

Public Document Pack

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19 January 2022

West Sussex Health and Wellbeing Board

A virtual meeting of the Committee will be held at **10.30 am** on **Thursday, 27 January 2022**.

Note: In response to the continuing public health measures, 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:

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Agenda

- 10.30 am 1. **Chairman's Welcome**
2. **Declaration of Interests**
- Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it; if in doubt contact Democratic Services before the meeting.
- 10.40 am 3. **Urgent Matters**
- Items not on the agenda that the Chairman of the Board is of the opinion should be considered as a matter of urgency by reason of special circumstances.
- 10.45 am 4. **Minutes** (Pages 5 - 14)
- The Board is asked to confirm the minutes of the meeting of the Health and Wellbeing Board held 7 October 2021.
- 10.50 am 5. **Public Forum**
- The Board invites questions and comments from the public for consideration at the meeting. Contact Erica Keegan on Tel: 033 022 26050 (a local call) or

email: erica.keegan@westsussex.gov.uk

The meeting will be available to watch live via the Internet at this address: <http://www.westsussex.public-tv/core/portal/home>

- 11.05 am 6. **Update on the Children First Board (a sub-group of the Health and Wellbeing Board)** (Pages 15 - 18)
- The Children First Board, being accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board, will provide a formal update at its quarterly public meetings.
- 11.15 am 7. **West Sussex COVID19 Local Outbreak Engagement Board** (Pages 19 - 22)
- The Local Outbreak Engagement Board, being accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board, will provide a formal update.
- 11.25 am 8. **Public Health Update**
- The Director of Public Health will provide a verbal update on current public health matters.
- 11.40 am 9. **West Sussex Pharmaceutical Needs Assessment 2022** (Pages 23 - 34)
- The purpose of this report is to update the West Sussex Health and Wellbeing Board of its obligations in relation to the preparation of the West Sussex Pharmaceutical Needs Assessment (PNA) by 1 October 2022. A PNA is a statement of need, identifying current and future pharmaceutical needs of West Sussex.
- 11.55 am 10. **Health and Care System Pressures**
- The Executive Director Adults and Health and the Executive Managing Director West Sussex Clinical Commissioning Group will provide a verbal update.
- 12.10 pm 11. **West Sussex Place Development** (Pages 35 - 48)
- The Board will receive a report on West Sussex Place Development. Since the establishment of the West Sussex Health and Care Partnership, in April 2020, work has been progressed to develop as a partnership and to ensure the benefits are realised for the population of West Sussex.
- This report provides an update on progress on two key aspects:
- The West Sussex Health and Care Plan
 - The development of the West Sussex place

- 12.25 pm 12. **Better Care Fund** (Pages 49 - 76)
- This report provides a summary of the final West Sussex Better Care Fund planning submission for 2021/22, along with the regular monitoring of performance against the national metrics for Quarter 2 2021/22.
- 12.35 pm 13. **Health and Wellbeing Board Work Programme 2022-23**
(Pages 77 - 78)
- To note the work programme for 22/23 as attached. Members of the Board are requested to mention any items which they believe to be of relevance to the business of the Health and Wellbeing Board. If any member puts forward an item the Board is asked to assess briefly whether to refer the matter to the Chairman to consider in detail for future inclusion.
- 12.45 pm 14. **Date of next Meeting**
- The next meeting of the Board will be held at 10.30 am on 28 April 2022.

To all members of the West Sussex Health and Wellbeing Board

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West Sussex Health and Wellbeing Board

7 October 2021 – At a virtual meeting of the West Sussex Health and Wellbeing Board held at 10.30 am

Present: Cllr Bob Lanzer (Chairman), Cllr Amanda Jupp, Cllr Jacquie Russell, Keith Hinkley, Alison Challenger, Emily King, Chris Clark, Pennie Ford, Dr Laura Hill, Natalie Brahma-Pearl, Samantha Allen, Sally Dartnell, Helen Rice and Jess Sumner

Also in Attendance: Andrew Heeps, Sonia Mangan, Mark Greening and Diana Bernhardt

Apologies were received from Cllr Crow, Lucy Butler, Catherine Howe and Marianne Griffiths (sent representative)

Part I

13. Chairman's Welcome

13.1 In welcoming those attending this virtual meeting of the Board, the Chairman noted apologies. The Chairman then informed that Nigel Lynn, Chief Executive of Arun District Council, was leaving to take up a new post at West Berkshire Council and, as a result, had stood down as a member of the West Sussex Health and Wellbeing Board. The Chairman gave his thanks to Nigel Lynn for his valued contribution to this Board during his time at Arun District Council.

13.2 In opening the meeting, the Chairman reflected on the national and local progress that had been made in relation to the pandemic since the last meeting of the Board in July. During the summer Public Health had worked in collaboration with Goodwood Estate and key partners to implement good practice measures for delivery of their events. The NHS Covid19 Vaccination Programme continued at pace with those aged 12 years and over eligible for vaccination as well as the Booster Programme which began roll out on 16 September for priority groups. Local NHS Teams had also been delivering the annual flu vaccination to eligible groups. This vaccine was seen as more important than ever this year as it was expected that this would be the first winter where Covid19 would circulate alongside the Seasonal Flu Virus.

13.3 The Chairman concluded his welcome with a focus on the Covid19 response: Autumn and Winter Plan 2021 which included promotion of vaccination and encouraging safe behaviours such as good ventilation, hand washing, face coverings.

14. Declaration of Interests

14.1 There were no declarations.

15. Minutes

15.1 Resolved – that the minutes of the meeting held on 24 June 2021 are approved as a correct record and are signed by the Chairman.

16. Public Forum

16.1 The Chairman informed that no questions had been received for response by the Board. Members of the public were invited to submit any questions, following this meeting, via the contact published on the agenda.

17. Children First Board (a sub-group of the Health and Wellbeing Board)

17.1 The Cabinet Member for Children and Young People provided a verbal update on the Children First Board, being accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board.

17.2 Key points highlighted were:

- The Children First Board had met on 8 July 2021 and were due to meet again the evening of 7 October 2021. The Cabinet Member for Children and Young People was pleased to announce that a member of the West Sussex County Council's Youth Parliament had been elected as Vice-Chairman of the Children First Board.
- The meeting of 8 July 2021 had considered a Holiday Activities and Food Programme which the Director of Communities and Director of Education & Skills were supporting. The aim was to use community partners to reach vulnerable children and help meet their needs.
- The meeting of 7 October would focus on an update from the Emotional Well-Being and Mental Health Sub-Group outlining the need for single point of contact for Mental Health Support services as well as considering the draft development of the Children and Young People's Plan.

17.3 The Chairman thanked the Cabinet Member for Children and Young People's and the Board noted the update.

18. West Sussex COVID-19 Local Outbreak Engagement Board

18.1 The Health and Wellbeing Board received its quarterly update report from the Covid19 Local Outbreak Engagement Board (LOEB). The Director of Public Health informed that local authorities remained central to the pandemic response and therefore the LOEB continued to actively bring together key systems leaders, applying collective strength and resources to reduce the spread of infection and save lives across the county.

18.2 It was reminded that the Government had published the [COVID-19 Response: Autumn and Winter Plan 2021](#) detailing Plan A, a comprehensive approach to steering the country through autumn and winter 2021/22, including promoting vaccines and focusing on encouraging safer behaviours e.g. ventilation, hand washing, testing, face coverings and Plan B, should it be required, if the data suggests the NHS

is likely to come under unsustainable pressure. This included introducing mandatory vaccine only COVID-status certification and legally mandating face coverings in some settings and asking people to work from home for a limited period if they can.

18.3 In considering the report's recommendations the Director of Public Health welcomed advice and feedback. The Health and Wellbeing Board;

- noted that the voluntary sector had worked well with health care colleagues to support the pandemic response and that this offer was ongoing providing valuable links into the community;
- commended the voluntary sector as well as District and Borough Councils in their engagement work with communities across West Sussex, during the ongoing pandemic, with provision of local links which was acknowledged as pivotal to the work of the LOEB.
- suggested that Age UK could assist in the promotion of the Covid19 Booster Vaccine with a communications campaign working in line with partners to ensure correct messaging. This was welcomed by the Director of Public Health who would work with Age UK to develop this idea. As it could also be a potential bad year for seasonal flu it was considered beneficial for the promotion of flu vaccines to be included. It was noted that the Covid19 Booster Vaccine and the flu vaccinations could be taken at the same time.
- acknowledged the importance of local partnerships to communicate with communities especially those experiencing health inequality. It was agreed that the Director of Public Health, the Executive Managing Director, West Sussex Clinical Commissioning Group and the Chief Executive of Crawley Borough Council would meet to consider winter communications in more detail.
- were invited by the Chairman of the Health and Wellbeing Board and Local Outbreak Engagement Board to continue to feedback any suggestions outside of the meeting.

18.4 Resolved – that the Health and Wellbeing Board;

- (1) had provided feedback on the progress of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) since the last quarterly report to the Health and Wellbeing Board in June 2021; and
- (2) considered how the LOEB can further maximise its' strength in partnership working to maintain and increase engagement with residents and communities across the county, aligned to the Government's plans set out in the COVID-19 Response: Autumn and Winter Plan 2021.

19. Learning Disability Awareness Report

19.1 The Health and Wellbeing Board received a report and presentation from the West Sussex Senior Commissioning Manager Learning Disabilities and Autism on learning disability awareness.

19.2 It was reminded that at the Health and Wellbeing Board Meeting on 28 January a report was presented on behalf of the Learning Disability

Partnership Board which asked Members to consider what actions each could take forward to improve accessibility and outcomes for people with a learning disability. It had been agreed that all partners would develop learning disability inclusion into their plans and share progress at this meeting. The focus was on life expectancy, reasonable adjustments to make sure people can access services and digital inclusion.

19.3 Ten responses had been received which showed that Members had a wide range of plans, ideas and promises. It was noted that the responding organisations were:

- Identifying an organisational Lead for Learning Disability Awareness
- Providing Staff Training
- Using Hospital Passports - allowing health staff to understand the needs of the individual, and help them make the necessary reasonable adjustments to the care and treatment they provide
- Placing markers on records
- Generally increasing awareness which was seen as a responsibility for everyone in an organisation

19.4 The Easy Read report (copy appended to the agenda and available on the [West Sussex County Council website](#)) outlined the responses from each organisation. It was noted that there was more work to do including;

- Increase involvement of people with lived experience
- Continue work to raise awareness
- Monitor impact and identification

The Board noted that Employment opportunities were also important in order to break down barriers.

19.5 Councillor Amanda Jupp, Cabinet Member for Adults Services and Chairman of the Learning Disability Partnership Board commended the response and emphasised the importance of the Health and Wellbeing Board's continued attention to this matter. It was agreed that the health and Wellbeing Board would review progress on an annual basis.

19.6 The Executive Director, Adults and Health confirmed that the Learning Disability Partnership Board would develop a specific set of targets, focusing on a broad range of issues such as access to healthcare, health inequalities and digital inclusion. Once targets had been set it was noted that the next stage would be to identify the actions required to achieve the set of proposals so that the Health and Wellbeing Board could monitor progress as partners over the next year. The Chairman was particularly keen to see an improvement in digital inclusion, ensuring that those with learning disabilities were provided with access to tech that would help to bridge the digital divide.

19.7 Resolved – that the Health and Wellbeing Board;

- (1) notes the content of the report;
- (2) requests that organisations who did not send in a report to follow this up; and

(3) commits to revisit the important issues coming from the Learning Disability Partnership Board in 2022.

20. Sussex Wide Covid19 Voluntary, Community and Social Enterprise Sector Review

20.1 The Health and Wellbeing Board received a report and presentation from the Chief Executive of Community Works, Chairman of the West Sussex Voluntary and Community Sector Infrastructure Alliance, on the Sussex Wide Covid19 Voluntary, Community and Social Enterprise (VCSE) Review.

20.2 It was noted that this review was produced on behalf of the Sussex Health and Care Partnership (SHCP) as part of NHS England funded work to explore VCSE Leadership and Integrated Care Structures (ICS) working collaboratively. The Review Oversight Group comprised representative members of SHCP, including local authorities and NHS organisations from across Sussex along with VCSE organisations. The review sought to:

- Identify how VCSE and statutory organisations and other partners (such as funders) can collaborate to inform and participate in emerging system changes; and
- Capture the scale of change within VCSE organisations in order to meet the needs of their communities and service users during the Covid-19 crisis.

20.3 The Board was informed that the review identified five development opportunities:

- Opportunity 1: Create more opportunities for VCSE and public sectors to work together at all levels of system transformation
- Opportunity 2: Engage as equal partners
- Opportunity 3: Make better use of data
- Opportunity 4: Strengthen preventative approaches to health and care
- Opportunity 5: Create accessible and diverse volunteering opportunities

20.4 In receiving the presentation and report, the Board noted content and reflected on the opportunities and recommendations. The Board;

- welcomed this excellent, extensive report, noting the existing good relationship between all partners and the voluntary sector;
- agreed to share this report within and across their organisations and take action to progress the opportunities in a collaborative and solution focussed way;
- requested that West Sussex County Council ensures residents are made aware of the range of services on offer;
- commended VCSE support on the recent refugee resettlement programme noting that early collaboration assisted an efficient response;

- acknowledged that the codesign work during the pandemic needed to be normalised with early collaboration as this enabled partners to move at pace in response to Covid19;
- called for open and honest discussion to challenge capabilities, provide a balanced view, whilst recognising the opportunities across all VCSE from both large and small organisations

20.5 Resolved – that the Health and Wellbeing Board;

- (1) notes the content of the report;
- (2) having reflected on the recommendations within the report, agreed the report be shared across organisations;
- (3) agrees opportunities be sought to strengthen future collaboration and take action to progress in a solution focused way; and
- (4) agrees planning and frameworks at all levels of the Sussex Health and Care Partnership be used to embed collaborative working to address health and wider inequalities.

21. Joint Carer Strategy 2021-2026

21.1 The West Sussex County Council Joint Commissioning Manager, Carers and the Chief Executive, Carer Support presented the Joint Carer Strategy 2021-2026 to the Board for comment, endorsement and progress monitoring. In March 2020, the Health and Wellbeing Board agreed to;

- provide a clear shared vision and strategic priorities for the delivery of support for carers for a further 5 years;
- enforce the identification and support of carers as everyone's responsibility with a whole system approach; and
- improve the co-ordination of resources and joint working of organisations supporting carers across West Sussex

21.2 It was noted that the refreshed strategy would provide a clear direction of travel for carer identification and support in West Sussex, having been developed with carer engagement of all ages as well as wider stakeholders. The strategy also incorporated statutory guidance, key policy documentation and national research for an overarching six pillared approach to tackle the issues carers face:

- ensure carer recognition
- provide targeted support
- advance equality of access
- contingency planning for young carers
- limit financial hardship
- reduce carer isolation

21.3 In receiving this report the Board;

- noted that carers wanted to be supported with information and benefits guidance and so a benefits advisor had been piloted;
- agreed that partners would develop their own action plans and milestones and feedback progress via the Carers Strategic Partnership Group, which has a mix of statutory and voluntary sector membership;
- acknowledged that the new strategy had reset goals and objectives that would help target resources effectively and encourage all stakeholders to work more cohesively together. It would also interface other key strategies, such as the new Joint Dementia Strategy, published last autumn, and the developing Strategy for Adult Social Care;
- assured that the West Sussex Clinical Commissioning Group endorsed this work and would include in the NHS plan especially in the context of GP recognition of carers;
- recognised the significant role Carers have, welcoming the strategy to help raise their profile;
- suggested the encouragement of employer support for Carers noting the standard available through free membership by Employers for Carers UK;
- agreed to monitor progress and revisit at a formal meeting of the Health and Wellbeing Board in one year.

21.4 Resolved – that the Health and Wellbeing Board;

- (1) endorses the new Joint Carer Strategy 2021-2026, with its aims and ambitions; and
- (2) agrees progress be monitored against the strategy whilst championing its goals and objectives.

22. Public Health Update

22.1 The Health and Wellbeing Board received a verbal update on current public Health matters from the Director of Public Health. The following updates were received;

- Covid19 rates were fluctuating since schools returned for the autumn term. Three hundred and fifty positive cases per day had been linked to the school term. Schools were praised for their efficient work in assisting with the roll out of vaccinations for 12 – 15 year olds. Question and Answer sessions had been held with School Headteachers. The Covid19 rate in the over 20 age range had continued to fall in line with vaccination success.
- The rate of Covid19 in West Sussex was reported as 295 cases per 100k population with the highest rates in the 10-14 year old age group. There had been some cases in care homes but no large outbreaks and the Booster Covid19 vaccine was being prioritised in this setting.
- Hospitals were reported as incredibly busy but this was not Covid19 specific. The vaccination programme had increased resilience across

the County. NHS colleagues were thanked for the continued vaccination campaign which now included Seasonal Flu vaccine communications.

- Testing for Covid19 continued to be important in the ability of partners to understand and monitor where positive cases were occurring and why.
- The Board was informed that Public Health England (PHE) ceased to be an organisation in October 2021 and was replaced by the [UK Health Security Agency](#) and [Office for Health Improvement and Disparities](#). It was expected that this change would not be noticed at delivery level.
- The annual Stoptober campaign for smoking cessation was highlighted as part of West Sussex wellbeing supported by the Public Health Team.

22.2 The Chairman thanked the Director of Public Health for this update.

23. Integrated Care System/Place Based Planning

23.1 The Health and Wellbeing Board received a verbal update on Integrated Care System (ICS) from the Executive Managing Director, West Sussex Clinical Commissioning Group (CCG) and West Sussex County Council's, Executive Director Adults and Health. It was noted that;

- partners were waiting for completed guidance from government in order to realise how the system would operate;
- CCGs would not exist from April 2022 as the system would transition to an ICS model with commissioning functions potentially transferred to NHS England;
- the process was underway for the appointment of an ICS Chairman and Chief Executive in the coming months;
- partners would receive key documents so that changes could be collectively understood as the ICS is being developed, collaboratively across all relevant sectors;
- partnership working would be developed across West Sussex and Sussex, progressing from existing work, with the Place Based Plan remaining an important element;
- the development of ICS would need to be managed alongside the critical challenges of seasonal pressures, pandemic recovery and growth of demand;
- the Voluntary Sector was recognised as a collaborative partner and invited to contribute to ICS development.

23.2 In summing up it was agreed that a substantive discussion would be put forward to the next Health and Wellbeing Board meeting on 27 January 2022 when a Place Based Plan would be presented.

23.3 Resolved – that the Health and Wellbeing Board notes this verbal update.

24. Better Care Fund Monitoring Quarter 1 2021-22

24.1 The Joint Strategic Director of Commissioning, West Sussex Clinical Commissioning Group and West Sussex County Council presented a summary of the planning requirements, funding sources and expenditure plan for the West Sussex Better Care Fund in 2021/22, along with the regular monitoring of performance, Quarter 1 2021/22.

24.2 The Board was informed that the Better Care Fund (BCF) Policy Framework 2021/22 was published on 19 August 2021 and showed minimal change for the BCF with a few new metrics and focus on Hospital Discharge. Board Member's attention was drawn to Appendix 1 of the report which set out the Budget for this year with the new schemes;

- **Stroke Recovery Service** – meeting national standards and supporting the ambitions of the NHS Long Term Plan
- **Combined Placement and Sourcing Team** – coordinated approach hosted by West Sussex County Council's Adult Social Care working with the NHS to form a single point of referral, triage and tracking team for all patients leaving hospital. It was explained that the D2A (Discharge to Assess) Model which was successfully used to alleviate pressures during the pandemic focused on minimising hospital discharge delay and helped keep people recover in their own homes
- **Community Admission Avoidance (CCG)** – supporting patients who wish to remain at home for their end of life care

24.3 With respect to Better Care Fund planning requirements 2021/22 it was noted that, under National Condition 4, a joint plan needed to be submitted by 19 November 2021 as approved by the Health and Wellbeing Board (HWB). This plan had been drafted and was compliant, describing how HWB partners would work to deliver health and social care services that support improvement in outcomes for people being discharged from hospital. It was agreed that this plan would be approved on behalf of the Health and Wellbeing Board by Chairman's Action with a full report provided to the next formal meeting on 27 January 2022.

24.4 Details of the Better Care Fund metrics performance for Quarter 1 2021/22 were then outlined by referring Board Members to Appendix 2 of the report.

24.5 Resolved – that the Health and Wellbeing Board;

- (1) notes the West Sussex Better Care Fund funding sources, proposed expenditure plan and planning requirements;
- (2) notes the West Sussex performance against the Better Care Fund metrics at Quarter 1 2021/22; and
- (3) agrees the Better Care Fund Plan 2021/22 will be approved by Chairman's Action with a full report submitted to the Health and Wellbeing Board meeting on 27 January 2022.

25. Work Programme

25.1 The Chairman referred Board Members to the work plan 2021/22 and were asked to mention any items believed to be of relevance to the business of the Health and Wellbeing Board.

25.2 In discussing the work plan, the Chairman agreed that an update on the impact of Covid19 on homeless populations would be presented by the Chief Executive of Crawley Borough Council at the next meeting of the Board on 27 January 2022.

25.3 It was also agreed that the learning from the pandemic, in terms of knowledge and intelligence, was also an item to be kept in mind for future discussion.

25.4 Resolved – that the Health and Wellbeing Board work plan 2021/22 be noted.

26. Date of next Meeting

26.1 The date of the next meeting of the Health and Wellbeing Board was confirmed as 27 January 2022.

The meeting ended at 12.37pm

Chairman

Report to West Sussex Health and Wellbeing Board

27 January 2022

Update on the Children First Board (a sub-group of the Health and Wellbeing Board)

Report by Lucy Butler, Executive Director Children, Young People and Learning

Summary

This report provides a brief update on the work of the Children First Board formed in October 2020.

Recommendation to the Board

The Health and Wellbeing Board is asked to;

- (1) Note the contents of this report.
-

Relevance to [Joint Health and Wellbeing Strategy](#)

1. Starting Well
2. Living and Working Well

1 Background and context

- 1.1 The Children First Board is chaired by Cllr Jacquie Russell, Cabinet Member for Children and Young People. Meetings are held four times a year, and the inaugural meeting was held on the 8 October 2020.
- 1.2 The Board is made up of a wide range of organisations and groups in West Sussex – including schools, police, health partners, voluntary and community sector. Importantly, there are also four young people on the Board, they are supported by the Voice and Participation team and all notes and papers for the Board are written in as simple and clear a style as possible.
- 1.3 The Children First Board has agreed three main goals;
 - Improve outcomes for children and young people who live in West Sussex, or who are cared for by West Sussex’s children’s services.
 - Ensure that all agencies that provide services for children and young people in West Sussex work together effectively.

Agenda Item 6

- Listen and respond to the views of children, young people and their families all the time, particularly when decisions are being made about how services are run and funded.

1.4 To achieve these goals, the Children First Board will;

- Have oversight of the key strategic planning for children and young people's services, especially when these plans affect more than one agency or service.
- Always remember that our children and young people have the right
 - To be kept safe by everyone, and learn how to keep themselves safe
 - To be supported to be as healthy as possible – both physically and emotionally
 - To be given the skills to be successful in adult life.

1.5 The Board will also:

- Decide what the main priorities are for children and young people
- Agree how these will be addressed.

2. Update on progress

2.1 One of the Board's early priorities is the development and production of a Children and Young People's Plan (CYPP). The Board has agreed an approach and style for this Plan, with the latter being based on what children and young people and parent carers have said would help to make it accessible.

1.2. Three priorities have now been agreed. These are:

- 1. Keeping Children and Young People Safe*
- 2. Addressing Poverty and closing the disadvantage gap*
- 3. Improving emotional wellbeing and mental health*

1.3. In the period since the last report to the Health and Well-Being Board, the Children First Board (CFB) has agreed the framework for the development of the Children and Young People's Plan. A Design and Delivery Group - comprising key stakeholders including a parent carer representative and children and young people's voice representatives - is responsible for driving the work forward and will report into the CFB at each meeting.

1.4. Three, smaller, time limited Task and Finish groups are leading on the development work for each of the priorities. The leads for these groups are also members of the Design and Delivery Group.

1.5. The CYPP will take the form of a one-page summary version (in various accessible formats) supported by more specific information relating to how each of the key priorities will be addressed which will be included in a detailed implementation plan. The CYPP will have a life of three years, and progress will be reviewed on an ongoing basis with more formal reviews annually.

- 1.6. The original timeframe for delivering the CYPP and high-level plan for its delivery was the beginning of April 2022, which included a formal consultation period. However, the need to prioritise the demands of the pandemic is placing staff in general, and Task and Finish group leads in particular, under considerable pressure and consequently, the original timescale for the delivery of the Plan may slip. The CFB will keep this under close review and provide support in the mitigation of this risk.

3. Consultation, engagement and advice

- 3.1 The Board has a very strong ethos of engagement and participation and continues to support young people's participation in the work of the Board, both as Board members and as consultation and participation subject matter experts.
- 3.2 The Board is delighted that one of the young people, Harley Collins, has agreed to take the appointment of Vice-Chair. The Voice and Participation team are ensuring that he is supported in this role, and that his engagement is meaningful.
- 3.3 The Project Manager for the Children and Young People's Plan (CYPP) is working closely with Helen Butcher (Senior Consultation and Engagement Officer) on matters relating to our approach to consultation and engagement of relevant stakeholders in the production of the Plan and the future evaluation of its impact on the lives of children and young people and their families.

Contact:

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Background papers

None.

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Report to West Sussex Health and Wellbeing Board

27 January 2022

West Sussex COVID-19 Local Outbreak Engagement Board

Report by Alison Challenger, Director of Public Health

Summary

This report provides a quarterly update on the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB).

The Board was established as part of the Government's requirements for the COVID-19 National Test and Trace Programme and is accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board, providing formal updates at its quarterly public meetings.

Recommendation(s) to the Board

The Health and Wellbeing Board is asked to;

- (1) Provide feedback on the progress of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) since the last quarterly report to the Health and Wellbeing Board in October 2021.
- (2) To consider how the LOEB can continue to maximise its' strength in partnership working, maintaining and increasing engagement with residents and communities across the county, aligned to the Government's plans set out in the COVID-19 Response: Autumn and Winter Plan 2021, and any future policy updates.

Relevance to [Joint Health and Wellbeing Strategy](#)

West Sussex Public Health's COVID-19 response aims to minimise the impact of the virus on the population of West Sussex by controlling the COVID-19 rate of reproduction (R), reducing the spread of infection and saving lives. In line with the West Sussex Joint Health and Wellbeing Strategy priorities, this preventative approach also aims to improve the overall health outcomes of West Sussex residents and reduce inequalities, supporting our local population during these challenging times.

1 Background and context

- 1.1 The West Sussex member led Local Outbreak Engagement Board (LOEB) is a sub-group of the West Sussex Health and Wellbeing Board, providing political ownership and public facing engagement and communication for outbreak response during the COVID-19 pandemic.

Agenda Item 7

- 1.2 The LOEB is a key part of the governance structure for the West Sussex COVID-19 Local Outbreak Control Plan (LOCP). The Director of Public Health drives this local plan through the West Sussex COVID-19 Health Protection Board in collaboration with the West Sussex County Council (WSCC) Strategic Management Group (Gold command) and the LOEB.
- 1.3 The LOCP was refreshed and published in October 2021, to reflect changes in national guidance and the Government's updated 'COVID-19 contain framework: a guide for local decision-makers.'
- 1.4 Since the last formal update from the LOEB was provided to the West Sussex Health and Wellbeing Board in October 2021, the Board has met twice; 18 October and 13 December.
- 1.5 At the October meeting of the Board, the group discussed reducing the frequency of the meetings, highlighting the extremely good relationships and other ongoing partnership working groups also taking place across West Sussex. Board members agreed to reduce board meetings to every two months, noting the need for flexibility and preservation of the ability to regroup if required.
- 1.6 The next meeting will take place on Monday, 14 February 2022.

Local Outbreak Engagement Board Progress Update

- 1.7 The LOEB remains focused on its role in bringing together key systems leaders across the County Council and the wider health and social care system, applying its collective strength and resources to reduce the spread of infection and save lives across the county.
- 1.8 The Board continues to regularly receive updates from a broad range of areas throughout the COVID-19 response, enabling them to remain informed and contribute widely.
- 1.9 At the Board meeting in December, the drive to rapidly increase the vaccination offer to residents across the county and the need to further draw upon systems partnerships to increase uptake where possible, particularly in response to the risks of the Variant of Concern (VoC) Omicron, was acknowledged and fully supported by the Board.
- 1.10 Key partners and stakeholders will continue to work very closely with the Sussex Health and Care Partnership (SHCP) who are delivering the programme, to increase vaccine uptake, focusing on reducing health inequalities and working with our communities across West Sussex. Further information on the NHS COVID-19 vaccination programme can be found on the [SCHP website](#).
- 1.11 It was emphasised that the seasonal influenza vaccination programme also led by the SHCP, continues to run alongside the COVID-19 Vaccination Programme. Those eligible are encouraged not to delay, and to book in their vaccination as soon as possible.
- 1.12 Communications remain a fundamental part of the COVID-19 response, engaging with local communities across West Sussex in a variety of ways including social media, press releases, the residents' newsletter, and many

more, to deliver national messages at a local level, and to sign-post residents to local information and support services, such as the Community Support Hub and Asymptomatic Testing Programme. [Further information can be found on the West Sussex County Council \(WSCC\) website here.](#)

- 1.13 WSCC, district and borough councils, and the Sussex Resilience Forum (SRF) continue to encourage event organisers to follow Government guidance and apply good practice measures. The SRF has developed an agreed guidance document for use across Sussex that provides clear guidance for event organisers to prevent transmission of the virus, for example, encouraging attendees to wear face coverings, practice good hand hygiene, and take a lateral flow test before attending the event.
- 1.14 An update on support provided throughout the pandemic to early years and childcare settings, schools, and the university was provided. This included highlighting that the Council continues to work closely with schools to provide support and guidance, communicating regularly with headteachers to update them on national guidance, which they are encouraged to follow. A key component of this is a risk assessment which each headteacher must have in place and regularly review and update, as circumstances in school and public health advice changes.
- 1.15 Further advice and guidance are available from the West Sussex Public Health team, the Department for Education, and for larger outbreaks, the UK Health Security Agency (UKHSA). The West Public Health team also offer regular question and answer sessions for headteachers providing the opportunity to raise any issues.

Key Policy Changes

- 1.16 A number of key policy changes have been announced by the Government over recent months.
- 1.17 On 8 December 2021, the Prime Minister announced that England would move to Plan B in response to the risks of the Variant of Concern (VoC) Omicron. This includes face coverings required by law in most indoor public places (other than hospitality), and on public transport, office workers who can work from home should do so, and the NHS COVID Pass required by law at certain venues and events for visitors aged 18 years and over.
- 1.18 On 5 January, in a statement to the House of Commons, the Prime Minister announced that Plan B will remain in place for another three weeks and will be further reviewed before regulations expire on 26 January 2022.
- 1.19 The COVID-19 Vaccination Programme has been significantly expanded, including the acceleration of the booster programme to protect against the spread of Omicron, making a huge difference to local communities. The Council's Public Health team work closely with local NHS partners, SHCP, to tackle inequalities, including access to vaccination, to increase uptake across the local population,
- 1.20 The LOEB will continue to use its voice to engage with residents, communities, key partners, and businesses to deliver national messages to help keep West Sussex safe.

2 Proposal details

- 2.1 The purpose of this paper is to provide feedback on the progress of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) since the last quarterly report to the Health and Wellbeing Board in October 2021.
- 2.2 Views are sought from the West Sussex Health and Wellbeing Board on how the LOEB can continue to maximise its' strength in partnership working, maintaining and increasing engagement with residents and communities across the county, aligned to the Government's plans set out in the COVID-19 Response: Autumn and Winter Plan 2021, and any future policy updates.

3 Consultation, engagement and advice

- 3.1 Not applicable.

Contact: Alison Thomson, Public Health Lead – Partnerships Tel. 0330 222 4132
Email: alison.thomson@westsussex.gov.uk

Appendices: None

Background papers: None

West Sussex Health and Wellbeing Board

27 January 2022

West Sussex Pharmaceutical Needs Assessment 2022

Report by Jacqueline Clay, Manager, West Sussex Public Health and Social Research Unit

Summary

The purpose of this report is to update the West Sussex Health and Wellbeing Board of its obligations in relation to the preparation of the pharmaceutical needs assessment (PNA)

A PNA is a statement of need, identifying current and future pharmaceutical needs of West Sussex and it will be used for market entry decisions by NHS England.

The Health and Wellbeing Board (HWB) has a statutory obligation to produce and publish a PNA for West Sussex. It is also required to revise the PNA at least every three years.

Due to COVID-19 the deadline for producing the PNA has been extended to 1st October 2022.

This report sets out the process being undertaken and the timeline for the production of the PNA.

A steering group to oversee the process has been established.

Recommendation(s) to the Board

The Health and Wellbeing Board is asked to: -

- a) Note its statutory responsibility in regard to the PNA
- b) Agree that sign off of the PNA will be via Chairman's action to meet the deadline of October 1st 2022.

1 Background and context

1.1 What is a Pharmaceutical Needs Assessment?

The PNA is a statement of needs for pharmaceutical service provision within a local area.

It is used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as well as applications to change existing services.

It is also used by NHS England, Local Authorities (LA) and Clinical Commissioning Groups (CCG) to inform their commissioning of pharmaceutical services.

1.2 Role of Health and Wellbeing Boards

Following the restructuring of the NHS in April 2013, the responsibility of producing a Pharmaceutical Needs Assessment (PNA) was transferred from (the then) Primary Care Trusts (PCT) to the newly established Health and Wellbeing Boards (HWB).

The HWB is required to publish a revised PNA at least every three years, or when necessary. Failure to produce a robust PNA could lead to legal challenges because of the relevance of the PNA to decisions about commissioning services and new pharmaceutical services openings.

The deadline for the publishing the PNA is October 1st, 2022.

2 Proposal details

The Health and Wellbeing Board is asked to: -

- a) Note their statutory responsibility in regard to the PNA
- b) Agree that sign off of the PNA will be via Chair's action to meet the deadline of October 1st 2022.

3.0 Working Underway

A steering group has been established in West Sussex to oversee the production of the PNA. This includes representatives from:

- Healthwatch.
- Local Medical Committee (LMC)
- Local Pharmaceutical Committee (LPC),
- NHS England,
- West Sussex County Council Public Health
- West Sussex Clinical Commissioning Group

A project plan has been agreed by the group (Appendix 1), the high-level deadlines for the work are:

January 2022	HWB notified / reminded of duty to publish PNA and provided with project outline
January 2022	PNA Steering group established and met. Steering Group to monitor the PNA process
January to March 2022	Data collated for PNA.
March – April 2022	Engagement surveys with contractors and wider public (via telephone survey)
June – July 2022	Statutory 60 Day Consultation of final draft document
September - October 2022	Final sign off of HWB of PNA (virtual sign off via Chair's action)
Oct 1 st 2022	PNA published on WSCC website

4.0 Consultation, engagement and advice

4.1 **Consultation** - Under the current regulations, a minimum 60-day consultation process is required to consult stakeholders on the draft PNA. This consultation will take place from mid-June.

4.2 **Engagement** – Prior to the consultation period, engagement will be undertaken with relevant stakeholders and the wider public.

In relation to contractors – online surveys of contractors (community pharmacies, dispensing doctors and dispensing appliance contractors) will be undertaken.

In relation to the wider public – it is proposed that an external company are contracted to undertake a telephone survey (providing a stratified sample of at least 500 people from each of district and borough council area within West Sussex). Proposed questions for this survey are attached. Additional engagement will be undertaken (using the same questions) via existing networks and organisations such as Healthwatch and patient engagement groups.

Contact: Jacqueline Clay, Manager, Public Health and Social Research Unit, West Sussex County Council, 0330 222 8684
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Appendix

West Sussex PNA Project Scope Document

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West Sussex Pharmaceutical Needs Assessment 2022 DRAFT Project Initiation Document (PID)

This document sets out how the West Sussex Pharmaceutical Needs Assessment (PNA) will be produced.

It sets out the local action: governance arrangements; project timeline; steering group; and resources and staff available to undertake the work.

It also outlines the background context of the PNA, information the PNA needs to provide, and statements required within it.

Background and Context

What is a Pharmaceutical Needs Assessment?

The PNA is a statement of needs for pharmaceutical service provision within a local area.

It is used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as well as applications to change existing services.

It is also used by NHS England, Local Authorities (LA) and Clinical Commissioning Groups (CCG) to inform their commissioning of pharmaceutical services.

Role of Health and Wellbeing Boards

Following the restructuring of the NHS in April 2013, the responsibility of producing a Pharmaceutical Needs Assessment (PNA) was transferred from (the then) Primary Care Trusts (PCT) to the newly established Health and Wellbeing Boards (HWB).

The HWB is required to publish a revised PNA at least every three years, or when necessary. Failure to produce a robust PNA could lead to legal challenges because of the relevance of the PNA to decisions about commissioning services and new pharmaceutical services openings.

The deadline for the publishing the PNA is October 1st, 2022.

The PNA will be for the time-period 2022 – 2025.

This document sets out how the West Sussex Pharmaceutical Needs Assessment (PNA) will be produced.

It sets out the local action: governance arrangements; project timeline; steering group; and resources and staff available to undertake the work.

It also outlines the background context of the PNA, information the PNA needs to provide, and statements required within it.

Scope of the PNA

Each PNA must contain information set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Schedule 1. In order to meet the statutory obligations, the PNA needs to:

Identify necessary services: current provision

- Services in West Sussex which are necessary to meet the need for pharmaceutical services of the population and those in neighbouring areas that contribute towards meeting the pharmaceutical needs for West Sussex

Identify necessary services: gaps in provision

i.e., Pharmaceutical services

- that are not provided in West Sussex but need to be provided in order to meet a current need for pharmaceutical services or pharmaceutical services of a specified type, in West Sussex.
- which are currently not available but may, in specified future circumstances, be needed to meet future pharmaceutical services needs in West Sussex

Identify other relevant services: current provision

Pharmaceutical services that are provided

- in West Sussex which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in West Sussex.
- outside West Sussex which, although they do not contribute towards meeting the need for pharmaceutical services, nevertheless have secured improvements, or better access, to pharmaceutical services in West Sussex

Identify gaps in provision of services that offer improvements and better access

- Pharmaceutical services that are not provided in West Sussex, but which would (now or in the future) secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type if they were provided (whether or not they are located in West Sussex)

Identify other NHS services

- NHS services provided or arranged by the local authority, NHS England, West Sussex CCGs, NHS trusts or NHS foundation trusts which affect the need for pharmaceutical services.

We are also required to clearly state **how the assessment was carried out**

- An explanation of how the assessment has been carried out, in particular, how localities were determined
- how the different needs of localities in West Sussex and the different needs of the population of West Sussex who share a protected characteristic were considered
- a report on the consultation that was undertaken

And we are required **to provide a map of current pharmaceutical service provision** in West Sussex

- A map that identifies the premises at which pharmaceutical services are provided in West Sussex.

Pharmaceutical Services Within Scope

The PNA statutory requirements and directions governing NHS pharmaceutical services dictate the scope of this assessment. Whether a service falls within the scope of the PNA depends on the type of pharmaceutical service provider as well as the service provided.

For the purposes of this PNA the following scope has been adopted:

- **Dispensing doctor practices:** the scope of the service to be assessed in the PNA is the dispensing service provided. All other services provided by the GP practice, including Dispensing Review of the Use of Medicines (DRUM), fall within their general medical terms of service.
- **Dispensing appliance contractors:** the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of advanced services e.g. Appliance Use Review (AUR) service and Stoma Appliance Customisation service (SAC).
- **Community pharmacy contractors:** the scope of the services to be assessed in the PNA is broad and comprehensive. All pharmacy contractors must provide essential services and the PNA will also include advanced, enhanced and locally commissioned services provided under the Community Pharmacy Contractual Framework (CPCF).

Other pharmaceutical services are outside the scope of this assessment, such as those provided in hospitals. However, where such a service has a potential to influence current service provision or future needs or service developments, they

will be highlighted. Although locally commissioned services (i.e. services commissioned from pharmacies by the local authority and the CCGs according to identified local needs) are not part of the NHS Pharmaceutical services, an overview of these services will be included in the PNA.

Methodology

The 2017 West Sussex PNA is being used as a template for the 2022 PNA. There have been changes to regulations since 2017 the following documents/sites are being used to inform the development of the 2022 document:

- [Pharmaceutical needs assessments - Information pack for local authority health and wellbeing boards \(October 2021\). DHSC](#)
- [Pharmaceutical needs assessments: a guide for local authorities \(January 2013\)](#) Pharmaceutical Services Negotiating Committee
- [Pharmaceutical Needs Assessment](#) (online information and exemplar contractor questionnaires) Pharmaceutical Services Negotiating Committee

Governance

Responsible Officer: Jacqueline Clay Public Health and Social Research Unit Manager **Accountable:** Alison Challenger, West Sussex Director of Public Health

A steering group will oversee (advise, review and agree) the process and publication of the PNA. The steering group will be comprised of the representatives from

- Healthwatch.
- Local Medical Committee (LMC)
- Local Pharmaceutical Committee (LPC),
- NHS England,
- West Sussex County Council Public Health
- West Sussex Clinical Commissioning Group

Steering Group decisions/milestones

The Steering Group will be informed (monthly) of progress on the PNA. Steering Group meetings are to be held to undertake key decisions; these are outlined below.

Week commencing	Tasks/decisions
10 January 2022	Review overall process being proposed and understand operation of steering group, and individual member roles. Agree localities. Review engagement proposals.
14 February 2022	Agree surveys for contractors and public
25 April 2022	First draft review
30 May 2022	Agree consultation draft
15/22 August 2022	Review responses to consultation
12 September 2022	Agree final PNA

Production of the PNA - The West Sussex Public Health and Social Research Unit will lead the production of the PNA.

Name	Title	Role
Jacqueline Clay	Principal Manager, West Sussex Public Health and Social Research Unit	Overall lead
Sally Brown	Data Analyst / JSNA Information Officer	Data / GIS Analyst
Tim Martin	Principal Social Researcher	Engagement Lead - Lead on contractor surveys
Aloisia Katsande	Evidence Review Specialist	Critical reviewer

WSSCC Communications will support consultation engagement, a named lead remains (as of Dec 2021) to be confirmed.

Surveys

- **Community Survey** - Given the on-going impact of COVID-19 (as of December 2021) a telephone survey is proposed for the community survey (with additional engagement via existing patient groups). Using a stratified sample, this will ensure a minimum number of replies for each locality and reduce pressure on the physical distribution of hard copies of surveys.

Additional engagement will be sought via Healthwatch and Patient Groups.

- **Contractor Survey** – an online survey is proposed, this will be undertaken by WSCC. There will be separate surveys for community pharmacists, dispensing GP practices and dispensing appliance contractors.

It is proposed that all surveys are conducted in March / April 2022.

Collection of Data

To draft the PNA an extensive range of information will be used, broadly broken down into three groupings.

- **Data to Identify Population Need**
To assess local needs routine data and information from the West Sussex Joint Strategic Needs Assessment will be used such as population estimates, health outcomes, information relating to poverty and deprivation, and information relating to protected characteristics and groups within the population at greater risk of poorer health outcomes. This will be reviewed at a West Sussex and locality level.
- **Data to identify current pharmaceutical services and activity (and locations of that provision)**
In addition to information on health needs and the wider determinants of health specific data are required relating to pharmaceutical service activity. Data have been supplied by NHS Business Services Activity relating to routine pharmacy contracting, and activity data benchmarked against national and local data. Given the possible impact of COVID-19 on activity data – information for the 3 previous years of activity is being obtained. Mapping of provision and specific services will be undertaken within WSCC.
- **Data to identify “known” housing and infrastructure developments within the PNA time period**
Detailed information at locality level identifying planned housing growth in the area has been obtained, further information on major infrastructure changes will also be sought. (Source: WSCC Planning Policy and Infrastructure Team, and District and Borough Local Plans)

Consultation

A formal 60-day online consultation will be undertaken from mid-June 2022.

Under Regulation 8 we are required to consult the following:

- Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

- Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area;
 - Any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
 - any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
 - any NHS trust or NHS foundation trust in its area;
 - the NHSCB; and
 - any neighbouring HWB.
- We must provide a 60-day period (date set from the date people are notified and “served” with a draft (notified of the website on which the draft is available)
 - People may request a hard copy – and should be provided with one within a reasonable time (14 days and free of charge)
 - There must be a report on the consultation in the final version.

Lessons Learnt from Previous PNAs

This is the third PNA that the West Sussex Public Health Team have worked on and we will work to ensure lessons learnt are included in the 2022 PNA:

- clear on the time-period that the PNA covers, to ensure focus on three-year period.
- work to ensure good (community) engagement from across all areas of the county
- any gaps (or indeed no gaps) need to be plainly and clearly articulated (whether relating to needs improvement or better access).

Risks

Risk	Reduction strategy
<p>Inadequate resources to support the production of the PNA</p> <p>Failure to produce a robust PNA could lead to legal challenges and/or judicial review because of the PNA’s relevance to decisions about</p>	<p>Clearly identify resources required at an early stage, externally contract activity where possible/appropriate</p> <p>Clear roles</p> <p>Lessons learned, involving people with experience of conducting PNA</p> <p>Establishing a steering group to monitor the process</p>

Agenda Item 9
Appendix

commissioning services and control of entry for new pharmacies, new pharmacy opening hours or dispensing appliance contractors	Experienced staff to lead the production of the PNA Using a regulations guidance and checklist to ensure the PNA meet statutory requirements Consult on the draft PNA Get feedback from NHSE whether the current PNA is fit for purpose
Risk	Reduction strategy
Not completing the PNA on time, missing the deadline of Oct 1 st , 2022.	Produce and agree on a project plan with timelines and milestones clarified. Seek specific advice on HWB delegation of sign off
Engaging with various stakeholders	
Risk	Reduction strategy
Difficulties getting key steering group members to support the production of the PNA	Invite potential members at an early stage Provide papers within timescales Communicate updates outside of meetings
Low participation by members of the public and service providers in engagement activities	Externally contract community survey Early contact with providers to inform them of planned engagement Minimise data required from contractors, move to short survey for contractors Reminders for completion of surveys/consultation.
Local elections taking place and may impact on the timescales and engagement with local population	Surveys to be completed before purdah, advice on purdah within local areas
Risk	Reduction strategy
COVID-19 impacts the ability to engage with wider public, undertake surveys	Move to telephone survey – to reduce pressure on pharmacies Use existing routes (Healthwatch, patient groups) for some groups

West Sussex Health and Wellbeing Board

27 January 2022

West Sussex Place Development

Report by Chris Clark, Joint Director of Strategic Commissioning, West Sussex County Council and West Sussex Clinical Commissioning Group and Fouzia Harrington, Programme Director, West Sussex Clinical Commissioning Group

Summary

Since the establishment of the West Sussex Health and Care Partnership, in April 2020, much work has been progressed to develop as a partnership and to ensure the benefits are realised for the population of West Sussex.

This report provides an update on progress on two key aspects:

- The West Sussex Health and Care Plan
- The development of the West Sussex place

Relevance to [Joint Health and Wellbeing Strategy](#)

The West Sussex Health and Care plan sets out health and care's role in delivering the health and wellbeing strategy vision.

- West Sussex is a great place in which to grow up, achieve, raise a family and grow old, in strong, safe and sustainable communities
- It is a place where improved health and wellbeing is experienced by all our residents, and the health and wellbeing gap between communities is reducing

1 Background and context

- 1.1 In February 2021 "Integration and Innovation: Working Together to Improve Health and Social Care for All" set out legislative proposals designed to build on the collaborations we have seen through COVID
- 1.2 Given the current pandemic challenges a new target date of 1 July 2022 has been set for new statutory arrangements for Integrated Care Systems to take effect and for Integrated Care Boards to be legally and operationally established.
- 1.3 In preparation the Sussex Care system has been developing its model for Integrated Care Partnerships.
- 1.4 Working to the common ICS principles, West Sussex Place is developing an Integrated Care Partnership designed for the local population and system

partners and has set out its future direction for integration and system reform as response to local need.

1.5 **West Sussex Health and Care Plan**

1.6 Attached as appendix 1 is a summary of the West Sussex Health and Care Plan. It brings partners together to deliver a vision of health and care integration and better health and wellbeing outcomes for all residents. It sets out our longer-term ambitions, our medium-term transformation priorities for the next two years, and the NHS's immediate priorities for this year 2021/22 to restore services. Each year the plan will be updated to reflect the changing priorities, needed in our Partnership's journey to meet the longer-term ambitions. The Health and Care Partnership has made significant progress and will continue to work together to refine our current draft longer term and medium term ambitions.

1.7 Our population health needs and our performance demonstrate that whilst West Sussex is one of the least deprived in the country, there are many challenges that need addressing. We have seen that the inequalities that were in place prior to the pandemic have worsened, with the people from our more deprived communities being disproportionately impacted on in terms of mortality and hospitalisation and wider health determinants such as employment, education. By working together, we can align organisational purpose to jointly:

- **Address health inequalities** – Many health inequalities exist within the county. We will prioritise the improvement of healthy life expectancy through tackling the key health inequality related conditions and ill health relating to CVD, respiratory and cancer. We are utilising approaches such as tobacco control, cancer screening and health checks and work together with key stakeholders across the area to target our activity and resources where it is needed most based on local epidemiology and evidence of what works. We will make care more personalised so that people access health and social care services that are more tailored to their needs, make sense to them and focus on what really matters in their lives.
- **Integrate models of care** - We have opportunities to further develop how our services work together to streamline pathways for patients, improve experience and create more integrated approaches. Through integrated services we are removing the unnecessary barriers between our services that are all working to support the same local people and create more sustainable models of care.
- **Transform the way we do things** – We continue to improve our services where it will have the greatest impact, taking the opportunity to address health inequalities and strengthen our integrated approach. We will continually review our joint transformation priorities year on year, systematically improving our services.

1.8 The Plan has been in place for almost a year and the Health and Care Partnership Executive will be reviewing its priorities over the coming months.

1.9 **West Sussex Place Development**

1.10 The West Sussex Place-based Health and Care Partnership has continued to develop over the last 12 months. Building on the value of joint working within our communities during the covid-19 response, organisations have continued to

work together at a county and a more local level on shared priorities for local population health outcomes.

- 1.11 The West Sussex Health and Care Partnership Executive, which brings a shared place-based leadership from health and care organisations, is now supported by a core set of partnership groups – a Quality and Outcomes Improvement Group, a Finance Leaders Group, and a Planning & Delivery Oversight Group which links to the many transformation programmes underway. Over the next few months there is the intention to develop a Partnership Forum, to work alongside the Partnership Executive, with wider representation from the community voluntary sector, patient and customer representatives, and the wider public sector including district & borough authorities. The Partnership Forum will also work with other partnership groups to assure the delivery of shared health inequality priorities.
- 1.12 Our work to develop neighbourhood community networks at a district and borough level across West Sussex has also continued, with an enthusiastic response from a range of organisations in every borough. These will provide the fundamental links needed at a local community level in order to be successful in a strengths-based approach to preventing avoidable ill-health, reducing the inequality gap in healthy life expectancy, and creating an equitable partnership for organisations of various sizes.
- 1.13 Now that the core partnership is formed, with a shared vision and collaborative governance structure, 2022-23 will be about building on the progress made, to mature the partnership further, to prepare for a more devolved leadership model within the Sussex Integrated Care System, and to capture the benefits that the partnership can bring to health outcomes for residents of West Sussex.

Recommendations to the Board

The Health and Wellbeing Board is asked to;

- (1) Note the Summary West Sussex Health and Care Plan
- (2) Note the West Sussex place-based development plan

2 Proposal details

- 2.1 The purpose of this paper is to provide an update on place based health and care developments.

3 Consultation, engagement and advice

- 3.1 The development of the West Sussex Health and Care Plan has reflected a consolidation of current plans developed through a range of engagement activities.

Contact:

Chris Clark, Joint Director of Strategic Commissioning, West Sussex County Council and West Sussex Clinical Commissioning Group,
chris.clark@westsussex.gov.uk

Fouzia Harrington, Programme Director, West Sussex Clinical Commissioning Group, fouzia.harrington@nhs.net

Appendices Presentation Papers

Appendix 1 - Summary West Sussex Health and Care Plan



West Sussex Health and Care Partnership Plan 2021/22 Summary

Our ambition

We want West Sussex to be a great place in which to grow up, achieve, raise a family and grow old, in strong, safe and sustainable communities. We want it to be a place where improved health and wellbeing is experienced by all our residents and the health and wellbeing gap between communities is reducing.

This ambition, set out by the Health and Wellbeing Board, will enable every individual living in West Sussex to have access to the best health and care from the moment they are born and throughout their lives. Our West Sussex Health and Care Plan supports and enables this to become a reality for our local population.

People living across West Sussex have told us they want to receive the care they need, in the way they want it that best supports them. They have told us they want to feel safe, valued and listened to and be able to take responsibility and be involved in decisions about their care. They have told us that, if they can't, their family, friends or carers' know of their wishes and choices and they have access to one unified health and social care service and team. They have told us they want to know their best interests are always put first. Our aim is to work towards removing organisational barriers to meet what is important to our residents and deliver a more sustainable and effective health and care service.

Our joint priorities as we work towards this vision are to:

- Address health inequalities
- Integrate models of care
- Transform the way we do things

Our West Sussex Health and Care Plan builds on more than two years of engagement and system partnership planning. It does not replace individual partner plans but builds on them and on specific service strategies. It represents an interim West Sussex place-based plan that brings partners across health and social care together to deliver our vision of health and care integration and better health and wellbeing outcomes for all residents. It sets out our longer-term ambitions, our medium-term transformation priorities for the next two years, and the NHS's immediate priorities for this year 2021/22 to restore services. This summary provides an overview of the full detailed plan.

Working together for our population

The West Sussex Health and Care Partnership was established in 2020 as an alliance of organisations responsible for integrating care around our local population, improving health and care outcomes and addressing health inequalities. Our partnership is here to support the delivery of the West Sussex Health and Wellbeing Board vision and to achieve the goals of the Sussex-wide Integrated Care System.

By working together we can align organisational priorities and jointly address health inequalities, integrate models of care, and transform the way we do things. Our partnership allows us to share decision-making and responsibility, whilst sustaining the sovereignty and statutory accountability of each individual organisation. It brings together local leaders across primary care, acute providers, our community provider, our mental health provider, our County Council and our Clinical Commissioning Group.

Working across the wider system

We work as part of the Sussex Health and Care Partnership Integrated Care System (ICS) which is a partnership of health and care organisations working together across Sussex. Working as part of the ICS, allows health and care services to be planned and co-ordinated at a larger 'system' level at scale, while our Partnership allows us to work at a more local 'Place' level to ensure there is focus on the needs of our population.

The Sussex Health and Care Partnership has made huge strides to improve and transform health and care over the last few years, with a significant amount of work taking place behind the day-to-day frontline delivery of services to focus on how we can develop a system that enables our organisations to work in a more joined-up and collaborative way for the benefit of our populations.

We have agreed a vision for Sussex that sets out where we want to be as a health and care system in the future. It is a vision where people live for longer in good health; where the gap in healthy life expectancy between people living in the most and least disadvantaged communities will be reduced; where people's experiences of using services will be better and where staff feel supported and work in a way that makes the most of their dedication, skills and professionalism. It is a vision where the cost of health and care will be affordable and sustainable in the long term.

Our challenges

Impact of COVID-19

COVID-19 is the greatest challenge the health and care system has faced in living memory, which has made significant impacts on demand, capacity and the performance of services. In addition, the pandemic has contributed to increased disparities and health inequalities, with large sections of the community facing increased deprivation and challenges due to various personal and economic circumstances. Our partnership working has been stress tested significantly by COVID-19 and proved crucial as the system collectively came together to respond to the unprecedented challenge.

Thanks to the vaccination rollout, we are moving to restore services while remaining prepared for any future waves of the virus. We aim to build on what we learned to bring about positive change and renewal so that we can deliver improvements in health and wellbeing for our population.

NHS performance

The NHS is required to meet a number of constitutional standards on the performance of services. Despite an extremely difficult year due to the pandemic, locally we delivered a number of the required targets over 2020/21. However, there are a number of standards we have not been able to meet due to the increased and rising demand on pressure on services we are working collectively across the system to manage and improve performance.

Service issues

In addition to our performance challenges we have identified key service issues that will impact on health outcomes:

- **Mental health** - Existing capacity and processes are insufficient to meet the ambitions of the long term plan resulting in long waits for access to a number of common mental health and

Agenda Item 11

Appendix

more specialist pathways and unwarranted variation can be seen in access and outcomes. In addition, we have seen mental health significantly worsen through the pandemic.

- **Stroke provision** – A recent review highlighted local provision in the coastal area does not currently meet national requirements. Stroke services for the Crawley, Mid Sussex and Horsham population of West Sussex are in place.
- **Diabetes** – There is great variation in the provision of diabetes services and outcomes across Sussex. In West Sussex the community model does not meet best practice. The work across Sussex will ensure we deliver a single model of integrated diabetes care, to reduce unwarranted variation and improve access and outcomes.
- **Children with Neuro Developmental condition** - Nationally, it is estimated that 3-4% of the child population have a neuro-developmental condition, the most common being Autism and ADHD. In recent years, there has been a surge in demand for Neurodevelopmental Pathway (NDP) assessments for children. This, together with challenges around recruitment and the impact of COVID has led to long waiting lists across many areas of the country. This is mirrored in West Sussex, with latest data showing there are over 1,000 children currently on NDP waiting lists. Children routinely wait over two years for a diagnosis and this is often longer for ADHD assessment.

Our population

- West Sussex is a large and diverse county, covering over 750 square miles and home to over 864,000 people.
- The population has increased by around 8.5% over the last 10 years, with the largest increase (around 23%) in the 65+ age group.
- The overall population is projected to reach 920,000 by 2030, with the highest percentage increases in the older age groups, with an additional 25,000 people aged 65 years or over.
- Life expectancy for men is 80.9 years and 84.2 years for women (2017-19). However there is a considerable difference between people who live in the most deprived areas compared with those who live in the least deprived areas.
- As the population ages, more people will be living longer with a long term health condition or disability and many people will be living with multiple conditions. Almost two thirds of those aged 65-84 in West Sussex are estimated to live with two or more conditions, rising to four in five of those aged 85+.
- More than 72,500 people above the age of 65 are living alone. A survey in 2013 found that 1 in 4 of older people reported being moderately or severely lonely.
- 11% of the population were from non-white UK backgrounds, which was lower when compared with England (20%).
- Around 4% of West Sussex residents identify with a minority religion. The largest minority religion is Islam, with 1.6% identifying as Muslim, a figure much lower than regional and national averages.
- Many of the minority ethnic communities live within or near the areas of West Sussex which are the most deprived.

What our residents have told us

Understanding the views and experiences of our populations is essential for us to shape and improve services and support to best meet the needs of the people we serve. We are committed to reaching out to local communities and supporting residents to have their say in the future of local services and a significant amount of public involvement has taken place to gain feedback, insight and involvement in our work.

The key themes we have been told are:

- “We want care close to home”
- “We want easy access to urgent and primary care”
- “I don’t want to keep telling my story”
- “I want to know where to get community based support”

What we have done so far:

- We have improved GP access
- We have developed Urgent Treatment Centres an integrated model of urgent care and primary care clinicians
- We have started sharing information on My Health and Care Record
- We have developed and extended our West Sussex Social Prescribing offer and services

What more we need to do:

- We will continue to work with our population at place, locality and neighbourhood levels to:
 - Ensure equality of outcomes and access of services
 - Develop further models of care closer to home

Our priorities and delivery plans

We have three long term priorities were we are collectively working together to improve and transform services. These are based on the needs of the West Sussex population, as well as the agreed Sussex-wide priorities that will be delivered locally to meet the national commitments of the NHS.

- Addressing Health Inequalities
- Integrating Models of Care
- Transforming and Restoring Services

Addressing Health Inequalities

We are committed addressing the health inequalities that exist across West Sussex to help increase quality of life, improve health outcomes, increase the life of residents, and detect health conditions earlier that can then be managed more effectively.

We will prioritise the improvement of healthy life expectancy through tackling the key health inequality related conditions and ill health relating to CVD, respiratory and cancer. We will utilise approaches such as smoking, cancer screening and health checks and work together with key stakeholders across the area to target our activity and resources where it is needed most based on local epidemiology and evidence of what works.

Our shared long-term priorities are:

- **Smoking in targeted areas** – We will build on the work of the Smoking Cessation programme to understand how to best focus on the areas which higher rates developing the targeted approach further.
- **Cancer access** – We will develop a tailored plan to tackle late presentation by understanding the reasons and barriers to accessing early diagnosis.
- **Physical health checks and for people living with serious mental illness or learning disabilities** - We will develop further our primary care communications, voluntary and community sector support, our local commissioned services and a clinically led training and education programme in primary care.

Agenda Item 11

Appendix

The actions we are taking during 2021/22 are:

- Establishing a [Health Inequalities Steering Group](#), which will work within the ICS Health Inequalities Programme to oversee delivery of the BAME recommendations as part of wider health inequality objectives.
- Ensuring any [unwarranted variation](#) that currently exists across West Sussex is addressed and known areas of inequalities is a key area of focus for these contracts.
- Further developing [population health management activity in Crawley](#).
- Finalising information, learning, engagement, reporting and governance [structures](#) and producing a locally sensitive but countywide approach to tackle health inequalities.
- Expanding the work addressing inequalities amongst [BAME communities](#).
- Spreading and scaling up the core components of [personalised care](#), namely Shared Decision Making, choice, Personalised Care and Support Planning, Supported Self-Management, Personalised Care and Community-Based Support and Personal Health Budgets.
- Further developing [Social Prescribing](#).
- Continuing to [engage with key communities](#) and work to tackle known inequality in Covid-19 vaccine uptake.

Integrating Models of Care

Our aim is to treat and manage conditions largely in the community, providing a more personalised approach for patients, proactively addressing issues as they arise, reducing the need for extended hospital stays and freeing up capacity within secondary care. This will require a shift in focus where the person is treated and not the condition, where care is joined-up and seamless and involves less 'handoffs', where there is better anticipatory and preventative care, and where services are tailored to meet the need of the community.

Our shared long-term priority is:

- [Primary and Community Care Integration: Crawley](#) - We will further develop the primary and community care integration model that will enable the flexibility for services to meet the needs of its local community.

The actions we are taking during 2021/22 are:

- Building on our [Health in Housing](#) Memorandum of Understanding (MOU) for organisations in West Sussex to co-develop and make a collective commitment towards the use of housing to improve the long-term health and wellbeing of our communities.
- [Developing our integration ambition](#) to set out how our current integrated models come together and to develop a single vision.

Transforming and Restoring Services

We are working together to continue to improve our services where it will have the greatest impact, taking the opportunity to address health inequalities and strengthen our integrated approach. We aim to address the issues, challenges and impacts of the Covid-19 pandemic, to restore and recover services, and we have joint transformation priorities to tackle the challenges in West Sussex that need us to go beyond traditional ways of working. We are focusing on a number of different areas, which are outlined as follows:

Our shared long-term priorities are:

- To transform the models of admission avoidance and hospital discharge, integrating services across health and social care, to provide the most effective preventative and reabling support
- To develop a community beds model to meet changing needs and to ensure appropriate access and quality of environment
 - To improve the stroke services in the coastal area of West Sussex focusing on whole pathway from prevention of strokes to optimising the care for those who have survived a stroke
- To improve the West Sussex diabetes offer through the development of a single, integrated model of primary and community diabetes care across Sussex, better supporting prevention and self-management of diabetes

The actions we are taking during 2021/22 are to [restore and recover services](#), meet new care demands and reduce the care back logs that are a direct consequence of the pandemic:

- [Primary and Community Care](#) – Primary and Community care sit at the heart of our ambition to deliver integrated care, personalised care, reduce health inequalities and improve outcomes for those with long term conditions. We are taking a number of short and long term actions to ensure the population is fully vaccinated against Covid-19, have access to high quality services, primary care remains supported and resilient, and we are able to continue the development of Primary Care Networks. We are working together to improve timely access to services closer to home, increased proactive care and ensuring unnecessary hospital admissions are avoided.
- [Personalised Care](#) - Personalised care requires joined up approaches where people work across boundaries, integrate resources from different places and share information appropriately, to ensure that people who use health services receive a seamless experience whilst under NHS care and beyond. This will allow patients to have greater information and responsibility for their own care decisions. We are taking action to address inequalities, develop a population health management approach, and further developing social prescribing.
- [Long Term Conditions](#) - We have a number of work programmes that aim to improve the outcomes of those with long term conditions and reduce the health inequalities that currently existing. These focus on: Cardiovascular Disease (CVD) prevention; Stroke; Respiratory; Cardiac; and Diabetes.
- [Urgent Care](#) - We have a model for integrated urgent care that aims to provide the right care at the right time, and in a timeframe that is appropriate to clinical need. We are focusing on four areas: NHS111-Clinical Assessment Service (CAS) including NHS 111 First; Sussex Home Visiting Service; Urgent Treatment Centres (UTCs) - co-located and stand-alone; Place-based models of Integrated Care - Locality care hubs
- [Planned Care](#) - We are working in an integrated way to ensure backlogs of patients waiting for planned care are reduced, variation in services are reduced, outcomes are improved and patients are treated equitably and in the right order across the system. In the long term we will continue to develop Community Diagnostic Hubs, which will allow additional, digitally connected, diagnostic capacity, in the community to meet the needs of local communities. We will be taking a number of short-term actions, including maximising elective capacity and prioritising the most clinically urgent and those waiting over 52 weeks.
- [Cancer](#) - We will continue to work within the wider cancer programme to transform and restore our services across the county to improve patient experience and outcomes. In the long term, we are developing approaches to increase uptake and access to services that will reduce emergency presentations and ensuring better outcomes. We are taking short-term actions, including focusing on health inequalities and personalisation of cancer; restoring services to 'near normal' levels; supporting community diagnostic hubs; and maximising capacity.
- [Mental Health](#) - We will continue to work towards our system-wide mental health plan, which is backed by significant new investment. This aims to transform mental health provision, improve patient outcomes, experience and quality of care, and reduce variation across Sussex. Our long-term transformation priorities are to increase physical health checks for people living with serious mental illness, and develop community integrated services. Our short-term actions for

Agenda Item 11

Appendix

2021-22 focus on the following areas: Perinatal mental health services; children and young people mental health; children and young people eating disorders; improving Access to Psychological Therapies (IAPT); adult urgent care; adult community; PCN mental health roles; acute mental health care; dementia; suicide reduction and bereavement support; the staff wellbeing hub; housing; and personalised care.

- **Learning Disabilities and Autism** - We will continue to implement the ambition set out in the Sussex Learning Disability and Autism Programme with the aim of reducing health inequalities for individuals with a learning disability, autism or both, reducing reliance on inpatient care, and improving the quality of services through reduced waiting times, reduced admissions, and reduced 'hand offs' between services. We will be delivering new community based services to enable people to be discharged following long stays in hospital, remodelling an integrated forensic service including for people with a learning disability or autism, and implementing and active monitoring the dynamic support register for children and young people and associated network meetings to support children to remain in the community. We will be improving physical health checks for people living with learning disabilities and designing a series of projects that will reduce waiting times and improve outcomes for children and families needing an assessment via the Neuro Developmental Pathway.
- **Children and Young People** - Responding to CQC and OFSTED reports, we recognise a requirement to reduce health inequalities and variation in delivery of services supporting our children and achieve compliance with statutory performance targets. Our agreed priorities include supporting the development of a Sussex Children and Young People (CYP) physical health strategy that sits alongside and aligns to our Sussex CYP Mental Health and Emotional Well-being strategy and the Sussex CCGs Learning Disabilities and Autism strategy, to ensure the needs of West Sussex children are addressed.
- **Maternity** - We are working together to improve the support and experience of women, with improved capacity and choice, reduced interventions, reduced pre-term births and reduced risks of maternal and neonatal harm. We are implementing the priorities from the Ockenden Report and are developing a midwifery led unit for West Sussex.

Our workforce

We recognise there are opportunities to look at how the collective workforce for health and care across West Sussex is deployed and developed in support of our integration and transformation plans. We currently have high vacancy rates, high turnover, and an insufficient supply of future staff so we need to take collective action to ensure we have the workforce to continue to deliver high quality care and services. We will be developing a local workforce plan which will help meet the needs of our populations. We will be working together to ensure our staff are better supporting, inclusion and equality of opportunity is embedded; we have a joined-up approach to recruitment, developing and retaining our people; and there is strong leadership and management of the workforce.

Our estate

To support the successful delivery of our plan, it is critical that our buildings and facilities can respond to the service development needs as well as. The West Sussex estates programme is working to develop a health and care estates plan that will:

- Consolidate our current estates plans across West Sussex.
- Understand the emerging estate needs from our strategic programmes.
- Develop further our joint estate planning ability and respond.

Our finances

It is essential that we deliver our health and care priorities in a way that gets best value from the collective resources available to us. This requires effective partnership working, with a collective approach to risk management to deliver our health and care priorities. It is therefore important that the system as a whole continues to work together to develop sustainable underpinning financial plans, which are also linked to our priorities for transformation, to enable service change and address any increases in activity in urgent and emergency care and recovery activity to sustain performance and quality overall.

To deliver our healthcare priorities, all partners across our ICS have agreed to work to the following principles:

- The ICS will deliver overall balance, with each organisation also in balance at the end of the period.
- As many resources as possible are distributed to providers within the ICS.
- There is a collective approach to risk management.
- All investments and any additional funding agreed as an ICS.
- Any contingency is held at an ICS (system) level.
- Budget setting should be a completely transparent process.
- The financial plan will deliver the baseline activity and any additional costs for any additional activity above the baseline will be funded from the Elective Recovery Fund.

Our West Sussex Place finance leaders work together through our monthly Finance Leadership Group, to discuss how to monitor the financial performance locally, manage local financial risks, identify opportunities for productivity and efficiency gains and to identify how the local finance leadership can support the delivery of health and care in West Sussex.

We will be developing place-based sound financial management, including the role of our Place finance leadership group in line with national policy. The local financial governance arrangements, systems and process will be informed by decisions taken around issues including how much financial decision making happens at place level and which resources are delegated to place level.

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Report to West Sussex Health and Wellbeing Board

27 January 2022

Better Care Fund Monitoring Quarter 1 2021-22

Report by Chris Clark, Joint Strategic Director of Commissioning, West Sussex Clinical Commissioning Group and West Sussex County Council

Summary

This paper provides a summary of the final West Sussex Better Care Fund planning submission for 2021/22, along with the regular monitoring of performance against the national metrics for Quarter 2 2021/22.

Recommendation(s) to the Board

The Health and Wellbeing Board is asked to:

- (1) Note the final West Sussex Better Care Fund funding sources, and expenditure plan, and performance targets applying to the national BCF metrics for 2021/22.
 - (2) Note the West Sussex performance against the national BCF metrics at Q2 2021/22.
-

Relevance to [Joint Health and Wellbeing Strategy](#)

The Better Care Fund supports partnership working across the West Sussex Health and Social Care system. The funded schemes include multi-disciplinary teams delivering proactive community-based care, services for carers, social prescribing, and a broad range of adult social care services.

1 Background

- 1.1 The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.
- 1.2 It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).

2 Better Care Fund Final Planning Submission 2021/22

- 2.1 The West Sussex Better Care Fund Plan was submitted for regional assurance and national approval ahead of the deadline on 16 November 2021. As agreed at HWB on 7 October 2021, this was subsequently approved on behalf of the Health and Wellbeing Board by Chairman's Action on 7 December 2021.
- 2.2 The plan passed regional assurance with a recommendation for approval made to the national team. This was confirmed by letters on 11 January 2022 with a requirement that a signed Section 75 Agreement is in place by 31 January 2022. This will be accomplished via a variation to the current two-year agreement.

3 West Sussex Better Care Fund Final Income and Expenditure Plan 2021/22

- 3.1 Details of the final Better Fund funding sources and planned expenditure are given in Appendix 1.
- 3.2 The small additional uplift, resulting from an actual increase of 5.34% over the assumed 5.3%, is distributed between Scheme 2 (meeting minimum social care spend requirements), and a small funding reserve.

4 Better Care Fund Performance Q2 2021/22

- 4.1 Details of the Better Fund metrics performance for Q2 are given in Appendix 2. Please note the following in respect of the 2021/22 BCF National Metrics:
 - The metrics for Residential Admissions and Reablement are retained from previous years.
 - The metrics for Non-Elective Admissions and Delayed Transfers of Care are discontinued.
 - New metric: Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions. This metric is a measure of emergency admissions with a primary diagnosis of an ambulatory care sensitive condition such as: acute bronchitis, angina, ischaemic heart disease, heart failure, dementia, emphysema, epilepsy, hypertension, diabetes, COPD, pulmonary oedema. Data is released in November for the preceding financial year. The planned figure is set at the pre-pandemic performance level.
 - New metric: Length of Stay 14+ Days and 21+ Days. This measure sets HWB-level ambitions for reducing length of stay with separate targets for both 14+ days and 21+ days applying to Q3 2021/22 and Q4 2021/22. For Wests Sussex targets are based on recent quarterly performance at the acute trusts applied to the HWB area on a pro rata basis and taking into account winter pressures. The data used by the national BCF team to create and report on this metric is not directly compatible with trust-level operational data and the two datasets should not be mixed.
 - New metric: Discharge to Usual Place of Residence. This measure for discharge to usual place of residence has been constructed around the 95% expectation in the discharge policy for Pathways 0 and 1. However it should be noted that the policy is not intended to set a hard target. In West Sussex,

the figure tends to be lower due to a higher older population and the larger Pathway 2 offering.

Contact: Paul Keough, Better Care Fund Manager, West Sussex Clinical Commissioning Group and West Sussex County Council, 07920 817577, paul.keough@nhs.net

Appendices Presentation Papers

Appendix 1: Final Better Care Fund Income and Expenditure Plan 2021-22

Appendix 2: Better Care Fund Metrics Report Quarter 2 2021-22

Appendix 3: Better Care Fund Narrative Plan 2021-22

Background Papers

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022>

<https://www.england.nhs.uk/wp-content/uploads/2021/09/B0898-300921-Better-Care-Fund-Planning-Requirements.pdf>

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West Sussex Better Care Final Income and Expenditure Plan 2021/22 ^{Appendix 1}**1. BCF Allocations and Pooled Fund 2021/22**

	Committed Funding
Capital Funding	
Disabled Facilities Grant	£9,414,970
Total Capital Funding	£9,414,970
Revenue Funding	
NHS West Sussex CCG ¹	£63,918,903
West Sussex County Council Additional Contribution	£1,922,100
Improved Better Care Fund	£20,006,674
Total Revenue Funding	£,85,779,541
Total Better Care Fund Budget	£95,262,647

Notes:

1. 5.34% actual increase in minimum CCG contribution over assumed 5.3%.

2. West Sussex Better Care Fund Planned Expenditure 2021/22

Committed Funding Scheme	Scheme Number	West Sussex CCG	West Sussex County Council	TOTAL
Disabled Facilities Grant	1	-	£9,414,970	£9,414,970
Maintaining (Protecting) Social Care	2	£17,707,984	-	£17,707,984
IBCF: Meeting adult social care needs	3a	-	£5,170,674	£5,170,674
IBCF: Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready	3b	-	£8,134,000	£8,134,000
IBCF: Ensuring that the local social care provider market is supported	3c	-	£3,399,000	£3,399,000
Winter Pressures Grant	3d	-	£3,303,000	£3,303,000
Proactive Care	4	£7,165,104	-	£7,165,104
Communities of Practice	5	£4,304,099	-	£4,304,099
Better Care Fund Programme Support	6	£234,313	-	£234,313
Responsive Services	7	£17,812,048	-	£17,812,048
Social Prescribing	8	£502,600	-	£502,600
Stroke Recovery Service	9	£263,342	-	£263,342
Combined Placement and Sourcing Team (CCG contribution)	10	£454,595	-	£454,595
Community EOL Admission Avoidance	11	£420,000	-	£420,000
Care Act Initiatives	12	£2,168,200	-	£2,168,200
Carers Services	13	£1,946,000	£1,922,100 2	£3,868,100
Technology Enabled Care	14	£878,600	-	£878,600
Community Equipment	15a	£4,186,900	-	£4,186,900
Community Equipment (Health)	15b	£5,860,959	-	£5,860,959
Funding Reserve	16	£14,159	-	£14,159
		£63,894,567	£31,343,744	£95,262,647

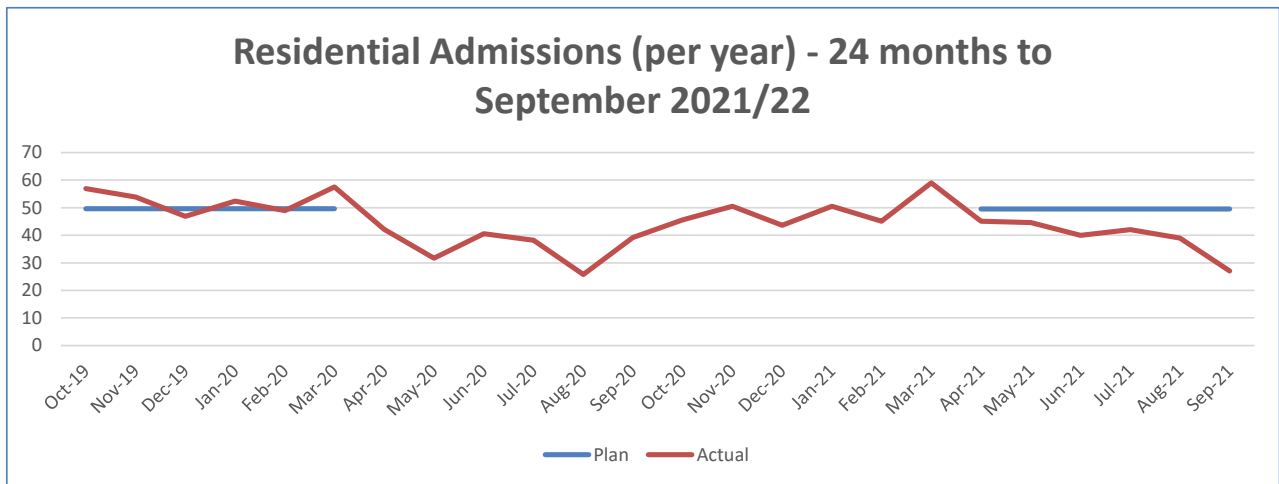
Notes:

1. This plan meets the minimum spend requirements of £26,729,184 for social care, and £18,163,940 for CCG-commissioned out of hospital services.

West Sussex Better Care Fund Metrics Performance – Q2 2021/22

Permanent Admissions to Nursing and Residential Homes (per month)

Latest data available September-21:	31.0	Vs same period last year September-20:	39.2	Vs 2021/22 plan September-21:	49.6
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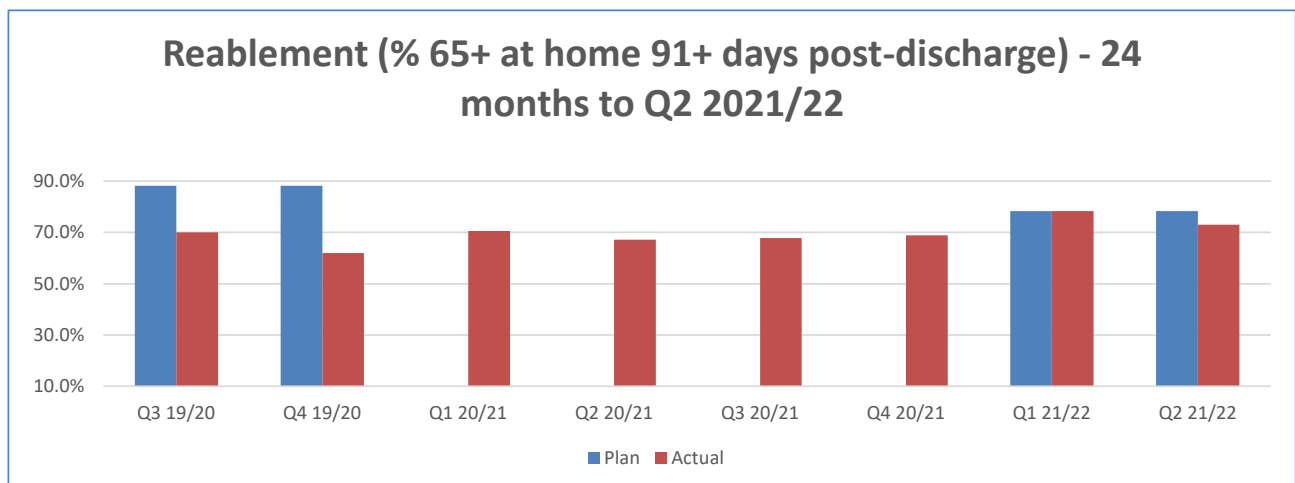
Source: In-year Data Collection WSCC Performance & Intelligence Team (National Metric is collected annually, reporting 6 months after year-end.)

Current performance has been significantly impacted by the effects of Covid, therefore the data is not representative of normal patterns. We have seen a significant increase in demand in all areas of adult social care, due to pent up demand. This has impacted on the numbers of new admissions to residential settings, with admissions increasing since the lockdown was lifted.

Adult Social care are continuing to work towards reducing new admissions to residential settings, while increasing non-residential options. This has been effective and the percentage of res to non-res customers has been moving in the right direction, however the average cost of placements is increasing, due to market pressures and complexity of customer need.

% Older People at Home 91 Days after Discharge into Reablement/Rehabilitation Services

Latest data available Q2-2021/22:	73.0%	Vs same period last year Q2-2020/21:	67.1%	Vs 2021/22 plan:	78.3%
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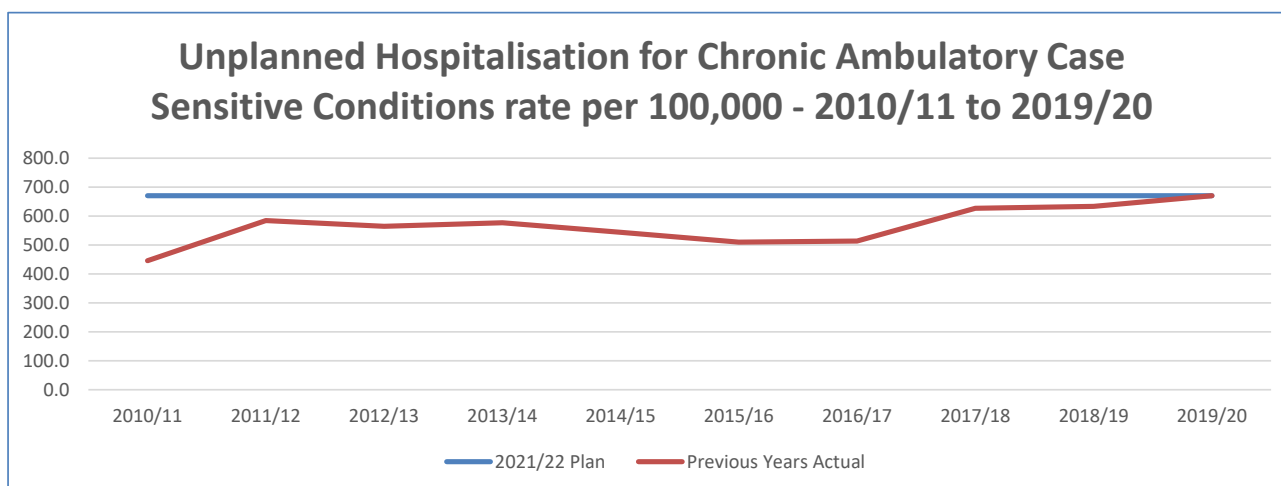


Source: In-year Data Collection WSCC Performance & Intelligence Team (National Metric is collected annually, reporting 6 months after year-end.)

ADASS feel that the 91-day measure is not fit for purpose and are looking to remove this measure and refresh ASCOF. WSCC interpret the measure as per the guidance, calling the customer three times to check they're at home. If they do not respond, we assume they are not. We believe some authorities use a different system. After three calls, they check hospital admissions or care placements, assuming the customer is at home if not in care. Hence our numbers tend to be low. Performance remains consistent with last year. We are currently reviewing the workflow and data capture for this indicator to ensure that it is accurately reflecting performance

Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions

Latest data available 2019/20:	670.4			Vs 2021/22 plan:	670.4
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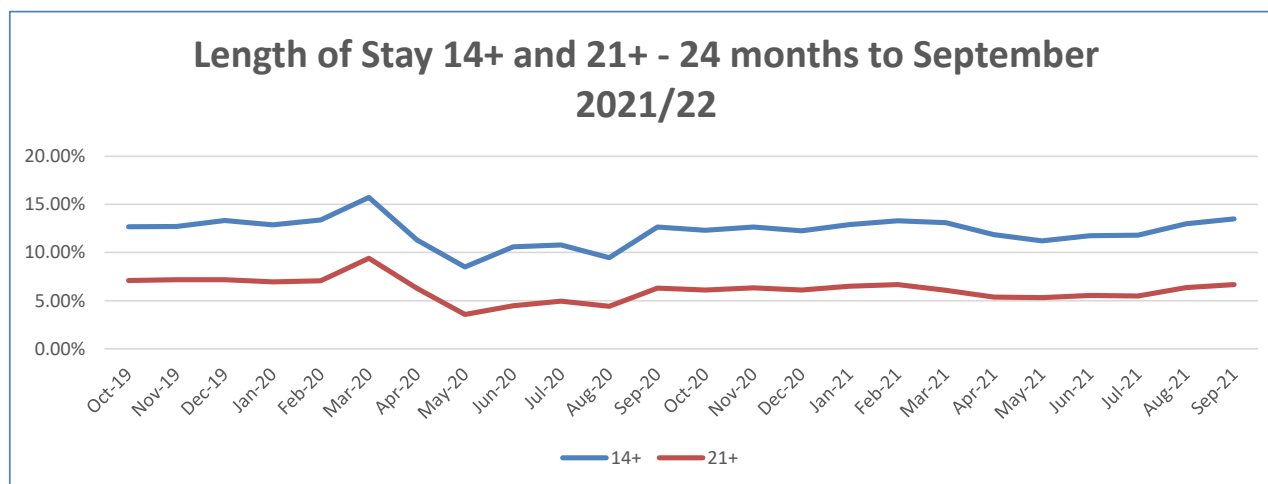


Source: NHS Outcomes Framework.

This metric is a measure of emergency admissions with a primary diagnosis of an ambulatory care sensitive condition such as: acute bronchitis, angina, ischaemic heart disease, heart failure, dementia, emphysema, epilepsy, hypertension, diabetes, COPD, pulmonary oedema. Data is released in November for the preceding financial year. The planned figure is set at the pre-pandemic performance level.

Length of Stay 14+ Days and 21+ Days

Latest data available September-21 21+:	6.7%	Vs same period last year September-20 21+:	6.3%	Vs 2021/22 plan:	N/A
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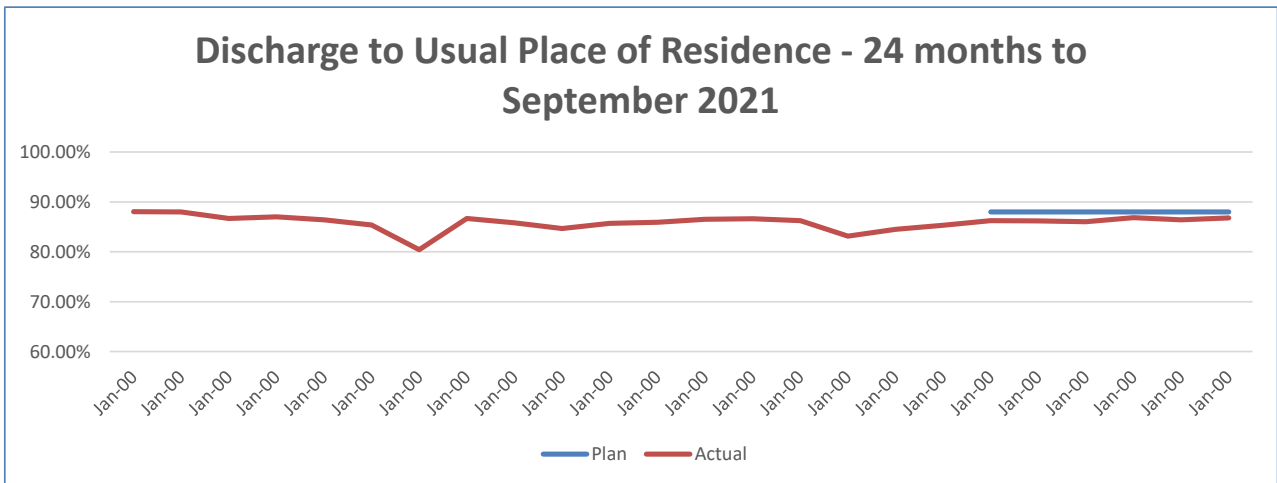


Source: NHS Secondary Uses Service (SUS).

This measure sets HWB-level ambitions for reducing length of stay with separate targets for both 14+ days and 21+ days applying to Q3 2021/22 and Q4 2021/22. For Wests Sussex targets are based on recent quarterly performance at the acute trusts applied to the HWB area on a pro rata basis and taking into account winter pressures. The data used by the national BCF team to create and report on this metric is not directly compatible with trust-level operational data and the two datasets should not be mixed.

Discharge to Usual Place of Residence

Latest data available September-21:	86.8%	Vs same period last year September-20:	85.9%	Vs 2021/22 plan:	88.0%
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Source: Source: NHS Secondary Uses Service (SUS).

This measure for discharge to usual place of residence has been constructed around the 95% expectation in the discharge policy for Pathways 0 and 1. However it should be noted that the policy is not intended to set a hard target. In West Sussex, the figure tends to be lower due to a higher older population and the larger Pathway 2 offering

Contact: Paul Keough, Better Care Fund Manager, West Sussex Clinical Commissioning Group and West Sussex County Council, 07920 817577, paul.keough@nhs.net

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West Sussex Health and Wellbeing Board

Better Care Fund Narrative Plan 2021/22

1 Stakeholder Engagement

- 1.1 The draft West Sussex Better Care Fund Plan 2021-22 was presented to the West Sussex Health and Wellbeing Board meeting of 7th October 2021. The following bodies were represented:

West Sussex County Council
NHS West Sussex Clinical Commissioning Group
Arun District Council
Crawley Borough Council
Adur and Worthing Councils
University Hospitals Sussex NHS Foundation Trust
Surrey & Sussex Healthcare Trust
Sussex Partnership NHS Foundation Trust
Sussex Community NHS Foundation Trust
West Sussex Healthwatch
Voluntary Sector - Age UK, West Sussex
Voluntary Sector - Community Works

- 1.2 HWB Members were supportive of the draft plan and agreed that a Chair's action could be undertaken to approve the finalised planning submission.
- 1.3 Prior to final sign-off by the HWB Chair, the West Sussex Better Care Fund Plan 2021-22 went through the formal internal governance pathways of both West Sussex County Council and West Sussex Clinical Commissioning Group.
- 1.4 In addition to approval of the plan there is ongoing and regular stakeholder engagement. For example, with our providers in respect of discharge planning and monitoring, system performance, and at individual scheme level with NHS providers, private sector providers, VCS providers, and housing authorities.
- 1.5 Joint working is strengthened by the emerging governance and oversight structure for the West Sussex Partnership, including the West Sussex Health and Care Partnership Executive, which has a key strategic relationship with the West Sussex Health and Wellbeing Board, to deliver the health and care objectives as set out in the Joint Health and Wellbeing Strategy and is accountable to the Sussex ICS Health and Care Partnership Executive. Other forums, such as the Planning Oversight Group also bring together the stakeholders of the partnership.

2 Executive Summary

West Sussex Better Care Fund 2021-22

- 2.1 For 2021/22, we reviewed BCF schemes against current priorities and risks, and with regard to their alignment with priorities funded outside of the BCF including under the Hospital Discharge Policy.
- 2.2 Given the focus on recovery and the lateness of the BCF planning cycle, all schemes funded for the previous year are retained. However, the uplift of the CCG Minimum Contribution, has allowed the following schemes to be brought into the BCF plan:

Scheme 9 – Stroke Recovery Service: This scheme provides Stroke Recovery Support services to meet national standards and support the ambitions of the NHS Long Term Plan in respect of stroke. It also includes a Six-Month Review service offering a comprehensive, person-centred six-month review to all stroke survivors. The scheme is expanded for 2021/22 to include the service in the former Coastal West Sussex area in addition to that in the north of the county.

Scheme 10 – Combined Placement and Sourcing Team (CCG funding contribution): The Combined Placement and Sourcing Team (CPST) forms a single point of referral, triage and tracking teams for all patients leaving hospital on pathways 1 (home with care), 2 (short term bed-based reablement) -3 (complex bed-based placement) for Health and Social Care. This is accessed through the 'IDT/Discharge Hub' at each acute hospital. CPST also supports community referrals and will act as the central referral point for the wider Community Response and Reablement service supporting both discharge and admissions avoidance.

Scheme 11 – Community EOL Admission Avoidance: This scheme supports a demonstrable increase in the numbers of patients at the end of life who require an urgent community response when the patient's wish is to remain at home, to ensure a timely and personalised holistic approach to prevent avoidable admissions. Initiated following criteria assessment, it supports an up to a 48-hour package of care provided by the hospices Multi-Disciplinary Team (includes nurses, allied health professionals, advanced nurse practitioners and access to specialist medical advice and support) tailored to the situation. The scheme provides additional funding to the hospices for activity and support of patients above their core bed capacity/ baseline services. It also contributes to keeping hospices as part of the wider strategic system.

Income

Disabled Facilities Grant:	£9,414,970
Improved Better Care Fund:	£20,006,674
Additional LA Contribution:	£1,922,100
CCG Minimum Contribution:	£63,918,903
	£95,262,647

Expenditure

Committed Funding Scheme	Scheme Number	West Sussex CCG	West Sussex County Council	Committed Funding
Disabled Facilities Grant	1	–	£9,414,970	£9,414,970
Maintaining (Protecting) Social Care	2	£17,707,984	–	£17,707,984
IBCF: Meeting adult social care needs	3a	–	£5,170,674	£5,170,674
IBCF: Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready	3b	–	£8,134,000	£8,134,000
IBCF: Ensuring that the local social care provider market is supported	3c	–	£3,399,000	£3,399,000
Winter Pressures Grant	3d	–	£3,303,000	£3,303,000
Proactive Care	4	£7,165,104	–	£7,165,104
Communities of Practice	5	£4,304,099	–	£4,304,099
Better Care Fund Programme Support	6	£234,313	–	£234,313
Responsive Services	7	£17,812,048	–	£17,812,048
Social Prescribing	8	£502,600	–	£502,600
Stroke Recovery Service	9	£263,342	–	£263,342
Combined Placement and Sourcing Team (CCG contribution)	10	£454,595	–	£454,595
Community EOL Admission Avoidance	11	£420,000	–	£420,000
Care Act Initiatives	12	£2,168,200	–	£2,168,200
Carers Services	13	£1,946,000	£1,922,100	£3,868,100
Technology Enabled Care	14	£878,600	–	£878,600
Community Equipment	15a	£4,186,900	–	£4,186,900
Community Equipment (Health)	15b	£5,860,959	–	£5,860,959
Funding Reserve	16	£14,159	–	£14,159
		£63,918,903	£31,343,744	£95,262,647

Notes:

1. This plan meets the minimum spend requirements of £26,729,184 for social care, and £18,163,940 for CCG-commissioned out of hospital services.
2. Funding is allocated for the implementation of Care Act duties (Scheme 12), carer-specific support (Scheme 13), and Reablement (Schemes 2 and 7).
3. In partnership with the CCG, the County Council has prepared a Winter Plan. This involves using part of the Winter Pressures Grant to procure additional domiciliary care capacity to enable flow through the system. In turn that supplements the investment which is being funded in hospital discharge services. These ensure that people who are medically fit for discharge from hospital and do not require 24-hour care are supported to return home.

Metrics

Metric 1: Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population:

Rationale: Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups admission to residential or nursing care homes can improve their situation.

	19-20 Plan	19-20 Actual	20-21 Actual	21-22 Plan
Annual Rate:	595	536	524	595
Numerator:	1189	1066	1054	1223
Denominator:	199948	198783	200968	205425

Numerator: The sum of the number of council-supported older people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care). This data is taken from Short- and Long-Term Support (SALT) collected by NHS Digital.

Denominator: Size of the older people population in area (aged 65 and over). This should be the appropriate Office for National Statistics (ONS) mid-year population estimate or projection.

Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services:

Rationale: There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, to minimise their need for ongoing support and dependence on public services. This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. It captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement.

Plan:

	19-20 Plan	19-20 Actual	21-22 Plan
Annual:	88.2%	68.2%	78.3%
Numerator:	268	191	224
Denominator:	304	280	286

Numerator: Number of older people discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. This should only include the outcome for those cases referred to in the denominator. The numerator will be collected from 1 January to 31 March during the 91-day follow-up period for each case included in the denominator.

Denominator: Number of older people discharged from acute or community hospitals from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting). The collection of the denominator will be between 1 October and 31 December.

Metric 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions:

Rationale: This indicator measures the number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. The numerator is given by the number of finished and unfinished admission episodes, excluding transfers, for patients of all ages with an emergency method of admission and with a primary diagnosis of an ambulatory care sensitive condition such as: acute bronchitis, angina, ischaemic heart disease, heart failure, dementia, emphysema, epilepsy, hypertension, diabetes, COPD, pulmonary oedema. **Plan:**

	20-21 Actual (Estimated)	21-22 Plan
Unplanned hospitalisations for chronic ambulatory care sensitive conditions	575.9	670.4

Numerator: Hospital Episode Statistics (HES) admitted patient care (APC), provided by NHS Digital – National Statistics Final annual and quarterly HES data are usually released in the November following the financial year-end.

Denominator: Mid-year population estimates for England published by the Office for National Statistics (ONS) annually – National Statistics. Available in June following end of reporting year.

Metric 4a: Discharge Indicator Set: Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days:

Rationale: This is an important marker of the effective joint working of local partners and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

Plan:

	21-22 Q3 Plan	21-22 Q4 Plan
Proportion of inpatients resident for 14 days or more	11.0%	11.7%
Proportion of inpatients resident for 21 days or more	5.9%	6.3%

Numerator: The proportion of hospital patients whose stay is 14 and 21 days or longer.

Denominator: All completed hospital spells recorded in SUS – calculation on monthly total.

Metric 4b: Discharge Indicator Set: Improving the proportion of people discharged home using data on discharge to their usual place of residence:

Rationale: There is evidence that recovery and independence for people who have been admitted to hospital are improved if they are discharged to their own home.

Plan:

	21-22 Plan
Percentage of people resident in the HWB who discharged from acute hospital to their normal place of residence:	88.0%

Numerator: The number of discharges that are to a person's usual place of residence.

Denominator: All completed hospital spells recorded in SUS – calculation on monthly total.

3 Governance

- 3.1 Our West Sussex Health and Care Partnership Executive (HCPE) has a key strategic relationship with the West Sussex Health and Wellbeing Board, to deliver the health and care objectives as set out in the Joint Health and Wellbeing Strategy and is accountable to the Sussex ICS Health and Care Partnership Executive.
- 3.2 The West Sussex Health and Wellbeing Board meets regularly as a statutory committee of the County Council. It performs a system oversight and accountability role. We will ensure that as a system, our governance enables us to effectively plan and implement together and improve performance and quality, including learning from system related incidents. It will enable us to put in place actions that can support improvements to patient pathways, patient experience and streamlines the way that services work.
- 3.3 The West Sussex Health and Wellbeing Board retain responsibility for governance and oversight of the Better Care Fund and receive quarterly monitoring reports. However, authority for ongoing oversight is delegated to the Joint Commissioning Strategy Group which meets monthly. The core responsibilities of the Joint Commissioning Strategy Group in relation to the Better Care Fund are in the section 75 Agreement.

Overall Approach to Integration

- 3.4 The West Sussex Health and Care Partnership was established in 2020 as an alliance of organisations responsible for integrating care around our local population, improving health and care outcomes and addressing health inequalities.
- 3.5 Our joint priorities for 2021-22 support both the West Sussex Health and Wellbeing Board vision, and the Sussex-wide Integrated Care System goals:
 - People live for longer in good health.
 - The gap in healthy life expectancy between people living in the most and least disadvantaged communities will be reduced.
 - People's experiences of using services will be better and our staff feel supported and work in a way that makes the most of their dedication, skills and professionalism.
 - The cost of health and care will be affordable and sustainable in the long term.
- 3.6 Integrated working across health and care provides the opportunity to deliver the best possible outcomes for local people and achieve the best use of collective public funding in West Sussex. By developing a joint West Sussex health and care plan and having a clear place-based focus, we will ensure that the priorities for service transformation and integration required to deliver a new service model for the 21st century are grounded in the needs of our local population.

Agenda Item 12

Appendix 3

- 3.7 The COVID-19 pandemic accelerated new ways of working in a more integrated and joined up way to meet the significant challenges to restoring services, not only in hospitals, but also in social care, primary care, mental health and community-based services. This enabled new models of delivery that required a collaborative response, flexed resources including workforce to meet system wide pressures and provided significant learning to reshape a stronger and sustainable future.
- 3.8 We have opportunities to further develop how our services work together to streamline pathways for patients, improve experience and create more integrated approaches. Through integrated services we will remove the unnecessary barriers between our services that are all working to support the same local people and create more sustainable models of care.
- 3.9 We are exploring the options to most effectively commission and contract within an integrated Health and Social Care model. The identification of the ideal commissioning mechanisms and associated procurement mechanisms will support and enable future collaboration, commissioning, and integration decisions.
- 3.10 There are times when integration of services will be required at a larger planning footprint, across West Sussex, rather than at a local community (PCN) or area (LCN) level. Providing services at this level can ensure best use of financial and staffing resource; ensuring the service is sustainable and flexible enough to meet differing levels of demand at different time of the day or year. Similarly, service integration at a Sussex-wide level is beneficial when numbers of patients requiring services are even smaller and require specialist input and a consistent model of delivery meeting quality standards of delivery.
- 3.11 Our aim is to treat and manage conditions largely in the community, providing a more personalised approach for patients, proactively addressing issues as they arise, reducing the need for extended hospital stays and freeing up capacity within secondary care. We have a range of integrated models and services in development, and we need to ensure we continue to develop this against a consistent approach and set of principles that allow our models to meet the need our communities.
- 3.12 We are learning from the Covid-19 pandemic which has had a significant impact on how patients use services and how health and care professionals work. It has further demonstrated the need to re-think how we provide service differently to achieve people's aspirations. We will therefore continue to design and develop services to:
- Enhance service offerings based on local community need, at and closer to home by developing multi-disciplinary place-based models for integrated care.
 - Enable patients to stay at home supported by personalised care plans agreed in advance, and appropriate 'wrap around' services.
 - Deliver a fully digitally enabled service model.
 - Maximise opportunities for remote consultation by telephone and video
- 3.13 Our integrated model of care will address:
- Service fragmentation across primary, community including voluntary sector, social care and acute providers for physical and mental wellbeing.

- Overcome pathway inconsistencies whilst recognising local evidence-based nuances requiring specific needs.
 - Service standardisation so that patients understand what is available and how to access them.
- 3.14 Our plan is underpinned by ensuring health services work better together but also that health and social care work better together. Our current plans demonstrate many examples of how we are strengthening our health and social care service integration and we will continue to identify and develop those opportunities.
- 3.15 Our health and care plans deliver not only our joint health and care vision but also align fully with the Council's priorities to:
- Keeping people safe from vulnerable situations.
 - A sustainable and prosperous economy,
 - Helping people and communities to fulfil their potential.
 - Making the best use of resources.
- 3.16 As we develop this health and care plan over the coming months, adult social care will also be developing its own plan. Health and social care partners will work together to identify further opportunities to integrate health, social care and wider local government to inform both plans going forward.
- 3.17 To enable people who live in West Sussex to live long, independent and fulfilled lives, Adult Services have identified three strategic objectives:
- To maximise independence in a personalised and meaningful way through early intervention and prevention approaches thereby reducing need for long term services.
 - To ensure access to services will be clear and transparent with quality information and advice readily available at every step including transitioning between services.
 - To work with partners to support and safeguard vulnerable adults by taking a robust, personalised approach that embodies best practice and promotes wellbeing.
- 3.18 These will be achieved through the following Adult Services operational objectives:
- Promoting wellbeing and resilience in people and communities across West Sussex.
 - Working collaboratively with partners (e.g., the NHS, VCS) to embed strength-based approaches,
 - Supporting adults most in need or at risk.
 - Providing modern, safe and sustainable services across communities.
 - Making the best use of resources through commissioning in an efficient, effective and economic way.
 - To manage new and existing demand and maximise outcomes for West Sussex residents.

3.19 The key shared transformation priority for integrated care is:

- Primary and Community Care Integration: Crawley - We will further develop the primary and community care integration model that will enable the flexibility for services to meet the needs of its local community. Building strong links to Crawley Borough Council and the wider community asset base we will increase the availability and range of interventions that can support people to improve their health and wellbeing and improve the outcomes for the people of Crawley. Learning from Crawley Community Network will be shared with other developing Local Community Networks across West Sussex. Developing that integration at pace in Crawley, in the first instance, will enable us to improve the health and well-being of a particular deprived area and roll out learning to other areas
- Communities of Practice (COPs) – The Better Care Fund scheme, Communities of Practice (COPs) is an approach that brings together proactive care and community nursing teams aligned to Primary Care Networks where operational and geographic constraints allow. These are extended community teams, bringing together the care resources of community and mental health services, social care services and third sector organisations, focused on a registered population. They form the building block of a wider new model of care. It tests and widens new skills and roles, empowering and engaging staff to work in different ways within teams – across primary and community-based services, including increased use of pharmacists, community paramedics and working with the third sector. It empowers and supports patients and their carers, to give them the knowledge, skills and confidence to manage their own condition and providing support for the population to stay well and prevent future ill-health. This model has been developed in Crawley, Horsham and Mid Sussex and will be rolled out across other areas targeting services for different groups of patients.
- Health in Housing Memorandum of Understanding (MOU) – Build on our Health in Housing Memorandum of Understanding (MOU) for organisations in West Sussex to co-develop and make a collective commitment towards the use of housing to improve the long-term health and wellbeing of our communities has been developed and agreed. Our priorities have been set around: Extra Care Housing, Supported Accommodation, enabling people to remain in their homes longer
- Develop our integration ambition to set out how our current integrated models come together and to develop a single vision. We will build on the principles of co-production with the voluntary sector which were developed in 2019. We will develop a roadmap for how our integration model will grow, integrating more and more services over time. The benefits sought for our community include:
 - The person is treated not a condition.
 - Better joined-up, seamless care, with less handoffs.
 - Better anticipatory and preventative care.
 - Tailored services that meet the need of the community.

3.20 For 2021/22, the core BCF-funded services are largely unchanged from the previous year although they provide a building block for our integration ambitions and will develop further as part of our transformation journey.

4 Supporting Discharge (National Condition 4)

- 4.1 Our priorities and supporting plans for discharge have been developed and agreed under the place-based West Sussex Health and Care Partnership Plan 2021/22. The Partnership allows for shared decision-making and responsibility, whilst sustaining the sovereignty and statutory accountability of each individual organisation. It brings together local leaders from primary care, acute providers, our community providers, our mental health provider, West Sussex County Council, and NHS West Sussex Clinical Commissioning Group.
- 4.2 Building on lessons learned from the Covid-19 pandemic, we will transform the models of admission avoidance and hospital discharge, integrating services across health and social care, to provide the most effective preventative and reablement support.
- 4.3 As part of our pandemic response, care hotels were established as a new destination on discharge from acute care as a short-term measure during the second surge, to support reducing the length of stay for people in hospital and we introduced a new way of working with some of our Extra Care providers to support discharge.
- 4.4 We created a Combined Placement and Sourcing Team, part-funded by the Better Care Fund, under our Community Response and Reablement programme to develop a consistent approach to co-ordinating and accessing the care market of the wider health and social care community, ensuring patients can be discharged in a timelier way.
- 4.5 For Community, our Key Transformational Priorities for Community for 2021-22 and 2022-23 include:
- Community Response and Reablement – We are transforming the models of admission avoidance and hospital discharge, integrating services across health and social care, to provide the most effective preventative and reablement support, including:
 - To continue to test the Discharge to assess model including a single Discharge Hub across all acute flows under the temporary national hospital discharge programme.
 - As the national Hospital Discharge Programme is temporary, we will need to establish a means to continue funding this new model of discharge more sustainably in order to make it a long-term commitment.
- 4.6 For Community, our Priorities and Deliverables for Community for 2021/22 include:
- Combined Placement and Sourcing Team – develop a consistent approach to co-ordinating and accessing the care market of the wider health and social care community, ensuring patients can be discharged in a timelier way
 - To continue testing the model and find establish a means to sustainably embed this, ensuring lessons learnt are addressed or supported in any future model once temporary national funding ends.
- 4.7 Within Urgent Care, Significant focus has been given to supporting patient flow and reducing pressure on urgent care services through focusing on people in our hospitals who are medically ready for discharge after an acute admission. We have set ourselves a shared ambition to minimise the length of time a person is waiting for their supported discharge from hospital once they are medically ready

to leave. The ambition is to reduce the time that patients spend waiting with a focus on working collaboratively to improve system and processes to reduce delays.

4.8 Our Priorities and Deliverables for Urgent Care for 2021/22 include:

- Continue to implement the Medically Ready for Discharge Action Plan which sets out a number of improvement opportunities across the system, including an ambition to further develop the Discharge to Assess (D2A) model and discharge processes in a sustainable way, including discussions in relation to ensuring there is sufficient and responsive community capacity.

4.9 In addition to Combined Placement and Sourcing Team, the Better Care Fund supports a wide range of activity supporting safe, timely and effective discharge. This includes reablement services, Technology Enabled Care, Community Equipment, core social care services, and the Improved Better Care Fund.

4.10 Home First (HF) continues to be a focus for the West Place System and ongoing review and development will ensure as many patients as possible are discharged home from a stay in an acute hospital or community bedded setting. HF underpins our delivery of a Discharge to Assess (D2A) approach, enabling patients to come home as soon as they are medically ready, with support wrapped around them by joint Health and Social Care service. The HF service will be in place for up to 10 days, delivering therapeutic and care interventions to allow full, appropriate assessments to take place in someone's own home.

4.11 Over the 2 years the HF service has been in place, we have seen the number of patients returning home increase and the number being discharged into a community bed decreasing. We are aiming to build on this trend and continue to reduce the number of days a patient is waiting to go home from an acute setting once they are medically ready to. The key contracts commissioned for HF, which include block care hours and the core Responsive Services contract, are being reviewed and work being undertaken with the market to increase the capacity available.

4.12 The key challenges come from the market, being able to supply enough domiciliary carers, therapists and care assistants to meet the demand coming through. To better understand these gaps and gain clarity on the financial requirements, a large piece of 'demand and capacity' work is being undertaken across the clinical pathways, working with all stakeholders to ensure HF services are adequately resourced. In addition, a suite of Key Performance Indicators and Return On Investment are being developed to better demonstrate the longer-term benefits of the HF pathways.

4.13 As noted for the Expenditure Plan, the West Sussex partners have prepared a Winter Plan. This involves using part of the Winter Pressures Grant to procure additional domiciliary care capacity to enable flow through the system. In turn that supplements the investment which is being funded in hospital discharge services. These ensure that people who are medically fit for discharge from hospital and do not require 24-hour care are supported to return home.

5 Disabled Facilities Grant and Wider Services

5.1 There is a local agreement, encapsulated in a formal partnership agreement, which sets out how the upper-tier local authority and 7 West Sussex district and borough councils will work together. This allows funding to be top sliced to fund

the DFG project and the two countywide services, Minor Adaptations & Repairs, and Deep Clean and Clearing.

- 5.2 The project governance includes a multi-agency Working Group and Steering Group, overseen by the Chief Executives Board, who propose funding after the top slice is made. An annual update report is also taken to the West Sussex Leaders and Chief Executives Group.
- 5.3 A Memorandum of Understanding (MoU) which sets out the objective of joint working across the county. The overarching goal of the MoU is for the county to become an exemplar of good practice in joint working between Health, Housing and Social Care to deliver the best outcomes possible for the vulnerable households reliant on these services in West Sussex. Under this MoU we will:
- Build on Strengths
 - Take a whole systems approach
 - Design, develop and deliver together
 - Be focused, efficient and valued
 - Be outcome based
- 5.4 This opportunity has been born from the formation of the West Sussex Health and Care Partnership Executive, which represents senior leaders from health and care working together to deliver change and develop partnership arrangements. The West Sussex Health and Care Partnership has given its unanimous support to the proposal that local NHS partners work together with all the West Sussex Local Authorities, as well as a wider stakeholder group, to develop a health in housing memorandum of understanding.
- 5.5 As a member the West Sussex Health and Care Partnership Executive, West Sussex CCG is responsible for ensuring health care resources are best allocated to meet the population health needs of West Sussex, in an equitable way that includes patient and public involvement. The CCG recognises the important role of housing in long term health outcomes and as a preventative factor in avoiding or delaying deterioration of health and escalation of care. The CCG will work with local health and care partners to provide place-based leadership, expertise and system coordination in the delivery of health services across communities, including how support is provided to people in their homes.
- 5.6 The countywide West Sussex Disabled Facilities Grants Policy 2020 – 2024 covers all 8 authorities in West Sussex. It brought in the ability to implement practical examples of the joint working with health and social care and a range of discretionary grants for example hospital discharge grants. These have made a real difference to the speed at which residents can return home after hospital, discharge to assess beds and respite placements. This grant can also be used to prevent hospital admissions.
- 5.7 Joint visits to residents' homes are regularly undertaken with housing health and social care teams and this is particularly vital in complex cases. For school age children at specialist schools this also includes the school OTs, physios and medical staff.
- 5.8 The WSCC Independent Living Teams and the Local Authority Grants teams/Home Improvement Agency (HIA) undertake regular joint training and update sessions with colleagues from hospital discharge units and hospital OT teams alongside specialist contractors and suppliers.

- 5.9 The roll out of the Safe and Habitable Homes approach focuses on a resident's home environment, covering a wide range of factors for example fire risk, falls risk, substance dependency and misuse, lack of heating, hot water, safe electrics and gas, property condition and repairs, medical and health needs, access and physical adaption needs, self-neglect and hoarding. The home assessment template and supporting process enables assessment of a household and their home environment, giving the option of a 'team around the person approach', and detailed guidance on bringing about change and resolution. Regular Safe and Habitable Homes Forums are held, covering the north and south of the county, where a panel drawn from housing, health, social care, and fire services are able to advise those professionals bringing cases.
- 5.10 The local authority housing standards, and grants teams, and the HIA offer a holistic approach to residents advising them on moving to 'right size' or for a property more suitable for adaptation. The county wide policy includes a Moving Home Grant which provides funding to help residents to move to meet their needs more easily.
- 5.11 This advice also includes help and advice with property condition and repairs issues, landlord and tenant responsibilities for rented homes, pest control and pets. Residents can be signposted to benefit services and agencies such as the Citizens Advice Bureau. In addition, HIA signpost for a wide range of enquiries which never get as far as a case.

6 Equality and Health Inequalities

- 6.1 West Sussex is one of the least deprived areas in the country, ranked 129th of 151 upper tier authorities (1 being most deprived, 151 being least deprived), with a relatively high life expectancy, low unemployment, low child poverty rates and an outstanding natural environment and rich cultural assets. However, this masks the health inequalities within the county, with some areas ranking amongst the 10% poorest neighbourhoods in England. We know that the environment in which people are born, grow, live, work and age have a profound effect on the quality of their health and wellbeing. Many of the strongest predictors of health and wellbeing, such as social, economic and environmental factors, fall outside the healthcare setting. These wider determinants of health have a significant impact and the poorest and most deprived are more likely to be in poor health, have lower life expectancy and more likely to have a long-term health condition or disability.
- 6.2 Many health inequalities exist within the county. We will prioritise the improvement of healthy life expectancy through tackling the key health inequality related conditions and ill health relating to CVD, respiratory and cancer. We will utilise approaches such as tobacco control, cancer screening and health checks and work together with key stakeholders across the area to target our activity and resources where it is needed most based on local epidemiology and evidence of what works. We will make care more personalised so that people can access health and care services that are more tailored to their needs, make sense to them and focus on what really matters in their lives.
- 6.3 The increased negative impact and risk of the COVID-19 infection on the BAME communities is still being understood and assessed by government, health services and academics. However, the Marmot Review¹ highlighted that people living in deprived areas and those from a BAME background were not only more likely to have underlying health conditions because of their disadvantaged

backgrounds, but they were also more likely to have shorter life expectancy as a result of their socioeconomic status, the social determinants of health. Research and activity is currently underway across Sussex, focusing upon areas such as Crawley where there is a larger BAME population, to better understand how experience of accessing health services, along with life circumstance and how health promoting activities are disseminated play a part in the poorer health outcomes for BAME populations.

- 6.4 The diversity across West Sussex means that a model of prevention and reducing health inequalities that is based upon District and Borough geographies can be more effective in targeting local priorities than taking a West Sussex wide uniform approach. A strong partnership approach provides the best opportunity to tackle inequalities and develop effective preventative approaches. The experience of working together during the Covid19 response to tackle a common goal has highlighted how effective this can be. At the same time the unequal impact of the virus upon disadvantaged groups within the population, most notably BAME communities, has renewed ambition to tackle inequalities. The development of Local Community Networks builds on previous local partnership models that proved the concept of benefit of primary care working more closely with local government and voluntary sector colleagues within District and Boroughs, as well as local communities themselves. Current examples of priority areas of joint activity include inequalities in cancer screening and outcomes; young people's mental health – supporting parents and families; and a multi-agency approach to CVD in a small defined deprived housing estate. It is expected that these early examples will provide the way for broader sets of priorities for local community networks.
- 6.5 Our place-based plan, developed since the last Better Care Fund plan, recognises that the unequal impact of Covid-19 on our community has highlighted the need for post Covid recovery activity that improves the wider determinants of health, where:
- Disproportionate economic impacts on women, black, Asian, and minority ethnic (BAME), and disabled people.
 - Disproportionate impacts of the virtual classroom.
 - Disproportionate impacts upon low-income communities.
 - Barriers to accessing support and following guidelines due to lack of trust and confidence in statutory service provision and information, especially for some BAME communities including migrants.
 - Digital exclusion, including from digital health appointments, particularly for older people and those in poverty, from across all communities, but especially those for whom English is not a first language.
 - Specific issues around isolation and impact on mental wellbeing and increased frailty.
 - Heightened health concerns for BAME, LGBTQ, and disabled people.
 - The impact upon the mental health of young people.
 - The safety of women during the lockdown period, particularly relating to domestic abuse and housing provision.

Agenda Item 12

Appendix 3

- The reduced uptake of Covid19 vaccinations by some ethnic minority and some migrant communities and potential lack of trust in Test and Trace systems.
- 6.6 We will ensure coordinated actions are driven forward to address the wider determinants of health to 'build back fairer' and mitigate against further widening. Therefore, we will work with local communities to target provision where it is needed, based on the local epidemiology and evidence of what works.
- 6.7 Our vision and goals describe our shared system vision to tackle the gaps in healthy life expectancy between people living in the most and least disadvantaged communities.
- 6.8 We will prioritise the improvement of healthy life expectancy through tackling the key health inequality related conditions and ill health relating to CVD, respiratory and cancer. We will utilise approaches such as smoking, cancer screening and health checks and work together with key stakeholders across the area to target our activity and resources where it is needed most based on local epidemiology and evidence of what works.
- 6.9 We know that addressing those inequalities is often and best done at place level – the closest point to our communities. Across West Sussex, local communities, and primary care networks, we will further develop our working with communities to co-design and deliver local targeted actions. Our approach to tackling health inequalities will be:
- To plan and deliver actions to address health inequalities with our partners across Sussex, at place and in neighbourhoods through a combination of civic-level interventions, service-based interventions, and community-centred interventions.
 - To change the way we commission and provide service, with a renewed focus on reducing health inequalities at the centre of everything we do, including:
 - Proportionally targeting our resource to match the needs of individuals and communities to reduce the gap in life expectancy and to increase the quality of life, ensuring resources and delivery are in line with need, which may result for example in increasing resources for providers in more deprived areas in comparison to less deprived areas.
 - Having robust mechanisms to reach, hear from and better understand people and communities' experiences.
 - Ensuring services are informed by both peoples' and communities' needs and assets.
 - Connecting our knowledge of local health inequalities with front line service delivery.
 - Taking action for people from pre-conception to after-death.
 - To recognise that delivering action to reduce health inequalities takes time, which is often in conflict with our funding arrangement and that we must continue to strengthen relationships with local authorities, the voluntary sector, local people and communities to address this.
 - To acknowledge that the need to act is urgent and the moral, social, economic and physical case for change is stronger than ever. By accepting

this, commit to act swiftly and ensure we take meaningful action to address inequality as a core element of all aspects of our work.

6.10 Our key shared priorities for addressing health inequalities are:

- Smoking in outlying areas – We will build on the work of the Smoking Cessation programme to understand how to best focus on the outlying areas, developing the targeted approach further. West Sussex Public Health’s smoking cessation programme supports all residents for treatment of tobacco dependency. It is complemented by the West Sussex tobacco control plan (2019 – 2022), which addresses tobacco control across the West Sussex area.
- Cancer access – We will develop a tailored plan to tackle late presentation by understanding the reasons and barriers to accessing early diagnosis.
- Physical health checks and for people living with serious mental illness or learning disabilities - We will develop further our primary care communications, voluntary and community sector support, our local commissioned services and a clinically led training and education programme in primary care. We will achieve maintain the 60% national standard by December 2022 of adults on the SMI register and we will increase up to achieve and maintain 75% on adults on the LD register.

6.11 Working as part of the Sussex ICS programme, the delivery priorities for 2021/21 are:

- We will establish a Health Inequalities Steering Group in West Sussex Place, which will work within the ICS Health Inequalities Programme to oversee delivery of the BAME recommendations as part of wider health inequality objectives.
- As part of the wider Sussex Local Commissioned Service review, we will ensure that any unwarranted variation that currently exists across West Sussex is addressed and known areas of inequalities, demonstrated through the intelligence produced by our Population Health management programme, is a key area of focus for these contracts.
- Population Health Management activity in Crawley will be further developed
- West Sussex wide information, learning, engagement, reporting and governance structures will be finalised and agreed with partners in order to produce a locally sensitive but countywide approach to tackle health inequalities. Local project outcomes will be fed into a countywide outcomes matrix.
- The work addressing inequalities amongst BAME communities will expand across West Sussex, building on the existing work in more densely BAME populated areas to ensure that further inequality is not created.
- Spread and scale the 6 core components of personalised care, namely Shared Decision Making, choice, Personalised Care and Support Planning, Supported Self-Management, Personalised Care and Community-Based Support and Personal Health Budgets.
- Further work in relation to Social Prescribing will include work to ensure that the various services are strategically supported to promote equity of access. Work will also include finalisation of a West Sussex wide service model and accompanying work over the next 18 months to align to the local neighbourhood community network development.

Agenda Item 12

Appendix 3

- Continue to engage with key communities and work to tackle known inequality in Covid19 vaccine uptake by, working with BAME communities and Faith groups to address vaccine hesitancy.

6.12 The benefits sought for our community include:

- Increased quality of life.
- Improved health outcomes.
- Live longer for many people.
- Earlier detection of health conditions that can then be treated or managed more effectively.

6.13 As we develop at place, services funded by the Better Care Fund will further align with our priorities. For example, we will undertake further work in relation to Social Prescribing to ensure that the various services are strategically supported to promote equity of access.

6.14 The West Sussex BCF schemes are subject to the requirements of the partner organisations in respect of Equality Impact Assessments currently at scheme-level. As we develop at place into 2022/23 and beyond, any review and restructuring of our BCF programme will require refreshed Equality Impact Assessments.

6.15 We will utilise the data available on age and ethnicity within the Discharge Indicator Set to analyse and report on inequality of outcomes, and further explore this in relation to the other Better Care Fund national metrics, including the interface with our developing key performance indicators for addressing inequalities.

Contact: Paul Keough, Better Care Fund Manager, West Sussex Clinical Commissioning Group and West Sussex County Council, 07920 817577, paul.keough@nhs.net

Health and Wellbeing Board (HWB) Work Programme 2022/2023						
Meeting Date		27-Jan-22	28-Apr-22	07-Jul-22	03-Nov-22	26-Jan-23
Items	Lead Contact					
Impact of Covid19 on Homeless Population	Natalie Brahma Pearl		√			
Health and Care Systems Pressures	Pennie Ford/Keith Hinkley	√				
Health Inequalities	Pennie Ford/Keith Hinkley		√			
Disabled Facilities Grant Date TBC	Natalie Brahma Pearl					
Learning Disabilities Awareness Annual Review	Keith Hinkley/Mike S Smith				√	
Annual Reports/Actions						
Terms of Reference	Erica Keegan					
Public Health Annual report	Alison Challenger					
Joint Health and Wellbeing Strategy Annual Review	Alison Challenger					
Safeguarding Adults Annual Report	Annie Callanan and Julie Phillips					
Safeguarding Childrens Annual Report	Lucy Butler					
West Sussex Health Protection Grps Annual Report	Alison Challenger					
Public Health Annual Report	Alison Challenger					
HealthWatch Annual Report	Sally Dartnell					
Pharmaceutical Needs Assessment	Jacqueline Clay	√				
Joint Strategic Needs Assessment	Alison Challenger					
Standing Items						
HWB - Local Outbreak Engagement Board	Alison Challenger	√	√	√	√	√
HWB - Children First Board	Cllr Jacque Russell/Lucy Butler	√	√	√	√	√
Better Care Fund Monitoring	Paul Keogh/Chris Clark	√	√	√	√	√
Public Forum	Chairman	√	√	√	√	√
Public Health Update	Alison Challenger	√	√	√	√	√
Integrated Care System (ICS)	Chris Clark/Keith Hinkley/ Pennie Ford	√	√	√	√	√
HWB Prep Timetable						
Pram		12-Jan-22	07-Apr-22	17-Jun-22	12-Oct-22	05-Jan-23
Date of HWB Meeting		27-Jan-22	28-Apr-22	07-Jul-22	03-Nov-22	26-Jan-23
Venue (ALL TBC)		MS Teams	County Hall Chichester	County Hall Chichester	County Hall Chichester	County Hall Chichester
Final Papers for Despatch		18-Jan-21	20-Apr-22	29-Jun-22	25-Oct-22	17-Jan-23

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