

# Public Document Pack

**Tony Kershaw**

Director of Law and Assurance

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1 September 2020

## Health and Adult Social Care Scrutiny Committee

A virtual meeting of the Committee will be held at **10.30 am** on **Wednesday, 9 September 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>

**Tony Kershaw**

Director of Law and Assurance

### Agenda

10.30 am      1.      **Committee Membership**

The Committee is asked to note the appointments to the Committee of Cllr Oxlade in place of Cllr Sudan, Cllr Pendleton in place of Cllr Flynn and to approve the co-opted membership of the Committee as set out below: -

To be confirmed (Adur District Council)  
Cllr Peacock (Mid Sussex District Council)  
Cllr Harman (Worthing Borough Council)  
Cllr Bennett (Arun District Council)  
To be confirmed (Horsham District Council)  
Cllr Bangert (Chichester District Council)  
Cllr McAleney (Crawley Borough Council)

N.B. The Healthwatch West Sussex representative, Ms Broadhill, is an ongoing appointment.

10.32 am      2.      **Declarations of Interest**

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

please contact Democratic Services before the meeting.

10.34 am      3.      **Urgent Matters**

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

10.35 am      4.      **Minutes of the last meeting of the Committee** (Pages 5 - 10)

The Committee is asked to agree the minutes of the meeting held on 11 March 2020 (cream paper).

10.40 am      5.      **Responses to Recommendations** (Pages 11 - 12)

The Committee is asked to note the responses to recommendations made at the 11 March 2020 meeting from the Cabinet Member for Adults & Health on –

a) Self-harm and West Sussex Suicide Prevention Strategy Priorities – to follow (the Interim Director of Public Health will provide a response to the Committee's questions to include the impact of the COVID-19 pandemic on self-harm and related services)

b) West Sussex Joint Dementia Strategy 2020-23 - attached

10.45 am      6.      **Forward Plan of Key Decisions** (Pages 13 - 24)

Extract from the Forward Plan dated 26 August 2020 – attached.

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

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

10.55 am      7.      **Sussex Strategic Plan and West Sussex Joint Place-based Response to the NHS Long Term Plan** (Pages 25 - 32)

Report by West Sussex Clinical Commissioning Group.

The report outlines the Joint West Sussex Place-based Response to the NHS Long Term Plan by health and local government partners across Sussex.

- 12.25 pm      8.      **New operating model for the Approved Mental Health Professionals** (Pages 33 - 50)
- Report by Director of Law and Assurance.
- The report details the proposed new operating model for the Approved Mental Health Professional Service.
- 12.55 pm      9.      **Business Planning Group Report** (Pages 51 - 56)
- The report informs the Committee of the Business Planning Group meeting held on 1 June, setting out the key issues discussed.
- The Committee is asked to endorse the contents of this report, and particularly the Committee's Work Programme revised to reflect the Business Planning Group's discussions (attached at Appendix A).
- 1.05 pm      10.      **Appointment of the Committee's Business Planning Group** (Pages 57 - 58)
- The Committee is asked to appoint five of its members to its Business Planning Group, to include the Chairman and Vice Chairman of the Committee, with two of the five being minority party members.
- 1.07 pm      11.      **Possible Items for Future Scrutiny**
- Members to mention any items which they believe to be of relevance to the business of the Scrutiny Committee, and suitable for scrutiny, e.g. raised with them by constituents arising from central government initiatives etc.
- If any member puts forward such an item, the Committee's role at this meeting is just to assess, briefly, whether to refer the matter to its Business Planning Group to consider in detail.
- 1.09 pm      12.      **Requests for Call-in**
- There have been no requests for call-in to the Scrutiny Committee and within its constitutional remit since the date of the last meeting. The Director of Law and Assurance will report any requests since the publication of the agenda papers.
- 1.10 pm      13.      **Date of Next Meeting**
- The next meeting of the Committee will be held on 11 November at 10.30am.
- Items likely to be on the agenda include: -
- Primary Care
  - Proposals to Improve Mental Health Services in West

Sussex

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 27 October 2020.

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

## **Health and Adult Social Care Scrutiny Committee**

11 March 2020 – At a meeting of the Health and Adult Social Care Scrutiny Committee held at 10.30 am at County Hall, Chichester PO19 1RQ.

Present: Mr Turner (Chairman)

Dr Walsh	Mrs Jones	Katrina Broadhill
Mrs Arculus	Mr Markwell	Cllr Bangert
Mr Boram	Dr O'Kelly	Cllr McGregor
Mrs Bridges	Ms Sudan	

Apologies were received from Lt Cdr Atkins, Ms Flynn, Mr Wickremaratchi, Cllr Bennett, Cllr Bickers and Cllr Peacock

Absent: Cllr McAleney

Also in attendance: Mrs Jupp

The Chairman thanked the Public Health team for the sterling work it had done around the Covid-19 situation.

### **42. Declarations of Interest**

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

- Dr Walsh in respect of item 5, Forward Plan of Key Decisions, as Leader of Arun District Council in relation to the proposed decision on the Procurement Housing Related Support Services
- Mr Turner in respect of item 6, Self-harm and West Sussex Suicide Prevention Strategy Priorities as a locum pharmacist

### **43. Minutes of the last meeting of the Committee**

43.1 Resolved – that the minutes of the meeting held on 15 January 2020 are approved as a correct record and are signed by the Chairman.

### **44. Responses to Recommendations**

44.1 The Committee considered the responses from the Cabinet Member for Adults & Health, Western Sussex Hospitals NHS Foundation Trust and Sussex Partnership NHS Foundation Trust (copies appended to the signed minutes).

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

- A whole system response was needed to meet the challenge of nursing and medical vacancies

- Members felt that to careers in health should be promoted in schools - **ACTION:** Chris Clark, Joint Strategic Director of Commissioning, to liaise with the hospital trusts to find out what they were doing about promoting health careers in schools
- A request was made for vacancy figures from acute trusts and other services with the direction of travel – this would be a priority as an item on a future agenda

44.3 Resolved – that the Committee notes the responses to recommendations.

#### **45. Forward Plan of Key Decisions**

45.1 The Committee considered the Forward Plan of Key Decisions (copy appended to the signed minutes).

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

- Technical ability had been taken into account in the proposed decision on Specialist Advocacy Service Award of Contract – **ACTION:** Kim Curry, Executive Director for Adults & Health, to circulate a briefing to committee members on how the service will work
- The Local Resilience Forum was putting together plans for extra mortuary capacity in case this was needed as a result of Covid-19 – **ACTION:** Anna Raleigh, Director of Public Health, to provide a briefing update to the Committee

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

#### **46. Self-harm and West Sussex Suicide Prevention Strategy Priorities**

46.1 The Committee considered a report by the Director of Public Health (copy appended to the signed minutes) which was introduced by Amanda Jupp, Cabinet Member for Adults & Health and Daniel MacIntyre, Public Health, who told the Committee: -

- The Suicide Audit showed that a third of people who committed suicide had also self-harmed and that suicide and self-harm were priority areas of focus for Public Health
- Emotional wellbeing and mental health issues should be considered as to why people self-harmed
- Although there were links between self-harming and suicide, most people that self-harmed were young women, whereas most people that committed suicide were middle aged men
- The West Sussex Self-harm Needs Assessment gave a good overview of self-harm in the county
- Significant resource was being allocated to targeted interventions to reduce self-harm

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

- Public Health now had an officer working on an 18-month project to educate pupils and parents about the risks of self-harming
- The project covered primary schools to colleges and had identified the need for training for both those at risk of self-harming and teachers so that they knew how to spot signs and speak to pupils/students
- Guidance would be introduced on how to manage self-harming in educational settings including a digital offer
- A mental health support team was being piloted in two areas to help with emotional wellbeing amongst young people
- Work was going on with West Sussex Parent Carer Forum to support parents of children who self-harmed
- Healthwatch West Sussex would be issuing an information pack for young people on 24 March after a review showed that there was a need for peer support and continued communications amongst this age group
- Figures for self-harming were higher in West Sussex than the rest of England possibly due to more referrals of low-level incidents or a shortfall in community services
- Access to services could also be a reason – a combination of psychiatrist vacancies in Worthing and high referral rates meant that there could be a delay of up to two months for patients to be seen
- There was no evidence that children were self-harming as a result of watching videos on social media
- Apps are available that prevent children from sending certain messages and ask if they need support
- The number of patients with mental health issues presenting at A&E had increased sharply as had those who needed psychiatric admission
- It might be possible to share psychiatric staff between Worthing and Brighton, which was fully staffed
- Public Health was engaging with workplace settings to promote mental health awareness and would have a dedicated resource for this next financial year
- Find It Out was one of the few services for low level need whereas more was available for higher needs
- The number of children looked after affected by self-harming wasn't known due to lack of data
- There were data protection issues around sharing personal information from NHS and social care which meant it couldn't be used for targeted interventions
- It was difficult to stop people buying products that could be harmful to them as they could get them from more than one source
- A better understanding of the issues would lead to better performance data

46.3 Resolved – that the Committee asks that: -

- i. Early intervention for those showing signs of mental distress should be prioritised as well as an understanding of what has led to behaviours
- ii. There is a focus on community services and lower level support pathways
- iii. There is creativity in the use of social media to interact with young people

- iv. That services develop the use of peer support and put measures in place in this process
- v. There is understanding of what the current waiting times are for accessing the Child & Adolescent Mental Health Service and asks what is being done to support children and young people while they wait by asking Sussex Partnership NHS Foundation Trust for this information

#### **47. West Sussex Joint Dementia Strategy 2020-23**

47.1 The Committee considered a report by the Executive Director, Adults and Health (copy appended to the signed minutes) which was introduced by Amanda Jupp, Cabinet Member for Adults & Health, Irene Loft, Senior Commissioning Officer, Margaret Bracey, Operational Clinical Manager for West Sussex Dementia Services, Ryan Tyler, Services Manager West Sussex for the Alzheimer's Society, Tracey Wooldridge, West Sussex Clinical Commissioning Group who told the Committee: -

- The strategy sets out how the Council and Clinical Commissioning Group aim to make West Sussex the best place to live for people with dementia with the support and help they need
- From prevention to diagnosis there must be adequate and meaningful provision for those with dementia
- Statutory and voluntary bodies as well as people living with dementia had been involved in writing the strategy
- It was vital that health and social care worked together
- Task and finish groups had been set-up to drive the strategy forwards identifying key areas in e.g. learning difficulties, alcohol abuse
- The Council was looking at doing things smarter as there was no extra funding available
- A review of the Memory Assessment Service (MAS) had led to a reduction in dropout rates and waiting times although these were still six to nine months
- MAS referrals were constantly increasing and early diagnosis was a struggle, therefore the model was changing so that people were scanned at their first appointment
- Many ways were being tried to increase diagnosis rates including working with GPs
- Increased diagnoses would impact on social care

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

- It was important to raise awareness of the benefits of physical activity in preventing dementia
- The delivery plan for the strategy will be out in autumn and will include details of timetable and budget for proposals
- Dementia friendly training will be provided via dementia friendly communities
- The Clinical Commissioning Group was currently helping to fund two positions in eight local dementia action alliances. Commissioners were working with district & borough councils to look at ways to help dementia friendly communities become self-sufficient.



- The figure for the number of carers was out of date as the strategy was a long time in preparation and would be re-visited
- Donations to dementia alliances came from local businesses as well as statutory bodies
- There were four admiral nurses in the north of the county linked to GP practices who dealt with the more challenging cases with Carers' Support West Sussex providing help for carers across the whole county
- There were three Older persons' Psychiatrists in the north of the county and several GPs helped with the MAS

47.3 Resolved – that the Committee: -

- i. Asks that partners work together to ensure 'Preventing Well' is a particular priority within the West Sussex Joint Dementia Strategy 2020-23 when considering its implementation
- ii. Emphasises the importance of ensuring the West Sussex Joint Dementia Strategy 2020-23 is embedded in the commissioning activities of partners
- iii. Asks that the delivery plan of the West Sussex Joint Dementia Strategy 2020-23 is shared with the Committee when available
- iv. Seeks assurance that the messaging of the work within the West Sussex Joint Dementia Strategy 2020-23 is robust
- v. Requests that a focus on those living alone is part of any targeted work
- vi. Highlights the role of the voluntary sector in the West Sussex Joint Dementia Strategy 2020-23 delivery plan
- vii. Asks for an increased focus on the role of the carer as part of the West Sussex Joint Dementia Strategy 2020-23

**48. Proposals to improve mental health services in West Sussex**

48.1 Resolved – that the Committee notes the report.

**49. Appointment to Business planning Group**

49.1 Resolved – that Karen Sudan is appointed to the Committee's Business Planning Group.

**50. Date of Next Meeting**

50.1 The next meeting of the Committee will take place on 10 June 2020.

The meeting ended at 1.00 pm

Chairman

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Via Email

27 August 2020

Dear Bryan,

### **West Sussex Joint Dementia Strategy 2020-23**

Following the meeting of HASC in March, the Covid-19 pandemic broke out and lockdown commenced on 23rd March. This resulted in a delay to the planned launch of the Strategy from the Spring to it now taking place in September.

It is recognised that the impact of Covid-19 on people affected by dementia and poor mental health has been immense particularly so for family and friend carers who have been unable to get a break from their caring role. For those people living on their own, they have experienced an increase in social isolation and loneliness. Since lockdown, many people have been desperate to venture out but are finding it difficult to do so due to social distancing rules, and some are still reluctant to get out and about because of the fear of infection. Services have had to adapt and be flexible in how they provide care and support to people with dementia. The intention is for there to be a real focus on these issues within our strategy.

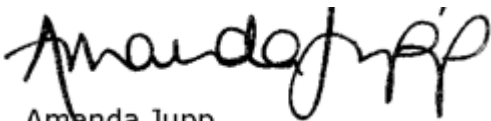
HASC's recommendations are noted and will be included in the document as set out below:

- As requested by HASC, a new objective has been added to the Strategy to reflect the needs of those living alone and these needs will be reflected in the pathway-wide delivery plan. Similarly, there is now an increased focus on the role of the carer in the Strategy.
- A multi-agency Dementia Partnership Group is currently being set up that will comprise statutory and voluntary sector providers and

people with the lived experience of dementia. The Group will meet on a quarterly basis to begin with and submit regular updates for the Health & Wellbeing Board. The Group's terms of reference state that members ensure the priorities of the West Sussex Joint Dementia Strategy are reflected in their own strategies and action plans.

- The delivery plan will ensure that the role of the voluntary sector is highlighted within its objectives and that 'Preventing Well' is reflected across the pathway. The delivery plan is currently being finalised and will be signed-off by the Dementia Partnership Group at its first meeting in October. The plan will be shared with HASC once it has been signed-off.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Jupp', written in a cursive style.

Amanda Jupp  
Cabinet Member for Adults and Health



## Forward Plan of Key Decisions

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

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

The most important decisions will be taken by the Cabinet. In accordance with regulations in response to the current public health emergency, Cabinet meetings will be held virtually with councillors in remote attendance. Public access will be via webcasting and the meetings will be available to watch online via our [webcasting website](#). The [schedule of monthly Cabinet meetings](#) is available on the website. The Forward Plan is updated regularly and key decisions can be taken on any day in the month if they are not taken at Cabinet meetings. The [Plan](#) is available on the. [Published decisions](#) are also available via the website.

A key decision is one which:

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

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

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

### Finance, assets, performance and risk management

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

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

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

For questions contact Helena Cox on 033 022 22533, email [helena.cox@westsussex.gov.uk](mailto:helena.cox@westsussex.gov.uk).

**Published: 26 August 2020**

## Forward Plan Summary

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

<b>Decision Maker</b>	<b>Subject Matter</b>	<b>Date</b>
Interim Executive Director Adults and Health	New operating model for the Approved Mental Health Professional (AMHP) service	September 2020
Interim Executive Director Adults and Health	Extension of Shared Lives (Adults with Learning Disabilities) Contract	September 2020
Interim Executive Director Adults and Health	In House Day Services Award of Contract	August 2020
Interim Executive Director Adults and Health	Financial Support to the Care Sector	September 2020
Interim Executive Director Adults and Health	Care and Support at Home Framework Extension	September 2020
Cabinet Member for Adults and Health	Health and Social Care Seasonal Pressures Plan	September 2020
Cabinet Member for Adults and Health	Residential Care and Support Services Block Contracts Procurement	September 2020
Cabinet Member for Adults and Health	Procurement of Public Health Social Support Services for Older People	September 2020
Interim Executive Director Adults and Health	Award of Block Contracts for Residential Care and Support Services	October 2020
Interim Executive Director Adults and Health	Health and Social Care Seasonal Pressures - Contract Award	October 2020
Acting Director of Communities	Mortuary Services Award of Contract	September 2020

## A Strong, Safe and Sustainable Place

### Interim Executive Director Adults and Health

<b>New operating model for the Approved Mental Health Professional (AMHP) service</b>	
<p>The Council has a statutory duty to have an Approved Mental Health Professional (AMHP) service with sufficient professional resources (AMHPs) to operate on a 24-hour, 7 day a week basis.</p> <p>A review of the current AMHP Service in 2019 found significant issues and risks within the service, including in relation to legal compliance and safe standards of practice, and made a number of recommendations for change. These recommendations have been developed into the proposed new operating model for the AMHP service which will deliver a statutory, high quality, legally compliant and sufficient service.</p> <p>The proposed new operating model is for a 24/7 hub and bespoke (hybrid) AMHP service, without a separate Emergency Duty Team function. The service will be provided by the Council, ending the current joint provision with Sussex Partnership Foundation Trust, although close working will remain.</p> <p>The Interim Executive Director Adults and Health will be asked to approve a new operating model for the AMHP service and agree the associated increased budget cost involved.</p>	
<b>Decision by</b>	Alan Adams - Interim Executive Director Adults and Health
<b>West Sussex Plan priority</b>	A Strong, Safe and Sustainable Place
<b>Date added</b>	27 July 2020
<b>Month</b>	September 2020
<b>Consultation/ Representations</b>	<p>Sussex Partnership Foundation Trust, staff in the existing AMHP Service and service users were involved in the review of the current service and the development of the new model.</p> <p>Internal consultation has taken place with Finance, HR and Legal services, the Adults and Health Leadership Team and the Executive Leadership Team and Cabinet Member for Adults and Health.</p> <p>Representations concerning this proposed decision can be made to the Interim Executive Director Adults and Health via the author or officer contact, by the beginning of the month in which the decision is due to be taken.</p>
<b>Background Documents</b> (via website)	None
<b>Author</b>	Alison Nuttall Tel: 033 022 25936
<b>Contact</b>	Erica Keegan Tel: 0330 022 26050

## Interim Executive Director Adults and Health

### Extension of Shared Lives (Adults with Learning Disabilities) Contract

West Sussex County Council currently commissions Shared Lives services in West Sussex in two ways, from the independent market through our Supported Living Framework and an in-house service delivered by Adults In-House Social Care Services (AIHSCS).

The Supported Living Framework has included a separate provision for Shared Lives Services since it commenced in 2015. During this period only one independent Shared Lives Scheme provider has been awarded the service.

Shared lives services meet customers social care needs as defined under the Care Act 2014 through a model of care and support that provides innovative, small family-based homes to people with a learning disability with a variety of support needs. This approach can generate significant positive outcomes to people who use shared lives through access to a range of accommodation and support arrangements.

Cabinet Member decision ([AH08 20/21](#)) recommended that the independent Shared Lives Scheme, which is currently commissioned under the terms of the Supported Living Framework and which expires on 31st March 2021, be subject to an internal review regarding its future re-procurement options and should be excluded from the decision to procure a new Supported Living Framework Agreement.

Authorisation is sought to extend the current contract arrangements as a single tender with the one incumbent independent Shared Lives provider for one year until 31st March 2022, under the existing contractual terms. This will enable the Council to explore future delivery models, contract and procurement options and associated cost structures, as well as undertake consultation with the market, which in line with the Lifelong Disability and Autism Market Position Statement objectives, will lead to more people living independently in community settings, and where this is appropriate and cost-effective. No change is proposed to the in-house service.

<b>Decision by</b>	Alan Adams - Interim Executive Director Adults and Health
<b>West Sussex Plan priority</b>	A Strong, Safe and Sustainable Place
<b>Date added</b>	17 August 2020
<b>Month</b>	September 2020
<b>Consultation/Representations</b>	Representations concerning this proposed decision can be made to the Interim Executive Director for Adults and Health via the officer contact, by the beginning of the month in which the decision is due to be taken.
<b>Background Documents</b> (via website)	None
<b>Author</b>	Lisa Loveman Tel: 033 022 23430
<b>Contact</b>	Erica Keegan Tel: 020 033 26050



## Independence in Later Life

### Interim Executive Director Adults and Health

In House Day Services Award of Contract	
<p>Following the decision undertaken by the Cabinet member for Adults and Health in June 2020 (<a href="#">AH05 20/21</a>), the Interim Executive Director for Adults and Health is asked to agree to the commencement of the appointment of the contract relating to the provision for the redevelopment of Glebelands, Laurels and Rowans Adult day centres in West Sussex for delivery of work for May 2021. This relates to capital programme works to the value of £4.587m.</p> <p>A tender process started in April 2020 with the first stage, a Pre-Qualification Questionnaire sent out to contractors on the 11 May 2020. The PQQ is a pre-tender exercise which will be undertaken to determine quality of contractors prior to inviting tender. Ten submissions were received by the closing date of the 22 May and the top 6 submissions with the highest scores were put forward to the second stage of the tender process. The second stage tenders have been sent out with a return date of 24 July.</p> <p>The Interim Executive Director of Adults and Health will be asked to agree the award of the contract to the lowest submitted tender.</p>	
<b>Decision by</b>	Alan Adams - Interim Executive Director Adults and Health
<b>West Sussex Plan priority</b>	Independence in Later Life
<b>Date added</b>	1 July 2020
<b>Month</b>	August 2020
<b>Consultation/Representations</b>	Representation concerning this proposed decision can be made via the officer contact in the month in which the decision is due to be taken.
<b>Background Documents</b> (via website)	None
<b>Author</b>	Simon Starns Tel: 033 022 23706
<b>Contact</b>	Erica Keegan Tel: 0330 022 26050

### Interim Executive Director Adults and Health

Financial Support to the Care Sector
<p>In response to the Covid-19 pandemic the Council has provided financial support to the care sector in recognition of additional costs related to the provision of services. Previous decisions in April 2020 (<a href="#">Report AH02 20/21</a>) and August 2020 (<a href="#">Report OKD24 20/21</a>) dealt with these arrangements.</p> <p>The impact of the continuing public health situation on the care market will continue to be reviewed. Subject to the availability of funds, further financial support to care providers may need to be considered to maintain the resilience of services after support provided to date comes to an end.</p>

## Agenda Item 6

The Interim Executive Director Adults and Health will be asked to approve any use and allocation of funds to provide financial assistance to care providers identified as needed by the review.	
<b>Decision by</b>	Alan Adams - Interim Executive Director Adults and Health
<b>West Sussex Plan priority</b>	Independence in Later Life
<b>Date added</b>	26 August 2020
<b>Month</b>	September 2020
<b>Consultation/ Representations</b>	Cabinet Member for Adults and Health Director of Law and Assurance Director of Finance and Support Services  Representations concerning this proposed decision can be made to the Interim Executive Director Adults and Health via the officer contact, by the beginning of the month in which the decision is due to be taken.
<b>Background Documents</b> (via website)	None
<b>Author</b>	Juliette Garrett Tel: 033 022 223748
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

### Interim Executive Director Adults and Health

Care and Support at Home Framework Extension	
<p>The Care and Support at Home Framework (2015) is the Council's primary contractual arrangements for the provision of home-based services for people with assessed eligible care needs. In February 2020 (<a href="#">Report AH11 19/20</a>) a decision was made to commence a procurement programme for a new Care and Support at Home Framework to replace the existing arrangements, including the reserve Domiciliary Care Framework (2009), with the new services scheduled to commence in February 2021.</p> <p>The tender opportunity for the new framework was published on 6 March 2020 but due to the Covid-19 pandemic was suspended on 27 March 2020. The tender was re-published on 10 August 2020. As a result of the delay to the procurement it is not possible for the new Framework to commence as intended with the current timeline now targeting a July 2021 start date.</p> <p>Contracts for services awarded under the Care and Support at Home Framework (2015) were extended in May 2019 until 31 January 2020 with the provision for a further three-month extension. In order to avoid a break in service delivery and to coincide with when the new services commence it is proposed to extend these contracts until August 2021.</p> <p>The Interim Executive Director Adults and Health will be asked to approve the extension of contracts under the Care and Support at Home Framework (2015) until August 2021.</p>	
<b>Decision by</b>	Alan Adams - Interim Executive Director Adults and Health

<b>West Sussex Plan priority</b>	Independence in Later Life
<b>Date added</b>	26 August 2020
<b>Month</b>	September 2020
<b>Consultation/ Representations</b>	Cabinet Member for Adults and Health Director of Law and Assurance Director of Finance and Support Services  Representations concerning this proposed decision can be made to the Interim Executive Director Adults and Health, via the officer contact, by the beginning of the month in which the decision is due to be taken
<b>Background Documents</b> (via website)	None
<b>Author</b>	Juliette Garrett Tel: 033 022 223748
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

#### Cabinet Member for Adults and Health

<b>Health and Social Care Seasonal Pressures Plan</b>	
<p>The County Council along with its health partners, are jointly developing plans to respond to health and social care seasonal pressures for the period between October 2020 and March 2021. The seasonal pressure plan will potentially include the development and provision of both home care and residential based services as well as other services that support hospital discharge or services that enable people to remain independent.</p> <p>The health and social care system face increased pressures during this period, particularly in the winter months, that place increased demands on services. Seasonal pressure plans are designed to improve discharges from hospital, avoid admission to hospital or increase the flow across health and social care and access to services.</p> <p>The Cabinet Member for Adults and Health will be asked to approve the plan for seasonal pressures and approve the procurement of a number of services required for home and residential care. The Cabinet Member will also be asked to delegate the authority for award of contracts to the Interim Executive Director Adults and Health.</p>	
<b>Decision by</b>	Cllr A Jupp - Cabinet Member for Adults and Health
<b>West Sussex Plan priority</b>	Independence in Later Life
<b>Date added</b>	26 August 2020
<b>Month</b>	September 2020
<b>Consultation/ Representations</b>	Interim Executive Director Adults and Health Director of Law and Assurance Director of Finance and Support Services

	Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health via the officer contact, by the beginning of the month in which the decision is due to be taken.
<b>Background Documents</b> (via website)	None
<b>Author</b>	Juliette Garrett Tel: 033 022 223748
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

### Cabinet Member for Adults and Health

<b>Residential Care and Support Services Block Contracts Procurement</b>	
<p>The County Council commissions a range of services to provide care and support to people with assessed eligible social care needs on a residential basis. The majority of these arrangements are made on an individual spot purchase basis to a high number of providers. The Council is facing increasing challenges in securing adequate provision of suitable services across the county.</p> <p>To provide an assurance of capacity, a number of block contracts shall be proposed to be developed to secure residential based care and support services in key locations across West Sussex to respond to local demand. The development of block contracts will also support service providers by providing an assurance of income whilst allowing the Council to seek financial best value.</p> <p>The Cabinet Member for Adults and Health will be asked to approve the plan for residential based care and support services and the procurement of a number of services. The Cabinet Member will also be asked to delegate the authority for award of contracts to the Interim Executive Director Adults and Health.</p>	
<b>Decision by</b>	Cllr A Jupp - Cabinet Member for Adults and Health
<b>West Sussex Plan priority</b>	Independence in Later Life
<b>Date added</b>	26 August 2020
<b>Month</b>	September 2020
<b>Consultation/ Representations</b>	<p>Interim Executive Director Adults and Health Director of Law and Assurance Director of Finance and Support Services</p> <p>Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health via the officer contact, by the beginning of the month in which the decision is due to be taken.</p>
<b>Background Documents</b> (via website)	None
<b>Author</b>	Juliette Garrett Tel: 033 022 223748

<b>Contact</b>	Erica Keegan Tel: 033 022 26050
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### **Cabinet Member for Adults and Health**

<b>Procurement of Public Health Social Support Services for Older People</b>	
<p>The last commissioning exercise for Public Health Social Support Services for Older People was undertaken in 2013. These services are currently delivered by the Voluntary and Community Sector and a single private company and this will come to an end in July 2021.</p> <p>In response to the impact of COVID 19 on older, vulnerable people which has been significant and sometimes life-limiting, support organisations have worked to adapt, collaborate and create networks for practical and social support. This procurement will seek to continue this excellent work. Therefore, West Sussex County Council seeks to recommission services in collaboration with local providers with the aim of ensuring all older people in the County, in both urban and rural communities, have access to the support they need to lead healthy, independent lives.</p> <p>The formal procurement process will start in October 2020 and new contracts will be effective from 1 July 2021 and will run for five (5) years with the possibility of a further extension of up to two (2) years built into the terms of the contract. The contracts will be funded mainly through the Public Health Grant, with a contribution from Adult Social Care. Contract funding will be awarded to winning bids that ensure maximum benefits and value for money and reflect demographic needs of the older population in West Sussex.</p> <p>The Cabinet Member is asked to agree the commencement of a procurement process for the provision of Public Health Services for Prevention and Independence for Older People. The Cabinet Member is also asked to delegate decisions regarding the award of the new contracts to the Director of Public Health in Consultation with the Cabinet Member.</p>	
<b>Decision by</b>	Cllr A Jupp - Cabinet Member for Adults and Health
<b>West Sussex Plan priority</b>	Independence in Later Life
<b>Date added</b>	6 August 2020
<b>Month</b>	September 2020
<b>Consultation/Representations</b>	Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health via the author or officer contact, by the beginning of the month in which the decision is due to be taken.
<b>Background Documents</b> (via website)	None
<b>Author</b>	Nikki Lewis Tel: 0330 022 26067
<b>Contact</b>	Erica Keegan Tel: 0330 022 26050

### **Interim Executive Director Adults and Health**

<b>Award of Block Contracts for Residential Care and Support Services</b>	
<p>The Council commissions a range of services to provide care and support to people with assessed eligible social care needs on a residential basis. The majority of these arrangements are made on an individual spot purchase basis to a high number of providers. The Council is facing increasing challenges in securing adequate provision of suitable services across the county.</p> <p>To provide an assurance of capacity, a number of block contracts shall be proposed to be developed to secure residential based care and support services in key locations across West Sussex to respond to local demand. The development of block contracts will also support service providers by providing an assurance of income whilst allowing the Council to seek financial best value.</p> <p>As a separate key decision process the Cabinet Member for Adults and Health will be asked to approve the commencement of a procurement of residential based care and support services. As part of the approval the Cabinet Member will be asked to delegate authority to the Interim Executive Director Adults and Health to award the contracts.</p> <p>Following receipt of this approval from the Cabinet Member the Interim Executive Director Adults and Health will be asked to approve the award of contracts for residential based care and support services.</p>	
<b>Decision by</b>	Alan Adams - Interim Executive Director Adults and Health
<b>West Sussex Plan priority</b>	Independence in Later Life
<b>Date added</b>	26 August 2020
<b>Month</b>	October 2020
<b>Consultation/ Representations</b>	<p>Cabinet Member for Adults and Health Director of Law and Assurance Director of Finance and Support Services</p> <p>Representations concerning this proposed decision can be made to the Interim Executive Director Adults and Health via the officer contact, by the beginning of the month in which the decision is due to be taken.</p>
<b>Background Documents</b> (via website)	None
<b>Author</b>	Juliette Garrett Tel: 033 022 223748
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

#### **Interim Executive Director Adults and Health**

<b>Health and Social Care Seasonal Pressures - Contract Award</b>
<p>The County Council along with its health partners, are jointly developing plans to respond to health and social care seasonal pressures for the period between October 2020 and March 2021. The seasonal pressure plan will potentially include the development and provision of both home care and residential based services as well as</p>

other services that support hospital discharge or services that enable people to remain independent.

The health and social care system face increased pressures during this period, particularly in the winter months, that place increased demands on services. Seasonal pressure plans are designed to improve discharges from hospital, avoid admission to hospital or increase the flow across health and social care and access to services.

As a separate key decision process the Cabinet Member for Adults and Health will be asked to approve the procurement of a number of services required for home and residential care. As part of the approval the Cabinet Member will be asked to delegate authority to the Interim Executive Director Adults and Health to award the contracts.

Following this delegation of authority the Interim Executive Director Adults and Health will be asked to approve award of contracts for services to deliver the seasonal pressures plan.

<b>Decision by</b>	Alan Adams - Interim Executive Director Adults and Health
<b>West Sussex Plan priority</b>	Independence in Later Life
<b>Date added</b>	26 August 2020
<b>Month</b>	October 2020
<b>Consultation/ Representations</b>	Cabinet Member for Adults and Health Director of Law and Assurance Director of Finance and Support Services  Representations concerning this proposed decision can be made to the Interim Executive Director Adults and Health via the officer contact, by the beginning of the month in which the decision is due to be taken
<b>Background Documents</b> (via website)	None
<b>Author</b>	Juliette Garrett Tel: 033 022 223748
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

## A Council that works for the Community

### Acting Director of Communities

Mortuary Services Award of Contract	
<p>The council currently has contracts with 2 NHS Trusts who run our Mortuary and Post Mortem Services. Both contracts will expire on 22 January 2021 and there is no provision for further extensions.</p> <ul style="list-style-type: none"> <li>• WSHT - Western Sussex Hospital Trust (covers approx. 75% of requirement)</li> <li>• SASH - Surrey and Sussex Health Trust (covers approx. 25% of requirement)</li> </ul> <p>The council ran a procurement in 2018/19 with a vision of having a dedicated Mortuary – 100% of bodies to go into one location and a vision of moving away from traditional post-mortems, towards digital non-invasive methods. However, the Council only received one bid which was deemed unaffordable. The bid was later withdrawn and therefore the procurement process was abandoned.</p> <p>The Cabinet Member for Adults and Health has since agreed the commencement of a procurement that will secure ongoing contracts for the Mortuary and Post-Mortem services from January 2021 (<a href="#">Report ref: AH06 20/21</a>). The Director of Communities will now be asked to award the contracts following the procurement exercise.</p>	
<b>Decision by</b>	Emily King - Acting Director of Communities
<b>West Sussex Plan priority</b>	A Council that Works for the Community
<b>Date added</b>	22 July 2020
<b>Month</b>	September 2020
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made to the Acting Director of Communities via the author or officer contact, by the beginning of the month in which the decision is due to be taken.
<b>Background Documents</b> (via website)	None
<b>Author</b>	Lesley Sim Tel: 0330 022 24786
<b>Contact</b>	Erica Keegan Tel: 0330 022 26050



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## **Health and Adult Social Care Scrutiny Committee**

**9 September 2020**

### **Sussex Strategic Plan and West Sussex Joint Place-based Response to the NHS Long Term Plan**

**Report by Pennie Ford, Executive Managing Director (West Sussex) and David Cryer, Executive Director of Strategy - NHS West Sussex Clinical Commissioning Group**

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#### **Summary**

Following the publishing of the NHS Long Term Plan at the end of 2018, all health and care systems were required to develop a strategic response, functioning as a high level plan, which sets out the priorities and goals for health services for the next five to ten years.

The NHS Long Term Plan sets out a change of direction for the NHS, with a much greater emphasis on prevention of illness, population health management and a much deeper level of integrated working with local government, including adults and childrens social care, public health and services impacting the wider determinants of health such as housing and community services.

A joint strategic response was developed with health and local government partners across Sussex, including WSCC, during 2019. Additionally, in October 2019 WSCC supported a council motion to work jointly with local health partners to develop a Joint West Sussex place-based response to the NHS Long Term Plan. Both documents are now provided as links to the HASC in this report. A summary narrative of the Sussex Response to the NHS Long Term Plan is attached.

The presentation of the strategic plans comes at a later date than originally intended, due to further assurance process that was required to be agreed with NHS England in March 2020. Members are asked to note that the strategic plans are now published and not subject to change.

West Sussex residents and stakeholders have been engaged in responses to the Sussex Strategic Plan and the West Sussex Joint Place-based Response to the NHS Long Term Plan. links to the reports to these campaigns are included below:

#### **Our Health and Care...Our Future:**

<https://www.westsussexccg.nhs.uk/engagement/our-health-and-care-our-future/>

#### **The Big Health and Care Conversation:**

<https://www.westsussexccg.nhs.uk/engagement/big-health-and-care-conversation/>

Further joint work is underway to develop a joint delivery plan with all partners, which will set out the timeline, milestones, measures and goals in more detail. As our services now face some of their biggest challenges ever, the delivery of course will reflect the changes experienced by our health and care system, as well as by our population, due to the Covid-19 Pandemic.

It is expected that a detailed joint delivery plan will be developed for review by the end of 2020, which will identify the potential areas of significant service change, and the important role of scrutiny as a continuous process over the lifetime of the plan.

### **Focus for scrutiny**

The Committee is asked to scrutinise the Sussex Strategic Plan and the West Sussex Joint Place-based Response to the NHS Long Term Plan. Key areas for scrutiny include:

- (1) The steps undertaken over the last two years to involve public, service users and stakeholder groups and organisations in the production of the Sussex and West Sussex strategic responses to the NHS Long Term Plan, by means of the Big Health and Care Conversation, and the 'Our Health and Care...Our Future' campaign.
- (2) The approach to develop a population health and care plan which is based in evidence taken from the **West Sussex Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment**: <https://jsna.westsussex.gov.uk/updates/west-sussex-jhwbs/> and the **Sussex Population Health Check**: <https://www.seshealthandcare.org.uk/wp-content/uploads/2019/02/1.-Fullversion-Population-Health-Check.pdf>
- (3) How the plans adequately support the joint working between Adult Social Care and the NHS.
- (4) Priority areas within the delivery plan and identification of area(s) which should be the focus of further HASC scrutiny.

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

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### **Details**

The background and context to this item for scrutiny are set out in the attached reports (listed below), including resource and risk implications, Equality, Human Rights, Social Value, Sustainability and Crime and Disorder Reduction Assessments.

**Pennie Ford, Managing Director West Sussex Clinical Commissioning Group**

**Contact Officer:** Chris Clark, Joint Strategic Director of Commissioning, Adults and Health

### **Appendices**

Appendix A - Core Narrative – Our Sussex Health and Care Plan (Attached)

Appendix B - Sussex Strategic Delivery Plan via link

<https://www.seshealthandcare.org.uk/wp-content/uploads/2019/10/191028-DRAFT-Sussex-Strategy-Delivery-plan-v17.pdf>

Appendix C - West Sussex Place-based Response to the NHS Long Term Plan via

link <https://www.seshealthandcare.org.uk/wp-content/uploads/2019/10/191028-DRAFT-Appendix-West-Sussex-Place-Plan-v10.pdf>

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## Core Narrative – Our Sussex Health and Care Plan

Our Sussex Health and Care Plan will help **improve lives, extend lives and save lives** by keeping people **healthier for longer** and giving our local **populations the right care, in the right place at the right time**.

The plan represents our response to the local health and care needs of our populations and the national ambitions and expectations set out of the NHS Long Term Plan.

The plan includes commitments to change how our health and care organisations work together, transform patient pathways, address our financial deficit, address our workforce gap and deliver the significant number of initiatives included within the Long Term Plan.

### Our ambition

The Plan has key ambitions that will help improve lives, extend lives and save lives:

- We want to create a health and care system that better meets the health and wellbeing needs of our populations.
- We want to create new ways of working that focus on helping people stay healthy for longer and give them greater support to manage their own health when they do become ill.
- We want to support all aspects of people's lives that contribute to their health and wellbeing.
- We want to develop teams from across organisations that work together to give greater joined-up care that is right for the individual.
- We want to have a system that better involves and supports the 1.6m people who live across Sussex and the 30,000 staff who work within our health and care organisations.

### Building on what we have already achieved

The Sussex Health and Care Plan is a **continuation of the work that has already taken place** over the last few years to improve and join-up health and care services.

Partners from across NHS organisations, local authorities, the community and voluntary sector and patient groups have already been working hard collectively on the development and delivery of local 'transformation plans' across local areas. These plans have been called different things in different places but the aim has been the same for each – creating greater joined-up and responsive care to better meet the changing needs of our populations.

These plans have been discussed many times over the last few years in public forums, including Health and Wellbeing Boards and CCG Governing Body meetings.

We have made significant progress across our health and care system over the last few years.

- We have hospitals that have been rated outstanding by the Care Quality Commission and others who have been rated outstanding for care.
- Our performance against the A&E four-hour target across the system is one of the best in the country.
- A total of 95% of GP practices are rated good or outstanding.
- We have collectively delivered the most significant improvements in financial position nationally since 2017.
- We have secured new £8m funding to further improve mental health services, including crisis care, psychological therapy and suicide prevention.

The Sussex Health and Care Plan aims to build on the good work that has already taken place and is an opportunity to make further progress for our populations

### Addressing our challenges

The Sussex Health and Care Plan represents the collective response across our health and care partners to the challenges we all face.

People are now living longer thanks largely to advances and improvements in health and care. This is positive for us all, but many people are not in good health as they get older and some spend years needing constant treatment and care. This means **more people are using health and care services more often**. The problem is we only have a limited number of beds, staff and resources available to meet this growing demand. Additionally, some services work differently to one another, do not work in a joined up way, and use outdated technology and buildings that are not fit for modern day health and care.

As a result, we face challenges around the **growing demand for health and care which mean services are often under extreme pressure**, causing some people having to wait longer than they would want to get the care they need.

**We also face a financial challenge**, with the current projected deficit for NHS providers in our Partnership being £74.4m (2.7% of total commissioner spend) for 2019/20.

In addition, if we do not do more to recruit and retain staff, **we will face a potential workforce gap of 11.2%** overall in 2023/24, representing 3,920 WTEs.

### Different way of working

For us to meet our ambitions and address our challenges, we need to change how we are currently working.

We need to strengthen existing relationships between primary, acute, community and mental health services, and reinforce relationships with Local Authorities, including district and borough councils, and the voluntary and community sector.

From July 2019, we began to develop **Primary Care Networks (PCNs)**, which are GP practices that work together across a neighbourhood of around 50,000 people. We have 38 PCNs across Sussex and each will bring together GPs, local community services, mental health, social care, pharmacy and voluntary sector teams, to collaborate to provide integrated local health and care for patients and the population.

We will develop **Integrated Care Partnerships (ICPs)** which will be an alliance of health and care organisations working together to plan and provide services for their populations in a consistent and joined-up way.

The joined-up approach across PCNs and ICPs will work as part of **an Integrated Care System (ICS) across Sussex which will allow all organisations to work together** to ensure all our populations have consistent high quality and joined-up care.

### Meeting our local population health and care needs

The Sussex Health and Care Plan is built on clinical evidence provided in our **Population Health Check**. This document was published in January 2019 by local doctors, specialists and professionals from across our region and represents a diagnosis of the current health of our population and the areas we need to improve.

They used data and information provided in the local **Joint Strategic Needs Assessments** of West Sussex, East Sussex and Brighton and Hove, produced by the local Public Health teams.

They found that 75% of deaths and disabilities across our local area are caused by five conditions – cancer, circulation and respiratory disease, diabetes, bone and joint conditions, and mental health conditions – and these cause the biggest impact on services. They also highlighted the need for greater focus on prevention and change of unhealthy behaviours such as smoking and alcohol.

The Sussex Health and Care Plan sets the strategic direction of how we want to work in the future across Sussex. It will be delivered through **three local place-based plans for West Sussex, East Sussex and Brighton and Hove**.

**The local plans build on the collaborative working and local transformation plans that are already in place** and are linked to the local Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

### Meeting our national expectations

The NHS Long Term Plan was published in January 2019 and set out the national expectations for the NHS over the next five to ten years. **The plan outlined a significant number of expectations** and systems across the country were asked to articulate by November 2019 how they were going to respond.

The NHS Long Term Plan sets out a new way of working for health and care that focuses on population health, greater joined-up care and greater integration of services across organisations. Key to the delivery of the Long Term Plan is the development of Integrated Care Systems (ICS) across the country by 2021 which represent a collaborative way of working between different organisations across systems.

### Involving our partners and public

The Sussex Health and Care Plan has been developed with the involvement and input of partners, clinicians, specialists, health and care professionals, staff, and our public. It has been led by our Clinical and Professional Cabinet, which is made up of local doctors, clinicians and professionals from across Sussex.

The plan represents a collective effort across our partners and is currently being formally agreed through all statutory organisations.

We carried out a significant amount of public engagement since February 2019 to inform the plan, with around 1,500 conversations taking place across Sussex. This was done through a combination of engagement events, focus groups and online surveys. This included members of the public, patients, carers, people experiencing mental health problems, physical and sensory disabilities, people from diverse ethnic backgrounds, former members of the UK Armed Forces.

We submitted a first draft of the plan to NHS England on 27 September 2019 and asked Partner Strategy Directors, Managing Directors, Directors of Public Health and Directors of Adult Health and Social Care across the system to share it within their constituent organisations for engagement, review and feedback.

We have received a significant amount of feedback, which has been logged and addressed wherever possible and appropriate.

We are now required to submit a final submission to NHS England Regional team by 1 November 2019, before a final submission on 15 November. We will be making the first draft of the plan publically available for comment from 28 October before it is finalised.

### **Benefits to patients and staff**

The core purpose of the Sussex Health and Care Plan is to bring real benefits to the lives of our populations. These include:

- Improved, equitable access to high quality, safe and joined-up care (e.g. through patient access routes such as NHS111-Clinical Assessment Service).
- Greater access to health and care professionals with the most appropriate skills for people's specific needs.
- Health and care tailored in a more personalised way at home, or as close to home as possible.
- People will be better supported to improve their own health and wellbeing.
- Better availability of non-clinical solutions that will keep people healthier for longer.
- Easier interactions with health and care services through technology.
- Greater joined-up support for people with multiple health conditions.
- Better support to people in care homes to ensure safe and high quality care

The plan aims to better support professionals to be able to work efficiently and effectively for our populations. This includes:

- Collaborative working with health and care colleagues that creates opportunities for learning, uptake of innovation and for providing more seamless care
- Principles of inclusion, integrity and empowerment will be central to all activity.
- Participation within a resourced workforce, which contains a diverse skill mix and is sustained through effective succession planning.
- Standardised systems, processes and approaches across the local area that help with delivering more consistent care.
- Opportunities to co-design pathways and delivery of local services at scale.
- Safe and positive environments will allow all professionals the freedom to speak up and to be heard.



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## **Health and Adult Social Care Scrutiny Committee**

**9 September 2020**

### **New operating model for the Approved Mental Health Professional (AMHP) service – Key Decision Preview**

**Report by Director of Law and Assurance**

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#### **Summary**

The Council has a statutory duty to have an Approved Mental Health Professional (AMHP) service with sufficient officers (AMHPs) to operate on a 24-hour, 7 day a week basis and meet demand.

A review of the AMHP Service in 2019 found significant problems and risks within the service, including issues in regulatory compliance and standards of practice. This was recorded in the County Council's Corporate Risk Register for priority action and was noted at a meeting of the Regulation Audit and Accounts Committee. An interim solution was put in place which is now proposed for full implementation.

#### **Focus for scrutiny**

The Committee is asked to consider the proposed operating model for the Approved Mental Health Professional (AMHP) service prior to decision by the Executive Director for Adults and Health (report at Appendix 1) in September 2020.

The Council's Risk Register records the inadequacy of the service and resource as a risk that the Council will not be able to carry out its statutory role under the Mental Health Act 1983 due to being unable to meet the demand for mental health assessments. The risk is rated as 4 out of 5 for likelihood and impact.

With this in mind key areas for scrutiny include:

- (1) Whether the model proposed addresses the service issues highlighted in the report (detail in the table at 2.7 of the report).
- (2) Whether the proposal can meet the local and national workforce challenges including those in the feedback from staff (section 3.1 of the report).
- (3) Whether the mitigating actions to identified risks as set out in section 6 of the report are sufficient.
- (4) Whether the proposal gives sufficient assurance that the Council will provide a legally compliant service able to meet demand into the future

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

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## **Details**

The background and context to this item for scrutiny are set out in the attached reports (listed below), including resource and risk implications, Equality, Human Rights, Social Value, Sustainability and Crime and Disorder Reduction Assessments.

### **Tony Kershaw**

Director of Law and Assurance

**Contact Officer:** Helena Cox, Senior Advisor – Democratic Services, 0330 222 2533

## **Appendices**

**Appendix 1** – Draft Officer Key Decision Report - New operating model for the Approved Mental Health Professional (AMHP) service

## **Background papers**

None

<b>Interim Executive Director for Adults and Health</b>	<b>Ref No:</b>
<b>September 2020</b>	<b>Key Decision: Yes</b>
<b>New operating model for the Approved Mental Health Professional (AMHP) service</b>	<b>Part I</b>
<b>Report by Interim Executive Director for Adults and Health and Head of Health &amp; Social Care Commissioning</b>	<b>Electoral Divisions: All</b>
<p><b>Summary</b></p> <p>The Council has a statutory duty to have an Approved Mental Health Professional (AMHP) service with sufficient professional resources (AMHPs) to operate on a 24-hour, 7 day a week basis and meet demand. Following a referral, AMHPs undertake assessments to determine if an individual should be admitted, detained and treated in hospital for a mental disorder without their consent.</p> <p>A review of the current AMHP Service in 2019 found significant issues and risks within the service, including issues in relation to legal compliance and safe standards of practice, and made a number of recommendations for change. These recommendations have been developed further into the proposed new operating model for the AMHP Service detailed in this report, which will deliver a statutory, high quality, legally compliant and sufficient service.</p> <p>The proposed new operating model is for a 24/7 hub and spoke (hybrid) AMHP service. This model has been trialled on an interim basis since February 2020 using short-term funding and has proved to be successful. Similar models are in place in neighbouring authorities.</p> <p>The AMHP service would be provided by the Council and would work in close partnership with other organisations, including Sussex Police, South East Coast Ambulance Service NHS Foundation Trust (SECAMB), Sussex Partnership NHS Foundation Trust (SPFT) and acute hospital trusts.</p>	
<p><b>West Sussex Plan: Policy Impact and Context</b></p> <p>Contributes to the <a href="#">West Sussex County Council</a> objectives that children and young people are safe and secure and West Sussex is a healthy and safe place.</p> <p>Contributes to the <a href="#">Vision and Strategy for Adult Social Care in West Sussex</a> of refocusing internal resources and strengthen partnership working to deliver excellent support and services, making sure that services are high quality and sustainable.</p>	
<p><b>Financial Impact</b></p> <p>The new operating model will cost an additional £0.79m for the two years from January 2021, reducing to an on-going £0.64m from January 2023. This will be met from a reprioritisation of existing resources supplemented by a contribution of £0.15m from the Improved Better Care Fund whilst planned efficiencies are implemented during the first two years.</p>	

## **Recommendation**

To enable the Council to deliver a statutory, high quality, legally compliant and sufficient AMHP service, it is recommended that a new operating model for the AMHP service, as set out in paragraph 2 of the report, be approved. The new model should be introduced from 1 January 2021 to align with changes to the s75 arrangements.

## **Proposal**

### **1. Background and Context**

#### **Review of Mental Health Services**

- 1.1 In November 2018 an improvement programme for Adults' Services was established. A review of mental health services was included in the programme because:
  - The provider to provider section 75 (s75) agreement for the integrated provision of adult mental health care services with Sussex Partnership NHS Foundation Trust (SPFT) was due to expire in March 2019 and there needed to be consideration on whether this was still the appropriate mechanism to deliver the service.
  - There were concerns that the Approved Mental Health Professional (AMHP) out of hours service was becoming increasingly unaffordable and potentially unsafe and non-compliant with statutory requirements.
- 1.2 In August 2019 the Council appointed a mental health improvement lead with a remit to review the entire mental health offer and work with Sussex Partnership NHS Foundation Trust (SPFT) to recommend a model of best practice for West Sussex. While reviewing the AMHP service, the improvement lead noted some significant risks, which promoted a focused review of the service and changes in operational management. The issues specific to the AMHP service, presented significant financial and reputational risk to the Council. Further information on this and the recommendations is provided in the report.

#### **Background**

- 1.3 The Council has a statutory duty to have sufficient AMHPs to carry out their roles on a 24/7 basis. A person can be admitted, detained and treated in hospital for a mental disorder without their consent. There is a legal framework for their treatment, including compulsory admission and detention in a psychiatric hospital (Mental Health Act 1983, amended 2007).
- 1.4 A person may be lawfully detained for assessment or treatment on the recommendation of two doctors and an AMHP; the role of the AMHP is crucial to ensure a lawful process is followed.
- 1.5 The Mental Health Act 1983 (amended 2007) outlines specific timescales for assessment, which AMHPs must comply with.

- 1.6 Social workers, nurses, occupational therapists and psychologists can act as AMHPs, however nationally and locally, the majority of AMHPs are social workers. It is the responsibility of the local authority to approve a person to act as an AMHP on its behalf. Before granting approval, the local authority must be satisfied of an individual's competency. Regulations provide a framework for the approval (and re-approval) of AMHPs.

### **National Context and Issues**

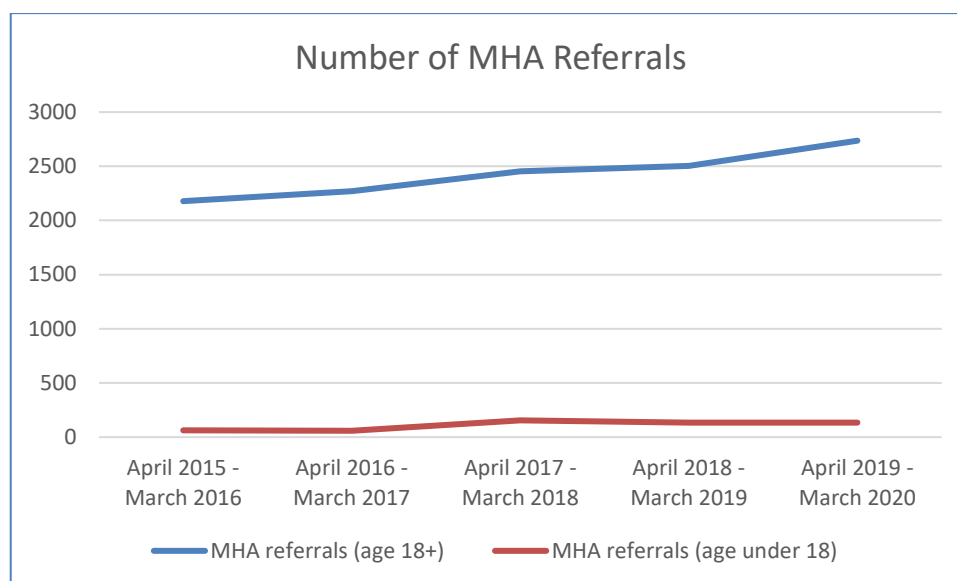
- 1.7 Nationally there is a shortage of AMHPs. Recent national research reports recruitment and retention issues are due to a high prevalence of stress and emotional exhaustion amongst AMHPs caused by:
- The complexity of undertaking Mental Health Act (MHA) assessments.
  - Difficulties in accessing section 12 doctors (approved to undertake MHA assessments) and waiting for other professionals to mobilise support and resources such as provision of beds and/or ambulance conveyance.
  - Excessive and unpredictable working hours in lone working situations and environments that may present violence and aggression, whilst simultaneously trying to coordinate risky situations supporting customers and their families.
- 1.8 The [National Workforce Plan for AMHPs](#) provides guidance on the employment, recruitment and retention of AMHPs and the National AMHP Standards, which underpin the future development of the role, were taken into consideration as part of the Council's AMHP review.
- 1.9 The Association of Directors of Adult Social Services (ADASS) recommends large shire counties to have a ratio of 1:11,000 AMHPs to population, which for West Sussex would mean 80 AMHPs. The Council currently has 56 AMHPs (ratio of 1:15,000), a ratio similar to many authorities.

### **Local Context and Issues**

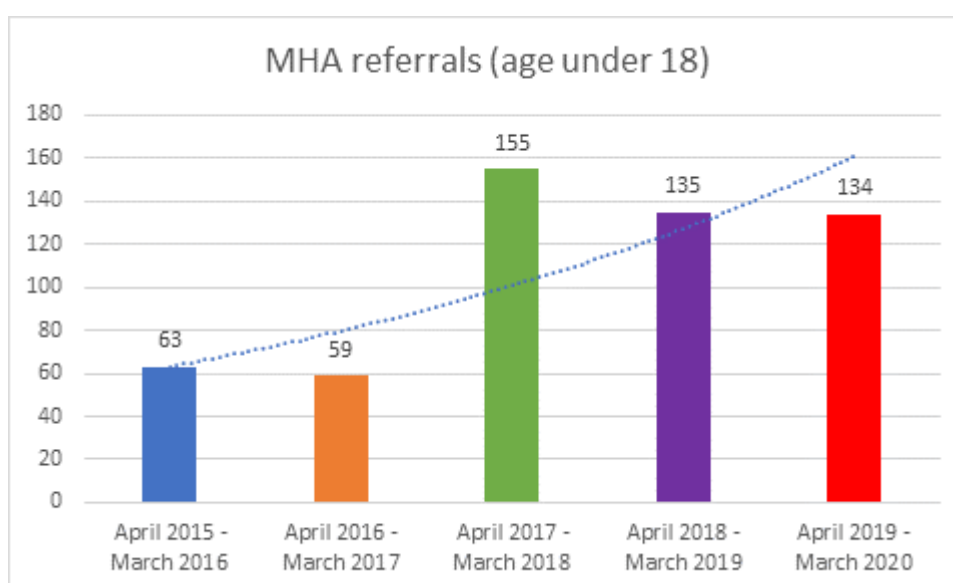
- 1.10 West Sussex County Council and SPFT are currently working under a provider to provider section 75 agreement for the integrated provision of adult mental health services. The agreement was extended on 31 March 2020 for a further 12 months to enable the review of mental health social care services and the development of a new operating model. Approximately half of the existing AMHPs are located in the Council's general adult operations teams, with the other half being seconded to SPFT teams under the s75 agreement.
- 1.11 Prior to the review of the AMHP service, the Council was aware of several issues which were hindering the effective operation of the service. However, as the review started, significant systemic failings and issues were uncovered which had resulted in unsafe and illegal practice, resulting in the Council not meeting its statutory duties and a risk recorded on the Corporate Risk Register.
- 1.12 This traditional service model is no longer recommended as it doesn't meet national guidelines, best practice or match the models used by neighbouring local authorities who have successfully introduced a hub and spoke model following review and innovation. Examples include:

- Brighton & Hove – operates a hub and spoke model 24/7, dedicated AMHP service (with no separate out of hours team) on three rolling shifts. However, in Brighton pay and rewards are not streamlined and are similar to the current model in West Sussex, which the Council is seeking to move away from to ensure there is a more consistent and predictable budget which doesn't rely on overtime.
- East Sussex – operates a hub and spoke model during office hours, resourced as follows:
  - Hub - 5 AMHPS, including the lead AMHP.
  - Spoke – approximately 30 AMHPs sitting in community teams who support the AMHP hub via a rota.
  - 2 AMHP Resource officers who are unqualified staff and support with planning assessments.
  - Emergency Duty Team:
    - Out of Hours - currently 5 AMHPs in total.
    - Weekdays - 2 AMHPs working 5pm - 12am and 5pm - 9am.
- Devon – fully dedicated model with 30 AMHPs who work in 3 distinct geographic areas and only undertake AMHP work. The implementation of this model has led to increased retention and job satisfaction, better joint working with crisis teams, advice to police and engagement with services to improve prevention. Lone working and staff stress were major issues but have now vastly improved and the AMHP role is now an important part of Devon's regional mental health services. The AMHP out of hours service is incorporated within a generic EDT and is less successful, so is under review.
- Gloucestershire – operate a hub and spoke model on a 24/7 basis, as follows:
  - Hub - AMHPs paid with an additional anti-social payment of 33%, which increases to 66% on bank holidays.
  - Spoke – AMHPs operate 9am – 5pm, have to cover 3 days a month and receive an allowance of £2,000.

1.13 The traditional service model used in West Sussex has been unable to adapt to meet the increased demand for the service or peaks in demand. The increase for MHA assessments is illustrated below. In addition, Covid-19 has had a significant impact on numbers of referrals and demand has grown throughout 2020 and is expected to continue into 2021.



- 1.14 The AMHP Service receives referrals and undertakes assessments for people of all ages, including children and young people under the age of 18. This include referrals from the specialist in-patient facility (Chalkhill) within the county that treats children and young people experiencing emotional difficulties, mental health problems and eating disorders. The Improvement Lead noted a potential overuse of MHA assessments for children and adolescents, which requires further investigation. However, it may be due to the presence of the specialist in-patient unit and a dedicated under-18 s136 suite (Place of Safety) in the county, which are not routinely located in all Council areas. The number of referrals for children and young people has slightly reduced in the last three years (although the overall trajectory is upwards), but it is expected that demand will increase due to the impact of Covid-19. Due to this level of demand, there is an aspiration to build increasing diversity into the workforce, by sponsoring staff with a child and family background, to undertake the AMHP training.



- 1.15 The last five years of data shows that peak times of demand were between 2pm – 7pm, seven days a week. In the 12-month period October 2018 to

October 2019, the service received a total of 2,801 MHA referrals and completed 2,010 assessments. Of these assessments:

- 988 were completed outside normal office hours.
- 1,022 undertaken in normal office hours.

- 1.16 The structure of the rota and the focus of the traditional service model do not use the AMHP resource effectively and does not enable preventative work with referral agencies. The model and pay and reward structures are complex, some AMHPs are regularly working excessive hours with risks around breaching the European Working Directive, resources allocated do not correspond with demand and it relies on AMHPs volunteering to staff the out of hours shifts.
- 1.17 The budget for the traditional service model being used in West Sussex is not financially sustainable. This is largely due to salary arrangements for the night AMHPs and the out of hours service. Both are complex and include unpredictable arrangements where staff claim additional payments and overtime for hours worked during nights, weekends and bank holidays. As demand for the service has increased, and many assessments take place outside of working hours, the budget for the service is difficult to manage and overspending has resulted.
- 1.18 Governance in the current model is weak with very little evidence of quality assurance measures, performance indicators or regular performance monitoring.
- 1.19 In order to address immediate identified issues in the service, in November 2019 the Council immediately made some temporary changes to improve oversight and provision. The strategic direction for the service is now led by the Head of Adult Operations, with operational management undertaken by the Mental Health Operations Manager. In early March 2020 further temporary staffing arrangements were implemented in order to reduce the operational and statutory risks posed by the existing AMHP model. A locum Service Manager has been recruited, a temporary AMHP Hub Team Manager was seconded from another business area and six AMHPs were withdrawn from their substantive posts to enable them to work as dedicated AMHPs in a daytime hub. Temporary funding was approved from improved Better Care Fund (iBCF), via the Adults & Health Leadership Team (AHLT), pending the agreement of a new operating model. The temporary staffing secondments are now causing pressures in general teams and management agreements, which were made pre-Covid, are being withdrawn, creating further instability for the AMHP service.

## **2. Proposal Details**

### **AMHP service review (2019)**

- 2.1 A review of the AMHP service took place between August and October 2019. The key recommendation was a new model for the AMHP service.

### **New Operating Model**



2.2 The recommended model is for a 24/7 hub and spoke (hybrid) AMHP service, without a separate Emergency Duty Team function. This model consists of:

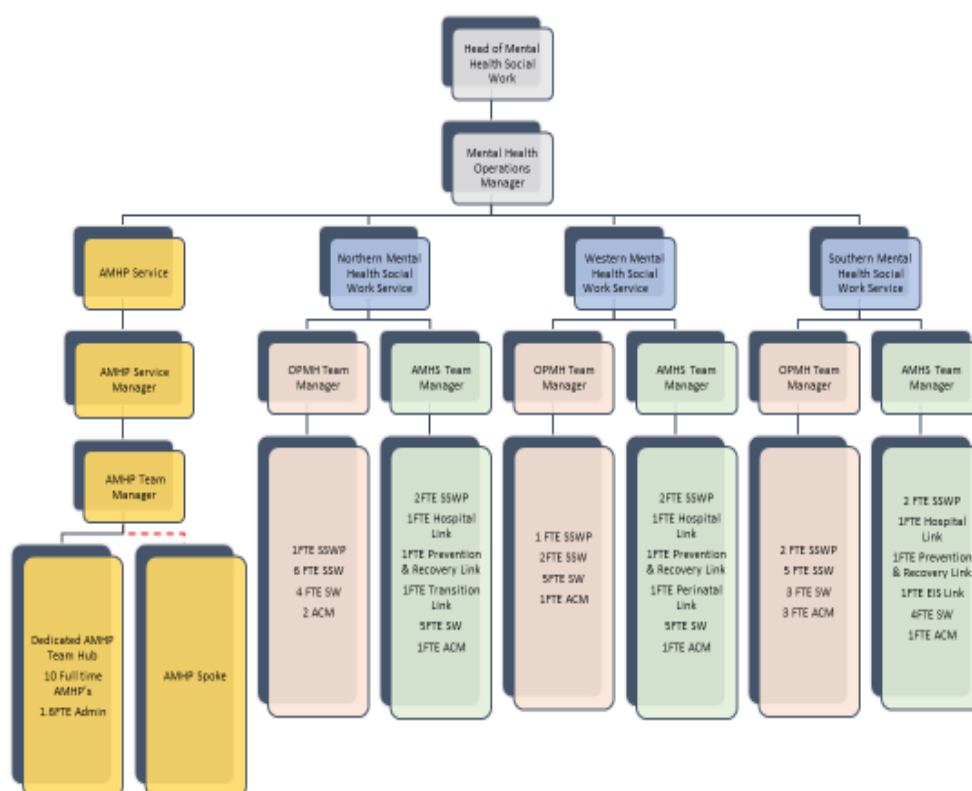
- The Hub:
  - A dedicated team of 8 FTE substantive AMHPs working on a 24-hour, 7 day a week rolling rota, based in a central hub in Worthing. An AMHP will be designed as Lead for each shift.
  - 2 FTE dedicated substantive AMHPs to work in the hub, 9am- 5pm Monday to Friday to cover Community Treatment Order (CTO) work.
  - A Hub Team Manager, who manages the dedicated AMHPs and ensures the smooth running of the service.
  - 1.8 FTE administration staff, working 9am – 5pm, Monday to Friday.
- The Spoke – a significant pool of locality-based AMHPs, who have substantive posts in other teams across health and social care, and potentially Children's Services. These staff will be utilised in local areas to support the rota and undertake statutory AMHP responsibilities, both in and out of hours.
- The whole AMHP service, will be overseen by a Mental Health Service Manager, with a focus on delivering a high quality and legally compliant AMHP service.

The new model will be introduced from 1 January 2021 to align with changes to the s75 arrangements.

2.3 The number of dedicated AMHP staff required for the new Hub model (10 AMHPs, with a Team Manager) is based on the number of shifts needed to provide basic cover, and alongside the additional Spoke AMHPs, will meet the demand for assessments and peaks in demand. A recruitment campaign is underway to also increase the number of Spoke AMHPs working in the Council, by supporting existing staff to undertake the training. The number of AMHPs required is not based on the number recommended by ADASS (refer to paragraph 1.9 above), which would equate to 80 AMHPs in West Sussex as the new model provides for adequate cover to meet demand, with a smaller number of AMHPs.

2.4 The chart below illustrates how the dedicated AMHP service will be structured and how it will fit within the wider Mental Health service, once the s75 transformation work has been completed:

- AMHP service – yellow
- Older Person's Mental Health Service (will contain some spoke AMHPs) – pink
- Adult Mental Health Services (will contain some spoke AMHPs) - green



## Digital Requirements

- 2.5 It is planned for the new service model to be accompanied by a new referral/customer management system. Currently referrals are recorded on paper files and manual spreadsheets, which does not provide sufficient visibility of what is happening with referrals or data security. Furthermore, the current way of managing referrals does not enable effective oversight or performance monitoring. Mosaic, the social care case management system used by the Council, is unable to sufficiently provide this function due to the nature of the work and the way that work is allocated.
- 2.6 An interim solution is being developed internally with the Performance and Insight Team, but in the longer term a new IT solution for referral/customer management is required for the AMHP service. As this has yet to be formally scoped, it hasn't been possible to estimate costs for a new customer relationship management solution.

## Improved Outcomes

- 2.7 The recommended AMHP service model will deliver improved strategic, operational and performance outcomes and system-wide benefits. It will also address the previous and current service issues highlighted above.

Current 'traditional' model	Recommended hub and spoke model
Does not meet national guidance, best practice or match neighbouring local authorities	<ul style="list-style-type: none"> <li>• Model is based on the national guidelines, innovation and best practice.</li> <li>• Aligns with models used in East Sussex, Brighton &amp; Hove and other neighbouring authorities to enable closer cross-border working.</li> <li>• Enables the Council to provide a centre of mental health excellence across the local authority area.</li> <li>• Enables the Council to lead on development work with partner agencies, such as SECAMb, SPFT and Sussex Police.</li> <li>• Enables appropriate representation from the Council at local and national forums such as the West Sussex Crisis Care Concordat, National AMHP Leads Network, to enable and promote inter-agency cooperation and collaboration and problem solve the availability of complex multi-agency resource issues that the AMHP workforce are dependent on to undertake their statutory functions.</li> <li>• Ensures the update and maintenance of all MHA policies and practice documents.</li> <li>• Enables the Council to provide a timely and responsive service to people, who are experiencing a mental health crisis.</li> </ul>
Unable to prevent unsafe and unlawful practice	<ul style="list-style-type: none"> <li>• Delivers a safe service for those requiring MHA assessments, their family and the wider public, as well as the AMHP staff. The AMHP workforce's safety and wellbeing is at the forefront of operational considerations and the expectation to lone work in non-contained environments is removed.</li> <li>• Reduces risks related to lone working.</li> <li>• Delivers a sustainable, high quality and legally complaint AMHP service.</li> <li>• Contributes to the <a href="#">West Sussex County Council</a> objectives that children and young people are safe and secure and West Sussex is a healthy and safe place.</li> <li>• Contributes to the <a href="#">Vision and Strategy for Adult Social Care in West Sussex</a> of refocusing internal resources and strengthen partnership working to deliver excellent support and services, making sure that services are high quality and sustainable.</li> </ul>
Unable to meet increased demand or peaks in demand Does not use the AMHP resource effectively, complex, some AMHPs are regularly working excessive hours, relied on AMHPs volunteering	<ul style="list-style-type: none"> <li>• Fully staffed AMHP service rota that incurs limited overtime costs with a culturally diverse AMHP workforce that is specialised across social care disciplines.</li> <li>• Ensures there is sufficient staffing to cover sickness, annual leave, training and peaks in demand.</li> <li>• Delivers clear oversight of day to day operations and out of hours, improving capacity and prioritisation.</li> <li>• AMHPs working in the spoke continue to practice as an AMHP on a regular basis as part of the duty rota.</li> </ul>

to staff the out of hours shifts	<ul style="list-style-type: none"> <li>Removes the need for a separate Emergency Duty Service function the rolling rota provides adequate 24/7 cover.</li> </ul>
Weak governance with very little evidence of quality assurance measures, performance indicators or regular performance monitoring. Lack of management oversight.	<ul style="list-style-type: none"> <li>Provides sufficient management oversight to enable service development and strategic planning for any future changes to legislation or guidance and accountability for performance management and quality assurance processes.</li> <li>Provides a central point for all AMHP work to be received and recorded. Ensuring accurate data is gathered for reporting and performance purposes.</li> <li>Each shift is led by an AMHP from the hub who will triage, prioritise and gather relevant information to enable them to consider the MHA request (s.13 MHA) and whether the statutory grounds are met for assessment.</li> <li>Enables a systematic collation of data to meet reporting requirements, which will inform future changes to service delivery.</li> <li>Enables Community Treatment Orders to be completed centrally</li> <li>Enables work to be more efficiently predicted and planned.</li> </ul>
Appears to be an overuse of MHA assessments for children and adolescents.	<p>(Noted that a higher number of assessments are to be expected in West Sussex due to specialist facilities for children and young people in the county)</p> <ul style="list-style-type: none"> <li>Provides capacity to review processes and procedures.</li> <li>Active recruitment of AMHPs from Children's Services or those with a specialism in children and young people.</li> <li>Promote Council sponsorship of the AMHP course at Brighton University to staff in Children's Services.</li> </ul>
AMHPs within the s75 arrangement isolated and unsupported, not in receipt of regular professional AMHP supervision and AMHP duties incompatible with demands of their day-to-day role	<ul style="list-style-type: none"> <li>Provides dedicated staff for service delivery, with specialist knowledge and expertise.</li> <li>Links with the proposed model for the new Mental Health Social Work service and when implemented, will complement the provision and deliver a high quality, specialist service.</li> </ul>
Recruitment and retention.	<ul style="list-style-type: none"> <li>Delivers an AMHP service that supports the independence of AMHP decision-making while ensuring that they have access to individual, peer and professional support in order to explore working practices in a safe manner.</li> <li>Promotes and enables strategic planning around recruitment, retention and career progression, ensuring the AMHP role is valued within the Council.</li> <li>Promote peer discussion, problem solving and knowledge building.</li> </ul>

	<ul style="list-style-type: none"> <li>• Enable a focus on the support and training for student AMHPs and provide robust learning opportunities, within a protected and supportive environment.</li> </ul>
	<p>Other benefits:</p> <ul style="list-style-type: none"> <li>• Provides a central access point for referrals from nearest relative and partnership agencies.</li> <li>• System-wide benefit to partnership agencies making referrals as those awaiting assessment in their premises (such as police stations, A&amp;E departments and other places of safety) and being supervised by their staff spend less time waiting for an AMHP to arrive, as there are sufficient staff to respond to referrals in a timely manner.</li> <li>• Work closely with crisis and home treatment teams so that decisions about alternatives to admission can be easily and quickly made.</li> <li>• Increase in the number of assessments carried out during 'office hours' as far as possible, when a larger number of options/facilities/support are open and available, to reduce the number of unnecessary admissions.</li> <li>• Enables AMHPs to develop and utilize their specialist knowledge and skills, in a wider sense, without being restricted to just formal MHA assessments.</li> <li>• Enables early collaboration with health professionals in other services, to develop a preventative approach and ensure that the formal MHA assessment process is not overused.</li> </ul>

## Factors taken into account

### 3. Consultation

3.1 Staff engagement on new model took place throughout July and August 2020 through virtual engagement sessions (due to current Covid-19 restrictions) and a survey via the internal Big Exchange. Comments from staff included:

- a. Agreement that there were a number of issues, gaps and challenges in how the AMHP Service was currently operating and that change was required.
- b. An increase in AMHPs with experience and skills in children's services would be welcomed.
- c. Acknowledgment that the interim Hub arrangements have made the service feel much safer and AMHPs appreciate the increased professionalism.
- d. Concerns about changes to the rota system and shift times/patterns, including whether sufficient staff would wish to cover night shifts and the number of shifts 'spoke' AMHPs would be required to complete per month/year.
- e. Queries about whether changes to pay and other financial benefits which would make the role or taking on additional shifts less appealing.

- f. Concern that staff working under s.75 arrangements would not wish to return to the Council, which could leave gaps in the service which could be hard to fill through recruitment. There was a view among some that local authority social work was not as interesting and did not have the same status as the partnership work.
- g. Worries about more change for both staff and service users, which could be unsettling and confusing.

As a result of the staff engagement a number of changes to the proposals are under consideration, including changes to the rota.

- 3.2 Initial informal discussions have already begun with UNISON regarding the need to make changes to the operating model within Mental Health Services.
- 3.3 Formal staff consultation with two Night AMHPs, administration staff and the Joint Consultative Committee may be required.
- 3.4 Stakeholder engagement sessions took place with the following organisations on 12 and 17 August 2020:
  - Sussex Police.
  - SECAMb.
  - Western Sussex Hospitals NHS Foundation Trust (Psych liaison).
  - SPFT (Crisis Resolution Home Treatment Team, Mental Health Liaison Practitioners, Senior Nurse Practitioners, The Haven at Mill View).

Stakeholders commented that the current interim hub solution has seen improvements in the service. They were generally positive about the proposals and were keen to ensure straightforward referrals processes and clear lines of communication between the AMHP Hub and other organisations.

- 3.5 The project had an aspiration to engage with service users and a session was due to take place on 19 August 2020. However, despite some effort, it has not yet been possible to identify and engage with service users and so work on this will continue.
- 3.6 Internal consultation has taken place with Finance and Human Resources, who have provided advice and support in the review of the AMHP Service and development of a new operating model.
- 3.7 The Health and Adult Social Care Scrutiny Committee is due to review the proposals on 9 September 2020.

## **4. Financial and Resource Implications**

### **Revenue consequences of proposal**

- 4.1 The full-year cost of the new model is estimated at approximately £1.5m. This compares to existing budget provision of £0.71m. The shortfall of £0.79m will be funded as follows:
  - Expenditure is planned to be reduced by £0.15m by January 2023 through a review of the pay protection for the two members of staff currently working as Night AMHPs and from the benefits of a greater

proportion of assessments being done during core working hours, which will result in less being spent on additional staffing cover. Until January 2023 these costs will be charged against the iBCF.

- A further £0.31m will be funded through the reprioritisation of existing resources, including the deletion of the vacant post of Director of Adult Social Services, since that position is now part of the role of the Executive Director.
- The balance of £0.33m can be afforded from the increase that has been mandated by Government to the West Sussex Clinical Commissioning Group's minimum contribution to adult social care from the Better Care Fund (BCF). This will allow £0.4m of inflation which the Council had funded corporately to be charged to the BCF, so freeing those resources to contribute towards this proposal.

4.2 Through these actions the cost to the portfolio will become a net nil as shown in the table below:

	<b>Year 1 2020/21 (part-year effect) £m</b>	<b>Year 2 2021/22 £m</b>	<b>Year 3 2022/23 £m</b>	<b>Year 4 2023/24 £m</b>
<b>Revenue budget</b>	0.18	0.71	0.71	0.71
<b>Cost of Proposal</b>	0.38	1.50	1.46	1.35
<b>Shortfall</b>	-0.20	-0.79	-0.75	-0.64
<b>Additional funding</b>	0.20	0.79	0.75	0.64
<b>Net budget effect</b>	Nil	Nil	Nil	Nil

## 5. Legal Implications

5.1 A review of the current AMHP Service in 2019 found significant issues and risks within the service, including issues in relation to legal compliance and safe standards of practice. The proposals detailed within this report have been designed in order to ensure the delivery of a compliant and lawful service.

## 6. Risk Implications and Mitigations

6.1 The review of the AMHP service has already found systemic failings over an extended period of time and a structure that has not protected its staff or residents. The risks detailed below are failings and issues that have already happened, and the risk is therefore that they would continue if wide ranging changes are not made. The mitigating action details how a new operating model for the AMHP service would provide a safe, compliant and lawful service.

	<b>Risk</b>	<b>Mitigating Action</b>
1	<p>Inability to deliver a high quality and legally compliant AMHP service, which is required of the Council, resulting in:</p> <ul style="list-style-type: none"> <li>• Reputational risk if non-compliance and mistakes occur and become public</li> <li>• Risk if individuals or family members take legal action against the Council.</li> <li>• Financial risk of damages claims if assessments are unlawful, particularly those that result in a hospital detention.</li> <li>• Psychological/emotional risk to individuals and their families from unlawful assessments and detentions.</li> </ul>	<p>The proposed new AMPH model aims to ensure that such risks will not reoccur, and that practice is robust in future in order to ensure the best outcomes for individuals requiring an assessment.</p> <p>With a new model in place, the Council will be able to meet statutory duties related to undertaking timely MHA assessments as with increased capacity, the number of referrals passed to out of hours AMHPs and/or from one AMHP shift to another, will reduce.</p>
2	<p>Continuation of inefficient working practices, impacting on AMHP health and wellbeing, resulting in an increasing level of sickness and resignations amongst staff. This places the Council at risk in terms of delivery of statutory functions and management of risk and demand.</p>	<p>A full review of the AMHP service was undertaken and the proposed model aims to rectify previous issues and ensure practice will be robust in future.</p> <p>With the new model in place there will be more reasonable work expectations, which will improve recruitment and retention. The new model ensures there is sufficient staffing to cover sickness, annual leave, training and peaks in demand.</p> <p>Risks related to lone working will be reduced (particularly in relation to the night AMHPs, who currently work alone on shift).</p>
3	<p>A review of both the AMHP day rota and volunteer Out of Hours rota highlighted a number of financial and HR concerns, which have now been added to the Corporate Risk Register.</p> <p>Insufficient AMHPs available to work during the day, has resulted in MHA assessments being pushed over to the out of hours service, which cannot meet the demand, resulting in</p>	<p>Improvements to the supervision, working environment, training and development opportunities and management support, will deliver improved recruitment and retention and will ultimately, increase the profile and status of the AMHP role within the Council, ensuring a sufficient and high-quality workforce.</p> <p>The management and leadership structure will provide sufficient capacity to ensure that practice guidance, policies and processes are re-drafted and regularly reviewed to ensure they incorporate national best practice.</p>



	<p>delays and distress to individuals and their families.</p> <p>The current model puts the Council at risk of legal challenge and disrepute if a serious incident were to take place and the service was unable to respond.</p>	
4	No access to specific MHA legal advice out of hours	<p>Consideration to be given to the legal offer available to neighbouring authorities.</p> <p>Liaison with the Council's legal service, to discuss potential options.</p>
5	The review highlighted a high use of the MHA for children and adolescents	<p>Further investigation is required to ascertain possible reasons for this and to inform any mitigations.</p> <p>Focus on recruitment of new AMHPs from children's services and opportunities for internal staff from Children, Young People and Learning to undertake the Council sponsored AMHP course at Brighton University.</p>
6	Damage to relationships with partner agencies (i.e. SPFT, acute hospital trusts, police and SECAMB)	<p>Additional capacity, a core group of specialist staff and more timely response, will improve the relationships between the Council and partner organisations.</p> <p>Work will be undertaken with partner agencies in relation to managing the challenges of transport, bed delays and availability of s12 doctors.</p>

## 7. Other Options Considered (and reasons for not proposing)

- 7.1 The option of doing nothing, of retaining the current 'traditional' AMHP operating model, is not believed to be a reasonable option due to the severity of the failings and issues that initially promoted the service review and those uncovered during the review. As detailed in paragraph 1.19, the Council has already made several temporary changes to the current model in order to improve safety while awaiting a decision on the future operating model.
- 7.2 An alternative option is a hub and spoke day AMHP service (9am – 5pm, Monday – Friday) with out of hours, weekend and bank holiday services provided by an Adults Social Care emergency duty team. This option was rejected because it involves multiple "hand-offs" and would not provide the "single service" model that is needed, in order to ensure consistent processes and centralised management and leadership. It would also be more costly due to needing separate management capacity.

## **8. Equality and Human Rights Assessment**

- 8.1 The Council has a public sector equality duty, under the Equality Act 2010, to ensure customers with a protected characteristic are not discriminated against. Disability, which includes a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities, is a protected characteristic.
- 8.2 The report details action the Council has taken to review the AMHP service and recommendations to rectify issues and ensure practice is more robust in future in order to ensure the best outcomes for individuals requiring an assessment.

## **9. Social Value and Sustainability Assessment**

- 9.1 The current service arrangements are not sustainable and there is a need to make changes to the model to ensure that Council is able to deliver on its statutory duties. There is the opportunity to add significant social value by getting the support right for people who experience mental health issues at an early stage and an improved focus on prevention, recovery and well-being.

## **10. Crime and Disorder Reduction Assessment**

- 10.1 The proposals should deliver a system-wide benefit to partnership agencies making referrals to the AMHP Service. Individuals awaiting assessment in premises such as police stations, A&E departments and other places of safety and being supervised by their staff should spend less time waiting for an AMHP to arrive, as there will be sufficient staff to respond to referrals in a timely manner. This will free up police time and resources.
- 10.2 In Devon the implementation of this model has led to improved partnership working with the police service. The AMHP Service were more able to provide information and advice, with the ability to influence and discuss situations involving individuals that may require an MHA assessment. The use of section 136 (where a police officer can take someone to a place of safety while awaiting an MHA assessment) was reduced and relationships with police colleagues improved.

**Alan Adams**

Interim Executive Director Adults and Health

**Contact Officer:** Loretta Rogers, Head of Adult Operations

## **Health and Adult Social Care Scrutiny Committee**

**9 September 2020**

### **Business Planning Group Report**

#### **Report by Chairman, Business Planning Group**

#### **Executive Summary**

Each Scrutiny Committee has a Business Planning Group (BPG) to oversee the Committee's work programme and prioritise issues for consideration by the Committee. This report provides an update to the Committee of the BPG meeting held on 1 June 2020 setting out the key issues discussed.

#### **1. Background**

1.1 The BPG met on 1 June 2020, members in attendance were Cllr Arculus, Cllr Boram, Cllr Turner (Chairman) and Cllr Walsh. Also present were Anna Raleigh (Director of Public Health), Chris Salt (Strategic Finance Business Partner), Alan Adams (Interim Executive Director for Adults & Health), Chris Clark (Joint Strategic Director of Commissioning), Pennie Ford (Executive Managing Director, Sussex Clinical Commissioning Groups), Helena Cox and Rob Castle (Democratic Services). Cllr Sudan was absent.

#### **2. Declarations of Interest**

2.1 Cllr Turner as a locum pharmacist.

#### **3. HASC Work Programme Planning 2020-21**

3.1 The BPG discussed the Committee's Work Programme and agreed the version attached at appendix 1.

3.2 There were concerns over funding for Change, Grow, Live due to increased demand during Covid-19.

3.3 It was hoped to continue providing some funding for low vision services provided by 4Sight. A Joint Strategic Needs Assessment needed to be completed before deciding what other low vision services were to be commissioned.

3.4 It was proposed to establish a Task & Finish Group to look at the Covid-19 experience in West Sussex

3.5 Total Performance Monitor – Chris Salt

- Covid-19 has underlined the need for the budget to be more sustainable
- The Covid-19 Recovery Plan would focus on market management, prevention and joint working with health – the three areas that would have a disproportionate effect on the budget position

3.6 Points covered in discussion: -

## Agenda Item 9

- Some care providers may cease to operate – the Council had developed a Care Home Resilience Plan to try to keep the market stable – a project plan for sustaining a healthy market was requested but did not yet exist. A project plan would be produced after Covid-19 and could be part of the item to Committee on Adults Services Improvement
- Options for clearing the backlog of work caused by Covid-19 were being looked at – some private hospitals were already taking on NHS work

### **4. Planning for the next meeting**

4.1 Covered above

### **5. Date of next BPG meeting**

5.1 Members noted that the next BPG meeting will be held at 10.30 on 18 November 2020.

### **6. Implications**

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

**Bryan Turner**, Chairman, Health and Adult Social Care Scrutiny Committee

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**Appendices** - Appendix A - HASC Work Programme

**Background Papers** - None

**Health and Adult Social Care Scrutiny Committee**  
**Work Programme 2020/21**

Topic (including focus for scrutiny & focus)	Priorities		
	Corporate or Service Priority	Performance , Outcome or Budget	Timing
<b>Task and Finish Groups</b>			
<b>Covid-19 - Preparedness and Restoration / Recovery Planning in West Sussex</b> <ul style="list-style-type: none"> <li>Task and Finish Group (including representation from Healthwatch) to assess lessons learned and to inform preparedness for future. To review NHS local restoration and recovery plans (to include plans prior to the winter period 2020/21 - assessing preparation for potential increase in demand for NHS services and impact of Covid-19), the Local Outbreak Plan and plans for ongoing monitoring/assurance through Health and Wellbeing Board.</li> </ul>	Corporate	Outcomes	July - Sept 20
<b>Committee Meetings</b>			
<b>West Sussex response to the NHS Long Term Plan (Sussex Health and Care Partnership)</b> <ul style="list-style-type: none"> <li>Health Scrutiny: the focus for service provision and development of a delivery plan as part of the development of the NHS Long Term Plan. To consider the place-based plans and the confirmation of the Integrated Care System (ICS).</li> </ul>	Corporate	Outcomes	Sept 20
<b>New operating model for the Approved Mental Health Professional (AMHP) service</b> <ul style="list-style-type: none"> <li>Pre decision scrutiny: To examine the proposed new operating model ahead of a decision by the Executive Director for Adults and Health. Informed by information provided by RAAC in relation to this service on the corporate risk register.</li> </ul>	Service Priority	Performance	Sept 20
<b>Social Support Services for Older People</b> <ul style="list-style-type: none"> <li>Pre-decision scrutiny: To examine the County Council's work around preventing social isolation and the provision of social support service contracts funded by Public Health.</li> </ul>	Service	Outcomes	Nov 20
<b>Proposals to Improve Mental Health Services in West Sussex</b> <ul style="list-style-type: none"> <li>Health scrutiny (NHS service change proposal): To consider the outcome of public consultation on proposals by CCGs and the Sussex Partnership NHS Foundation Trust.</li> </ul>	-	Outcomes	Nov 20
<b>Primary Care (Inquiry Day)</b>	-	Outcomes	Nov 20

Topic (including focus for scrutiny & focus)	Priorities		
	Corporate or Service Priority	Performance , Outcome or Budget	Timing
<ul style="list-style-type: none"> <li>A themed meeting to input into the emerging primary care strategy as developed by the CCGs - GP surgery provision across the county, the development of Local Community Networks and learning from Covid-19 regarding virtual working practices. To include input from Healthwatch.</li> </ul>			
<b>Adults Services Improvement (Inquiry Day)</b> <ul style="list-style-type: none"> <li>A themed meeting to assess improvement plans for adult social care, to include progress on prevention and relationships with the care and domiciliary care markets in light of Covid-19.</li> </ul>	Service	Outcomes	Jan 21
<b>Mental Health</b> <ul style="list-style-type: none"> <li>CYPSSC and HASC: Special meeting with the West Sussex Youth Cabinet, to review emotional health and wellbeing support for children and young people.</li> </ul>	-	Performance and outcomes	Mar 21
<b>Shaw Healthcare Contract</b> <ul style="list-style-type: none"> <li>To review performance against planned outcomes for main contract for the provision of residential care and consider the impact of the contract variation one year on.</li> </ul>	Service	Performance	Jun 21
<b>Supported Living</b> <ul style="list-style-type: none"> <li>Pre-decision scrutiny: To examine service plans for supported living services when developed for re-procurement, if likely to alter provision and to ensure best outcomes.</li> </ul>	Service	Outcomes	TBC
<b>Project Day – 8 October 2020</b>			
<b>NHS (CCG) Information Sharing Session</b> <ul style="list-style-type: none"> <li>To receive information in relation to stroke services within West Sussex; new models of integrated care.</li> </ul>	-	-	8 Oct 20
<b>Joint HOSC</b>			
<b>Clinically Effective Commissioning</b> <ul style="list-style-type: none"> <li>To consider any proposals from West Sussex Clinical Commissioning Groups, in relation to ongoing work to ensure that commissioning arrangements are both clinically and cost effective (further to HASC 29/9/17).</li> </ul>	-	Outcomes	TBC
<b>Business Planning Group</b>			
<b>Work Programme Planning</b> To consider updates from the services and stakeholders and consider whether any issues should be subject to formal scrutiny by HASC.			

Topic (including focus for scrutiny & focus)	Priorities		
	Corporate or Service Priority	Performance , Outcome or Budget	Timing
<b>Shaw Healthcare Contract</b> Update prior to any formal scrutiny by the Committee (scheduled for June 2021)		Performance	
<b>Business Planning Group TO MONITOR</b>			
<b>Low Vision Services</b> To consider the outcome of the consultation and confirm whether the item should be subject to further formal scrutiny by HASC.	-	Outcome	TBC following a Joint Strategic Needs Assessment of services
<b>Brook House Report</b> In response to a query from Mrs Smith, BPG agreed to wait for the outcome of a public inquiry before deciding what scrutiny, if any, was required by HASC.	-	Outcome	TBC – following the announcement of a public inquiry

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## Health and Adult Social Care Scrutiny Committee

9 September 2020

### Report by Director Law and Assurance

### Appointment of the Committee's Business Planning Group

#### 1. Introduction

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

#### 2. Role of Business Planning Group (BPG)

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

**3. Reporting the BPG's work to the Committee**

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

**4. Implications**

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

**Tony Kershaw**

Executive Director Law and Assurance

**Contact:** Helena Cox, Senior Advisor, 03302 222533