals.

## September 2019

In September the conversion rate of concerns to enquiry increased. The guidance on Safeguarding Thresholds for referring concerns, and the implementation of the online concern form, were instrumental to this.

## October 2019

Secured a move to a more cost-effective website host, and fully reviewed the content and layout.

Reviewed and updated the Safeguarding Adults Review (SAR) protocol and developed tools, including a new referral form, guidance note for referrers, and leaflet for families.

Launched Collaborative Working Agreement

## November 2019

Held a Safeguarding Conference for our partners on our three priorities this year with key subject expert speakers on:

- Making Safeguarding Personal;
- Transitional Safeguarding; and
- Homelessness and Safeguarding.

## December 2019

Developed an adult, family, friends and carers feedback form for SARs.

Restructured the Board Support Team to reflect the progression required to support Board business.

## January 2020

Reviewed the SAR Protocol in terms of Making Safeguarding Personal, General Data Protection Regulations (GDPR), and learning from previous SAR processes.

Led on South East regional SAB meeting.

## February 2020

Productive development day covering subgroup activity, strengths, opportunities and barriers, making a difference and agreement on priorities for 2020/21.

Progression of Lay person recruitment.

## March 2020

The Learning and Policy subgroup launched a new Training Needs Analysis, to identify requirements and gaps, for the health and social care sector.



# Our subgroups

**The vision and priorities of the Safeguarding Adults Board are delivered by four working subgroups, and a fifth decision-making subgroup attended by group Chairs.**

Our subgroups are made up of partners from across the adult health and social care sector and, police, whose work streams link with the Board's annual business plan. (\*please see appendix page 36 for board structure)

## Chairs subgroup

Chairs of our subgroups meet with the Board's Independent Chair ahead of each Board meeting to share progression of subgroup work plans, take decisions on outstanding tasks, and plan for the quarterly meeting.

This group also enables the effective workflow from one subgroup to another and ensures a consistent understanding about how the annual business plan objectives are being met.

## Safeguarding Adults Review (SAR)

The SAR subgroup meets monthly, chaired by a representative from Sussex Community NHS Foundation Trust. This year, the subgroup has published two SARs and two multi-agency learning reviews.

Key themes of systems learning have been captured within learning briefings and partners have been asked to give assurance that recommendations from these

reviews have had a positive impact on individual agencies.

Overarching themes for areas of improvements have included: professional curiosity, falls prevention and the impact of 'long lie', Making Safeguarding Personal, and information sharing. The impact of these has been evidenced in line with work undertaken by the Quality and Performance subgroup.

## Learning and Policy Development

This subgroup meets bi-monthly and welcomed a new Chair from NHS West Sussex Clinical Commissioning Group.

This year the group has:

- launched a new Training Needs Analysis, to identify requirements and gaps, for the health and social care sector;
- produced a Training Needs Questionnaire for Senior Managers alongside Brighton & Hove and East Sussex Safeguarding Adults Boards; and
- contributed to the establishment of the pan-Sussex self-neglect policies and procedures, including a West Sussex self-neglect briefing.

## Quality and Performance

The Quality and Performance subgroup meets bi-monthly and is Chaired by a Sussex Police representative.

The subgroup leads on multi-agency audits to gain assurance on safeguarding activity across the partnership and, uses a safeguarding data dashboard to consider safeguarding trends, patterns and areas which need further consideration.

This year, the group:

- led on a Pan-Sussex self-assessment which required agencies to evidence their compliance with the Care Act;
- jointly led a pan Sussex challenge and support event in July 2019, where all agencies shared areas of strength and plans for further development;
- led on an overarching safeguarding adults Quality Framework, to ensure that all agencies consistently work together to have assurance that safeguarding adults practice in West Sussex is set at a high standard.

## Quality and Safeguarding Information

The Quality and Safeguarding Information Group meets monthly and has a West Sussex County Council Chair. Its membership comprises a range of senior leads across the partnership.

The group shares, considers and takes collective decisions on known and emerging areas of risk in the provider market to reflect a comprehensive and united multi-agency response.

Over the past year, the group has considered and taken collaborative decisions on a wide range of safeguarding issues. The outcome of this has been enhanced multi-agency working leading to greater shared understanding of issues, and more timely and informed safeguarding responses.

This group has also worked with Healthwatch West Sussex to support the market; including sharing best practice with providers who may be experiencing challenges.

# Board governance

We submit our annual report to the Health and Wellbeing Board which consists of key decision-makers from the health and care sector. The Health and Wellbeing Board gives a voice to communities, involving them in decisions about local health and social care issues.

Our Board is a part of:

- the West Sussex Collaborative Working Agreement including the Health and Wellbeing Board, the Safer West Sussex Partnership and the Safeguarding Children Partnership; and
- the South East Regional Safeguarding Adults Board, including Boards across the South East region.

In addition, our Board maintains links with the:

- National Network for Chairs of Safeguarding Adults Boards;
- Pan Sussex Safeguarding Adults Boards;
- Pan Sussex Modern Slavery Network; and
- The Pan Sussex Honour-Based Abuse Network.



# Board funding

## **In 2019 the Board experienced pressures due to:**

- an increase in the number of Safeguarding Adult Reviews;
- an increase in staffing costs; and
- a change in partner contributions.

In response to the funding needs, and to comprehensively budget for forecasted costs, the Board has implemented a three year budget plan.

This budget plan includes commitment of partner contributions, reflects inflation rises, and incorporates a strategy for covering the cost of Safeguarding Adult Reviews.



# Making a difference

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

## Healthwatch West Sussex

Healthwatch West Sussex is the independent champion for people who use health and social care services. They are commissioned to find out what matters to local people and community and voluntary organisations. Healthwatch uses this anonymised information, along with their legal powers, to influence change to make a positive difference to the support provided by services.

As gatherers of personal stories, Healthwatch sadly come across people who are at risk of abuse. Staff and volunteers undergo, and regularly refresh, safeguarding

training. Healthwatch report on Enter and View care home visits, where there are concerns for the safety and quality of life of residents.

Through their Independent Health Complaints Advocacy work Healthwatch been able to report to the Board how Safeguarding Adult Review participants are contacted and provide further factual insight, which may not have been known to the review. There has been one such case in the last year which resulted in a review of methods used to make contact and a check on the Learning Review.

## West Sussex County Council (WSSCC)

### Achievements

- Review and restructure of the Safeguarding service.
- Improved consistency and efficiency of triaging concerns by new Safeguarding Hub.
- Introduction of the online safeguarding referral form used concurrently with the Board threshold document.
- Provision of telephone consultation by the Safeguarding Hub for partner agencies and providers needing advice.
- Successful working on multiple enquiries to seek assurance and resolve safeguarding and quality issues, to reduce risk.

### Priorities

- Develop training videos.
- Undertake audits
- Gain customer feedback on their safeguarding experience.
- Ensure learning from Safeguarding Adult Reviews is effectively embedded into practice and facilitates organisational change.

## NHS West Sussex Clinical Commissioning Group (CCG)

### Achievements

- Introduction of the Care Home Standards for homes and domiciliary care providers.
- Organisation and delivery of Exploitation and three domestic violence conferences for front line staff, including lived experience speakers.
- Development of an aligned team and systems across Sussex, pooling knowledge, skills and expertise to improve health and wellbeing of the people receiving services.
- Implemented comprehensive training for CCG staff, and across primary care and, delivered bespoke training to WSCC safeguarding team to highlight the role of health in section 42 enquiries.

### Priorities

- Raise awareness of Liberty Protection Safeguards and plan for its implementation.
- Development of transition worker role to address 'think family' and contextual safeguarding issues.
- Engage Primary Care Services in the safeguarding process and learning across the partnership.
- Aligning the CCG safeguarding systems, processes and service, in preparation for the move from three CCGs to one across West Sussex from 1 April 2020.

## Sussex Police

### Achievements

- Lead on the Making Safeguarding Personal presentation at Board conference covering how this is delivered internally, the new Vulnerable Adult At Risk (VAAR) process, and the challenges faced by Police investigating adult abuse.
- In depth analysis of Data Dashboard presented to the Board to review data, enable understanding of patterns and anomalies, and raise questions for discussion.
- Working in multi-agency adult Safeguarding Hub to triage concerns.

### Priorities

- With Sussex Safeguarding Adults Boards, implement an Adult Death Protocol, to design robust investigating and information sharing process for adults where it is suspected that they may have died as a result of neglect or abuse.
- Address the gap for vulnerable care leavers by implementing a protocol for those who do not meet the threshold for adult safeguarding, and to help divert away from criminality.
- To promote professional curiosity around identification of vulnerability.

## South East Coast Ambulance Service (SECAMB)

### Achievements

- Amended the terms of reference to ensure that all serious incidents with a safeguarding theme are submitted to the Designated Safeguarding function at the Trust's lead commissioners.
- Safeguarding supervision policy ratified and bought in line with all NHS commissioned services.
- Worked with other agencies to streamline safeguarding referrals, including labelling referrals with levels of need that are matched to the local thresholds.
- Focused on increasing awareness of domestic abuse via a internal newsletter and, updated resources available to staff on the Trust's intranet pages.

### Priorities

- Embedding a greater understanding of domestic abuse within the service, including development of a draft 'domestic abuse in the workplace' policy.
- Increased Mental Capacity Act (MCA) training and Introduction Prevent Basic Awareness e-learning training. Focus on developing Level 3 Safeguarding Adults training resources.

## West Sussex Fire and Rescue

### Achievements

- 90% of fire service workforce have completed the 3 modules for safeguarding adults, Prevent and safeguarding children.
- Switched to the West Sussex County Council online safeguarding referral form.
- Change of process for safeguarding referrals through the new Joint Fire Control project with Surrey providing an agreed 24/7 service.

### Priorities

- Work with the online safeguarding referral form, giving the fire and rescue service the ability to report to their inspectors (HMICFRS) on safeguarding and welfare concerns.
- To improve the awareness within West Sussex Fire and Rescue Service of the benefits of using the consultation number at the Safeguarding Hub.

## Sussex Partnership NHS Foundation Trust

### Achievements

- Improved quality and accuracy of data following the development of central and local databases.
- Significant improvement in safeguarding training, quality and staff uptake with compliance ranging from 85-95%, including PREVENT.
- Established a single point of contact for all Trust staff and external partners, offering consultations and information sharing in regards to queries and complex cases.

### Priorities

- Introduction of a reflective group supervision for safeguarding team.
- Continued partnership working across Safeguarding Adults Boards with the greater emphasis internally on learning from Safeguarding Adult Reviews, Serious Case Reviews and Domestic Homicide Reviews.
- Improved data collection, analysis and reporting.

## Sussex Community NHS Foundation Trust

### Achievements

- Mandatory level 3 Safeguarding Training for frontline health staff who are involved with adults where there are safeguarding concerns. The 2019/20 target of 65% has been exceeded.
- The Trust's safeguarding advice line has provided 514 staff with advice, which is a 19.5% increase against last year. The advice line supports better outcomes and enables staff to improve their knowledge and competence.
- There has been a total of 537 adult safeguarding concerns raised to local authorities, a 34.25% increase against last year.

### Priorities

- Develop online training for safeguarding level 3 and other relevant subjects.
- Continue to facilitate monthly training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Providing bespoke mandatory MCA and DoLS training will ensure that the most current information will be disseminated to staff.
- Timely and appropriate response to Board requests for information gathering.

## Brighton and Sussex University Hospitals

### Achievements

- Improved escalation of safeguarding through participation in Patient Experience Group and Patient Safety Group.
- Safeguarding leadership in clinical practice to support Multi-Disciplinary Team to ensure good End of Life Care for patients with complex needs.
- Refresh of all safeguarding adults and Mental Capacity Act mandatory training for staff.

### Priorities

- Improvements to patient discharge resulting in reduction of safeguarding concerns relating to discharge.
- Implementation of Level 3 Safeguarding training.
- Implementation of Liberty Protection Safeguards in line with legislative requirements.

## Queen Victoria Hospital (QVH)

### Achievements

- Making effective use of resources for safeguarding, ensuring the development of staff and future planning of resources.
- Quarterly strategic safeguarding group.
- Safeguarding learning and development strategy detailing how the care for patients is delivered in a timely and effective way, whilst learning from past experience.
- Production of leaflets for patients which can be provided in different formats and languages (these will be added to our website as we review and update them).

### Priorities

- Focused review of Mental Capacity Act (MCA) implementation including change over from Deprivation of Liberty Safeguards (DoLS) to Liberty Protection Safeguards.
- Improved support to patients with a Learning Disability who are likely to have reduced ability to cope independently in the hospital environment, ensuring adjustments are made to aid recovery and enhance the experience of the hospital environment.
- To continue to maintain safe, effective and accessible safeguarding training and updates for all staff.

## Kent, Surrey and Sussex Community Rehabilitation Company (KSSCRC)

### Achievements

- Designed and implemented the Compulsive Obsessive Behaviour Programme, a responsive one-to-one intervention designed to help service users acknowledge, accept and recognise difficult emotions that trigger harmful behaviour and support them to manage this.
- Set up a research department, the first and only unit of its kind in any community rehabilitation company in England and Wales, conducting research regarding probation practice and working with families to support the service user in their rehabilitation journey. Our service users and

their families have contributed to this research with the aim to improve how work with them. The KSSCRC Research Unit also explored the role of the women's lead responsible officer and the impact on both staff and service users.

- Launched a new enhanced 'Through the Gate' service to nine prisons across Kent, Surrey and Sussex, giving offenders additional rehabilitation to reduce their likelihood of reoffending, such as support to find a place to live, get a job, manage finances, address any health or addiction issues and learn new skills.

## National Probation Services

### Achievements

- Development of multi-agency community hubs to support vulnerable women in the community and reduce the prospect of re-offending. Hubs focus on: mental wellbeing; accommodation; debt; childcare; and the impact of domestic abuse.
- Adaption of supervision materials to cater for learning disability service users.
- Development of adult safeguarding checks in Court, to monitor potential issues of exploitation and vulnerability in relation to serious organised crime.

### Priorities

- Reduce the levels of National Probation Service users who are homeless or rough sleeping, in partnership with statutory and voluntary agencies.
- Work in partnership with Adult Social Care to improve multi-agency public protection arrangements.
- Reduce volume of violent crime incidents, committed by adults to adults, as part of the multi-agency violence reduction work.

## District and Borough Councils

### Achievements

- Training to raise awareness of categories of abuse, including modern slavery, domestic abuse, Prevent (extremism), and to raise awareness of the Safeguarding Threshold Guidance.
- Continued development of the Arun Cuckooing Forum. Police and Arun District Council regularly attend together and a case management system has been implemented to share information relating to risk.
- Strong and co-ordinated multi-agency approach to manage known risk and concerns.

### Priorities

- Work with partner agencies to deliver the West Sussex Modern Slavery action plan.
- To work with the Board to highlight safeguarding concerns encountered that relate to mental health and do not reach the safeguarding threshold of the Care Act.
- To work with all partners to reduce harm from serious violence, including victims of domestic abuse and drug-related harm in our locality.



# West Sussex demographic data

## Population

In **2019** the estimated population of West Sussex is **864,653**. This is expected to rise to **997,684** by **2039**.

*The statistics for this are taken from West Sussex Life 2017-2019.*

## Age

In **2019** it is estimated that **201,547** people were over the age of 65. This is expected to rise to **305,193** by **2039**.

*The statistics for this are taken from West Sussex Wellbeing.*

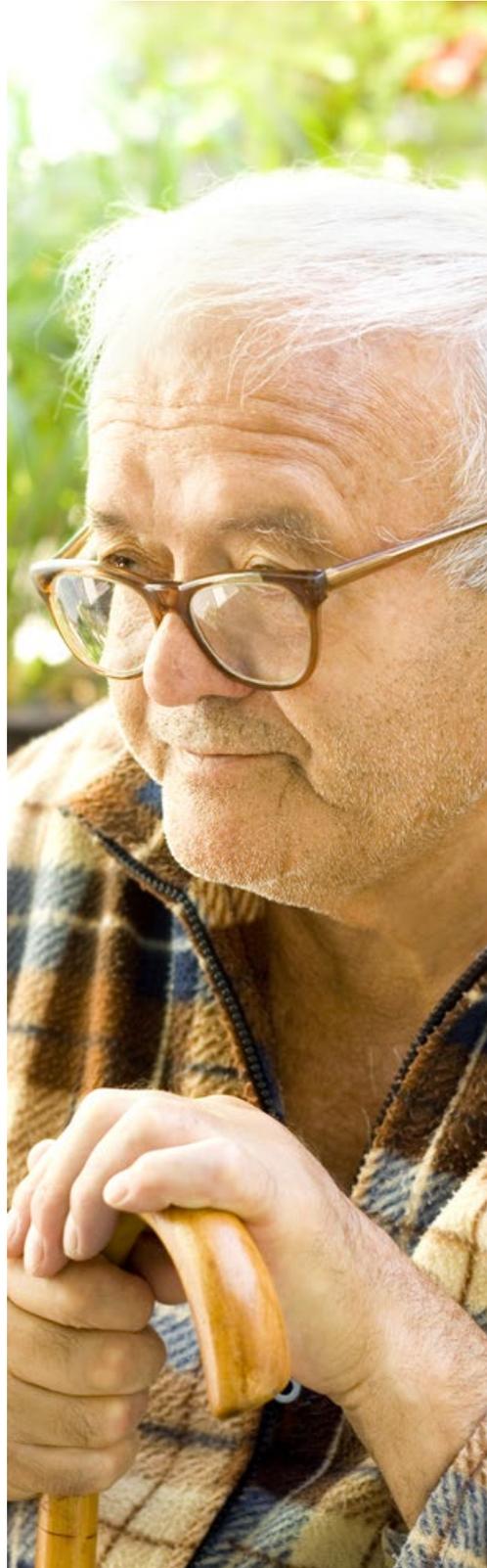
## Unpaid carers

In West Sussex it is estimated that there are **84,500** unpaid carers, with just under **17,000** people providing **50** or more hours of care per week.

*An unpaid carer is anyone looking after another person, who could not manage without help.*

## Census data

The last census, in **2011**, reports that 9,058 people live in communal establishments in West Sussex. At the time, **3,657** lived in nursing homes and **4,728** lived in independent homes.



# Safeguarding concerns

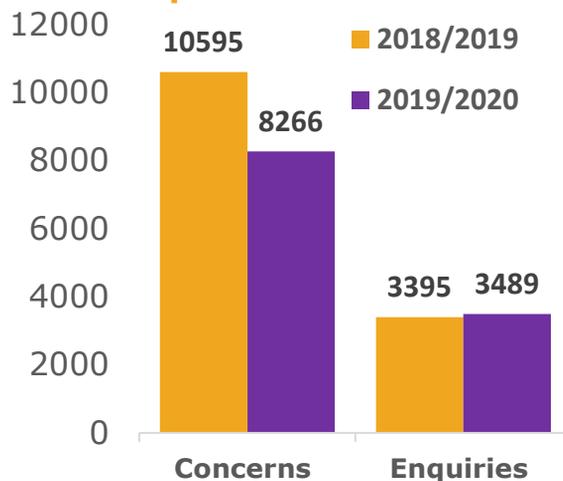
**West Sussex County Council is the lead for safeguarding and records all safeguarding data. Concerns about abuse and neglect are reported using an online form and triaged by West Sussex County Council’s Safeguarding Adults Hub.**

## Safeguarding concerns

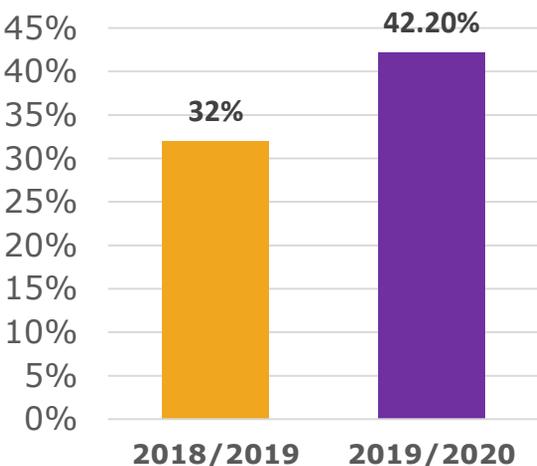
The figures in the graph to the right illustrate that there has been a significant decrease in the number of safeguarding concerns received over the course of 2019/20. There were **8,266** last year compared to **10,595** the year before.

There was a particularly significant decrease in August/September 2019 which corresponds with the implementation of the online safeguarding referral form and Threshold Guidance. Concerns fell from **425** in July 2019 to **246** in September 2019. This reflects more appropriate referrals being made.

Concerns received and enquiries undertaken



Conversion rate



## Concerns which led to an enquiry

Of the **8,266** concerns received, **3,489** proceeded to an investigation, known as a Section 42 enquiry. This represents **42.2%** of concerns.

The conversion rate from concern to enquiry has significantly increased since the implementation of the online form and Thresholds Guidance. This indicates that more appropriate safeguarding concerns were being raised, and that requests for assessment and welfare checks were no longer being raised as safeguarding concerns.

## Type of abuse people experienced

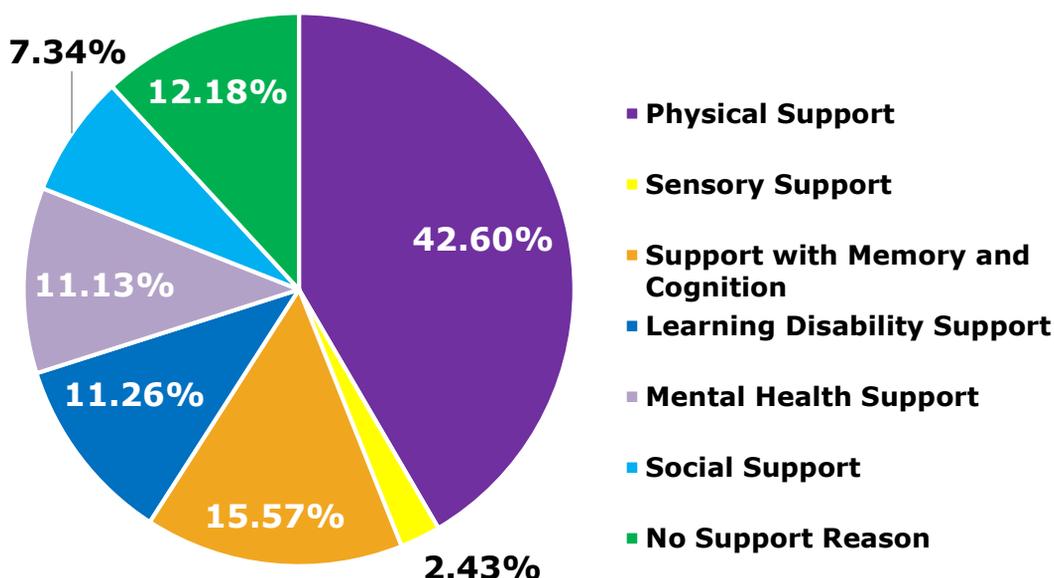
Of the concluded section 42 enquiries, there were **1,499** neglect and acts of omission enquiries, **746** physical abuse enquiries and **279** financial abuse enquiries. Together, these three categories represent **81.3%** of all concluded safeguarding enquiries.

Neglect and acts of omission has been the most common form of abuse over the past three years, and is consistent with the national picture.

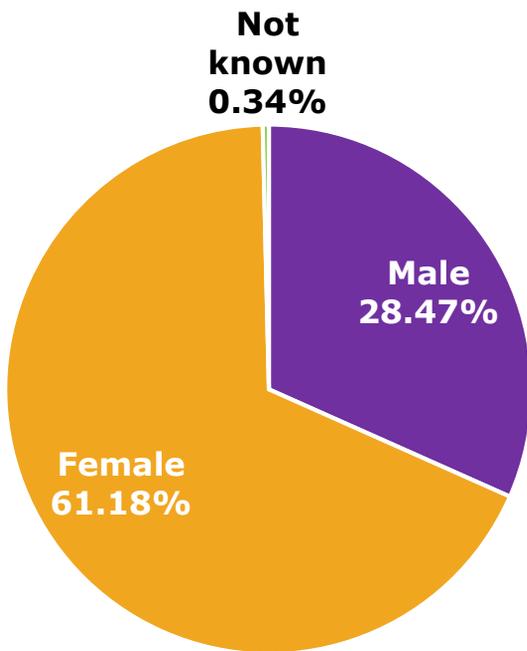
Type of Abuse	Number
Neglect or act of omission	1,499
Physical	767
Financial	279
Psychological	151
Sexual	139
Self neglect	132
Organisational Abuse	106
Domestic Abuse	50
Discriminatory Abuse	5
Modern Slavery	3
Sexual Exploitation	1

## Primary support needs of those safeguarded

Of the concerns received where the section 42 criteria was met, physical support was by far, the most likely primary support group to require an enquiry. This is consistent with last year.



## Who was safeguarded



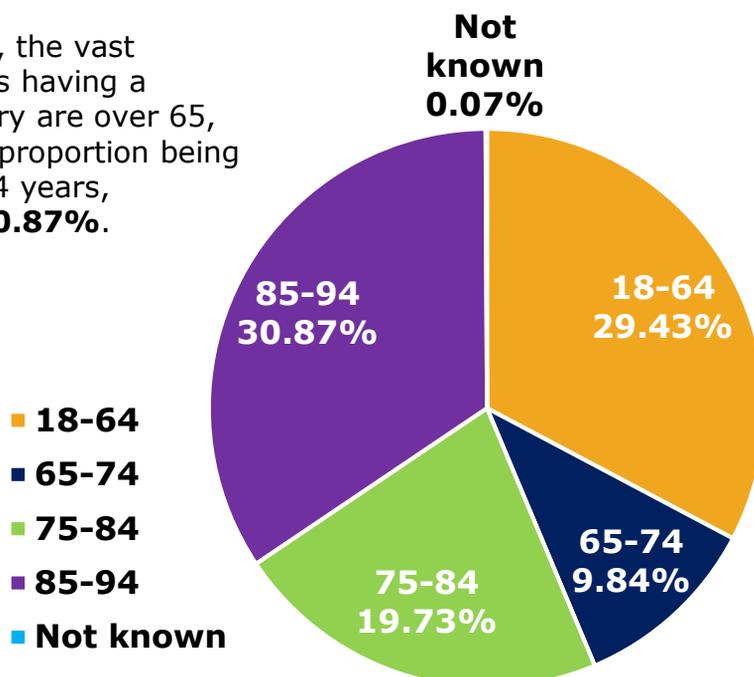
### Gender

Of the Section 42 enquiries undertaken **61.18%** were for women and **28.47%** were for men. There were just 0.34% of enquiries undertaken where an individual's gender was not known.

The data similar to last year where 60.19% were for women, 39.66% were for men and 0.15% where an individuals gender was unknown.

### Age

As with last year, the vast majority of adults having a Section 42 enquiry are over 65, with the highest proportion being those aged 85-94 years, accounting for **30.87%**.



## Who was safeguarded and where they lived

### Ethnicity

The vast majority of safeguarding enquiries were for adults who identified as white, totalling **2,328**. The figures illustrated in the table reflect the overall proportion of people’s ethnicities in West Sussex.

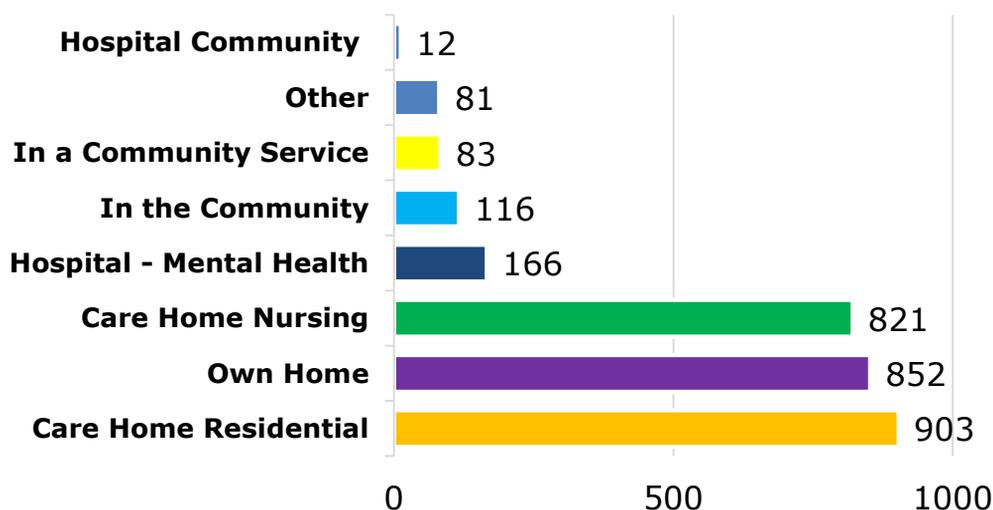
Ethnicity	Number
White	2,328
Not Stated	343
Asian/Asian British	30
Mixed/Multiple ethnic groups	19
Black/African/Caribbean/Black British	17
Chinese or other ethnic group	4
<b>Total</b>	<b>2,722</b>

### Location

For completed enquiries, the most prevalent area where people with care and support needs experienced abuse and neglect was in a Residential and Nursing Care Home. This accounted for **1,724** people.

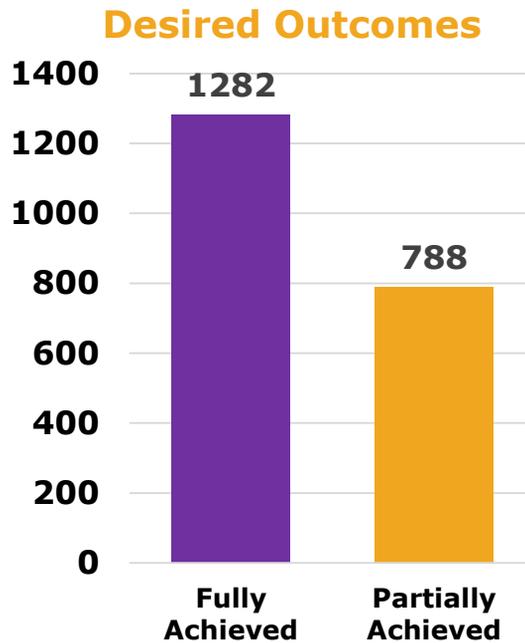
The next most prevalent area, accounting for **852** of people, were those living in their own home.

This data is similar to last year and remains an outlier for national data where the most prevalent area is in a person’s own home.



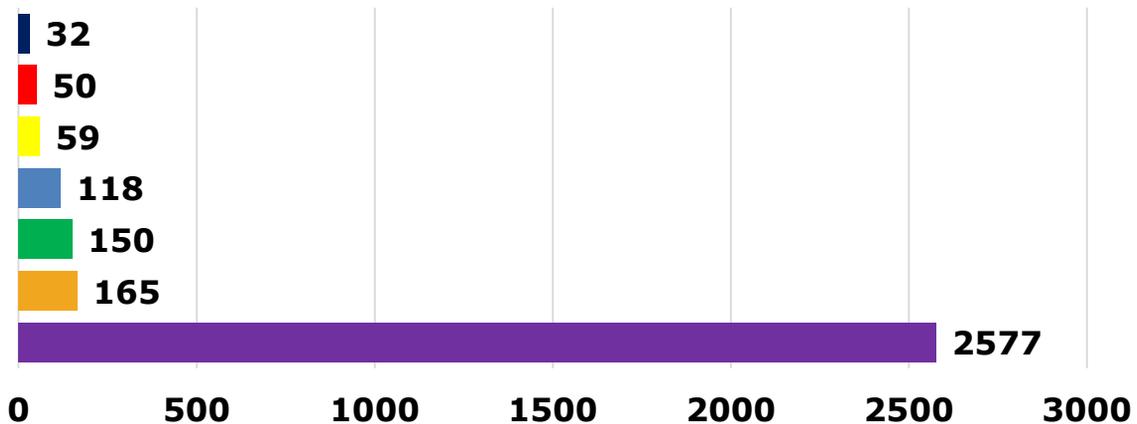
## Making Safeguarding Personal

As part of a section 42 enquiry, people are asked for their desired outcomes. For the **2,074** people who gave desired outcomes, **1,282** had these fully achieved and **788** people had them partially achieved.



## How safeguarding changed risk

Most people where a risk was identified had an action taken to reduce risk (**2577**). For other categories, the figures are much lower. There were only 50 people with an identified risk where no action was taken, the reason for which are varied. This includes adults who have capacity and are choosing to live with risk.



- Risk identified and actions taken
- No risk identified and actions taken
- Enquiry ceased no action taken
- Risk inconclusive no action taken
- Risk inconclusive and action taken
- No risk identified and no action taken
- Risk identified and no action taken

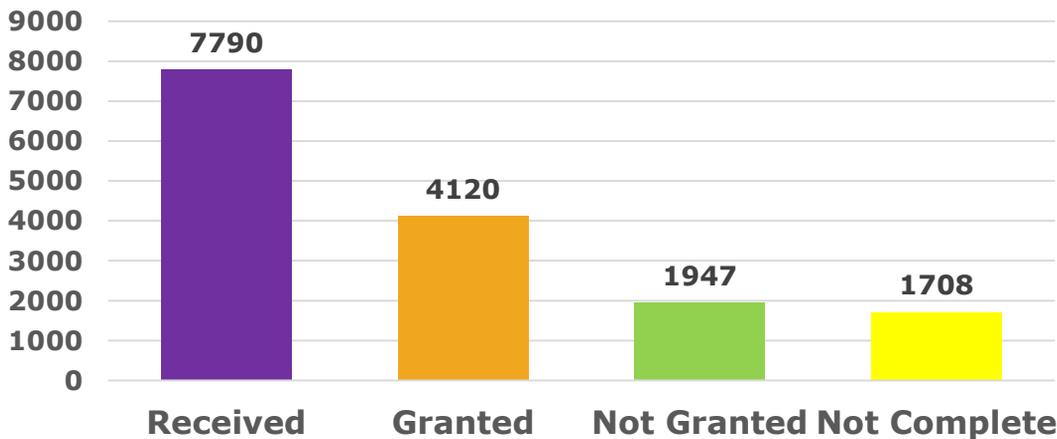
# Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act and is a legal measure to protect people who lack capacity to make decisions about their care and treatment. DoLS has been scheduled to be replaced by the Liberty Protection Safeguards (LPS) in October 2020. However, due to COVID further government guidance on the timescale is awaited.

The LPS will create a difference in administration and practice but the focus remains on continuing to ensure vulnerable people's care and treatment is in their best interests.

## Referral received with outcome

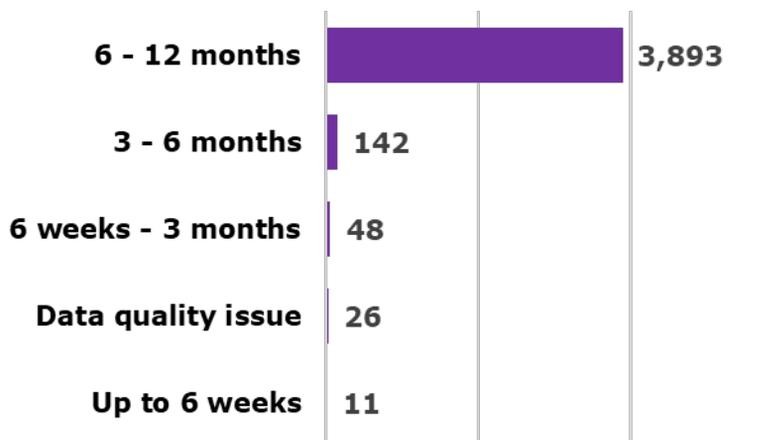
There was a total of **7,790** people who received assessments. Of these assessments, **4,084** were granted, **1,947** were not granted and **1,708** are in progress.



*Note: total number of granted/not granted/not complete does not equal the total referrals received (7,790) as there were referrals received in **2018/19** which were concluded in **2019/2020**.*

## Time period for authorisations

Of the **4,120** referrals granted, the vast majority, **3,893**, were granted for a period of 6 to 12 months.



## Where referrals came from

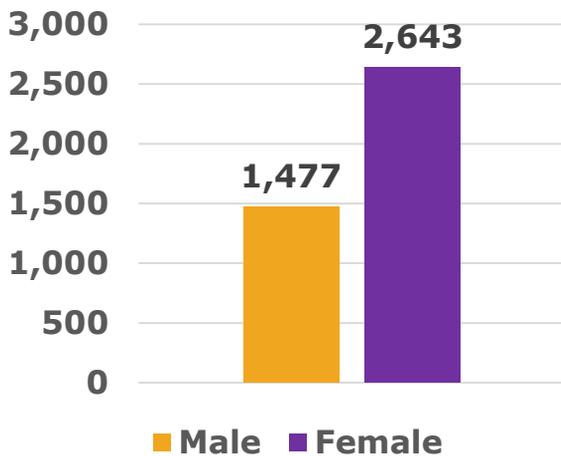
The table below shows that the majority of DoLS referrals were made by social care, accounting for **6,485** referrals.

NHS Hospitals are the second highest referring agency, accounting for **1,004** referrals.

Referral Source	Granted	Not Granted	Not Yet Complete	Total
NHS Hospital	47	829	128	1,004
Independent Hospital	9	9	2	20
Community hospital	43	23	14	80
Hospice	6	16	3	25
Unspecified	112	31	33	176
Social care	3,903	1,048	1,534	6,485
<b>Grand Total</b>	<b>4,120</b>	<b>1,956</b>	<b>1,714</b>	<b>7,790</b>

## Gender

The majority of granted referrals were for females. This is consistent with the national picture as women tend to live longer.



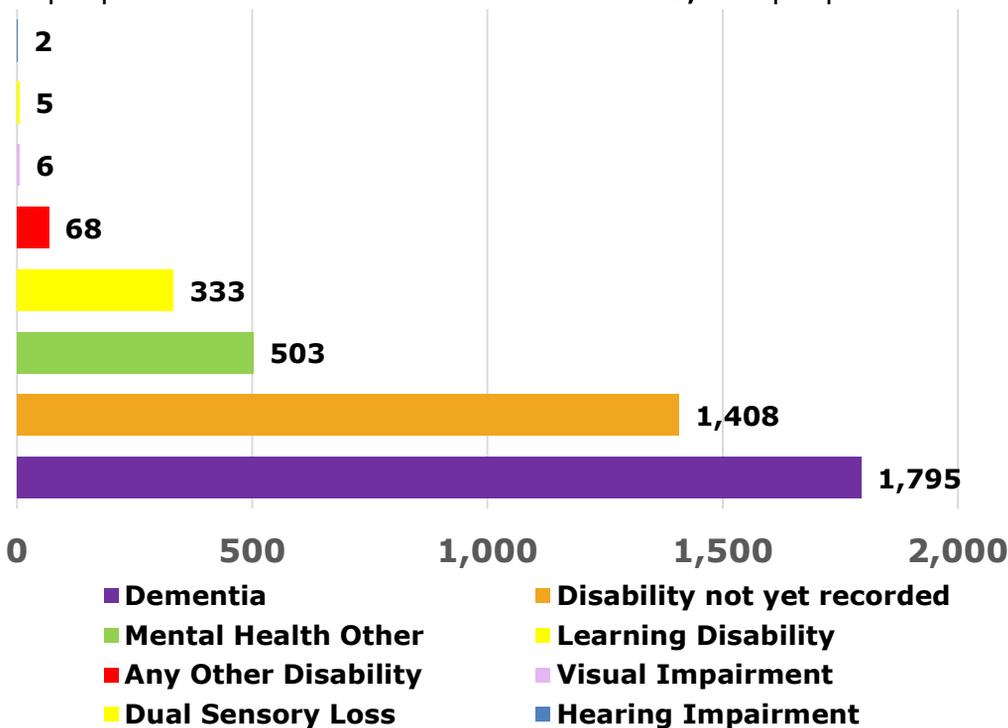
## Ethnicity

The majority of granted referrals were for White people which, reflects West Sussex County's demographic.

Ethnicity	Number
White	3,717
Not Stated	316
Asian/Asian British	24
Black/Black British	20
Mixed/Multiple Ethnic Groups	20
Unknown/Not Declared	18
Other Ethnic Origin	5

## Primary Support Reason for granted referrals

Those individuals who lack capacity to make a decision about their care or treatment largely, have also, recorded their primary support need. The largest primary support need of people requiring a DoLS authorisation were people with Dementia. This accounted for **1,795** people.



# Compliments and complaints

**In 2019/20 the Safeguarding Adults Board received no complaints.**

A copy of our Complaints Process can be found [on our website](#).

The Board is pleased to be receiving acknowledgements from other Safeguarding Adults Boards, as we continue to share our work nationally.

This includes sharing our annual report format, template documents, and tools created in preparation for the recruitment of lay members to the Board.



# Our priorities for 2020/21

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

In 2020/21 we will continue to place a focus on:

- embedding safeguarding practices and processes that '**capture the voice of the service user**';
- building resilience of those who may be at risk of abuse and neglect, including adolescents who are **transitioning** to adulthood and people with a **Mental Health** condition; and
- working with partners to assist **prevention** and promote the **wellbeing** of those who are **homeless** and experience abuse.



# Safeguarding Adult Review

**A Safeguarding Adults Review (SAR) is a legal duty under the Care Act 2014.**

**The purpose of a SAR is to learn from cases, on a multi-agency level, to prevent similar incidents occurring.**

**The aim is not to apportion blame on an organisation or individuals for any failings that may be discovered.**

This year, the SAR Protocol has been reviewed and streamlined to ensure a more robust procedure. The review included: revision of the SAR referral form and professional briefing template; creation of a guidance briefing for referrers; and leaflet and feedback form for families and carers.

These revised documents are being piloted whilst moving towards introducing a Pan Sussex approach with our colleagues in East Sussex and Brighton & Hove Safeguarding Adults Boards.

A process for gaining assurance around multi-agency learning from SARs has also been developed. Learning is shared by the Learning and Policy subgroup, before the Quality and Performance subgroup seek assurance from partners that learning has been embedded in their organisation.

In 2019/2020 the board published two SARs: one in respect of MS, an older woman whose SAR was in relation to neglect; and one in respect of adult B, a woman in her thirties in relation to neglect. Please see the published reports [on our website](#).

The SAR subgroup received **5** referrals in **2019/2020**.

**1** of the **5** referrals met the criteria for a SAR and progressed as a Thematic SAR covering **3** individuals.

The **4** referrals which did not meet the SAR criteria were referred to other agencies for further work.

There were **4** open reviews received prior to **April 2019** which were being progressed last year.

Of the **5** open reviews, **4** were referred by West Sussex County Council and **1** was referred by South East Coast Ambulance Service (SECAMB).

All **5** of the open reviews being worked on in **2019/20** were for concerns about **neglect or acts of omission**.

Of **4** of the open reviews, **3** were for females and, **1** for a male. For the Thematic SAR covering **3** individuals, **2** were male and **1** was female.

Of the **5** open reviews being worked on in **2019/20**, involving a total of **7** individuals, **6** were for people who identified as White British and **1** was for an individual who identified as Black African.

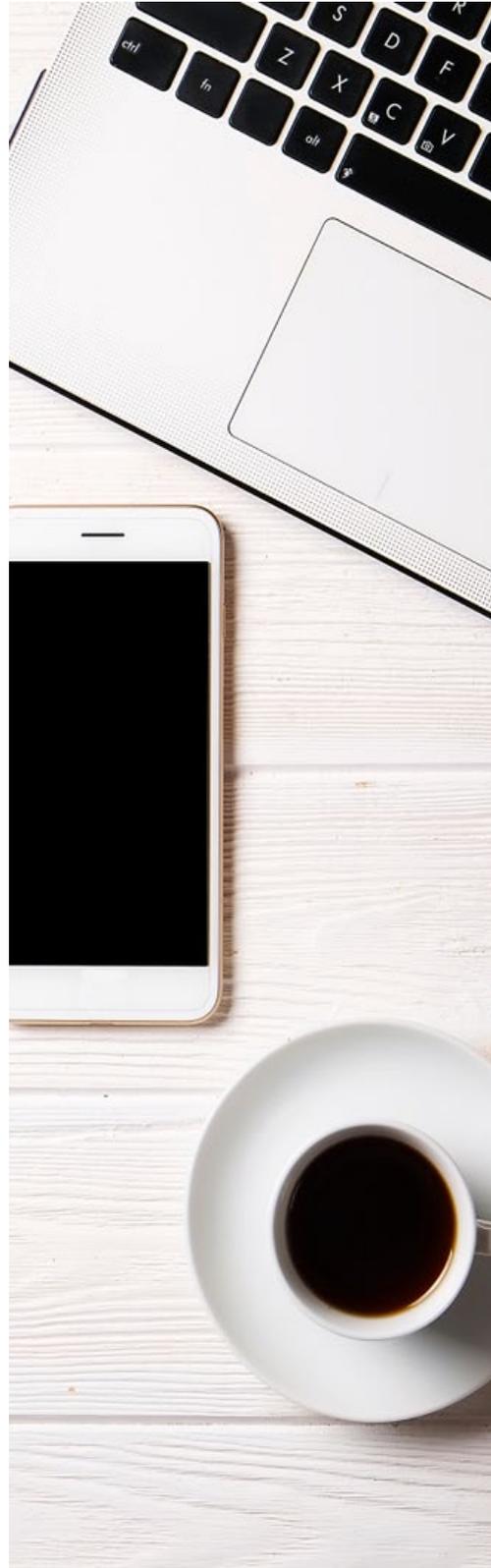
# Report a concern

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



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

- Complete an [online adult safeguarding concern](#).
- Phone West Sussex County Council's (WSSCC) Adults' CarePoint on 01243 642121
- NGT Text Relay for people with hearing loss (available as a downloadable App for tablets and smartphones)  
018001 01243 642121
- Write to Adults' CarePoint at  
Adults' CarePoint, Second Floor,  
The Grange, County Hall,  
Chichester, PO19 1RG
- Phone Sussex Police on 101



# Contact us

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

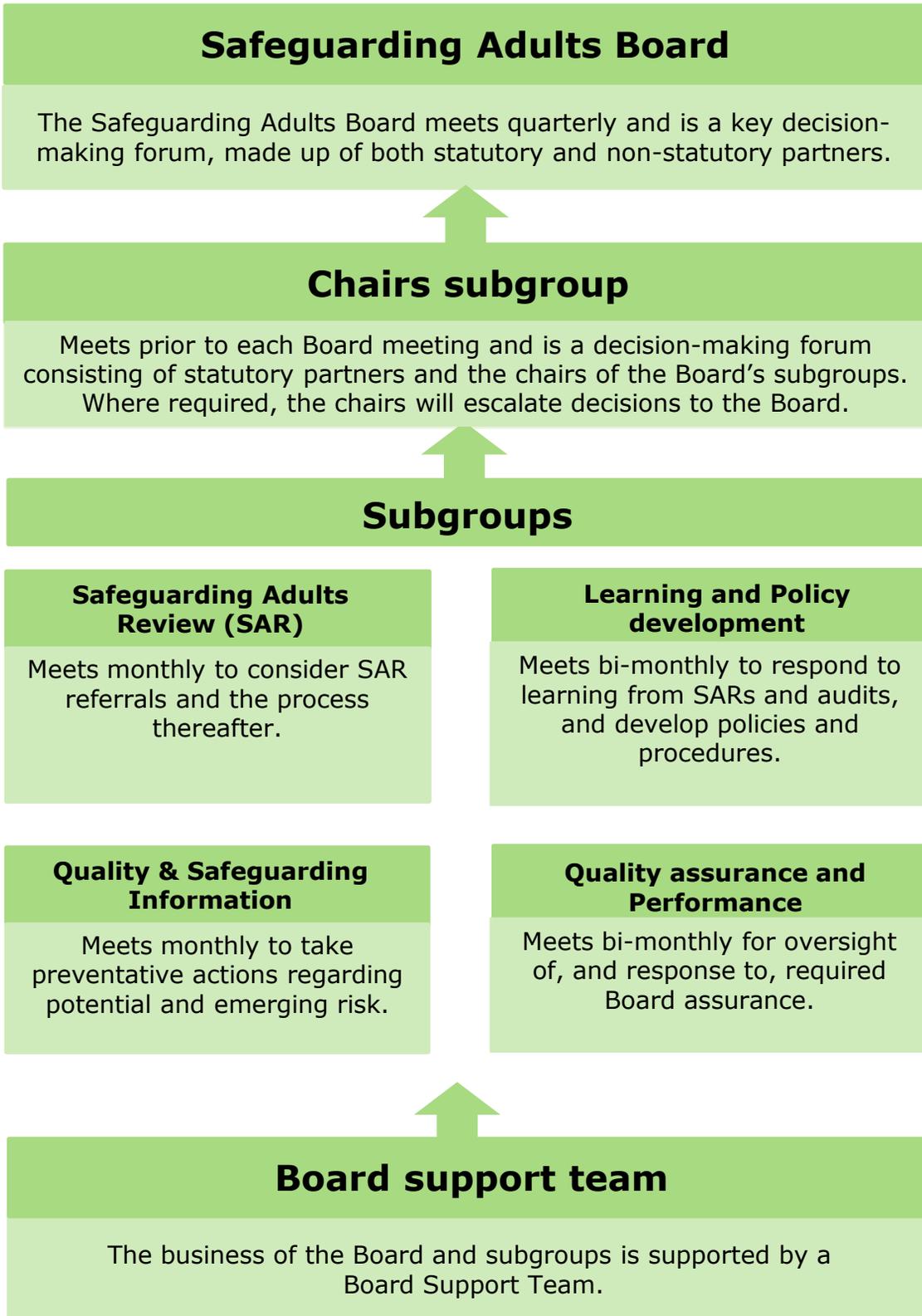
- Email [safeguardingadultsboard@westsussex.gov.uk](mailto:safeguardingadultsboard@westsussex.gov.uk)
- Write to Safeguarding Adults Board, 1st Floor, County Hall North, Parkside, Chart Way, Horsham, West Sussex, RH12 1XH
- Phone 03302 227952

**If you would like to access West Sussex County Council's safeguarding training programme, or would like more information on safeguarding training in general, please [visit the West Sussex Learning and Development Gateway](#).**

Electronic copies of our Annual Report are available [on our website](#).

Further information about DoLS can be found [on the West Sussex County Council website](#).

# Appendix: Board structure



# Appendix: Board membership

**The Board consists of the following membership:**

## **Statutory partners**

- West Sussex County Council (WSCC)
- NHS West Sussex Clinical Commissioning Group (CCG)
- Sussex Police

## **Members**

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



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**Cabinet****16 June 2020****Covid-19 Response****Report by the Chief Executive**

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**Summary**

Attached at the Appendix is an update on West Sussex County Council's continued response to the Covid-19 providing information on delivery priorities. It also provides an update on reset work, which will be Cabinet led and coordinated through a single plan.

A verbal update will be provided at the meeting to ensure an up-to-date picture is provided given the fast-moving nature of current events.

**Recommendations**

Cabinet is asked to consider and comment on the Council's response to the Covid-19 pandemic.

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**Details**

The details of this item for consideration are set out in the attached Appendix.

**Implications**

The resource implications of the Covid-19 emergency response continue to be assessed. There are significant risk implications. Business continuity plans have been implemented and risks are being monitored by the Executive Leadership Team.

Decisions required to address Covid-19 include assessments in accordance with Council policy and the statutory framework of duties and responsibilities including those relating to Equality, Human Rights, Social Value, Sustainability and Crime and Disorder Reduction implications.

**Becky Shaw**

Chief Executive

**Appendix 1**

- West Sussex Covid-19 Briefing

**Background papers**

None

## **WEST SUSSEX COUNTY COUNCIL COVID-19 BRIEFING 16<sup>th</sup> JUNE 2020**

### **1. Priority issues (pages 2 – 10)**

- a) Testing and Tracing (page 2 - 3)**
- b) Care Home Resilience Plan – support for Care Homes (pages 4 - 6)**
- c) Cycling and Highways (pages 7 - 10)**
- d) Reset update (page 10)**

### **2. Data and trends (appendix A)**

## 1. Priority issues

### a) Testing and Tracing

#### Overview

1. The national Test and Trace system was launched in England on Thursday 28<sup>th</sup> May 2020, and has three levels:
  - Tier 3 Contact Centre
  - Tier 2 Health Professionals
  - Tier 1 Public Health England (PHE) regional health protection teams
2. In practice, this means that those who test positive are contacted by NHS Test and Trace and asked to share information about their recent interactions, so those most at risk can be asked to self-isolate. This could include household members, people with whom they have been in direct contact, or within 2 metres for more than 15 minutes. People identified as having been in close contact with someone who has a positive test will need to stay at home for 14 days, even if they do not have symptoms. If those in isolation develop symptoms, they can book a test at [nhs.uk/coronavirus](https://nhs.uk/coronavirus) or by calling 119.
3. Directors of Public Health will have the necessary powers and authority to lead the response locally and tackle outbreaks early and aggressively. The role of the public in making the programme a success, and how they can be reassured and encouraged is underpinned by the leadership of their local council. Councils will require the capacity and will receive the necessary data to play a full part in this national programme, to understand where the outbreaks are happening and be able to act quickly to contain them. This will include 'localised restrictions' and local powers to enforce lockdown arrangements. We are awaiting further guidance on this.

#### Key Headlines

4. Each upper tier local authority (LA) to have a Local Outbreak Plan in place to allow improved speed of response, which will be developed during June 2020. This will build on local knowledge, working with Public Health England (PHE) local Health Protection Team (HPTs).

5. The Director of Public Health (DPH) for every upper tier LA will drive this local plan through a COVID-19 Health Protection Board; and a member led Local Outbreak Engagement Board will provide political ownership and public-facing engagement and communication for outbreak response.
6. The place-based approach provides structure and responsibility, with a Joint Biosecurity Centre in place to enable effective flow of data consistency.
7. The Joint Biosecurity Centre will set the alert level, bringing data feeds together for Directors of Public Health (DsPH) to act on outbreaks.
8. Feedback on outbreaks will loop back into the national system.
9. 11 beacon councils (including Surrey) will work with an advisory board, the Association for the Directors of Public Health, and Solace to enable effective learning as new systems and processes are put in place.
10. There are 7 priorities within the Programme:
  - 1. Care homes and schools**
  - 2. High risk places, locations and communities**
  - 3. Local testing capacity**
  - 4. Contact tracing in complex settings**
  - 5. Data integration**
  - 6. Vulnerable Groups**
  - 7. Governance**

## **b) Care Home Resilience Plan – support for Care Homes**

### Support for Care Homes

11. On 14<sup>th</sup> May 2020 the Minister of State for Care, Helen Whatley [MP wrote to all council leaders](#) regarding support for care homes.
12. The letter asked council chief executives to lead a process to develop care home support plans by 29<sup>th</sup> May 2020, supported by directors of adult social services and directors of public health, working with CCGs and taking into account the views of health and care providers.
13. These plans should be published on council websites and will be subject to a regional and national review process. The letter also includes further information on the new Adult Social Care Infection Control and Workforce Resilience Fund, including reference to the £600m infection control fund for care homes to reduce the rate of transmission in and between care homes and support wider workforce resilience.

### West Sussex update

14. In response, the County Council has drafted a Care Home Resilience Plan which captures what is underway and needs to be done to support care homes. Particular attention is on infection control measures being implemented and the allocation of the West Sussex portion of the £600m fund.
15. The Council was required to submit:
  - A letter from the Chief Executive describing the overview of the integrated support system, how this is working, what is being done to support isolation (where required) and financial support
  - A template populated by NHS Tracker returns from providers along with the identification of what additional support would be helpful.
16. There is no requirement to submit an actual plan, however we have attached the Social Work Action Plan which is our overall plan that includes the various actions to support care homes. This was submitted on time on

29<sup>th</sup> May and has been placed on the Council's website and on the new provider website, with a copy of the Chief Executive's letter an appendix to this paper (appendix B).

17. In preparing this submission discussions took place with providers, health colleagues, advocacy groups and Councillor Jupp as Chair of the Health and Wellbeing Board.

### Funding

18. The funding will be paid in two equal instalments to local authorities and will be allocated according to the number of care home beds in each area registered with the Care Quality Commission, with an adjustment to reflect the costs of operating in each area.

19. The Government request that 75% of the initial funding received is passed straight to care homes for use on infection control measures, including to care homes with whom the local authority does not have existing contracts. The remaining 25% must also be used for infection control measures, but it can be allocated based on need and may involve support for domiciliary care workforce measures.

20. West Sussex has been allocated £13.3m in total, which will be paid in two equal instalments in May and July. 75% of this will be paid directly to care homes at a rate of £975 per bed.

21. It is not yet decided how to spend the remaining 25% in West Sussex, but it will be determined by local need. It is however likely some financial support will be provided to supported living and extra care services for support with infection control issues.

22. We will work closely with care homes and other care providers going forward, and in conjunction with our health colleagues.

### **c) Cycling and Highways**

#### Reallocating road space – Tranche 1 bids and future tranches

23. This note describes how our response to changes to the highway as a result of easing the COVID-19 lockdown will be phased and how priorities for Tranche 1 are derived.

24. Government funding currently available to WSCC is £784k (Tranche 1) of £3.919m (Tranche 2) is called the Emergency Active Travel Fund (EATF). Tranche 1 of the EATF is aimed primarily at cycling schemes as an alternative to public transport. The £3.919m total is part of an overall £2bn long term package announced in February 2020. District and borough councils have access to a share of £50m (Re-launching the High Street Fund) which varies by local authority on a per capita basis.

25. WSCC has received 270 proposals that encompass schemes that are suitable for different phases and for different funding pots. Officers have categorised each scheme proposal as:

- **Type 1:** *pop-up cycle routes along roads*
- **Type 2:** *reallocating road space to / road closures / time-based restrictions in support of schools, restart and social distancing*
- **Type 3:** *town / shopping centre amendments.*

26. Response is divided into 3 distinct tranches:

- **TRANCHE 1** – Emergency response to the current easing of the lockdown. This is what we bid into on 5 June for a total of £784k and district and borough councils use their share of the Re-launching the High Street fund together with other funds that may be deployed. Schemes will therefore be made up of:
  - a) Type 1 walking and cycling routes aimed primarily at cycling schemes as an alternative to public transport. These will be prioritised by WSCC and we will bid into the EATF for funding.
  - b) Type 1 / 2 schemes that are considered to be priorities by district and borough councils but not included in WSCC bid for EATF. Such schemes will be funded by district and borough councils.
  - c) Type 3 schemes identified, prioritised and funded by the district and borough councils.

**NOTE** WSCC will maintain a list of all schemes. However at this time we are not aware of all proposals under b and c so are they not reported in this

note. In the meantime Area Highways Manager will be able to advise of proposed changes in areas.

- **TRANCHE 2** – Secondary response as lockdown restrictions continue to ease i.e. additional schemes / making schemes permanent / removal of redundant schemes. Details are yet unknown but there should be 2<sup>nd</sup> round of bidding for the remainder of the £3.919m available to West Sussex, likely to be in advance of schools full return in September.
- **TRANCHE 3** – Making schemes permanent / LCWIP business cases – bids where possible into the £2bn fund as it becomes available. Timescale for bidding for this tranche is likely to be months / a year ahead.

### Prioritisation of Tranche 1

27.To aid in prioritisation we have only considered those type 1 schemes at this time for submission into the EATF because these are the only proposals that truly fit the bidding guidance.

28.Type 1 schemes were prioritised using the following considerations. Each scheme scored 1 -5 depending on its relative strength.

- Public transport / key worker corridor / serving destinations
- Buildability – start in 4 weeks and complete in 8 weeks?
- Scope to make permanent
- LCWIP / STIP / WCS priority
- Stakeholder support – e.g. evidence supported by district or borough council, cycle forums and WSCC plans.
- Rapid Prioritisation Toolkit created by Leeds University which links the potential for cycling increase to estimations of available carriageway space.

29.The number of schemes we are able to bid for is limited by the total value of the fund available under Tranche 1. Costs are estimated as full life costs for a total of 18 months which is the maximum time permissible under a temporary traffic regulation order (where required).

30.In the first instance priorities are shared across West Sussex as the top priority by district and borough is as follows:

Type 1 walking and cycling routes aimed primarily at cycling schemes as an alternative to public transport.

31. Schemes will comprise of a combination of potential measures to reallocate road space to facilitate cycling, including temporary traffic management (cones and signing) light segregation using traffic wands, planters, water filled barriers, road markings, temporary 20mph speed limits, information and direction signing.

	<b>Description</b>	<b>Location</b>	<b>Length (km)</b>
<b>1.</b>	Railway Station to Spitalfield Lane - Covert one lane of Oaklands Way to cycle lane. CDC to install pop-up route through theatre car park to connect with Broyle Road. Consider extending east to St Richard's Hospital. To enable western connection with Avenue de Chartres consider widening existing Northgate Gyratory cycleway and installing wands (or other form of light segregation) and introducing 20mph from Westgate to Spitalfield Lane. Consider converting one lane of Avenue de Chartres to cycle lane.	Chichester	2.0
<b>2.</b>	A259 Chichester to Bognor – (widening the temporary surface where possible) cut back vegetation and side out existing path, which has become narrow in places. Consider converting one lane of western dual carriageway to cycle/bus lane.	Bognor Regis (Arun)	5.4
<b>3.</b>	Three Bridges to Manor Royal - linking to NCN21 (Take opportunity to improve this section of NCN21) (reallocation of carriageway space) / Balcombe Road to Town Centre (via Three Bridges) – improving continuity of existing cycle provision by adding missing links. Look to improve existing cycle facilities. (Reallocation of carriageway space).	Crawley	4.5

4.	A270 Adur River/A283 to Hove Boundary along Upper Shoreham Rd and Old Shoreham Rd past Holmbush roundabout. Links to BHCC pop-up lane.	Shoreham (Adur)	4.6
5.	Create cycle provision connecting the north and south of Worthing: A24/A259 Grove Lodge to The Steyne (seafront). Reallocation of roadscape.	Worthing	2.9
6.	Cone off one lane of Albion Way in each direction from Sainsbury's and Waitrose to the Bishopric - provides space for people to cycle and walk to the supermarkets and the town. Consider extending to Springfield Rd.	Horsham	0.4
7.	Extend existing cycle lane in London Road (southbound) from Engalee (cul-de-sac) as far as Lingfield Rd roundabout. Add light segregation to existing cycle lane.	East Grinstead (Mid Sussex)	1.7
		<b>Total</b>	<b>21.5</b>

32. The seven schemes listed above is expected to expend the full value of the funding currently available.

### Tranche 2 and 3

33. In anticipation of Tranche 2, officers will continue to work with district and borough councils to prioritise the 270 scheme proposals in order to create an agreed list to be submitted when we are able to bid for Tranche 2. Once complete the prioritised list will be available for Members consideration.

34. In due course officers will continue work on LCWIP priorities such that full scheme businesses cases are available for tranche 3 when and if it arrives.

### **d) Reset update**

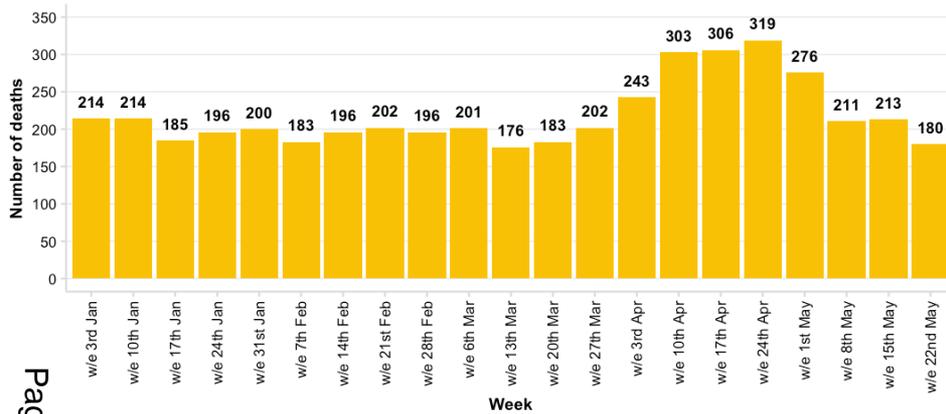
35. The work to assess the short and medium term impact of and learning from the COVID-19 response is progressing well and will be at the core of the Cabinet-led work to Reset the County Council's Business Plan and Budget. It

will be underpinned by a Reboot Programme which will support and ensure the way we work is effective and focussed, with our partners. on the needs of our residents, communities and businesses.

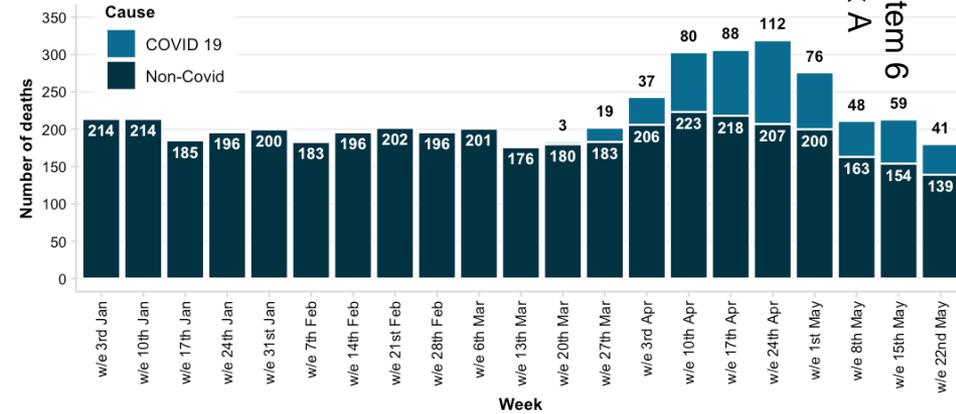
- ONS have released (as of 02/06/2020) weekly deaths broken down to local authority level, of all deaths and COVID-19 deaths. This dataset will be published every week and includes deaths outside of hospital.
- Weekly deaths have been provided for 2020 and from March 31 COVID-19 deaths relate to any death involving coronavirus (COVID-19), **based on any mention of COVID-19 on the death certificate.**
- Two sets of tables are presented, one set based on the date of registration and one set based on date of occurrence of death. Two sets have been provided as there can be a time lag between a death taking place and the subsequent registration. The tables include deaths that occurred up to 22nd May but were registered up to 30th May. **This does mean that there may be some revisions to the dataset, notably in relation to deaths by date of occurrence as registrations are subsequently made. These slides relate to date of occurrence not registration**
- In the main data are provided at West Sussex level (given small numbers, at present, below this in terms of COVID), ONS release data at lower tier authority.

# Deaths – Single Page Summary Charts

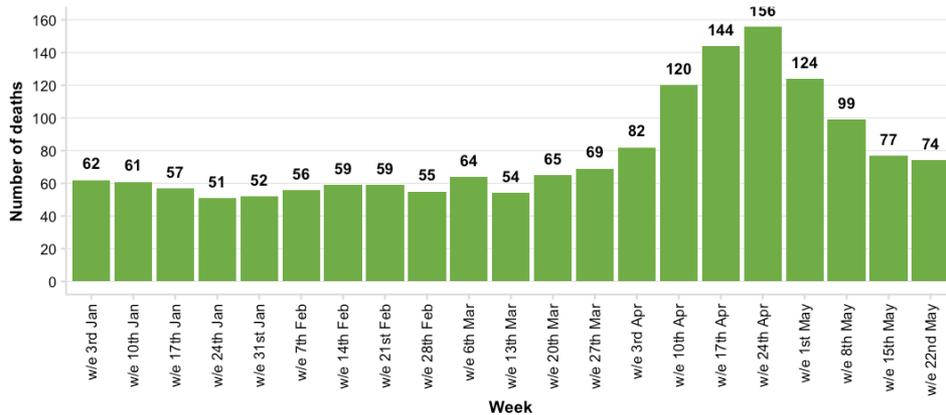
**Weekly all cause deaths; West Sussex; w/e 3rd Jan 2020 - w/e 22nd May**  
By week of occurrence



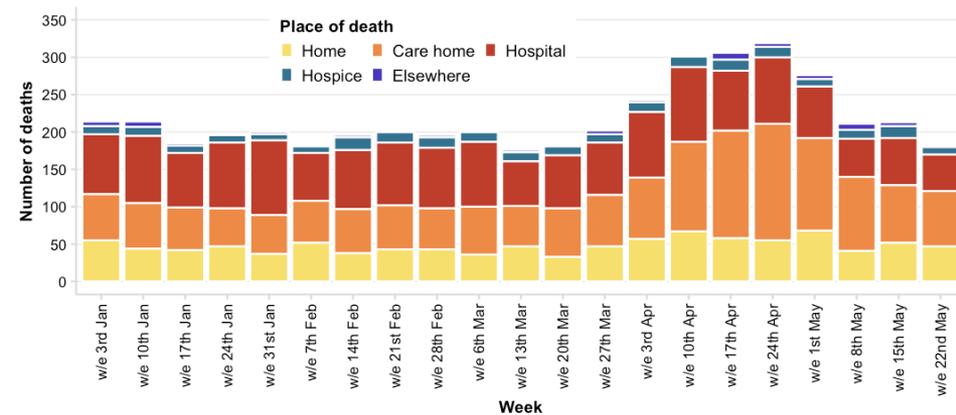
**Weekly deaths; West Sussex; w/e 3rd Jan 2020 - w/e 22nd May**  
By week of occurrence and by Covid-19 mentioned



**Weekly all cause care home deaths; West Sussex; w/e 3rd Jan 2020 - w/e 22nd May**  
By week of occurrence



**Weekly all cause deaths; West Sussex; w/e 3rd Jan 2020 - w/e 22nd May**  
By week of occurrence and place of death



Source: Office for National Statistics

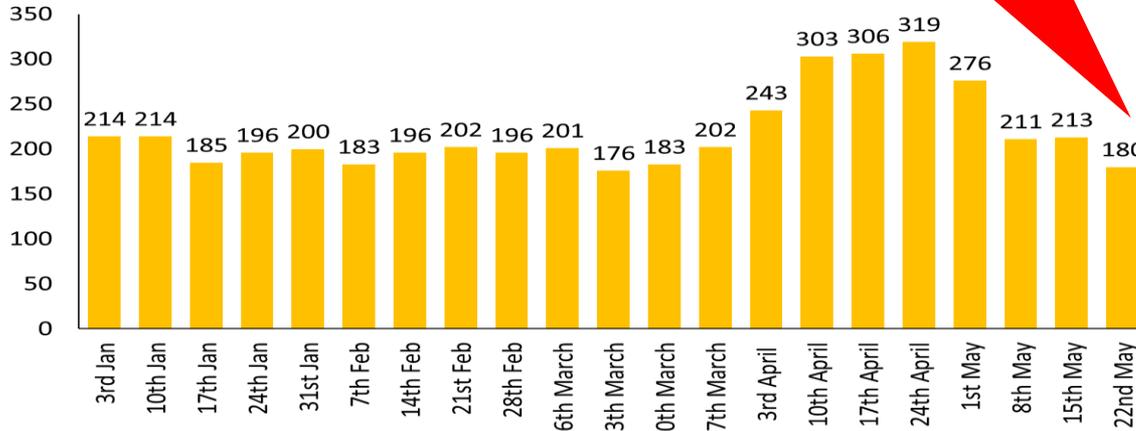
## Deaths – ONS Data – Overall Table – Deaths by Date of Occurrence

All Deaths	Week ending																				
	3rd Jan	10th Jan	17th Jan	24th Jan	31st Jan	7th Feb	14th Feb	21st Feb	28th Feb	6th March	13th March	20th March	27th March	3rd April	10th April	17th April	24th April	1st May	8th May	15th May	22nd May
Brighton and Hove	44	41	39	42	40	36	33	38	35	56	32	38	60	63	63	71	61	39	52	44	34
East Sussex	166	162	153	142	142	146	137	121	110	118	114	129	133	133	168	183	199	174	157	121	120
West Sussex	214	214	185	196	200	183	196	202	196	201	176	183	202	243	303	306	319	276	211	213	180
<b>Sussex</b>	<b>424</b>	<b>417</b>	<b>377</b>	<b>380</b>	<b>382</b>	<b>365</b>	<b>366</b>	<b>361</b>	<b>341</b>	<b>375</b>	<b>322</b>	<b>350</b>	<b>395</b>	<b>439</b>	<b>534</b>	<b>560</b>	<b>579</b>	<b>489</b>	<b>420</b>	<b>378</b>	<b>334</b>
COVID Deaths	Week ending																				
	3rd Jan	10th Jan	17th Jan	24th Jan	31st Jan	7th Feb	14th Feb	21st Feb	28th Feb	6th March	13th March	20th March	27th March	3rd April	10th April	17th April	24th April	1st May	8th May	15th May	22nd May
Brighton and Hove	0	0	0	0	0	0	0	0	0	0	0	1	6	16	21	26	19	14	14	17	5
East Sussex	0	0	0	0	0	0	0	0	0	0	0	2	10	22	41	47	53	36	40	33	27
West Sussex	0	0	0	0	0	0	0	0	0	0	0	3	19	37	80	88	112	76	48	59	41
<b>Sussex</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>35</b>	<b>75</b>	<b>142</b>	<b>161</b>	<b>184</b>	<b>126</b>	<b>102</b>	<b>109</b>	<b>73</b>
Non-COVID Deaths	Week ending																				
	3rd Jan	10th Jan	17th Jan	24th Jan	31st Jan	7th Feb	14th Feb	21st Feb	28th Feb	6th March	13th March	20th March	27th March	3rd April	10th April	17th April	24th April	1st May	8th May	15th May	22nd May
Brighton and Hove	44	41	39	42	40	36	33	38	35	56	32	37	54	47	42	45	42	25	38	27	29
East Sussex	166	162	153	142	142	146	137	121	110	118	114	127	123	111	127	136	146	138	117	88	93
West Sussex	214	214	185	196	200	183	196	202	196	201	176	180	183	206	223	218	207	200	163	154	139
<b>Sussex</b>	<b>424</b>	<b>417</b>	<b>377</b>	<b>380</b>	<b>382</b>	<b>365</b>	<b>366</b>	<b>361</b>	<b>341</b>	<b>375</b>	<b>322</b>	<b>344</b>	<b>360</b>	<b>364</b>	<b>392</b>	<b>399</b>	<b>395</b>	<b>363</b>	<b>318</b>	<b>269</b>	<b>261</b>

# Deaths - Residents

## West Sussex - All Deaths

By week ending of date of occurrence, deaths registered to 30th May



Note figures are revised as there can be a lag in registrations, figures for week ending 22nd May may also be revised upwards.

- Figures relate to deaths of people who are usually resident in West Sussex (i.e. includes people who have died outside of the county)
- Relate to date of occurrence of death, and include deaths registered by 30th May, these may be subject to some minor revision.

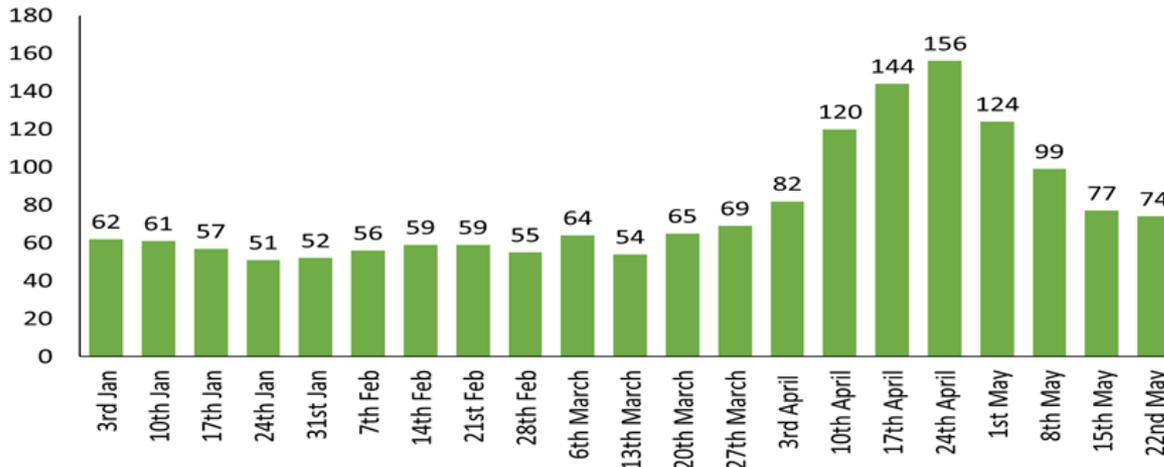
- Deaths have risen considerably in the last week of March and into April, and have decreased throughout May
- Note: Figures for week 20 were revised up due to the registration time lag, there may be some subsequent revision, especially for week 21

Appendix A  
Agenda Item 6

# Deaths – Deaths in Care Homes – All Deaths

## West Sussex - Deaths (All) in Care Homes

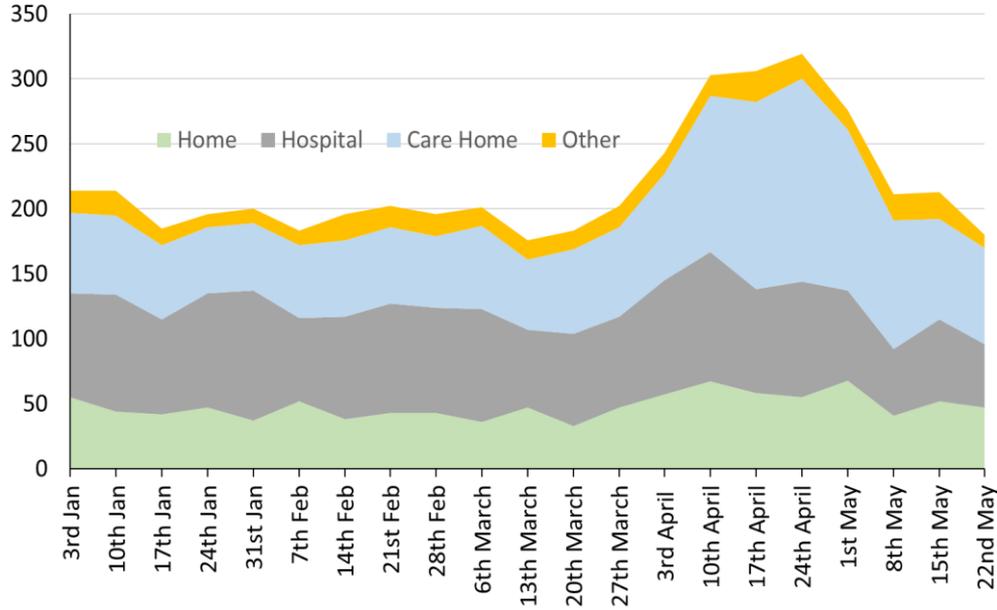
By week ending of date of occurrence, deaths registered to 30th May



- Relate to date of occurrence of death, and include deaths registered by 30th May, these may be subject to some minor revision.
- Deaths have risen considerably in the last week of March and into April., but have decreased throughout May

# Deaths – Place of Death (ALL DEATHS – COVID and non-COVID)

Place of death



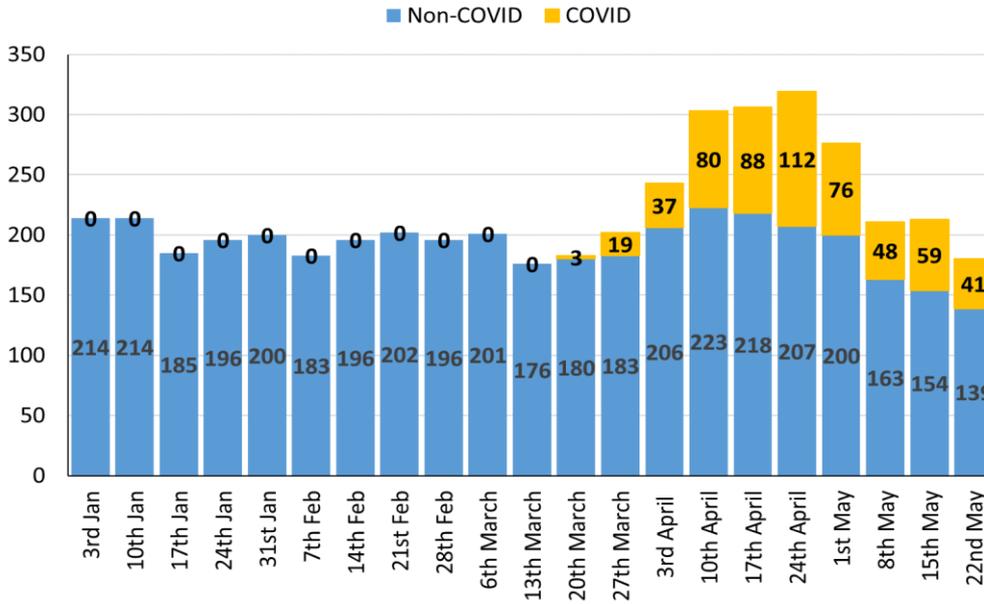
- Figures relate to deaths of people who are usually resident in West Sussex (i.e. includes people who have died outside of the county)
- Relate to date of occurrence of death, and include deaths registered by 30<sup>th</sup> May, these may be subject to some minor revision.
- **The highest proportion of deaths, of West Sussex residents, in week ending 22nd May were in care homes, with 41% of deaths compared with 27% of deaths in hospital.**

This is the national figure

	3rd Jan	10th Jan	17th Jan	24th Jan	31st Jan	7th Feb	14th Feb	21st Feb	28th Feb	6th March	13th March	20th March	27th March	3rd April	10th April	17th April	24th April	1st May	8th May	15th May	22nd May	National 22nd May
Home	26%	21%	23%	24%	19%	28%	19%	21%	22%	18%	27%	18%	23%	23%	22%	19%	17%	25%	19%	24%	26%	26%
Hospital	37%	42%	39%	45%	50%	35%	40%	42%	41%	43%	34%	39%	35%	36%	33%	26%	28%	25%	24%	30%	27%	27%
Care home	29%	29%	31%	26%	26%	31%	30%	29%	28%	32%	31%	36%	34%	34%	40%	47%	49%	45%	47%	36%	41%	41%
Other	8%	9%	7%	5%	6%	6%	10%	8%	9%	7%	9%	8%	8%	7%	5%	8%	6%	5%	9%	10%	6%	6%

Agenda Item 6 Appendix A

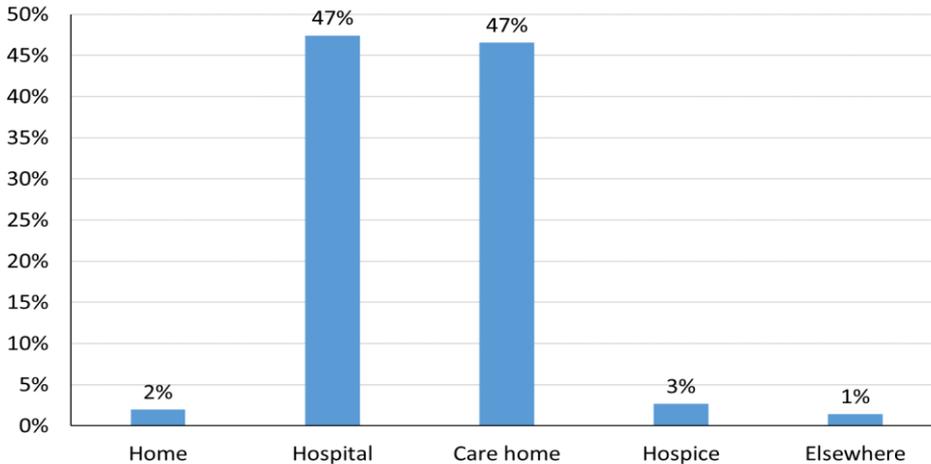
# Deaths – COVID and non-COVID Deaths



- Note: From 31 March 2020 figures also show the number of deaths involving coronavirus (COVID-19), based on mention of COVID-19 on the death certificate.
- By week ending 22<sup>nd</sup> May there had been 563 deaths with COVID on the certificate

Note this graph and table relate to cumulative COVID deaths to 22<sup>nd</sup> May

Place of death (COVID deaths)  
Cumulative to 22nd May

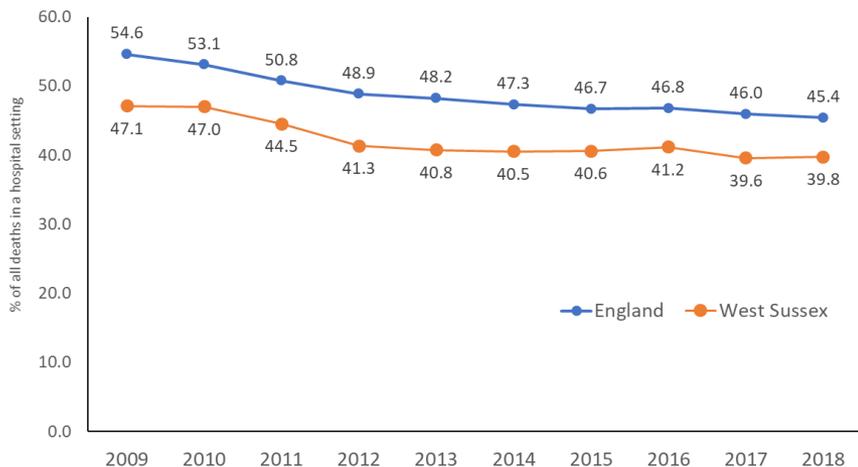


Area name	Home	Hospital	Care home	Hospice	Elsewhere
Adur	2	15	16	5	1
Arun	0	27	24	3	0
Chichester	3	30	36	0	6
Crawley	2	51	16	1	0
Horsham	3	50	44	1	1
Mid Sussex	1	66	88	1	0
Worthing	0	28	38	4	0
<b>TOTAL</b>	<b>11</b>	<b>267</b>	<b>262</b>	<b>15</b>	<b>8</b>

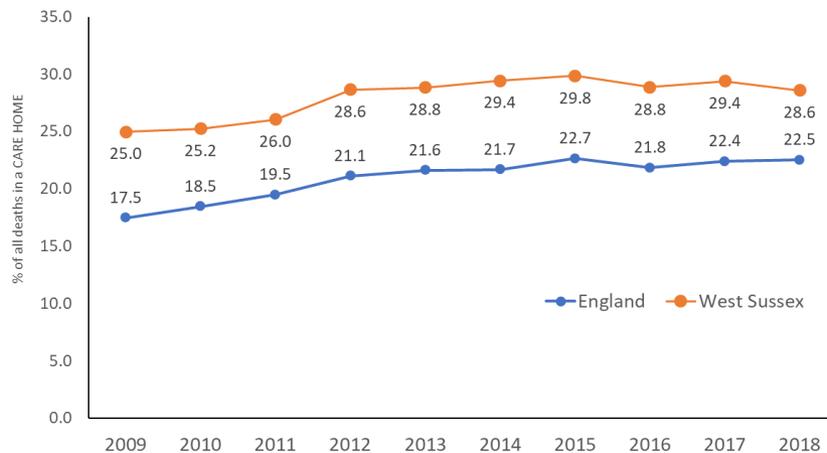
## Deaths – Trend of Deaths in Hospital (%) and Deaths in a Care Homes (%)

- Over the longer term, nationally and in West Sussex, the percentage of people dying in hospital has declined, and people dying in a care home setting, and as their usual place of residence, has increased. This change has happened as national and local End of Life Strategies have moved to support people to make decisions and choices about their end of life care.
- With an older population West Sussex has an higher percentage of deaths in a care home. In 2018 approx. 29% of deaths were in a care home compared with 22.5% nationally.
- In relation to deaths in hospital, this has fallen from 47% in 2009 in West Sussex to just below 40% in 2018.

**Percentage of Deaths (All Ages) that Occur in a HOSPITAL**  
2009 to 2018



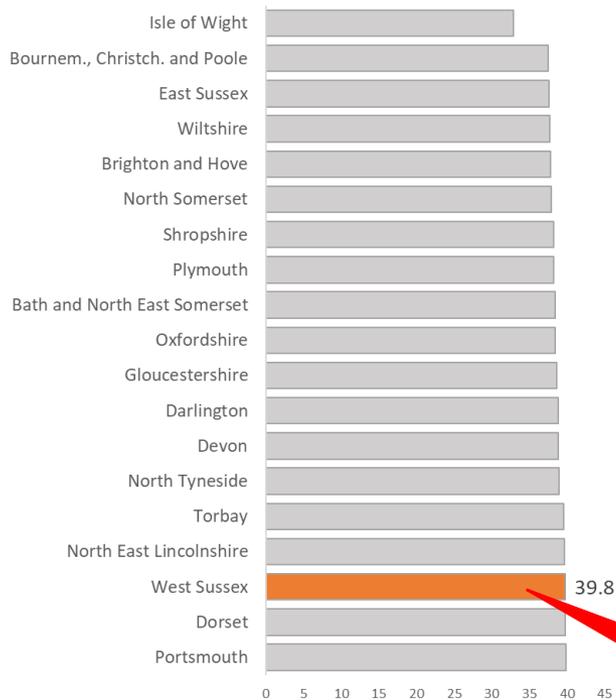
**Percentage of Deaths (All Ages) that Occur in a CARE HOME**  
2009 to 2018



Source : PHE Palliative and End of Life Care Profiles

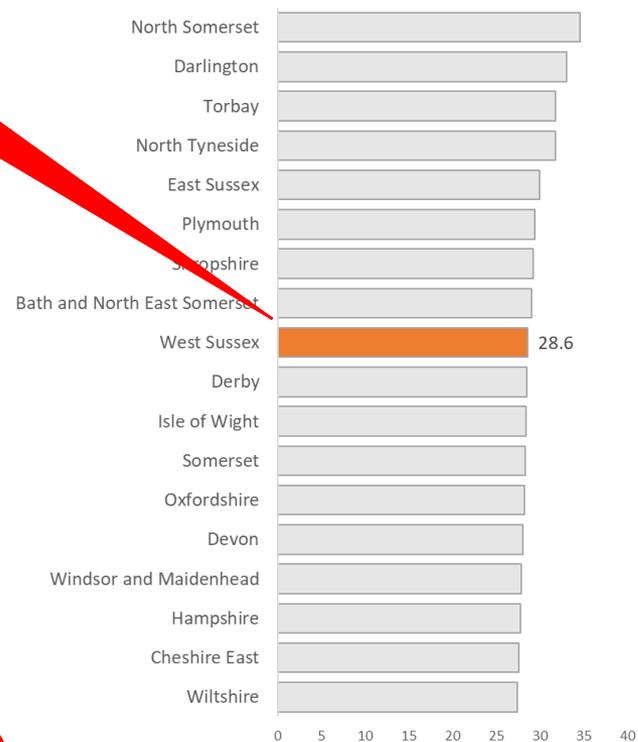
## Deaths – Deaths in a Care Homes (%) and % in Hospitals compared with other areas

**Local Authorities with Lowest Percentage Deaths in HOSPITAL (2018)**



In terms of deaths in a care home – West Sussex was 9<sup>th</sup> HIGHEST in the country in 2018

**Local Authorities with Highest Percentage Deaths in a CARE HOME (2018)**



In terms of the % of deaths in a hospital – West Sussex was 17<sup>th</sup> LOWEST in the country in 2018 (out of 151 authorities)

Source : PHE Palliative and End of Life Care Profiles



Sent by email to: [CareandReform2@communities.gov.uk](mailto:CareandReform2@communities.gov.uk)

29 May 2020

Dear Ms Whately,

Further to your letter dated 14<sup>th</sup> May, I am responding on behalf of West Sussex County Council and our local health and social care system partners.

### **Context and partnerships**

The West Sussex health, public health and care system has worked robustly together to plan and implement care home support within the county in response to the Covid-19 pandemic. The system has a long history of partnership working including formal joint commissioning arrangements and associated governance structures. These have been built on and reinforced during this crisis and it is anticipated that the system-learning will be carried forward into sustainable and resilient longer-term integrated working. Sussex, as an entirety, has recently become a formal Integrated Care System which demonstrates further the local commitment to joint working.

West Sussex has a considerably older age profile compared to England with a higher proportion of over 65s and comparatively fewer residents aged 15-39. There is also a relatively high number of older people choosing, or being supported, to live in care homes with 10,279 registered care home beds across the County. Thus, the system has recognised from the outset that this vulnerable group needed to be at the heart of the planning and management of the pandemic. There have been also Sussex-wide and placed-based care home workstreams in place ensuring a strong focus on their needs and those of their residents.

### **Care home and other system support actions**

I would draw your attention to the following actions taken specifically to support care homes: (additional detail for your information is supplied in the Social Care Action plan attached as Appendix 1. We have given an undertaking to work with all stakeholders to develop our long-term resilience plan and this is an iterative draft that is not for publication at this stage):

- Joint development across the County Council and health partners of a package of care home support coordinated through a care home workstream put in place early in the pandemic.
- Delivery of a programme of training and support for care homes facilitated through the County Council and the CCG infection prevention & control team and supplemented by the roll out of the national "train the trainers programme".
- Implementation of strengthened primary care support to care homes which includes primary care locally commissioned services for weekend and bank holiday cover for care homes and for people temporarily placed in a care home outside their usual registered area.

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Appendix B

- A named clinical lead and nominated nurses for each care home and working towards implementation of the multi-disciplinary team weekly review process and medicines management support.
- Regular and detailed communication with care providers including virtual provider forums, at both a County and Sussex-wide level and a daily provider newsletter that consolidates key guidance, information and processes related to Covid-19. Recognising the specific pressure in the market for providers of nursing and care homes working with those with dementia; a specific forum was held to promote understanding of the multi-agency offer of support for dementia and to further enhance our understanding of providers' concerns.
- Ensuring all care homes, including those for people with mental health needs or learning/physical disabilities, are included in all support and initiatives.
- Regular and frequent reminders to the market of the importance of registering on and updating the NECS tracker.
- Rapid implementation of a multi-agency hospital discharge team and process, including for reviews, to ensure immediate and onward placements are safe and meet people's needs.
- Creation of a placement finding team to support both hospital and community care home admissions.
- 7-day working across the placement team and social work, supported by on call commissioning and contracting capacity.
- The development of an integrated incident management system to identify and respond to specific care home needs and issues working collaboratively with Public Health, the CCG, health providers and the wider council including the Resilience and Emergencies Team.
- A multi-agency provider response team is being developed involving the CCG quality team, WSCC contracts and commissioning, Public Health and health care providers including an online provider zone where Covid-19 information and guidance for care homes is in one easy-to-access place.
- Iterative and rapid changes to testing pathways as guidance and good practice emerges. Twice weekly multi-agency prioritisation forum working closely with the Director of Public Health and her team including ensuring access to testing.
- Emergency PPE delivery as a provider of last resort.
- Integrating Continuing Health Care (CHC) staff into the joint placement finding team of the discharge hubs means there have been no delays and an improved rapid discharge process for fast-track end-of-life patients.
- Robust emergency planning (demonstrable example during Covid-19 by a care home fire) which is slick and effective – this is being reviewed to ensure that any further good practice evidence can be added, shared, and any lessons learned.
- The number of deaths in care homes is being closely monitored, not only to offer practical and emotional support but also to identify where a care home's business resilience may be impacted by an increasing number of vacancies. Commissioners are working with some of these homes to offer block bookings to support financial stability. Both a proactive and reactive approach is being taken and providers have been offered the opportunity to come forward if they have serious financial stability concerns. Following the award of the fees and charges uplift for 20-21 a contingency fund has been kept aside to respond to providers where they are potentially at significant risk of insolvency.
- A package of financial support to care homes – the County Council has agreed to pay a 20% uplift to domiciliary care providers and a 10% uplift to other care providers on Council funded care, initially for a period of 3 months in order to provide financial support and to maintain the resilience of the market. The detail of this has been published in provider newsletters and will be on the

Council website. Up-front payments have been made to day centres for people with learning disabilities and payments to providers are being made upon receipt of invoices in order to ensure cash flow remains fluid.

- The County Council's share of the £600m Infection Control Fund is £13.4m. We will distribute 75% of this directly to care homes based on £975 per CQC registered bed. As a system we are considering the best use of the remaining 25% and a range of options to support infection control are being evaluated.

### **Market position and relationships**

One of the challenges faced in working with the market is the multiplicity of care settings in the county and the fact that of the total number of available beds circa 34% are funded by the Council, compared with 54% paid for by people funding their own care, 11% other local authorities and circa 1% by Health (in addition the CCG, via DHSC monies, pay the Funded Nursing Care element for people with eligible nursing needs).

It would be beneficial if the shared funding arrangements between CHC and County Councils could be simplified, and we would be interested in the Government's willingness to enable the Trusted Assessor model to be implemented fully.

Even though we have always had regular ongoing contact with our care home market, our relationships have tended to be rather more transactional than built on a partnership approach to meeting positive outcomes for residents. This is in part due to the need to work with a large number of individual providers and homes rather than via any overarching Trade Association or consortium of providers. West Sussex Partners in Care is the only local care association in the County and their support and advice to the sector and facilitation of webinars to cascade to, and gather information from, care providers is very valuable. We know we need to create a more mature dialogue with our providers and are actively considering, together with the market and our other health and care partners, the best means of achieving this.

There is a clear structure in place to ensure effective oversight and monitoring of key local data and the state of the local market and to escalate and de-escalate any issues. This flows through from WSCC internal operational meetings through multi-agency county-wide calls and on to ICS-level gold structures where all partners are represented. This enables a flow of information up, down and across the system. Like all upper-tier large rural authorities, the landscape is complex and there are challenges inherent with working with a large number of care home providers across the County and managing issues at the boundaries particularly given the acute hospital footprints within and adjacent to the County. The development of the Sussex ICS supports the cross-county working and integration between partners and it is anticipated that there will be more opportunity for smoother processes across administrative county borders.

The oversight of the market is dependent on the knowledge of it and the relationships with providers. A daily care market SITREP has been introduced which captures data across all customer groups in West Sussex including confirmed cases of Covid-19, restrictions on any particular service as well as bed capacity. Our Care and Business Support team follow up by telephone on all notifications of new outbreaks in homes to offer further support where required and the SITREP supports the wider system in understanding pressure points including the need to commission additional beds, negotiate block contracts, and work with NHS community providers to provide temporary workforce capacity. We will also work with care homes to support their

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existing residents through guidance and training and to have more confidence to take admissions where appropriate.

The Proud to Care team are working alongside the Care and Business Support Team (CABS) to assist with workforce issues in the market including active support at recruitment fairs and with social media messaging about the importance and value of staff in the care sector. More recently they have supported providers to recruit on a match basis, increased recruitment activity due to attracting furloughed workers, and are currently shaping an offer to support providers with 'distance recruitment' and considering key ways to use agency staff safely (where there is no other option). Additional support would be helpful around working with employment agencies so they can understand and develop an approach that supports deployments to a single service (rather than working across multiple care services) so as to minimise risk of transmission as well as promoting care work as a positive career choice at a regional and national level.

Due to the restrictions on accessing people in care homes we are concerned that the usual opportunities for on-site face to face quality monitoring and assurance have been limited and therefore any observations of safe practice and reviews of safeguarding measures have reduced. Whilst there have been strong links between professionals and organisations who are in contact with homes, there has been a reduction in safeguarding referrals from care homes. This needs some further proactive investigation and follow up as we are concerned that this could not only represent an emerging backlog of safeguarding investigations but also of the potential impact on individuals. We do not consider ourselves to be unique in this and are keen to learn from any good practice examples about maintaining quality and safeguarding assurance during the pandemic. Planning is in place to enable the safe reintroduction of Healthwatch Enter and View visits and we will work with the CQC as they begin inspections to respond to any concerns identified. We are necessarily reviewing our Provider Concerns model to ensure it can respond to either a second wave of Covid-19 infections or any future similar incident. We have specifically strengthened our existing multi-agency surveillance and response arrangements with a twice weekly "Care Home Incident Management Team" which draws on a range of data about care home pressures including the Capacity Tracker, CQC data and clinical risk intelligence from providers to assess risk and prioritise homes for training, testing, additional support, or where necessary urgent intervention.

### **Alternative and additional accommodation and care capacity**

In order to support the reduction of infections in care homes, the County Council in collaboration with the CCG, has also considered several options for other accommodation including the use of hotels, and the potential block booking of beds for WSCC eligible service users. Additional capacity to isolate people tested positive for Covid-19 and prevent the spread of the virus in care homes has been sourced with a care home providing 5 beds for specifically Covid-19 positive people and an admission zone for those whose results are unknown but may be at risk of being positive. This is separate from the main home and staff are only working in specific units to avoid any risk of cross infection. Community hospital beds are also being utilised for people to be cared for safely and to isolate for the required period. A remaining and complex challenge is supporting people with complex needs who find compliance with self-isolation difficult and require high levels of support to manage them safely. This includes, but is not confined to, people with complex dementia, acquired brain injury and complex disabilities. We continue to work with the care home provider market and our NHS providers to seek solutions but would value additional support and sharing of best practice in managing this complexity of need.

West Sussex is both working to co-ordinate and support returning clinical staff into care homes and responding where and when care homes request help. For example, if a care home has clinical staff either off sick or isolating and the home has exhausted all usual means of cover, Sussex Community NHS Foundation Trust, a local community provider, can supply that essential clinical cover for up to 48 hours while arrangements are made for a longer-term solution.

Alongside this bed-based additional capacity, extra domiciliary care rounds have been commissioned, as has more therapy input into the Homefirst offer. To support mental health hospital discharges, the innovative discharge to assess (D2A) model has been extended in collaboration with community and voluntary sector (CVS) providers, the local mental health trust and our housing partners. The learning from the mental health D2A model is being shared with the Sussex system and it is planned to explore further the opportunities to scale this up at some pace.

### **Impact of actions**

By having and maintaining a detailed understanding of the market, the system is able to see and understand pressures early and track quantitative and qualitative evidence of the impact of the actions taken to support care homes.

A number of providers have given positive feedback about the support they receive from the system and are actively making contact and seeking support. The market in West Sussex is a mixed one and there are different pressures faced by providers depending on their size, whether they are part of a large umbrella organisation or a small single provider as well as their quality and stability going into the crisis. It has not always been easy to differentiate the support offer depending on the nature of the provider and some smaller providers have felt they needed more specific support. This feedback is being listened to and is reflected in the attached plan.

The changing and complex guidance on testing has significantly impacted care homes who have, understandably, wished to take a cautious approach to admissions without test results. The delay in results returning and challenges of seeking testing have at times meant a delay in admissions which may impact the commercial viability of the home by leaving vacancies or can lead to very inflated prices being agreed on an individual basis. Given the County Council's position within the market as a minority purchaser it has been difficult to maintain rates near to their usual level and this is impacting on the Council's budget. It would be helpful to understand the Government's intentions in supporting commissioning bodies including CCGs and Councils to secure best and effective rates with the market which are sustainable for all parties. It would also be helpful to understand how the Government will support care homes solely or predominantly funded independently of the Council, to ensure their sustainability and minimise faster depletion of self-funders assets (both of which would also impact on the Council).

In addition, there are emerging challenges with admissions from the community, particularly in an emergency situation where care homes are anxious to have had a test result before accepting anyone. Whilst we have been able to resolve testing pathways, the pace of results makes rapid admission difficult, placing pressure on both families and other community services. Additional advice and guidance to support community to care home pathways would be appreciated, particularly as we see increasing carer breakdown that has been, in some instances, masked during the initial Covid-19 period.

Our care home providers are also telling us that they have real worries about risks of litigation and judicial review given that guidance is not always timely and consistent.

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We are keen you are aware of these concerns and seek your support in reassuring them. They are also saying they are worried about managing a second wave of infection and that support is likely to be needed over an extended period should this occur.

Quantitatively we are starting to see a decline in the reported care home deaths. In the week ending 24<sup>th</sup> April there were 61 recorded deaths whilst in the week ending 8<sup>th</sup> May there were 24<sup>1</sup>.

Similarly, the number of care homes reporting outbreaks of Covid-19 increased through March to around 20 homes per week but this reduced to 15 a week through the end of

April and early May and in the week commencing 11/05/2020 there were only 4 homes with reported outbreaks.<sup>2</sup>

### **Stakeholder engagement and future plans**

In defining and refining our plan we have actively sought feedback from elected members, key providers, Health and Wellbeing Board partners including the community and voluntary sector (as advocates for older people) and Healthwatch. We recognise their feedback about the importance of securing financial stability and sustainability and will continue to work with them.

We consider we know and understand the system challenges locally and are confident in our ability to recognise our collective strengths and areas for development and act on them. The system has been agile and responsive and been able to take decisions quickly both as individual organisations and collectively in order to keep pace with rapidly changing demands. We are a system that is honest with itself and willing to be open with partners about resources and support needed to be the best we can for our residents. We actively reflect and learn and are prepared to change direction and unafraid to recognise where we could have acted differently. This puts us on solid ground for working together now and into the future.

We have received the guidance on the conditions for the Infection Control Fund and are reviewing these so we can ensure this support is passported quickly to providers who are keen to receive it. There is feedback from providers reflecting anxiety about the multiple conditions and they are clear that some flexibility is needed about how the funds can be spent and the timeframes so that the providers can respond appropriately and with the appropriate quality of response. It would be helpful if guidance on this and other matters could be provided in as timely a way as possible to support us to plan effectively, taking account of the intense pressures currently being experienced in the care home market and Council services.

As we focus on the short, medium- and long-term future, we are taking the opportunity to reflect in detail on what we have experienced and learnt during the

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<sup>1</sup> ONS data of deaths registered up until 15th May by place of death, Care Home and cause of death, COVID-19

<sup>2</sup> The care home data referenced as PHE Care Home data weekly updates 21st May (<https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information>)

Covid-19 pandemic. Our system social care action plan sets out the following key principles which we will use as the bedrock of our plans:

- Building independence and resilience in communities, individuals and families using an asset-based approach
- Supporting people to remain well and healthy at home
- Working effectively with the market to enable support to be available at the right time, right place and right price
- Strong health and social care partnerships to effect positive change and resilient health and care provision able to respond to crises as and when required

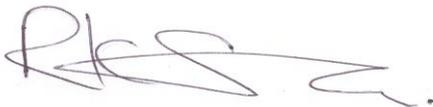
To support these principles, our future plans, based on our previously stated commissioning intentions are being shaped in the context of immediate and long-term recovery. The plans will be built on our recent positive initiatives and we will retain key planks of our Covid-19 response including:

- Hospital discharge pathways and the combined placement sourcing team, consolidating this into a resilient multi-agency model and growing it beyond hospital discharge to support referrals from community as well
- Burgeoning market relationships with focus on developing shared outcomes and strategic plans through co-production with providers
- Enhancing the multi-agency provider response offer and listening further to our market about how best to engage and support them
- Learning from the flow of people discharged from hospital against the different pathways and what this tells us about our home care and care home market and how we can strengthen our offer for people to be supported in their own home for as long as possible

Public Health, the wider Council and health partners will work together to implement the further guidance on test and trace and will continue to respond in a timely way to all future guidance, recognising that more good practice evidence about outbreak management will emerge.

Our local focus is on the residents and care homes in West Sussex, but we will work together with our wider ICS partners where this makes sense and will be of benefit. We are confident that, whilst our journey will take time, we are as an integrated health and care system, focused on the same shared destination.

Yours sincerely,



Becky Shaw  
Chief Executive

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