

Public Document Pack

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26 October 2022

West Sussex Health and Wellbeing Board

A meeting of the Committee will be held at **10.30 am** on **Thursday, 3 November 2022** at **County Hall, Chichester, PO19 1RQ.**

The meeting will be available to watch live via the Internet at this address:

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

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Agenda

10.30 am 1. **Chairman's Welcome** (Pages 5 - 8)

In his welcome, the Chairman will refer Board Members to the attached West Sussex Health and Wellbeing Board Terms of Reference which have been amended to include the arrangements for the new Sussex Integrated Care System that came into force on 1 July 2022.

10.35 am 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 9 - 18)

The Board is asked to confirm the minutes of the meeting of the Health and Wellbeing Board held on 7 July 2022.

10.50 am 5. **Public Forum**

The Board invites questions and comments from the public

observers present at the meeting. Those with more complex issues are asked to submit their question before the meeting (ideally several days) in order to allow a substantive answer to be given. Contact Erica Keegan on 033 022 26050 (a local call) or via email: erica.keegan@westsussex.gov.uk

- 11.00 am 6. **Children First Board** (Pages 19 - 24)
- 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.
- 11.10 am 7. **Public Health Update**
- The Director of Public Health will provide a verbal update on current public health matters.
- 11.25 am 8. **West Sussex Joint Health and Wellbeing Strategy 2019-2024 - Cost of Living Report** (Pages 25 - 28)
- The Public Health Specialty Registrar will present a report to the Board on cost of living pressures, and potential impacts on our local population's health. A proposed strategic approach and principles to tackle this countywide will be presented to the Board with a Recommendation for inclusion as an addendum in the West Sussex Joint Health and Wellbeing Strategy 2019-2024.
- 11.40 am 9. **Integrated Care System**
- The Assistant Director (Integrated Health) will provide a verbal update to the Board on the implementation of the local Integrated Care System and progress on the development of the Integrated Care Strategy for Sussex.
- 11.50 am 10. **Better Care Fund Monitoring Quarter 1 2022/23** (Pages 29 - 70)
- This report presents the West Sussex 2022/23 Better Care Fund Plan and Capacity and associated Demand Plan for approval and summarises performance against the Better Care Fund national metrics for Quarter 1 2022/23.
- 12.00 pm 11. **Work Programme** (Pages 71 - 72)
- 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.

12.10 pm 12. **Date of next Meeting**

The next meeting of the Board will be held at 10.30 am on 26 January 2023.

To all members of the West Sussex Health and Wellbeing Board

Webcasting

Please note: this meeting is being filmed for live and subsequent broadcast via the County Council's website on the internet. The images and sound recording may be used for training purposes by the Council.

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

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West Sussex Health and Wellbeing Board

Purpose of the West Sussex Health and Wellbeing Board

Health and Wellbeing Boards are central to the objective of an integrated approach to health and social care.

Established and hosted by local authorities, health and wellbeing boards bring together the NHS, Public Health, Adult Social Care and Children's Services, other partners, including elected representatives and Local Healthwatch to plan how best to meet the health and wellbeing needs of their local population and tackle local inequalities in health.

The West Sussex Health and Wellbeing Board (HWB) is established to meet the requirements of the Health and Social Care Act 2012 and The Health and Care Act 2022. It is a strategic board which brings together elected members, leaders from the NHS, local authorities, Voluntary Sector and other partners to work together to:

- Improve the health and wellbeing of the residents of West Sussex
- Reduce health inequalities of the residents of West Sussex
- Promote the integration of health and social care services in West Sussex
- Promote joint working across health and care organisations
- Set the strategic direction to improve the health and wellbeing of people locally

Members:

West Sussex County Council

- Cabinet Members whose portfolio responsibilities include:

- Public Health
- Health and Adults' Services
- Children and Families Services

Note: the relevant Senior Adviser may attend in place of the Cabinet Member

- **Directors with commissioning responsibility for:**

- Public Health
- Adults' Services
- Children's Services
- Community Development

West Sussex District and Borough Councils:

Three representatives- elected members or council officers, from different district and borough councils from the north and south of the county

(representing both urban and rural areas) nominated by the districts and boroughs.

NHS Integrated Care Board:

- Three Representatives of NHS Sussex – Chief Delivery Officer, Executive Lead and Clinical Lead

Voluntary Sector:

- Three representatives from the Voluntary Sector nominated by the Voluntary Sector through arrangements made by relevant organisations across the county, consisting of two voting representatives plus a non-voting 'open seat' to give expert/subject specialist advice to the two core members, as and when required.

Healthwatch:

- One representative

NHS Providers:

one representative from each of:

- NHS Sussex Partnership Foundation Trust
- NHS Sussex Community Trust
- University Hospitals Sussex NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust

Observers with speaking rights (Non-Voting):

one from

- West Sussex Health and Adult Social Care Scrutiny Chairman
- Sussex Police and Crime Commissioner or nominated representative
- Chairman of Safeguarding Adults Board (SAB)
- Chairman of Local Safeguarding Children's Partnership (LSCP)

Terms of Reference

1. To provide strategic, system-wide Leadership to promote health and wellbeing and reduce health inequalities in West Sussex.
2. To provide a forum for local democratic and public accountability of the NHS, Public Health, social care for adults and children and other commissioned services that the Health and Wellbeing Board agrees are directly related to improving health and wellbeing and reducing health inequalities in West Sussex.
3. To promote integration, trust and partnership working between the NHS and local government and other local partners through joint working with commissioners and providers of services that impact on health and the wider determinants of health and wellbeing.

4. To jointly develop and approve the Joint Strategic Needs Assessment (JSNA) and ensure it is a key evidence base to inform strategic decisions of the Health and Wellbeing Board and its constituent organisations.
5. To develop and agree a Joint Health and Wellbeing Strategy (JHWS) for West Sussex and to review the effectiveness and scope of integration across the health and social care system in the county.
6. Support and contribute to the work of the Sussex Health and Care Assembly (the Integrated Care Partnership) to ensure it builds on and aligns with the priorities and goals of the Joint Local Health and Wellbeing Strategy and JSNA, particularly through the development and implementation of the Integrated Care Strategy for Sussex.
7. To establish a relationship with other partnerships such as the parties to Joint Commissioning Arrangements, district-level wellbeing partnerships, Safeguarding Boards/Partnerships and the Safer West Sussex Partnership.
8. To consider the effectiveness of health partnership arrangements so as to ensure there is no duplication of activity in relation to areas of shared responsibility.
9. To propose recommendations regarding the work of the Health and Wellbeing Board to constituent member organisations and those they represent.
10. To direct issues to and receive reports from the County Council's Health and Adult Social Care Scrutiny Committee and the Sussex Health and Care Assembly where relevant to the work of those bodies.
11. To review the commissioning plans of the NHS Integrated Care Board and provide an opinion on whether these contribute to the delivery of the Joint Health and Wellbeing Board Strategy and the Integrated Care Strategy.
12. To provide advice, assistance or other support as the Board thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 of the National Health Service Act 2006 (arrangements between NHS bodies and local authorities for joint service provision, commissioning arrangements and pooled budgets).
13. To undertake and keep up to date the Pharmaceutical Needs Assessment.
14. To carry out any other function that may be delegated to the County Council under section 196(2) of the Health and Social Care Act 2012.
15. To provide an opinion on whether the County Council is discharging its duty to have a regard to the JSNA and the JHWS in the exercise of its functions.
16. To review and approve any other plans or strategies that are required either as a matter of law or policy to be approved by the Board .

Accountability

- The Board is a committee of the local authority and for the purposes of any enactment is to be treated as if it were a committee appointed by that authority under section 102 of the Local Government Act 1972. It is accountable for its statutory functions to the statutory bodies which are required to nominate representatives to it.

Conduct of Meetings

The Health and Wellbeing Board will meet in public and its agenda and minutes made public accordingly.

Quorum

The Board is quorate when there are five members of the Board present and at least one representative from each of:

- West Sussex County Council (Elected Member, Chairman or nominated Deputy)
- NHS Sussex Integrated Care Board
- West Sussex County Council Director

Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate board meeting before they take effect.

Chairman/Chairing the meetings

The Chairman of the Health and Wellbeing Board will be one of the County Council's Cabinet Members to be appointed by the County Council.

Voting

In any circumstance where a decision is required the Chairman shall strive to ensure a consensus is achieved. If a vote has to be taken, in the event of equality of votes, the Chairman shall have a second or casting vote. All members of the Health and Wellbeing Board will be entitled to vote apart from Observers.

Terms of Reference Review

The terms of reference will be reviewed by the Board annually and when required to ensure the Board remains fit for purpose and is able to respond to changes affecting partner organisations and partnership arrangements.

West Sussex Health and Wellbeing Board

7 July 2022 – At a meeting of the West Sussex Health and Wellbeing Board held at 10.30 am at Council Chamber, County Hall, Chichester, PO19 1RQ.

Present: Cllr Bob Lanzer (Chairman)

Cllr Amanda Jupp, Cllr Duncan Crow, Cllr Garry Wall, Alan Sinclair, Alison Challenger, Emily King, Chris Clark, Natalie Brahma-Pearl, Catherine Howe, Helen Rice, Jess Sumner, Claire Howell and Katrina Broadhill

Also in attendance: Julie Phillips, Marie Foley, Dr Andrew Heeps and Dominic Ford

Apologies were received from Cllr Jacquie Russell, Lucy Butler, Annie Callanan, Pennie Ford, Dr Jane Padmore, George Findlay and Siobhan Melia

Part I

12. Chairman's Welcome

12.1 In welcoming everyone to the meeting the Chairman outlined the following updates;

- Board members noted that the way health and care works across Sussex (East Sussex, West Sussex, Brighton & Hove) changed last Friday, 1 July, with organisations including West Sussex County Council, formally becoming part of an Integrated Care System (ICS) for Sussex, having been a partner in the ICS since April 2020.
- Board Members were informed that with the Health and Care Act 2022 coming into law this April, two new statutory entities are now in place; the Integrated Care Board (ICB), to be known as NHS Sussex, and the Integrated Care Partnership (ICP), to be known as the Sussex Health and Care Assembly. Both would have duties to consider Health and Wellbeing Board plans, and Joint Strategic Needs Assessments and health as well as wellbeing strategies which will set the evidence base and strategic framework to identify priorities for each place within the ICS.
- The Chairman of the Health and Wellbeing Board confirmed that he is the Council's representative on the Sussex Health and Care Assembly, and Alison Challenger, Director of Public Health, is the representative on the Integrated Care Board, as a Partner Member, for all three local authority Directors of Public Health.
- The Chairman also highlighted that the Health and Wellbeing Board had published its draft Pharmaceutical Needs Assessment (PNA) in line with its statutory duty, and was seeking feedback from organisations, community groups, and residents with an interest in local pharmaceutical services. The consultation commenced on Monday, 20 June and would run until Sunday, 28 August.

12.2 The Chairman informed Board Members that as a consequence of the end of the West Sussex Clinical Commissioning Group, Board representation had changed and Dr Laura Hill had stood down. The Chairman thanked Dr Laura Hill for her many years of valuable service as a member of the West Sussex Health and Wellbeing Board which has been greatly appreciated.

13. Declaration of Interests

13.1 There were no Declarations of Interest.

14. Minutes

14.1 In receiving the minutes of the last meeting taken on 28 April 2022, comment was made that the Cost of Living implications had not been covered in the preparation work for the July meeting as the minutes had recorded under the Work Programme Item; Minute 10.2 ii. An Action Log was suggested to accompany future minutes to ensure items were not overlooked.

14.2 Resolved – that the minutes of the meeting held on 28 April 2022 are approved as a correct record and are signed by the Chairman.

15. Public Forum

15.1 It was noted that the Board had received two questions from members of the public that would be dealt with outside of the meeting as they did not meet with the Board's jurisdiction. It was confirmed that the questioners would be provided with a written response that also informed when the relevant topics would be addressed at the Health and Adult Social Care Scrutiny Committee (HASC).

16. Children First Board Report

16.1 The Board considered a report by the Children First Board. The following points were covered in discussion:

- In the period since the last report to the Health and Well-Being Board, the draft Children and Young People's Plan with an accompanying survey had been put out for consultation. The consultation process started on April 4th, 2022 and would finish on June 26th, 2022. The primary focus of the survey was to find out what those who engage with it think about its proposed content; whether it is easy to understand; whether they feel the focus is on the right things; the format of the final plan and whether, and how they would like to be involved in helping us to evaluate the impact of the Plan on the lives of children and young people and their families.
- To facilitate the engagement of children and young people with the draft plan and secure their views it was noted that a child and young person friendly version of the plan had been

- generated, with the help of some young people, with questions designed specifically for them to answer.
- Feedback had provided the Children First Board with a wealth of suggestions and ideas regarding what else might be included: either as priorities e.g., the suggestion that SEND (Special Educational Needs and Disability) should be a priority in its own right; or included in plans for implementing the priorities e.g. in relation to partnership working the suggestion that we need to continue to consider how work remains collaborative and engaged with children, young people, families and other stakeholders (building on collective strengths).
 - Board Members were informed plans from July 2022 onwards would include strategies for bringing partners, children and young people, parent carers and families together to workshop how priorities in the plan are delivered and monitor and evaluate the impact of activities.
 - The Chief Executive, Age UK West Sussex asked that the voice of the 2,400 young carers in West Sussex be included in the survey and plans.
 - The Chief Executive, Adur and Worthing Councils raised concerns with respect to youth violence and how plans could be adapted to address these concerns. It was confirmed that the plan would be flexible and interactive.
 - Following a request from the Cabinet Member for Adults Services, it was agreed that when results of the survey had been collated and reviewed that this would be presented to the Health and Wellbeing Board.

16.2 Resolved – that

- i. the report be acknowledged and feedback provided on the progress of the Children First Board since its last quarterly update in April 2022, in particular, the development of the draft Children and Young People’s Plan (CYPP), which has gone out to consultation with an accompanying survey; and
- ii. support be continued by the Health and Wellbeing Board, as key systems leaders across the county’s health and social care system, for the Children First Board to maximise its collective strength and helping to achieve its goals.

17. West Sussex COVID19 Local Outbreak Engagement Board Report

17.1 The Board received the regular quarterly update on the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) from the Director of Public Health.

17.2 It was noted that the LOEB had met once (22 April 2022) since the last formal update to the West Sussex Health and Wellbeing Board in April 2022 and was due to meet again in September 2022. Meetings had moved to 3 monthly following lower infection rates.

17.3 In receiving this report the Board;

- were informed that planning was in progress for Covid-19 booster vaccinations in the Autumn but the priority groups were not yet known. The Director of Public Health would make the position clear as soon as the detail was known.
- asked about Winter Planning and noted that a flu vaccine programme was also being developed using learning from the Covid-19 vaccination programme on how to extend community reach.
- understood that the NHS was reverting back to the wearing of masks in health care settings and there may be a need for Public Health to reassess the council's own risk assessments.
- agreed the term 'post pandemic' was misleading and the chairman reminded that Covid-19 vaccinations were still available for the unvaccinated.

17.3 Resolved that –

- i. feedback be provided 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 April 2022; and
- ii. consideration be given to how the LOEB can continue to engage with residents and communities across West Sussex, maximising its collaborative strength as we continue progressing through the 'Living with COVID-19' phase of the pandemic.

18. Public Health Update

18.1 The Director of Public Health provided the Board with a verbal update on Public Health matters. Key points raised were:

- The pandemic had reached the 'Living with Covid-19' Stage with Omicron variants BA4 and BA5 being responsible for most of the Covid-19 infections in Sussex at present. These variants were noted as more transmissible which was impacting on work force availability and hospital admissions. Most positive cases had been reported in the 50 – 69 year old age group.
- With organisations including West Sussex County Council, formally becoming part of an Integrated Care System (ICS) for Sussex, the Director of Public Health had attended the first meeting of the Integrated Care Board held on 6th July 2022. The Integrated Care Strategy would be informed by the Health and Wellbeing Board Strategy and Joint Strategic Needs Assessments which will set the evidence base and strategic framework to identify priorities for each place within the ICS.
- Smoking cessation was highlighted as a primary focus for Public Health as smoking remained a key contributor to mortality rates. This was reflected in the recent Notice of Motion presented to and agreed at Full Council on 27th May which supported Cancer

Research UK's calls for a Smokefree Fund (a fixed annual charge on the tobacco industry), making them pay for the damage their products cause without having any influence on how the funds are spent) to fund local tobacco control work as part of its efforts to tackle health disparities.

- Public Health had been successful in receiving funding from the Department of Health to help improve the lives of those affected by alcohol including children. Public Health had received additional funding from the NHS to provide early support and expand the existing service.

18.2 In discussing this update Board Members;

- agreed that ICS arrangements would be a Standing Item on the Health and Wellbeing Board's agenda
- requested that vaccine information (Seasonal Flu and Covid-19), including news on priority groups, be updated on the council's website as soon as possible.

19. Public Health Priorities 2022/23 (West Sussex Joint Health and Wellbeing Strategy 2019-2024)

19.1 The Board received a presentation (copy tabled at the meeting and appended to the agenda available on the website) on the Board's Joint Health and Wellbeing Strategy 2019-2024, including the impact of Covid-19 and health inequalities, the role of the Health and Wellbeing Board, and the development and implementation of the Integrated Care System (ICS) for Sussex and how it will interface with Health and Wellbeing Board's to identify priorities for each place within the ICS.

19.2 In discussing the presentation the Public Health Priorities 2022/23 (West Sussex Joint Health and Wellbeing Strategy 2019-2024) were considered and the Board;

- requested data on progress with health matters, taking the pandemic into consideration, such as access to clinics for pregnant women and social isolation, to provide the Joint Strategic Needs Assessment (JSNA) with a clearer overview. It was agreed that Performance Indicators could feed into qualitative work on outcomes. Evidence was starting to emerge that there was a sharp increase in childhood obesity last year, late diagnosis of Cancer and increased levels of mental health needs.
- noted that Public Health performance data on measures such as healthy weight and vaccination rates were regularly reported to the Health and Adult Social Care Scrutiny Committee.
- pointed out that the Health and Wellbeing Board Strategy required an update with respect to the Cost of Living crisis so that support work is able to progress. It was agreed that as the Strategy was written 3 years ago it was right to consider new relevancies.

- agreed integrated working is necessary to reflect the priorities in the community according to their demographic and tackle health inequalities. This place based work was being carried out but it was noted that West Sussex had unique structures, different workstreams and multiple layers of communication. The Director of Public Health assured that Public Health were working with District and Boroughs and NHS colleagues to tackle health inequalities. Five clinical areas were under review, looking at the health outcomes for the most deprived areas in West Sussex and the associated vulnerable population groups including diagnosis of Cancer, mental health, health outcomes for ethnic minorities and carers.
- assured that Public Health, together with partners, had a good reach into communities with well established Primary Care and Local Community Networks.
- highlighted the need for monitoring outcomes on life expectancy as a clear indicator of health disparities. It was agreed that quality of life as well as its longevity was the priority.
- reflected on the 'Cost of Living' crisis and noted that the demand for the Household Support Fund grant from Central Government was still there. Preventative action and developing strategy to get ahead of the crisis was seen as a key priority. It was recognised that all partners were already undertaking huge amounts of work in an effort to tackle and support those experiencing hardship.
- agreed a Health and Wellbeing Board Seminar in September would be useful to review the Health and Wellbeing Board Strategy in terms of Homelessness and Cost of Living.

19.3 Resolved – that

- i. input be provided on the delivery of the Health and Wellbeing Board's priorities identified within the West Sussex Joint Health and Wellbeing Strategy 2019-2024; and
- ii. progress of the Board's priorities to best meet the health and wellbeing needs of the local population and tackle health inequalities, considering public health policy and current public health priorities, including the impacts of the past two years of the COVID-19 pandemic, be discussed.

20. West Sussex Safeguarding Adults Board Annual Report 2021/22

20.1 The Board received the West Sussex Safeguarding Adults Board (WSSAB) Annual Report 2021/22. This report provided information about the Board and:

- a Safeguarding Adults Review (SAR) Case Study
- the activity and achievements of the Board's subgroups to meet the 2021-212 Board priorities

- Safeguarding Adult Reviews (SARs)
- Safeguarding and Deprivation of Liberty Safeguards data
- Compliments and complaints
- Priorities for 2022-23

20.2 The following key points were highlighted;

- It was noted that following the unprecedented challenges as a result of COVID-19 in 2020/21, the last year had been a continued challenge for both the Board and its partner agencies. In the past year the WSSAB had continued to adapt to new challenges. With the commitment of Statutory Partners, Board Members, and the diligent work of the Board Support Team, these challenges had not prevented the Board in progressing planned work.
- Safeguarding referrals remained steady in 2020/2021. It was noted that the Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act and is a legal measure to protect people who lack capacity to make decisions about their care and treatment. In 2021/22 there were a total number of 6,928 DoLS referrals being progressed.
- The WSSAB undertook a professional survey to seek awareness and understanding of the WSSAB, learning briefings, and podcasts; feedback from this would be taken forward in 2022/23.
- The WSSAB created and published learning briefings and podcasts for the six Reviews published this year. This learning would be taken forward into 2022/23.

20.3 In discussing this report Board Members;

- highlighted the need for care around transitions so that there was a smooth process for handover from 17 to 18. It was noted that the audit for safeguarding cases for people age 17½ to 25 helped the WSSAB to understand key themes and areas for development including making safeguarding personal; case recording; decision-making; professional curiosity; multi-agency working and managing ongoing risk. The majority of actions from the audit recommendations to improve practice in these areas had been achieved.
- the impact on safeguarding that the Cost of Living Crisis could cause was discussed. One focus had been on Scam awareness where work had been undertaken with partners such as Sussex Police but other vulnerabilities such as the need for use of Food Banks were identified. It was confirmed that issues that related to the possibility of an increased Safeguarding risk would be considered by the Multi Agency Risk Management Subgroup and the WSSAB.
- recognised that the WSSAB works well with strong partnership having been developed across Sussex.

20.4 Resolved – that

- i. the Health and Wellbeing Board actively supports the WSSAB's Strategic Plan, to improve prevention services and the experience of adults in West Sussex County Council who are at risk of abuse and/or neglect;
- ii. feedback be provided on how the Health and Wellbeing Board, as representative of the partner agencies, and within the Collaborative Working Agreement, will contribute to the WSSAB's priorities for 2022-23; and
- iii. learning and improvement which interfaces with Adult Safeguarding be shared.

21. West Sussex Safeguarding Adults Board 3 Year Strategy 2022/25

21.1 The Board received the West Sussex Safeguarding Adults Board (WSSAB) three year Strategy 2022/25. It was noted that it is a statutory duty for the WSSAB to have a 3-year Strategy. The WSSAB Strategy for 2022-25 followed the previous Strategy for 2019-22.

21.2 It was noted that the Strategy was based on the six principles of Safeguarding;

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

and the three key strategic objectives were noted as;

- Accountability and Leadership
- Quality Assurance, Learning and Shaping Practice
- Promotion and Engagement

21.3 Board Members were informed that the Safeguarding Adults Annual Business Plan is based on the three Board Priorities for 2022/23. These were considered and decided upon during a bespoke Board meeting in March 2022, where data, learning from Safeguarding Adult Reviews, learning from audits, and work undertaken in 2021/22 was considered.

The three priorities decided upon were noted as:

1. Safeguarding those with complex needs
2. Safeguarding older people
3. Communications and promotions for community engagement

21.3 There were no questions/comments from Board Members.

21.4 Resolved that –

- i. the WSSAB's Strategic Plan, to improve prevention services and the experience of adults in West Sussex County Council who are at risk of abuse and/or neglect, be actively supported;
- ii. feedback be provided on how the Health and Wellbeing Board, as representative of the partner agencies, and within the Collaborative Working Agreement, will contribute to the WSSAB's priorities for 2022-23; and
- iii. learning and improvement which interfaces with Adult Safeguarding be shared.

22. Better Care Fund Monitoring Q4 2021/22

22.1 The Board considered a report by the Assistant Director (Health Integration) which summarised performance against the Better Care Fund national metrics for Quarter 4 2021/22 and provided a brief overview of Better Care Fund (BCF) planning expectations for 2022/23 and beyond, pending publication of delayed guidance. The following key points were made;

- trends showed that more people were receiving care in their homes rather than using residential care which aligned with the council's objective and patient's preference to be able to stay in their own homes for as long as possible. The implementation of the council's Home First model had been supporting the aim to keep patients out of residential care.
- trends also showed a growth in emergency admissions to hospital with length of stay averaging longer.
- trends were being monitored in terms of future planning for primary and social care so that community health needs are met.
- joint working continued to be refined to align with health priorities and the Better Care Fund continued to contribute to the reduction of health inequality.
- capacity in the social care market was noted as a real problem with recruitment being difficult in the sector, particularly in domiciliary care. The Council would be working with West Sussex Partners in Care on a plan to address workforce issues.
- funding uplifts were confirmed as follows: CCG Minimum Contribution increased by 5.66%, Improved Better Care Fund (IBCF) increased by 3.0%.
- planning and assurance were expected to be broadly similar to previous years but with minor changes necessitated by the replacement of Clinical Commissioning Groups to Integrated Care Boards. It was expected that there would be limited changes to the BCF national metrics for 2022/23.

22.2 Resolved – that the West Sussex performance against the national Better Care Fund metrics at Q4 2021/22 and the Better Care Fund planning expectations for 2022/23 be noted.

23. Work Programme

23.1 The Board considered its work programme and the following suggestions were made: -

- the Chairman reminded that as there was a gap between this meeting and the next scheduled meeting on 3 November 2022, Board Members were invited to correspond on any pertinent matters including the Health and Wellbeing Board Strategy.
- a thematic view be adopted for the next meeting with a Cost of Living focus supported by a set of integrated actions. The Chief Executive of Adur and Worthing Councils and the Assistant Director (Communities) offered to support this item by collating a system wide set of actions for consideration by the Board.
- in noting that the Board used to regularly receive an annual Children's Safeguarding report it was requested that a report from the West Sussex Safeguarding Children Partnership be obtained.
- a request to reintroduce the Health and Wellbeing Board Newsletter was put forward.

23.2 Resolved – that

- i. A Cost of Living item be added to the Work Programme for the 3 November meeting;
- ii. an annual report from the West Sussex Safeguarding Children Partnership be requested and the Independent Chairman be invited to fill the vacant seat on the Board; and
- iii. an action be noted to request reinstatement of the Health and Wellbeing Board Newsletter.

24. Date of next Meeting

24.1 The date of the next meeting of the Health and Wellbeing Board was confirmed as 3 November 2022.

The meeting ended at 12.47pm

Chairman

Report to West Sussex Health and Wellbeing Board

3 November 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 summary of the work of the Children First Board formed in October 2020.

Recommendation(s) to the Board

The Health and Wellbeing Board is asked to;

- (1) Note the contents of this report.
 - (2) Promote key message from Children First SEND Sub-group
-

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

1. Starting Well
2. Living Well
3. 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 8th October 2020.
- 1.2 The Board is made up of a wide range of West Sussex organisations and groups including young people, parent, carers and others who look after our children on a daily basis. It also comprises members from practitioners and officers of the County Council; people elected to represent the views of the people of West Sussex, Districts and Boroughs, schools, colleges, police, health partners, and representatives from the voluntary and community sector. The voice of young people is provided through four young people on the Board and the Board's vice-chair is also a young person; Harley Collins. They are all supported by the Council's Voice and Participation Team and to facilitate their participation, Board notes and papers are written in an accessible style.

Agenda Item 6

1.3 The Children First Board has agreed three main goals

These are to:

- 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;
- Always listen and respond to the views of children, young people and their families, particularly when decisions are being made that affect them such as how services are run and funded.

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

- Have oversight of 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 to learn how to keep themselves safe;
 - supported to be as healthy as possible – both physically and emotionally;
 - given the skills to be successful in adult life.

1.5 The Board will also:

- Be responsible for determining the key priorities that need to be addressed to improve the lives of children and young people in West Sussex;
- Agree how these will be addressed.

2. The Children and Young People's Plan update

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

3.2. The original draft CYPP had three agreed priorities:

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

2.3 Following a twelve-week consultation process (April 2022 - June 2022) a number of important changes were made and incorporated into the final version of the plan. The most significant changes are:

a) That the plan now focusses on 5 priorities (instead of 3):

1. Keeping children and young people safe from harm

2. Providing the earliest support to families on low incomes to minimise the impact this has on their lives
3. Closing the disadvantage gap for children and young people across all key stages
4. Improving children and young people's emotional health and wellbeing
5. Strengthening our multi- agency approach to identifying and meeting the needs of children and young people with special educational needs and disabilities

b) That what we said we will do to keep children and young people safe from harm now includes specific reference to more of the environments and issues that pose a risk to children and young people's safety and how we will respond to these.

- 2.4 The final draft for the CYPP was generated in consultation with a reference group comprising members of the Children's First Board and their representatives and was subsequently signed off at the end of August 2022.
- 2.5 A number of design options were then proposed for partners and stakeholders to consider. The options provided were shared with two groups of young people and their feedback informed the final design.
- 2.6 The final plan will be made available in an electronic format in the first instance, so it can be circulated and accessed virtually. It will then be put into a range of formats so it can be accessible to all. The Board expects to have the first version to be ready by the end of October 2022. Plans for the CYPP's launch across the partnership are underway and we are now putting the infrastructure in place to ensure the plan's successful delivery.

3. Governance

- 3.1 A review of all governance arrangements, including sub-groups has been undertaken to ensure the Board has full oversight of the key areas of strategic planning for children and young people's services where these plans affect more than one agency or service.
- 3.2 A new Children's First Sub-Group is currently being set up to design and produce the CYPP Implementation plan and to drive its delivery. This group will manage all operational risks and issues and their mitigation referring these to the Children First Board for information and escalation. The work of this group will involve the production of a CYPP Engagement Strategy – comprising a carefully planned series of stakeholder events – bringing partners, children, young people and their families together to share what is happening in relation to each of the CYPP's priorities. This will include evaluating progress, celebrating success and learning from each other what we collectively need to do more of, differently or better to make a positive difference to the lives of children, young and their families.
- 3.3 Each future Children's First Board will include a thematic focus and review of one of the 5 CYPP priorities.
- 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. We continue to work with the Voice and Participation Team as part of the Childrens First partnership "Children and Young People's Participation Strategy".

- 3.2 The voice of children and young people will continue to play a vital role in the implementation of the CYPP, with the expectation that they, along with their families, will help to shape the way in which the plan's priorities are delivered and how services and organisations work with them; and will provide the partnership with regular feedback on how the plan is impacting on their lives. Their feedback will be used to iteratively improve the way the plan is put into practice.

5. Childrens First Board Update

- 5.1 The last meeting of the Childrens First Board was held on 17th October 2022. Aside from an update on progress on the Childrens and Young People's Plan, two other reports were received:

a) Emotional Wellbeing and Mental Health Sub-group

- The Group has met on 3 occasions and drafted an action plan that will support the overall ambition of Foundations for our Futures. The following three priorities have been agreed:
 1. Identify and connect the range of Early Support and Preventative services currently offered to enable children and young people to access the right service at the right time
 2. Identify the full range of financial resources available to commission services across the partnership.
 3. Review and align existing pathways to support good emotional wellbeing and mental health.
- This plan will be finalised at the end of November 22.

b) SEND Sub-group

- The Group reported on progress being made towards meeting statutory timelines for issuing Education, Health and Care Plans (EHCPs). The number of new requests for Plans has grown considerably (+16.5%) compared to the previous academic year and there has been a 32.5% increase in the number of plans agreed. However, the number of plans being completed within the statutory 20-week timeframe is just 10% with the average time for completion being 26 weeks.
- A SEND Partnership Board has been established with a wide range of partners to provide feedback on SEND Strategy. To ensure the voice of children and young people are being heard to influence the strategy, a SEND Partnership Youth Board has been established.
- The key message that the partnership group would like support with is ensuring that all stakeholders are fully aware that children's special educational needs can be met at SEND Support rather than through an EHCP; and that children and young people with EHCPs can have their

needs met in mainstream schools and don't necessarily need specialist provision.

Contact:

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Background papers

None.

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Report to West Sussex Health and Wellbeing Board

03 November 2022

West Sussex Joint Health and Wellbeing Strategy 2019-2024 – proposed cost of living pressures addendum

Report by Dani Plowman, Public Health Specialty Registrar, West Sussex County Council

Summary

Following the Director of Public Health's update to the West Sussex Health and Wellbeing Board in July 2022 on the Board's Joint Health and Wellbeing Strategy 2019-2024 (JHWS), the Public Health Specialty Registrar will deliver a presentation to the Board on cost of living pressures, and potential impacts on our local population's health. They will outline a proposed strategic approach and principles to tackle this countywide with a recommendation to the Board for inclusion as an addendum in the JHWS. The Assistant Director (Communities) will also provide a verbal update to the Board on the whole Council approach to addressing cost of living pressures across the county, and current work being developed and implemented to support our residents and communities.

Whilst this report specifically focuses on the proposed cost of living pressures addendum to the JHWS, it is important to highlight, that in addition to this, the JHWS will be reviewed in light of current national policy to ensure it continues to meet the health and wellbeing needs of our residents and communities.

Recommendation(s) to the Board

The Health and Wellbeing Board is asked to;

- (1) Acknowledge the potential impacts of cost of living pressures on our local population's health and wellbeing.
- (2) Provide feedback on the proposed strategic approach and principles to tackle cost of living pressures in West Sussex as outlined in the Public Health Specialty Registrar's presentation.
- (3) Approve the Public Health Specialty Registrar to progress inclusion of the proposed cost of living addendum in the West Sussex Joint Health and Wellbeing Strategy 2019-2024 (JHWS).

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

In line with the vision of the West Sussex Joint Health and Wellbeing Strategy 2019-2024, to ensure West Sussex "...is a place where improved health and wellbeing is experienced by all our residents, and the health and wellbeing gap between communities is reducing", this item will consider how cost of living pressures may

impact the local population's health and widen health inequalities. By working collaboratively as a Board, key systems leaders across West Sussex, will work together to mitigate potential adverse impacts of the cost of living pressures on our local population.

1 Background and context

- 1.1 In July 2022, the Director of Public Health provided an update to the West Sussex Health and Wellbeing Board (HWB) on the Board's Joint Health and Wellbeing Strategy 2019-2024 (JHWS), including the impact of COVID-19 and health inequalities, the role of the HWB, and the development and implementation of the Integrated Care System (ICS) for Sussex and how it will interface with HWBs to identify priorities for each place within the ICS. In discussion, Board members highlighted that the JHWS required an update with respect to emerging cost of living pressures.
- 1.2 The cost of living pressures can be defined as the fall in 'real' disposable income (primarily earnings, pensions and benefit entitlements) that the UK has experienced since late 2021. Predominantly it is being caused by high inflation outstripping wage and benefit increases [1].
- 1.3 Office for National Statistics and the New Economics Foundation analysis indicates that the increasing cost of living is already disproportionately impacting some population groups, including people who are disabled, those living in the most deprived areas, older people, ethnic minority groups and low income families with children [2], [3].
- 1.4 Whilst West Sussex is relatively affluent, Adur, Worthing, Crawley and Arun have neighbourhoods in the 30% most deprived in England, with Arun and parts of Crawley having some neighbourhoods in the 10% most deprived in England. West Sussex also has a much older population than average. These groups are likely to be disproportionately impacted by the increasing cost of living.
- 1.5 There are a wide range of potential health and wellbeing impacts associated with insufficient income [4]. These include a reduction in the proportion of people maintaining a healthy weight, increased risk of circulatory and respiratory illness, increased risk of falls in older or more frail people, and poorer mental health, including increased risk of anxiety, stress, depression and suicidal behaviours [5], [6], [7], [8].
- 1.6 While the UK Government is addressing the rising cost of living through fiscal and other measures, there are actions which the West Sussex Health and Wellbeing Board and other local organisations can take by working collaboratively to address some of the potential negative impacts on the local population's health.

2 Proposal details

- 2.1 The purpose of this report is to outline the topic, focus and recommendations to the Board of the Public Health Specialty Registrar's presentation that they will deliver on 3 November 2022.
- 2.2 Views are sought from the West Sussex Health and Wellbeing Board in line with the Recommendations of this report.

3 Consultation, engagement and advice

3.1 Not applicable

Contact: Dani Plowman, Public Health Specialty Registrar. Tel. 0330 222 8688
Email: dani.plowman@westsussex.gov.uk

Appendices Presentation Papers

None

Background papers :

- [1] [Institute for Government, "What is the cost of living crisis?,"](#) The Institute for Government, 2022.
- [2] [New Economics Foundation, "Losing the inflation race,"](#) May 2022. [Accessed 14 October 2022].
- [3] [Office for National Statistics, "Impact of increased cost of living on adults across Great Britain,"](#) August 2022.
- [4] [Joseph Rowntree Foundation, "How does money influence health?,"](#) 2014.
- [5] [Office for Health Improvement & Disparities, Cost of Living.](#)
- [6] [Institute of Health Equity, "Fuel poverty, cold homes and health inequalities in the UK,"](#) 2022. [Online]. Available: <https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf>. [Accessed 29 September 2022].
- [7] [The Health Foundation, "How does work affect our health,"](#) [Online]. Available: <https://www.health.org.uk/news-and-comment/charts-and-infographics/unemployment>. [Accessed 29 September 2022].
- [8] [Shankar, P.; Chung, R.; Frank, D.A., "Association of Food Insecurity with Children's Behavioral, Emotional, and Academic Outcomes: A Systematic Review,"](#) *Journal of developmental and behavioural paediatrics*, 2017.

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Report to West Sussex Health and Wellbeing Board

3 November 2022

Better Care Fund Monitoring Q1 2022/23

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

Summary

This paper presents the West Sussex 2022/23 Better Care Fund Plan and Capacity and associated Demand Plan for approval and summarises performance against the Better Care Fund national metrics for Quarter 1 2022/23.

Recommendation(s) to the Board

The Health and Wellbeing Board is asked to:

1. Approve the West Sussex Better Care Fund Plan for 2022/23.
 2. Approve the West Sussex Capacity and Demand Plan for Intermediate Care Services Q3 & Q4 2022/23.
 3. Note the West Sussex performance against the national BCF metrics at Q1 2022/23.
-

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.

Background

The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires integrated care boards (ICBs) 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).

The 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.

West Sussex Better Care Fund Plan 2022/23

The West Sussex Better Care Fund Plan for 2022/23 was submitted for assurance and approval on the due date of 26th September with formal approval by the Health and Wellbeing Pending. Prior to this, the plan received the following approvals:

- WSCC Adults and Health DLT – 7 September
- ICB Executive Committee – Commissioning Group – 12 September
- West Sussex Health and Social Care Executive Partnership Board – 13 September

In addition, the plan was circulated to all members of the West Sussex Planning Oversight Group for information.

Capacity and Demand Plan for Intermediate Care Q3 & Q4 2022/23

As part of 2022-23 Better Care Fund planning round, Health and Wellbeing Board (HWB) areas were asked to develop plans that outline expected capacity and demand for intermediate care services, covering demand for both services to support people to stay at home (including admissions avoidance) and hospital discharge pathways 0–3 inclusive, or equivalent, for quarters 3 and 4 of 2022-23 across health and social care.

The scope covered all funded activity rather than only that funded by the Better Care Fund. The required plan does not distinguish between LA and ICB commissioned service. For West Sussex this comprises:

- Bed-based capacity to support admission avoidance/discharge
- Home-based capacity to support admission avoidance/discharge
- Rehabilitation/reablement,
- Overnight nursing supporting admission avoidance
- Hospital to home voluntary sector services.

These capacity and demand plans will inform future policy and guidance, but the content will not form part of the overall Better Care Fund assurance and plan approval process.

Better Care Fund Performance Q1 2022/23

Appendix 1 shows metrics performance at Q1 2022/23 for the following metrics except for Metric 3 for which in-year reporting is in development:

- 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.
- Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services.
- Metric 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions.
- Metric 4: Discharge to usual place of residence.

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: West Sussex HWB Better Care Fund Narrative Plan 2022-23

Appendix 2: West Sussex Capacity and Demand Plan; Community, Capacity Discharge, Hospital Discharge and Spend (NHS England reporting)

Appendix 3: Better Care Fund Metrics Report Q1 2022/23

Background Papers

[Better Care Fund Policy and Planning](#)

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West Sussex Health and Wellbeing Board

Appendix 1 - Better Care Fund Narrative Plan 2022-23

1 Stakeholder Engagement

Due to this year's planning period falling between meetings, the West Sussex Better Care Fund Plan 2022-23 will be presented to the full West Sussex Health and Wellbeing Board meeting of 3rd November 2022. The following bodies will be represented:

- West Sussex County Council
- NHS Sussex
- 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

Prior to this, the West Sussex Better Care Fund Plan 2021-22 went through the formal internal governance pathways of both West Sussex County Council and NHS Sussex Integrated Care Board.

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. Other forums, such as the fortnightly Planning Oversight Group also bring together a wide range of system partners and stakeholders.

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 Health and Care Assembly (ICS).

2 Executive Summary

West Sussex Better Care Fund 2022-23

For 2022/23, we reviewed BCF schemes against current priorities and their alignment with BCF priorities. Given the lateness of the BCF planning cycle, inflationary pressures, a fragile care market, and workforce challenges, all schemes funded for the previous year are retained and no new schemes have been added.

Income

Disabled Facilities Grant:	£9,414,970
Improved Better Care Fund:	£20,612,666
Additional LA Contribution:	£1,922,100
NHS Minimum Contribution:	
NHS Sussex IBC	£67,016,275
NHS Surrey Heartlands IBC	£520,438
	£99,486,449

The area covered by NHS Sussex ICB is co-terminus with the administrative boundaries of the 3 local authorities with the exception four Lower Layer Super Output Areas in West Sussex which are currently within NHS Surrey Heartlands ICB. This is a repeat of the situation applying in 2015/16, the first year of the Better Care Fund, when these areas were within the boundary of Guildford and Waverley Clinical Commissioning Group for that year only, and the corresponding funding was paid by them to Horsham and Mid Sussex Clinical Commissioning Group, allowing the West Sussex Better Care Fund programme to operate as co-terminus.

Expenditure

Committed Funding Scheme	Scheme Number	NHS Sussex	West Sussex County Council	Committed Funding
Disabled Facilities Grant	1	–	£9,414,970	£9,414,970
Maintaining (Protecting) Social Care	2	£18,356,656	–	£18,356,656
IBCF: meeting adult social care needs	3a	–	£10,809,666	£10,809,666
IBCF: reducing pressures on the NHS, including seasonal winter pressures	3b	–	£2,900,000	£2,900,000
IBCF: supporting more people to be discharged from hospital when they are ready	3c	–	£1,706,000	£1,706,000
IBCF: ensuring that the social care provider market is supported	3d	–	£5,197,000	£5,197,000
Proactive Care	4	£7,566,093	–	£7,566,093
Communities of Practice	5	£4,544,295	–	£4,544,295
Better Care Fund Programme Support	6	£320,660	–	£320,660
Responsive Services	7	£18,136,288	–	£18,136,288
Social Prescribing	8	£486,171	–	£486,171
Stroke Recovery Service	9	£263,651	–	£263,651
Combined Placement and Sourcing Team (CCG contribution)	10	£814,595	–	£814,595
Community EOL Admission Avoidance	11	£888,782	–	£888,782
Care Act Initiatives	12	£2,185,600	–	£2,185,600
Carers Services	13	£2,261,800	£1,922,100	£4,183,900
Technology Enabled Care	14	£1,110,900	–	£1,110,900
Community Equipment	15a	£4,485,600	–	£4,485,600
Community Equipment (Health)	15b	£6,115,622	–	£6,115,622
		£67,536,713	£31,949,736	£99,486,449

Notes:

1. This plan meets the minimum spend requirements of £28,242,056 for social care, and £19,192,019 for NHS-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).

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 - Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes.

		2020-21 Actual	2021-22 Plan	2021-22 Estimated	2022-23 Plan
Long-term support needs 65+ met by admission to residential and nursing care homes, per 100,000 population:	Annual Rate:	524.5	595.4	462.9	595.8
	Numerator:	1,054	1,223	951	1,244
	Denominator:	299,968	205,425	205,425	208,802
<p>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).</p> <p>Denominator: Size of the older people population in area (aged 65 and over).</p>					

Rational:

Performance in 2021-22 remains unrepresentative of normal patterns of admission following the impacts of Covid-19 although this is not a marked as for the previous year. and into the current year has been significantly impacted by the effects of Covid-19. 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 now increasing.

We continue to work towards reducing new admissions to residential settings, where the average cost of placements is increasing due to market pressures and complexity of customer need, while increasing non-residential options. While this is showing some movement in the right direction, restoration is a priority and the setting of our target for reducing rates of admission to residential and nursing homes for people over the age of 65 is pitched to that priority.

Ambition:

For 2022-23, BCF-funded and non BCF-funded continue to support a home first approach to hospital discharge, coupled with reablement / rehabilitation support, enabling people to remain independent in their own home. Many other BCF schemes will contribute to reducing residential admissions. For example, the many services provided under Scheme 2, Maintaining (Protecting) Social Care or the targeted use of the Disabled Facilities Grant.

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

		2020-21 Actual	2021-22 Plan	2021-22 Estimated	2022-23 Plan
Proportion of older people (65+) still at home 91 days after discharge into reablement / rehabilitation services:	Annual %	68.9%	78.3	60.1%	78.4%
	Numerator:	202	224	119	228
	Denominator:	293	286	198	291
<p>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.</p> <p>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).</p>					

Rational:

Performance has fallen consistently below target over recent years. We have always interpreted the measure as per the guidance. We call the customer three times to check they are at home, but if they do not respond, we assume they are not. We believe some areas use a different system. That after the three calls, they check hospital admissions or care placements and assume the customer is at home if not in care. Hence our numbers tend to be low. ADASS feel that the 91-day measure is not fit for purpose and are looking to remove this measure and refresh ASCOF.

For 2022-23, and given the issues discussed above, and the restoration of normal services following Covid-19, we are maintaining a more realistic target seeking to improve performance, as recorded by this measure, over that of previous years.

Ambition:

West Sussex will continue to ensure there are effective out of hospital services and that people are supported in their own homes. For 2022-23, we continue looking at discharge pathways from hospital, and increasing the effectiveness of reablement. We will further develop and improve home-based health and social care services to enable people to be discharged directly to their home with the right services and support. West Sussex will continue to ensure there are effective out of hospital services and that people are supported in their own homes.

Metric 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions - The number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency, 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.

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual
Indirectly standardised rate (ISR) of admissions per 100,000 population:	Indicator value:	169.2	153.2	166.0	134.4
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q1 Plan
	Indicator value:	141.8	127.1	138.0	119.2
Numerator: Unplanned admissions by quarter for ambulatory care sensitive conditions. Hospital Episode Statistics (HES) admitted patient care (APC).					
Denominator: Mid-year population estimates for 2020-21.					

Rational:

Quarterly planned figures for 2022-23 are based on the reductions identified in local data between Q1 2021-22 and Q1 2022-23 subsequently phased based on 2021-22 patterns. This local data closely matches that centrally produced. The population figures underpinning this calculation have also been uplifted marginally based on published estimates for 2022-23.

Note that the quarterly plan figures entered on the planning template are rounded as it will only accept whole numbers.

Ambition:

The pan-Sussex ambition is to maintain improvements seen since Q4 2021-22. Further improvements are anticipated through schemes targeting specific conditions (under the Ageing Well Programme), with further development of Urgent Community Response, Same Day Emergency Care, and Virtual Ward pathways, however these schemes are not now anticipated to deliver significant benefits until 2023/24.

A number of West Sussex BCF-funded schemes support admission avoidance. In particular we have well-established community-based multi-disciplinary PCN teams working closely with primary care such as Proactive Care and Communities of Practice.

Metric 4: Discharge to usual place of residence - The number of discharges of people over the age of 18, following an inpatient stay, that are recorded as being to a person's usual place of residence.

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual
Percentage of people, resident in the HWB area, who are discharged from acute hospital to their normal place of residence:	Quarter %:	86.2%	86.7%	86.4%	86.9%
	Numerator:	16,597	16,520	16,034	15,233
	Denominator:	19,261	19,060	18,561	17,530
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q1 Plan
	Quarter %:	87.0%	86.8%	86.2%	87.0%
	Numerator:	14,895	13,969	13,457	14,895
	Denominator:	17,114	16,102	15,609	17,114
Numerator: The number of discharges of people over the age of 18, following an inpatient stay, that are recorded as being to a person's usual place of residence.					
Denominator: All completed hospital spells for people over the age of 18 – calculation on monthly total.					

Rational:

Plan for year based on extrapolation of Q1 2022-23 performance. This has been phased for the remainder of the year based on 2021-22 Activity. West Sussex, in common with the other Sussex HWB areas, has seen a reduction in overall activity levels in Q1 compared with 2021-22. This is primarily due to 'delayed discharges'. The assumption is that this trend is likely to continue through to Q3.

West Sussex figures for discharge under Pathways 0 and 1 tend to be lower than those in our neighbouring areas. There are several factors feeding into this:

We have an older and more complex population meaning that a greater proportion may require further support in a bedded setting upon discharge. Hence, the Pathway 2 offer, discharging into an interim bed for up to 6 weeks to get them home, is larger in both scope and size than that in the other Sussex HWB areas.

In addition, an area such as East Sussex may have twice as many people in care homes than we do. Therefore, it can be easier to send them back to usual place of residence. In West Sussex we keep more people in their own homes.

Ambition:

Implementation of a revised pan-Sussex model for Hospital Discharges aims to enable activity levels and 'discharges to normal place of residence' to return to Q1 levels by Q4. Whilst this ambition remains below the national average, it meets the particular circumstances of our area.

A wide range of BCF-funded services which support discharge and reducing length of stay. Examples include social workers in hospitals, Home First, Community Equipment, and Technology Enabled Care.

3 Governance

Our West Sussex Health and Care Partnership Executive (HCPE), which brings together system partners, 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.

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.

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 defined in the section 75 Agreement.

The West Sussex Place-Based Plan, drawn from the Joint Health and Care Strategy and the Sussex ICS Vision 2025 objectives, sets out aspirations to work with communities and local people in redesigning services to overcome some of the current challenges with access and take up of support, using local evidence based in population health needs and health inequality.

The West Health and Care Partnership provides the local collaborative leadership to deliver the place-based plan, as well as having local oversight of system quality and performance improvement. It brings us together around our population, rather than an organisation, to focus on delivering a common set of priorities. The 2022 Health and Social Care Act and the Government Integration white paper sets a strong expectation that Integrated Care Systems operate a 'primacy of place' principle, with the ambition to develop place collaborative arrangements into more formal delegated leadership models by April 2023.

Involving patients, residents, communities, the VCSE sector (voluntary, community and social enterprise), and the district and borough councils in the governance of collaborative decision-making structures provides an important way of strengthening local accountability, within the West Sussex place-based partnership.

4 Overall Approach to Integration

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.

Taking its lead from the Health and Wellbeing Board's Joint HWB Strategy, the West Sussex Health and Care Partnership has agreed its three priorities:

- Addressing health inequalities – We know many health inequalities exist within the county. We will prioritise the key health inequality related areas such as 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.
- Integrating 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 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.
- Transforming the way we do things – We will 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.

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.

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.

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.

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.

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

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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.

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.

We will 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

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.

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.

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.

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.

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.

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.

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 a PCN teams’ 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

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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.

For 2022-23, 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.

During 2022-23 we will update our West Sussex Place-based plan with:

- Updated Sussex NHS Priorities with partner interdependencies.
- Updated West Sussex shared health inequality priorities.
- Shared hospital discharge plan.

Further development will encompass:

- WSCC Corporate Plan and Directorate Business Plans with partner interdependencies
- VCSE and D&B co-production.
- Integrated commissioning aligned with place share priorities.
- Shared indicators and outcomes framework.

5 Implementing the BCF Policy Objectives (National Condition 4)

Objective 1: Enable people to stay well, safe and independent at home for longer

The West Sussex Partnership priorities, including integrating models of care, described in Section 4 of this plan will support more people remaining at home while receiving health and care services.

Our Better Care Fund PCN teams' schemes, Proactive Care and Communities of Practice as further described in Section 4 of this plan, play a key role in enabling people to remain at home and in reducing avoidable admissions. They support our population in staying well and preventing further ill health by taking a multi-disciplinary approach joining-up community, social care, and mental health teams with third sector organisations, pharmacists, community paramedics, and others.

Our Community EOL Admission Avoidance scheme supports patients at the end of life who require an urgent community response when the patient's wish is to remain at home, supporting an up to 48-hour package of care provided by the hospices MDT (includes nurses, allied health professionals, advanced nurse practitioners and access to specialist medical advice and support) tailored to the situation. Recent figures show an average of over 50 packages per week, and funding for this scheme anticipates further growth.

Our ambition to further develop our Sussex-wide Ageing Well Programme, alongside Urgent Community Response, Same Day Emergency Care, and Virtual Ward pathways will further contribute to performance against BCF national metrics in general and by reducing avoidable admissions.

Objective 2: Provide the right care in the right place at the right time

Our Partnership priorities, including integrating models of care, described in Section 4 of this plan will support more people returning home following an episode of inpatient hospital care.

Our priority for improving discharge continues to be the Home First (HF) pathway, ensuring 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, led by Sussex Community NHS Foundation Trust and supported by social care professionals and care providers commissioned by the council, 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.

Our 'Discharge to assess with reablement' services are designed to support the regaining as much independence as possible after discharge by providing reablement in a care home in the community, with 24-hour care and support available. Social care workers, occupational therapists and care staff are on hand to assess any ongoing care and support needs and to provide assistance to enable a return to the usual place of residence wherever possible. The service plays a key role in ensuring that people who are medically ready can be discharged from hospital and importantly ensures that no long-term decisions concerning care and support needs are made in hospital.

In addition to Home First and reablement services, the Better Care Fund supports a wide range of activity supporting safe, timely and effective discharge. This includes

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the Combined Placement and Sourcing Team, Technology Enabled Care, Community Equipment, and core social care services.

A Capacity and Demand template has also been completed for Intermediate care services in East Sussex as part of the BCF submission for 2022-23.

High Impact Change Model for Managing Transfers of Care

During the writing of this plan, the West Sussex Operational Executive (OPEX) reviewed the High Impact Change Model alongside the NHSE 100-day challenge requirement. OPEX agreed all changes/requirements remain at mature or established status and developing as work continues to improve discharge pathways following changes to the Hospital Discharge Programme (HDP).

The West Sussex priority remains the home first pathway to ensure people can return home with the support they need as soon as they are medically ready to do so. The discharge pathways work will remain under review by OPEX who will oversee any future actions required to improve HICM performance.

6 Supporting Unpaid Carers

West Sussex recognises the vital role carers play in our communities and the importance of supporting and empowering those who draw on care, unpaid carers, and their families.

The West Sussex Joint Commitment to Family and Friend Carers 2021-2026 states the main priority elements for health and social care in the support of adult carers and young carers. It lets local people, and organisations, know how our approach will be developing and is an invitation to join us in our efforts. It identifies six priority areas:

- Reduce carer isolation.
- Limit financial hardship.
- Contingency planning.
- Advance equality of access.
- Targeted support.
- Greater recognition.

https://www.westsussex.gov.uk/media/16996/joint_carers_strategy.pdf

The budget for the commissioning of carer support services is circa £5m p.a. The contracts are for the most part with charitable sector partners.

The presence of a carer in the lives of a patient, or potential patient, is a significant strength/resilience factor that needs to be recognised and supported. Healthy carers who are supported to care well help support client/patient outcomes, independence and for people to remain in their own home.

Carers, especially those with longer term caring roles, experience health inequality compared to the non-caring population, and this has been recognised recently by West Sussex with carers being a PLUS group under Core20Plus5.

West Sussex, for a number of years, has actively reached and supported a greater number of carers. 32,000 carers in West Sussex are currently on our register. These registrations are held with Carer Support West Sussex (CSWS) a commissioned specialist provider. The number of registered carers has grown by 20% over the past two years and we continue to register carers at a rate of around 400 per month. The pandemic, together with cost-of-living worries, has seen more carers register and use carer response lines. The carer population in West Sussex is likely to be around 120,000.

In terms of equality, mapping has demonstrated carers are being reached in all areas of the county e.g., urban, rural, low and high levels of deprivation. There are also successful initiatives to engage with carers from the most vulnerable communities e.g. Bi-lingual counselling, a new bi-lingual buddy scheme in Crawley and Pride in Care Accreditation (LGBT+) has been awarded to Carer Support West Sussex.

Adult Social care undertake some statutory carers assessments but, in most instances, following the outsourcing of the function, assessments are referred to colleagues at CSWS. Numbers were down due to pandemic but are now growing again to pre pandemic levels e.g., around 90 full statutory carer assessments per month (1,000 p.a.)

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The Countywide Carer Information, Advice, Assessment and Support Service, provided by CSWS, provides a good quality service to carers. They keep significant 'traffic' away from busy primary care settings and social work teams. Their response lines provide an initial point of contact for carers, when they need help, via phone, email, and an online chat service.

Reasons/themes for carers making contact includes isolation, bereavement, anxiety, hospital appointments and discharge, funding, low-level emotional support, pandemic/vaccination questions, care home issues, contingency planning, and hospital admissions.

The financial disadvantages of caring have long been understood. In recent years however this has become a more pressing issue. Last year:

- A new Carer Welfare Benefits' Service, advised on £1,406,954 in additional annual income for carers, supporting 737 carers.
- £521,000 in wellbeing and hardship grants to 1,702 unique carers were paid (DHSC Funds). 95% of carers say the funds have helped them feel less anxious or stressed about their caring situation; and 94% say they have helped improve their health and wellbeing.
- 6,870 carers received a £50 supermarket voucher to help with essentials during a time of rising costs. (DHSC Funded).

Customer satisfaction with CSWS is consistently high and this year saw the implementation of the Carers Outcome Star Tool. This will enable better measurement of carer outcomes/ distance travelled, where there are longer term interventions.

In addition to the above, there are other services/contracts including:

- The BCF-funded Carer Health Team (SCFT) is the first of its kind in the country and was commissioned to address the needs of adult carers in response to an identified issue of carer neglecting their own health. The specialist clinicians target carers, usually older carers, whose health is beginning to deteriorate as a result of their caring roles. This service compliments other support services locally. The service has been recognised by NICE as good evidence-based practice.
- Carer respite/breaks at home. One to one support (planned and Emergency) for the carers of frail elderly and or living with dementia.
- Carer respite/breaks away from home (a range of different group models provided by a range of commissioned partners) for the carers of frail elderly and or living with dementia.
- Carer Bereavement Support.
- Support for carers back into training or into work (paid or voluntary).
- There is a young carers service and groupwork programme benefitting over 1,000 young carers aged 5 to 18 years.
- A young adult carers service (18-25 years) a small but unique group.

The aim, in respect of the carer care pathway is to achieve the right support at the right time and to support carers at every stage of their caring journey:

From:

- Becoming a carer.

- Specialist clinical input if health is affected,
- Supporting in hospital and at discharge.
- Providing benefits advice and emergency payments in the case of hardship.

Through to:

- Bereavement support, and:
- Support in employment or to return to work.

The carers offer is regularly reviewed with carers of all ages and there is a 'Carer Voice Network' of around 20 carers that are available for consultation and co-design purposes.

There is clear evidence that investing in services for carers not only improves health and wellbeing outcomes for patients and recipients of care, but also improves health and wellbeing outcomes for carers, who suffer disproportionately high levels of ill-health. The West Sussex Better Care Fund scheme, Carers Services, supports unpaid carers by providing a range of services which include:

- Carers Information, Support, and Advice: Empowering Carers, increasing their resilience, supporting their wellbeing, and delivering statutory carers assessments in accordance with the Care Act 2014 and relevant regulations, guidance and policies.
- Carers Support in Hospitals: To provide immediate support to people in a hospital setting, who as a result of a hospital admission of a family member can suddenly find themselves in a caring role or with increased caring responsibilities, and to refer onward to community base carer support services at the point of discharge.
- Carers Health Team: To ensure carers feel less isolated, stay mentally and physically fit and maintain their wellbeing and life outside their carer role.

7 Disabled Facilities Grant and Wider Services

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.

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.

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.

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.

As a member the West Sussex Health and Care Partnership Executive, NHS Sussex 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 NHS Sussex 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. NHS Sussex 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.

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.

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.

The WSCC Community Occupational Therapy Service 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.

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 adaptation 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.

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.

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.

8 Equality and Health Inequalities

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 in Crawley, Bognor, Littlehampton, and Worthing ranking amongst the 20% most deprived 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.

Many health inequalities exist within the county. We will prioritise the improvement of healthy life expectancy through tackling the key health inequality related conditions. The Core20Plus5 approach sets out a model to support integrated care systems to focus on health inequalities by identifying local areas of focus linked to deprivation and outlining the 5 key clinical areas for health inequalities:

- Maternity – equity and continuing care.
- Serious Mental Illness (SMI) – access to health checks.
- Chronic Respiratory Disease – reduction of exacerbations and increase access to COVID, Flu and Pneumonia vaccine.
- Early Diagnosis of cancer.
- Hypertension case finding.

We will also focus on identified and prioritised population groups that are experiencing health inequality and disadvantage. In West Sussex these are identified as:

- Carers.
- Asylum Seekers and Refugees.
- Maternity access for Black, Asian and other Minoritized communities.

The COVID pandemic highlighted the disparities in health and care access for deprived communities and Black, Asian and other Minority Ethnic communities. This is not 'new news'; the Marmot Review 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. The COVID pandemic has brought these disparities front and centre and over the past 18 months we have seen significant interventions to reduce these disparities in access, despite this there is still much to be done and the need for better understanding of how community assets can support engagement.

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. This partnership approach is being seen delivered through Local Community

Networks (LCN's). LCN's are delivering a strong collaborative, partnership approach which provides opportunities 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.

There are 6 LCNs covering West Sussex which reflect partner capacity to engage whilst also supporting working at scale. These LCNs enable the 20 West Sussex Primary Care Networks (PCNs) (which formulate the NHS structured neighbourhoods' approach) to work with partners and communities to tackle health inequalities and develop more locally based joint initiatives to improve the health & wellbeing of the population.

LCNs agree priorities for collaborative working as a system to reduce inequalities based upon local intelligence, data, articulated system priorities and community derived insight. Across West Sussex this activity to tackle health inequalities forms a golden thread which reflects the vision that locally agreed priorities provide a Place Based Approach for collaboration for the Sussex wide Integrated Care System.

Membership of each LCN includes:

- County and District/Borough tiers of local government, including Public Health
- Health – NHS Sussex and PCNs
- Voluntary Community Sector
- Community voice

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.

Working to our place-based plan, 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.

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.

We will prioritise the improvement of healthy life expectancy through tackling the key health inequality related conditions and ill health. Social Prescribing and the other personalised care roles are key to supporting those who are most at need to access preventative care and support and well as supporting engagement in community level interventions to decrease isolation.

We know that addressing those inequalities is often and best done at neighbourhood 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 how we commission and provide services, 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 out 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 requires a long-term view and that there are no quick fixes. This can be 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.

Our key shared priorities for addressing health inequalities are:

- Early Cancer Diagnosis including access to screening – We will continue to work with partners and develop population focused plans which plan to tackle issues of poor screening uptake and late presentation of cancers by understanding the reasons and barriers to accessing screening and 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.

Reducing disparities in health care access based on ethnicity and increasing opportunities for individuals and communities from Black, Asian and other minoritized ethnic communities, including refugees and asylum seekers to be able to access primary and secondary healthcare. This includes reducing the fear of financial

challenge or risk of reporting to other government agencies. Health Inequalities delivery priorities for 2022-23, refreshed since the previous BCF plan, are:

- The establishment of the Health Inequalities Delivery Group for West Sussex Place. This delivery group will support the West Sussex Partnership Group and support the ICS Health Inequalities Programme. This delivery group will provide strategic oversight and oversee delivery health inequalities programmes.
- The Crawley Programme will be supported through engagement with the Crawley Local Community Network.
- West Sussex wide information, learning, engagement, reporting and governance structures will continue to be supported, working with partners in order to produce a locally sensitive but countywide approach to tackle health inequalities.
- The work addressing inequalities amongst Black, Asian and minoritized ethnic communities will expand across West Sussex, building on the existing work and focused on locations that are more densely populated by minoritized ethnic communities to ensure that further inequality is not created. This work will include developmental work to support increased access by Gypsy, Roma and Traveller communities and programmes to support Refugee and Asylum Seekers including a targeted social prescribing programme.
- 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.
- Developmental work to support the ongoing delivery of Social Prescribing with a focus on supporting a Sussex wide view of the development of services moving forward from 2023. Including the development of digital tools to support recording and reporting of services and a wider understanding of generalism v's specialism in social prescribing. Support will be given to understand how the delivery of services for children and young people can be provided across West Sussex.

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.

The cost-of-living Crisis is a key conversation and the challenges for our population and current patients is an identified priority for all our system partners. Whilst there is an understanding that the cost-of-living crisis will impact throughout all populations there will be some groups that are disproportionately affected in a similar way to disparities found with the impact of Covid, for example those who are already living in poverty, from minority ethnic groups, or who are on low or minimum wage, older people, people with long term conditions, carers and families.

Collaborative efforts across local community networks working with local and upper tier authorities, NHS Sussex, Citizens Advice, Healthwatch and VCSE organisations are

Agenda Item 10

Appendix 1

working through opportunities to support communities and individuals, but these opportunities are limited.

Social prescribers have noted that finance and cost of living is a key issue for many of their referrals, it is expected that these referrals will continue through the cost-of-living crisis and the risk to increased poor physical and mental health, including risk of suicide, is becoming an increasing concern.

There are concerns for many organisations, including VCSE organisations that they will struggle with organisational costs including heating costs and are not able provide an appropriate cost of living uplift to all staff. This in turn risks services for the most vulnerable which may well impact upon future need for NHS services in the months and years to come.

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. Social Prescribing is a key personalised care tool to support the reduction of health inequalities. There is an increasing view that whilst primary care roles can provide generalist interventions there is also the need for specialism in social prescribing focusing on some of those communities that are most at need including BAME, LGBT, LD, Older People, Carers, Asylum Seekers and Refugees and Gypsy, Roma, Traveller communities.

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.

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 and supporting improved outcomes.

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

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board:

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made: Figures based upon activity flowing through identified services, due to nature of contract full capacity unsure, so assumes performing at capacity.

Capacity - Community		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Service Area	Metric						
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	20	20	20	20	20	20
Urgent Community Response	Monthly capacity. Number of new clients.	628	628	628	628	628	628
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	2698	2698	2698	2698	2698	2698
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	10	10	10	10	10	10

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Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board:

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	Figures based upon reported capacity of bedded and key non bedded capacity. Forecast using contracted activity levels, assumes continuation of current complexity mix and resource per patient levels Figures based upon reported capacity of bedded and key non bedded capacity. Forecast using contracted activity levels, assumes continuation of current complexity mix and resource per patient levels.
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Capacity - Hospital Discharge		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Service Area	Metric						
VCS services to support discharge	Monthly capacity. Number of new clients.	30	30	30	30	30	30
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	398	398	398	398	398	398
Reablement or rehabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	397	397	397	397	397	397
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	325.445455	325.445455	325.445455	325.445455	325.445455	325.445455
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	313	313	313	313	313	313

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Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board:

West Sussex

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:

Figures flow from identified services within the Local system with data flowing, with estimates following seasonal variation from the monthly average position as of August data. Majority activity services included are SCFT-Responsive Services, UCR and Overnight Nursing service. Where referrals unavailable then activity in services was used as proxy.

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	20	20	20	20	20	20
Urgent community response	628.0952381	628.0952381	628.0952381	628.0952381	628.0952381	628.0952381
Reablement/support someone to remain at home	890	890	890	890	890	890
Bed based intermediate care (Step up)	10	10	10	10	10	10

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Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board:

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.
 Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - <https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance>
 If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the ' Other' Trust option.
 The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
 Estimated levels of discharge should draw on:
 - Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
 - Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	10085.25695	9893.26974	10186.3836	10358.2367	9541.48716	10467.7575
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	449.8793518	439.867704	453.969066	462.687721	425.61789	469.044753
2: Step down beds (D2A pathway 2)	383.2980056	374.892392	386.792063	394.97955	362.761572	399.949054
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	149.9813406	147.709499	151.750404	154.330133	142.673695	155.999546

Any assumptions made: Modelled Projections cascade from Winter Bed model. Based on additional growth in winter and no significant covid or flu event. Level of complex discharges vary depending on speed of flow. Estimates are prior to full development of the winter plan.

!!Click on the filter box below to select Trust first!!

Demand - Discharge		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trust Referral Source as many as you need	Pathway						
(Please select Trust/s.....)	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)						
SURREY AND SUSSEX HEALTHCARE NHS TRUST		1522.268863	1505.67127	1542.88159	1562.68604	1451.16272	1576.65661
EAST SUSSEX HEALTHCARE NHS TRUST		0	0	0	0	0	0
UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST		5518.450357	5376.25593	5557.73885	5670.1786	5187.99899	5737.78766
(Please select Trust/s.....)	1: Reablement in a persons own home to support discharge (D2A Pathway 1)						
SURREY AND SUSSEX HEALTHCARE NHS TRUST		100.4785531	99.5265947	101.930153	103.324833	96.1217378	104.308676
EAST SUSSEX HEALTHCARE NHS TRUST		0	0	0	0	0	0
UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST		349.4007987	340.341109	352.038913	359.362888	329.496152	364.736077
(Please select Trust/s.....)	2: Step down beds (D2A pathway 2)						
SURREY AND SUSSEX HEALTHCARE NHS TRUST		62.63662835	61.9515084	63.4833951	64.2969584	59.70572	64.8708667
EAST SUSSEX HEALTHCARE NHS TRUST		0	0	0	0	0	0
UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST		320.6613772	312.940884	323.308668	330.682591	303.055852	335.078187
(Please select Trust/s.....)	3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)						
SURREY AND SUSSEX HEALTHCARE NHS TRUST		86.78470049	86.007396	88.0669473	89.2989146	83.1269566	90.1679758
EAST SUSSEX HEALTHCARE NHS TRUST		0	0	0	0	0	0
UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST		63.19664009	61.7021025	63.6834565	65.031218	59.5467384	65.8315701

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Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board:

West Sussex

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£50,614,601
BCF related spend	£22,711,555

Comments if applicable

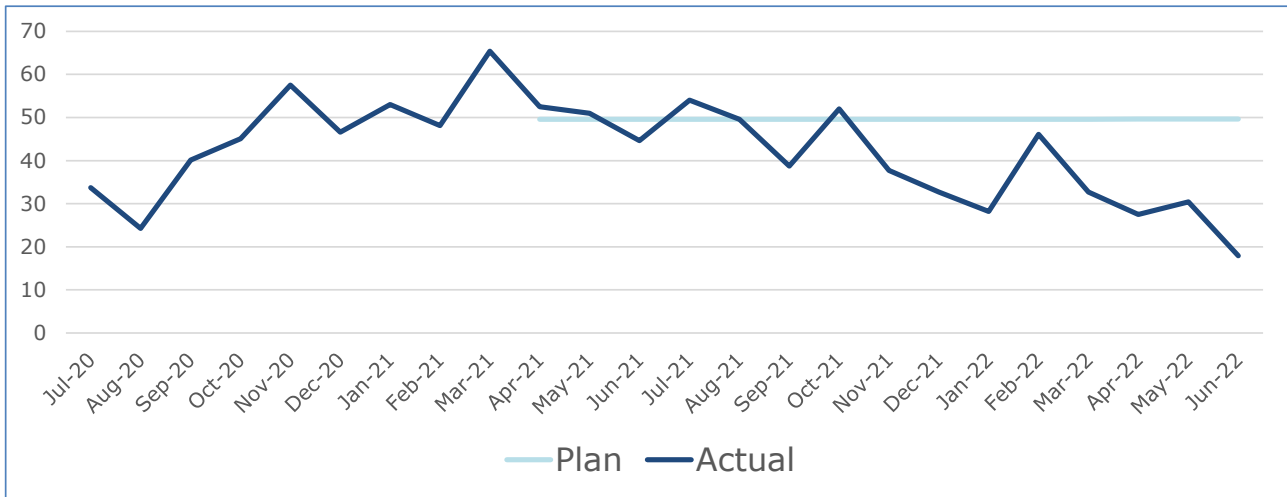
Estimates based on bed-based and home-based capacity to support admission avoidance/discharge and rehabilitation/reablement, overnight nursing supporting admission avoidance, and hospital to home voluntary sector services.

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HWB Better Care Monitoring Q1 2022/23: Appendix 3

Permanent Admissions to Nursing and Residential Homes

Figure 1 Residential Admissions (per month) - 24 months to June 2022



2022/23 Plan: Lower than 49.7 per month (average of annual target of 595.8)

June 2022 total: 17.9 (See note about data collection below.)

June 2021 comparison: 44.6.

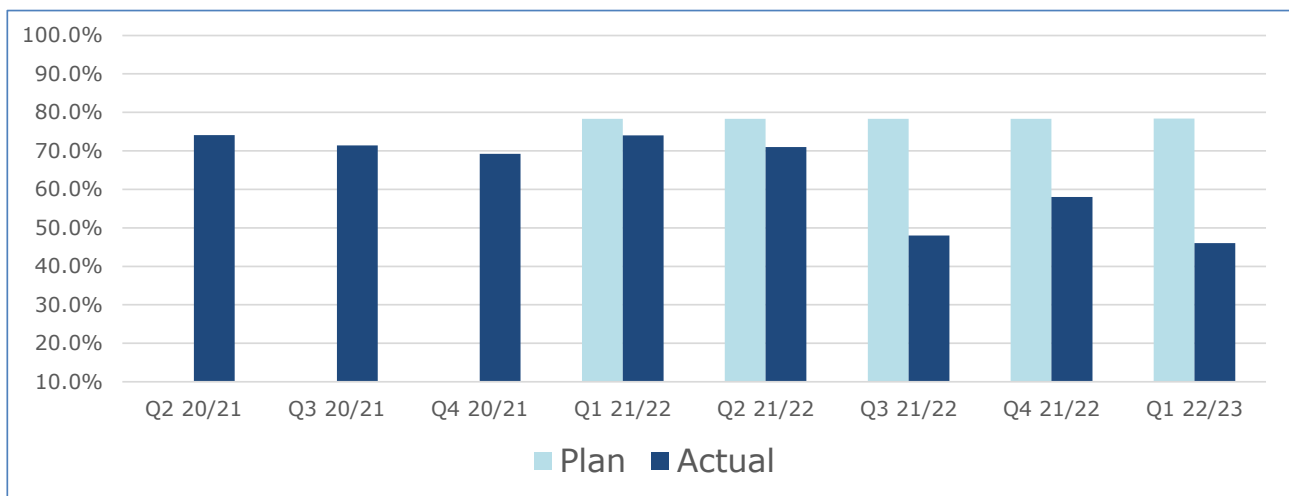
Current performance remains impacted by the effects of Covid; therefore, the data is not representative of normal patterns of admission. We have seen a significant increase in demand in all areas of adult social care, due to pent up demand. Adult social care is working towards reducing new admissions while increasing non-residential options. This is proving effective; however, the average cost of placements is increasing, due to market pressures and complexity of customer need.

Due to increased demand and reduced market capacity, significant wait times are experienced in all areas of the business. This means the current performance may be impacted by individuals having to wait longer before a placement can be identified, which shows as an over estimated reduction in new admissions.

Please note that data for this metric is collected over an extended period. Hence, the most recent months will always show low figures pending full data collection.

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

Figure 2 Reablement (% 65+ at home 91+ days post-discharge) - 24 months to Q1 2022/23



2022/23 Plan: Higher than 78.4 percent per month (annual target of 78.4 percent.)

Q1 2022/23 total: 46.0 percent.

Q1 2020/21 comparison: 74.4 percent.

Performance at Q1 2021/22 remains lower than planned. Contributory factors include data quality issues around the 91-day measure which are being worked through, along with market pressures.

The reablement provider have been challenged with capacity during the pandemic due to staff sickness, and also challenges moving people on through the service who require a long term provision due to challenges in the social care workforce locally. There has also been a significant increase in the complexity and levels of dependence of people referred to our reablement service over the last 2 years which will have an impact on this indicator.

ADASS feel that the 91-day measure is not fit for purpose and are looking to remove this measure and refresh ASCOF. If we are unable to contact the customer or the customer does not respond, then the guidance requires us to record these as not at home. Work is underway to consider whether there are more effective ways of using this measure through SE ADASS networks. West Sussex has a number of reablement offers that contribute to supporting independence, these include both home-based reablement and bed-based provision. A local based measure looking at these outcomes would be more reflective of the local picture.

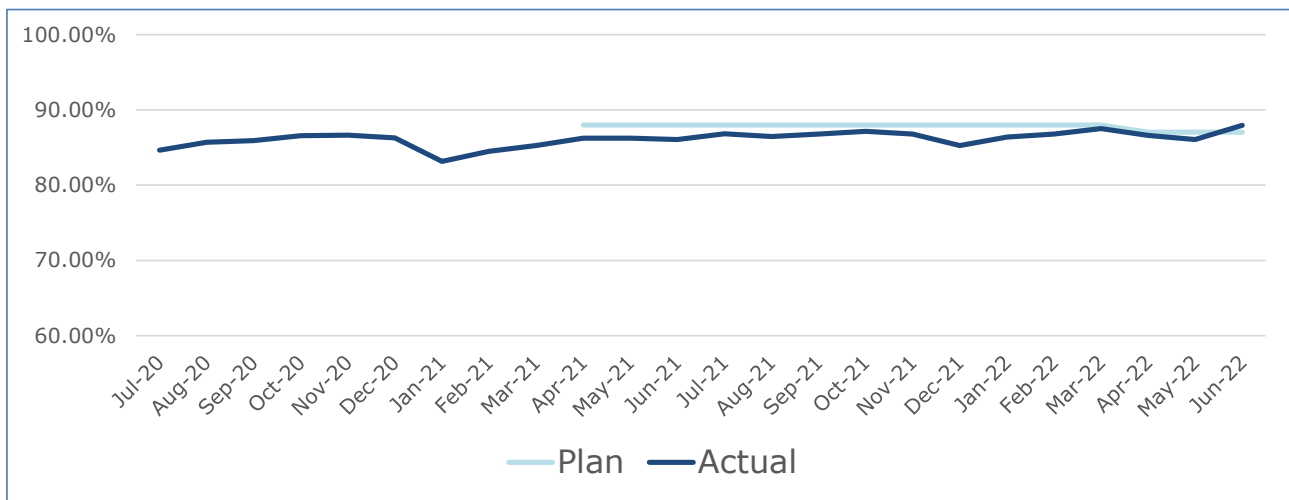
Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions

Updated in-year data unavailable.

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.

For 2022/23, additional in-year data will be available from the national Better Care Fund team and reported here from Q2. Discharge to Usual Place of Residence

Figure 3 Discharge to Usual Place of Residence - 24 months to June 2022



2022/23 Q1 Plan: Higher than 87.03 percent.

June 2022 total: 87.96 percent.

June 2021 comparison: 86.07 percent.

This measure for discharge to usual place of residence has been constructed by the national BCF team around the 95% expectation in the discharge policy for Pathways 0 and 1. However it should be noted that the policy was not intended as setting a hard target for these pathways.

In West Sussex, this figure tends to be lower than some areas due to the relatively large older population, and the capacity of Pathway 2 offering which provides an alternative to discharge to usual place of residence where appropriate.

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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Health and Wellbeing Board (HWB) Work Programme 2022/2023		
Meeting Date	03-Nov-22	26-Jan-23
Items		
Cost of Living - Impact on Health and Health and Wellbeing Board Strategy Update	√	
Learning Disabilities Awareness Annual Review		√
Annual Reports/Actions		
Terms of Reference (will be circulated under separate cover and reported in Chairmans Welcome)	√	
Safeguarding Adults Annual Report		
Safeguarding Childrens Annual Report		
West Sussex Health Protection Grps Annual Report		
Public Health Annual Report		
HealthWatch Annual Report		
Pharmaceutical Needs Assessment		
Joint Strategic Needs Assessment		
Standing Items		
HWB - Local Outbreak Engagement Board		√
HWB - Children First Board	√	√
Better Care Fund Monitoring	√	√
Public Forum	√	√
Public Health Update	√	√
Integrated Care System (ICS) (Incorporating Health Inequalities)	√	√
Chairman's Action To be Confirmed		
Children and Young Peoples Mental Health and Emotional Wellbeing Local Transformation Plan - October 2022 Refresh		
HWB Prep Timetable		
Date of HWB Meeting	03-Nov-22	26-Jan-23
Venue	County Hall Chichester	County Hall Chichester
Final Papers for Despatch	25-Oct-22	17-Jan-23

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