

# Public Document Pack

**Tony Kershaw**

Director of Law and Assurance

If calling please ask for:

Erica Keegan on 033 022 26050

Email: [erica.keegan@westsussex.gov.uk](mailto:erica.keegan@westsussex.gov.uk)

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

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



19 April 2023

## West Sussex Health and Wellbeing Board

A meeting of the Committee will be held at **10.30 am** on **Thursday, 27 April 2023** 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**

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.

10.35 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.

10.35 am 4. **Minutes** (Pages 5 - 14)

The Board is asked to confirm the minutes of the meeting of the Health and Wellbeing Board held on 26 January 2023.

10.40 am 5. **Actions and Recommendations Tracker** (Pages 15 - 18)

The Board is asked to monitor/note the responses to Recommendations and Actions made at the meeting on 26 January 2023.

- 10.45 am 6. **Public Forum**
- The Board invites questions and comments from the public for consideration at the meeting. Contact Erica Keegan on Telephone: 033 022 26050 (a local call) or via email: [erica.keegan@westsussex.gov.uk](mailto:erica.keegan@westsussex.gov.uk)
- 10.55 am 7. **Sussex Integrated Care Board Shared Delivery Plan**  
(Pages 19 - 62)
- The latest version of the Sussex Integrated Care Board Shared Delivery Plan will be presented to the Board for comment.
- 11.15 am 8. **Children First Board**
- 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.
- 11.25 am 9. **West Sussex COVID19 Local Outbreak Engagement Board**  
(Pages 63 - 66)
- The Local Outbreak Engagement Board, being accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board, will provide a formal update.
- 11.35 am 10. **Public Health Update**
- The Director of Public Health will provide a verbal update on current public health matters.
- 11.45 am 11. **West Sussex Health and Wellbeing Board Seminar - Monday, 20 February 2023** (Pages 67 - 70)
- This report provides an overview of the West Sussex Health and Wellbeing Board Seminar that took place on Monday, 20 February 2023. The Chief Executive of Crawley Borough Council will also provide a verbal update to the Board, including key points from the event.
- 11.55 am 12. **West Sussex Combating Drugs Partnership** (Pages 71 - 82)
- This report and presentation will provide an overview of the roles and responsibilities of the newly mandated West Sussex Combating Drugs Partnership (CDP). The Partnership has been established as part of the Government's requirements following publication of the 10-year drug strategy in 2021 and is accountable to the national Joint Combating Drugs Unit.

- 12.15 pm 13. **Development of draft West Sussex Suicide Prevention Framework and Action Plan, and draft pan-Sussex Suicide Prevention Strategy and Action Plan** (Pages 83 - 92)
- This presentation will provide a progress update on the development of both the draft West Sussex Suicide Prevention Framework and Action Plan 2023-2026, and draft pan-Sussex Suicide Prevention Strategy and Action Plan, highlighting how they will dovetail together to ensure an aligned approach locally and Sussex-wide.
- 12.25 pm 14. **Better Care Fund Monitoring Quarter 3 2022-23** (Pages 93 - 100)
- This paper summarises performance against the Better Care Fund national metrics for Quarter 3 2022-23.
- 12.35 pm 15. **Health and Wellbeing Board Work Programme 2023-2024** (Pages 101 - 102)
- To note the work programme for 2023/24 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.
- 12.40 pm 16. **Date of next Meeting**
- The next meeting of the Board will be held at 10.30am on 20 July 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

26 January 2023 – At a meeting of the West Sussex Health and Wellbeing Board held at 10.30 am at County Hall, Chichester, PO19 1RQ.

**Present:** Cllr Bob Lanzer (Chairman), Cllr Amanda Jupp, Cllr Jacquie Russell, Cllr Garry Wall, Alan Sinclair, Alison Challenger, Lucy Butler, Emily King, Chris Clark, Pennie Ford, Natalie Brahma-Pearl, Catherine Howe, Helen Rice, Luca Badioli, Matt Roberts, Ruth Hillman and Dr Amy Dissanayake

**Also in attendance:** Chris Robson, Independent Chairman (WSSCP)

**Apologies** were received from George Findlay, Siobhan Melia, Dr Jane Padmore (sent representative), Dr Angela Stevenson, Jess Sumner (sent representative) and Katrina Broadhill

### Part I

#### 36. Chairman's Welcome

36.1 In welcoming those attending the meeting the Chairman;

- thanked health and social care staff and partners across the county in managing the **critical incident**, which was declared by NHS Sussex over the New Year period, to help ensure local people continued to receive safe and high quality care during this time. Declaring a critical incident allowed additional steps to be taken to the way services were managed so safety could be maintained for patients and staff manage the growing pressures being experienced;
- updated that a question put to the Board in November asked for the Board to start a campaign to make **sugar free breakfast cereals** available. This questioner had been provided with a written response from the Chairman. *[Note: following this meeting the Chairman added an update on the Council's whole systems approach to healthy weight in West Sussex to the Board's Work Programme for 2023/24];*
- reminded that the **draft Sussex Integrated Care Strategy** was circulated to Board members before the final strategy was presented to the Sussex Health and Care Assembly in December for sign-off, where it was unanimously supported. It was also strongly endorsed by the NHS Sussex Integrated Care Board at its meeting on 4 January 2023;
- informed that a **Health and Adult Social Care Scrutiny Committee (HASC) informal scrutiny evidence gathering session** took place on Thursday, 19 January. A well-attended session, it explored **dental service provision** across West Sussex, population needs, and more with members, the NHS and other partners and witnesses. After listening to key information, members

requested that a report be presented to a future Committee to develop recommendations further;

- reminded that an informal **Health and Wellbeing Board Seminar** would take place on Monday, 20 February at County Hall, Chichester, led by Natalie Brahma-Pearl, Chief Executive of Crawley Borough Council. The seminar would focus on the impact of COVID-19 on the homeless population across West Sussex, and new and emerging cross-cutting issues and developments, including cost of living pressures. All Board members were encouraged to attend if they could, enabling further progress on the collaborative work on housing to help improve the health and wellbeing of residents and communities and reduce inequalities; and
- highlighted that the council was running a '**New Year, Healthy You' communications campaign** during January through to early February, offering practical ways to help local residents get a healthy kick start to 2023, comprising a health and wellbeing special edition Residents' e-newsletter, social media posts, information, resources on services and support available, including West Sussex Wellbeing. In addition, the council's library service was supporting the Dry January campaign through social media posts, their January customer newsletter, and promoting books on alcohol reduction.

### **37. Declaration of Interests**

37.1 There were no declarations of interest.

### **38. Minutes**

38.1 Resolved – that the minutes of the meeting held on 3 November 2022 are approved as a correct record and are signed by the Chairman.

### **39. Recommendations and Actions Tracker**

39.1 The Board considered the newly implemented Recommendations and Actions Tracker (copy appended to the agenda available on the council's website) which had been updated from the last meeting on 3 November 2022. The Chairman invited comments. There were no comments and so the Board noted the Recommendations and Action Tracker.

### **40. West Sussex Safeguarding Children Annual Report**

40.1 Chris Robson, the Independent Chairman of the West Sussex Safeguarding Children's Partnership (WSSCP) presented the WSSCP (WSSCP) statutory annual report to the Board (copy appended to the agenda available on the council's website). It was explained that the Health and Wellbeing Board does not have a role in approving or endorsing this annual report as it is a partnership document. It was

presented to the board, for information, as a key partner and as WSSCP activities align with the Joint Health and Wellbeing Strategy outcomes.

40.2 In presenting the report the following key points were made;

- The West Sussex Safeguarding Children Partnership (WSSCP) was noted as being led by three Strategic Lead Partners: Police, Health and the Local Authority, working together as joint and equal partners to shape arrangements which respond to local need with the vision of an assured safeguarding partnership which collectively engages with children and families enabling them to thrive.
- Key safeguarding volume data was highlighted detailing the scale of workload. There were over 46k contacts with 9k becoming referrals and over 5k open to Children's Social Care.
- The WSSCP Independent Chairman informed that he had wanted the annual report to reflect upon and recognise the hard work of professionals, including Social Workers.
- The annual report was noted as a public facing document, aiming to reassure the public that the safeguarding work will ensure core practice is of high quality, is responsive to the needs of the community and improves outcomes for children and families in West Sussex.
- The WSSCP Governance arrangements were outlined in the report, enabling the partnership to deliver against the priority areas of neglect, child exploitation and ensuring an effective multi-agency Safeguarding practice.
- Figures showed that in West Sussex 61% of the total number of children who are subject to child protection plans was due to neglect. This was noted as higher than the national average. It was explained that this could be seen as a positive as it reflected practitioners' improved ability to identify and therefore address neglect. An audit was noted as being undertaken during 2022/23 to test this hypothesis.
- It was noted the partnership had a duty to consider and, if necessary, undertake Rapid Reviews and Child Safeguarding Practice Reviews.
- The WSSCP Training Programme offer was outlined as having been well received and the numbers of practitioners booking a place had been maintained.
- Thanks were given to the Director of Children's Services (DCS) for her exceptional work.

40.3 In receiving the annual report Board members;

- welcomed the WSSCP annual report as useful and thanked the Independent Chairman, partners, professionals, social workers and the DCS for their hard work;
- recognised the dynamic partnership and excellent work produced;
- suggested that health sectors could participate in receiving the multi-agency training that is designed to improve responses to neglect across all agencies. The DCS agreed to explore this further with the Executive Managing Director West Sussex, NHS Sussex outside of the meeting.

40.4 Resolved – that the WSSCP Annual Report and progress in delivering business plan priorities be noted.

#### **41. Public Forum**

41.1 The Chairman reported that there had been no questions submitted for response at this meeting. There had been a number of enquiries requesting signposting to Health and Wellbeing Services which had been dealt with outside of the meeting. The public were invited to submit questions for consideration at future meetings of the West Sussex Health and Wellbeing Board. Contact Erica Keegan on Telephone: 033 022 26050 (a local call) or via email: [erica.keegan@westsussex.gov.uk](mailto:erica.keegan@westsussex.gov.uk)

#### **42. West Sussex County Council's Communities Directorate update on whole Council response to cost of living pressures**

42.1 In introducing this item, the Chairman pointed out that the Health and Wellbeing Board's Terms of Reference requires the Board to provide strategic, system-wide Leadership to promote health and wellbeing and reduce health inequalities in West Sussex. It was noted that cost of living pressures, in the local population, challenges the Board to address these issues in a strategic way.

42.2 Emily King, Communities (Assistant Director) presented this report updating on the whole council response to cost of living. The Board was asked to identify opportunities to work collaboratively, as key systems leaders across West Sussex to strategically address the issues. Board members were reminded that at the meeting on 3 November 2022 the collaborative approach to tackling cost of living pressures across West Sussex and addressing some of the potential negative impacts on the local population's health was considered. An addendum to the Joint Health and Wellbeing Strategy was agreed to; describe the cost of living pressures as they relate to our local population, consider high level potential impacts to population health and wellbeing and describe the approach and principles to addressing cost of living pressures.

42.3 In discussing this report, Board members acknowledged the difficulties residents were experiencing, particularly in deprived areas of West Sussex, and recognised that all partners represented on the Health and Wellbeing Board were under pressure to deliver front line support. This was noted as likely to extend beyond the normal winter pressures period and therefore required a long term strategic approach. In the course of the discussion, members considered cost of living as a cross cutting issue and commented on the resulting pressures on families, young people, mental health, housing, transport, rural areas, social isolation, salaries and health inequalities. The cost of living impact on the supporting partners, represented on the Health and Wellbeing Board, and their ability to respond to demand was also discussed.

42.4 Comment was made that a united, system wide response was required in order to coordinate the best support. It was suggested that residents could be provided with useful information/signposting material



through Council Tax letters but it was emphasised that time planning would be required to achieve this. It was agreed that analytical software, currently being developed, would be a useful tool enabling partners to address issues, with the use of data sets, allowing targeted support.

42.5 In summing up the Chairman pointed out that [Cost of Living Signposting](#) was available on West Sussex County Council's website noting that a range of partners were supporting collaborative work. The Chairman welcomed further ideas, including outside of this meeting, on what more could be done as a partnership as it was recognised that no one partner was working in isolation.

42.6 Resolved – that the Health and Wellbeing Board notes the cost of living report and continues to identify opportunities to work collaboratively, as key systems leaders across West Sussex, to mitigate potential adverse impacts of cost of living pressures on the local population.

### **43. Children First Board**

43.1 The Director of Children, Young People and Learning delivered a report on the Children First Board, being accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board.

43.2 It was noted that the Children First Board had overseen the production of the Children and Young People's Plan. The voices of children and young people and organisations across the partnership had helped to identify priorities. These priorities were outlined as;

- Keeping children and young people safe from harm
- Providing the earliest possible support to families on low incomes to minimise the impact this has on their lives
- Closing the disadvantage gap for children and young people across all key stages
- Improving children and young people's emotional health and well-being
- Strengthening multi-agency approach to identifying and meeting the needs of children and young people with special educational needs and disabilities (SEND)

43.3 Board members were informed that the new Integrated Care Board had introduced a Sussex wide Children and Young People's Board which the Children First Board would be taking into consideration and would collaborate with as there was crossover with aligned priorities.

43.4 Resolved – that the report be noted.

#### **44. West Sussex COVID19 Local Outbreak Engagement Board**

44.1 The Director of Public Health provided a report on the Local Outbreak Engagement Board (LOEB), being accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board.

44.2 It was reported that the LOEB had continued to meet with the last meeting being on 28 November 2022 and the next scheduled to take place on Thursday, 23 February 2023. The LOEB continued to be committed to its role in bringing together key systems leaders across the County Council and the wider health and social care system in West Sussex to reduce the spread of infection and save lives across the county.

44.3 It was pointed out that there was still opportunity for residents to receive Seasonal Flu and Covid19 vaccinations through to March 2023 and take up would be encouraged. Inequalities were being addressed, working on availability and accessibility with the aim to continue to increase vaccinated numbers.

44.4 In receiving the report, Board members made comment that the National Booking System was still available for vaccination appointments. The Chief Executive for Community Transport Sussex informed that a vaccine support line was running to find people who may need transport to a vaccination centre or a healthcare professional could be transported to the resident.

44.5 Resolved – that

- i. feedback on the progress of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) since the last quarterly report to the Health and Wellbeing Board in July 2022, be noted; and
- ii. the Board has considered how the LOEB can continue to engage with residents and communities across West Sussex, maximising its collaborative strength through the 'Living with COVID-19' phase of the pandemic.

#### **45. Public Health Update**

45.1 The Director of Public Health provided the regular verbal update on current public health matters. The following key points were made;

- It was reported that the Director of Public Health has a statutory duty to write an annual report on the health of the local population on a topic of their choice. This year's independent Director of Public Health Annual Report 2021 focused on the COVID-19 pandemic. As well as highlighting health inequalities the annual report described the efforts across the Health and Care System and the strengthened collaborative working as a result of working on the pandemic

response. Efforts had been recognised particularly those that supported on the front line.

- The Stoptober campaign would be evaluated for its impact. Big impacts had been seen previously and stop smoking tools remained available online.
- There had been a Social Media Campaign to coincide with World Mental Health Day (10 October 2022) signposting to local and national support services.
- A new 2022 edition of the JSNA summary, which assesses the county's health and wellbeing needs, issues and assets had been published.

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

## 46. Integrated Care System Update

46.1 Chris Clark, Assistant Director (Health Integration) supported by Alan Sinclair Director Adults and Health and Pennie Ford, Executive Managing Director NHS Sussex provided a presentation on the Integrated Care System's (ICS) Integrated Care Strategy (copy appended to the agenda available on the council's website).

46.2 It was reported that the Sussex Integrated Care Strategy was approved by the Sussex Health and Care Assembly in December 2022. NHS England had since published planning guidance for developing a five-year 'Joint Forward Plan' as well as NHS Operating Plan Guidance for 2023-24. Board members were provided with a summary of how the ICS and West Sussex place proposes to approach these planning processes, including the national system and local drivers for prioritisation. The Health and Wellbeing Board was then asked to consider how it wished to work with the health and care partnership, to ensure the focus of plans align with the Joint Local Health and Wellbeing Strategy.

46.3 The plans being developed were noted as:

- **The Joint Forward Plan (JFP)** where the Sussex Integrated Care System will describe how it will arrange and deliver services to deliver the shared system priorities set out in the Sussex Health and Care Strategy, over the next five years. The first year of the JFP will also capture the priorities of the 2023-24 NHS Operating Plan.
- **The 2023-24 NHS Operating Plan (NHS OP)**, a one year plan for local NHS services in Sussex, describing activity volumes, service performance and quality targets and financial allocations. NHS organisations are accountable for delivery against this plan.
- **The West Sussex Place-Based Health and Care Partnership Plan.** The place-based plan describes how the West Sussex Health and Care Partnership is delivering local transformation programmes driven by population health needs and priorities set out in the West Sussex Joint Local Health and Wellbeing Strategy. In addition to local transformation priorities, the place based plan also captures where activities from the **JFP** and the **NHS OP** should be delivered at Place (West Sussex).

46.4 It was noted that there was a lot to deliver within the priorities and so it should be ensured that the focus in the plans is aligned with the priorities set out in the JFP, NHS OP and the Joint Local Health and Wellbeing Strategy, and the priorities that the Health and Care Assembly have approved in the Sussex Integrated Care Strategy.

46.5 In thanking the Assistant Director (Health Integration) for his presentation the Chairman made comment that he understood this was a complex planning environment. The Chairman confirmed that his role on the NHS Sussex Care Assembly ensured that West Sussex as a place was represented in any joint delivery plans.

46.6 In receiving the presentation Board members;

- recognised the importance of capturing place-based planning ensuring priorities are set out
- welcomed a focus on health inequalities
- noted that the use of real time data would assist in helping to focus work by providing useful insight
- suggested that a collaborative, dual approach to working does need to be used to tackle issues such as workforce planning
- agreed that the voice of the voluntary sector needed to be considered and included in planning development
- noted that the CEO of the Aldingbourne Trust represented the workforce planning strand for West Sussex and so there was confidence this work strand would not be overlooked
- discussed the opportunity to link in with workforce planning and refugee settlement
- identified the need to ensure that work was not duplicated
- acknowledged the pay gap between health and care could mean a loss of staff to the NHS
- agreed to ensure inclusion of local authorities in the NHS ICS digital workstream as well as further conversations around the collaborative use of real time, analytical data between Board members, including NHS Sussex Integrated Care Board and District and Borough councils
- acknowledged that the use of real time data was in the development stages and the Board could contribute towards planning around its use
- agreed a collective focus in planning would be more impactful than taking a wider view
- noted the confirmation by the Director of Public Health that there was a key workstream on developing the use of real time data to assist with planning. An integrated approach was welcomed and this work would be explored further at a future meeting of the Board or Seminar.

46.7 In summing up, it was agreed that the Integrated Care System's priorities needed to work at place level and not obscure the Joint Strategic Needs Assessment or the Joint Health and Wellbeing Strategy. It was pointed out that central government would be undertaking a review of the implementation of the ICS later in this year which would be of interest.

The Chairman proposed that this matter be revisited upon publication of this review.

**47. Better Care Fund Monitoring Quarter 2 2022/23**

47.1 The Board received a report that updates on the West Sussex 2022/23 Better Care Fund Plan, presents the West Sussex plan for the Adult Social Care Discharge Fund, and summarises performance against the Better Care Fund national metrics for Quarter 2 2022/23.

47.2 Following consideration of the report and plan, it was

Resolved – that

- i. the update on the West Sussex Better Care Fund Plan for 2022/23 be noted;
- ii. the West Sussex Adult Social Care Discharge Fund Plan be approved; and
- iii. the West Sussex performance against the national Better Care Fund metrics at Quarter 2, 2022/23 be noted.

**48. Health and Wellbeing Board Work Programme 2023/2024**

48.1 The Health and Wellbeing Board Work Programme 2023/2024 was noted (copy appended to the agenda on the council's website).

**49. Date of next Meeting**

49.1 The date of the next meeting of the Health and Wellbeing Board was confirmed as 27 April 2023.

The meeting ended at 12.32pm

Chairman

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## West Sussex Health and Wellbeing Board (HWB) Action and Recommendations tracker

The action and recommendations tracker allows the HWB to monitor responses, actions and outcomes against their recommendations or requests for further action. The tracker is updated following each meeting and circulated to Board Members electronically. Once an action/recommendation has been completed, it will be removed from the tracker.

Recommendation/ Action Topic	Meeting (date raised)	Recommendation/ Action	Responsible Officer/ Member	Follow up	Response/ Progress/ Deadlines	Status
Local Outbreak Engagement Board	26.1.23	Resolved that the Board has considered how the LOEB can continue to engage with residents and communities across West Sussex, maximising its collaborative strength through the 'Living with COVID-19' phase of the pandemic.	Alison Challenger	Regular updates at HWB meetings	Resolved at meeting	Completed
Cost of Living	26.1.23	Resolved – that the Health and Wellbeing Board notes the cost of living report and continues to identify opportunities to work collaboratively, as key systems leaders across West Sussex, to mitigate potential adverse impacts of cost of living pressures on the local population	All HWB Members	N/a	Resolved at meeting	Completed
Children First Board	3.11.22	(1) Note the contents of this report. (2) Promote key message from Children First SEND Sub-group	Lucy Butler/Cllr Russell	N/a	Resolved at meeting	Completed

Recommendation/ Action Topic	Meeting (date raised)	Recommendation/ Action	Responsible Officer/ Member	Follow up	Response/ Progress/ Deadlines	Status
JHWS, Cost of Living	3.11.22	(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).	Dani Plowman/Alison Challenger	N/a	Resolved at meeting	Completed
Better care Fund	3.11.22	(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.	Chris Clark	N/a	Resolved at meeting	Completed



<b>Recommendation/ Action Topic</b>	<b>Meeting (date raised)</b>	<b>Recommendation/ Action</b>	<b>Responsible Officer/ Member</b>	<b>Follow up</b>	<b>Response/ Progress/ Deadlines</b>	<b>Status</b>
Cost of Living	3.11.22	Establish a Health and Wellbeing Working Group on Cost of Living	Chairman will consider item for inclusion	At agenda prep meeting 5.1.23	The establishment of a working group is not required; a comprehensive programme of work is already underway to address cost of living pressures across West Sussex. Regular updates to be provided at quarterly Health and Wellbeing Board meetings	Completed
Work Programme	3.11.22	(1)Request to add item on work programme for next meeting to update on Cost of Living (2)Request to add item on Health and Care workforce planning	Chairman will consider item for inclusion	At agenda prep meeting 5.1.23	(1) Cost of Living Item added to Work Programme  (2) This item to be dealt with and included in Integrated Care System updates on the work programme.	Completed



**Improving Lives Together**  
Ambition to Reality: Our  
Shared Delivery Plan

# Contents



## 1. Delivering Improving Lives Together

Our ambition is to improve the lives of everyone living across Sussex now and in the future. We want local people to thrive to be the best they can be; to be healthier and feel supported; and have the best possible services available to them when and where they need them.

Our Integrated Care Strategy, [Improving Lives Together](#) represents this ambition and sets out the agreed long-term improvement priorities we will be focusing on across health and care in Sussex that will bring the greatest benefits to local people and our workforce.

We are committed to making our ambition a reality over the next five years and beyond, and this Shared Delivery Plan sets out the actions we are taking in Year One to make it happen. This will involve:

- **Progressing our long-term improvement priorities**

We will be building on work that is already taking place and taking new actions to progress the long-term improvement priorities that have been agreed across our health and care system. These are:

- A new joined-up community approach, through the development of Integrated Community Teams;
- Growing and developing our workforce;
- Improving our use of digital technology and information.

We have set out the Year One actions we will be taking to progress our priorities, what we plan to achieve and when, as well as outlining the actions we are planning for subsequent years.

- **Making immediate improvements to health and care services**

We recognise there are immediate improvements that need to be made to health and care services. This winter has been extremely challenging for our health and care system, due to high numbers of people needing support and care from services, and this has meant not everyone is always getting the right care, at the right time and in the right place for their needs. This has had an impact of some people's experience of services and their outcomes and has put intense pressure on our hard-working workforce.

A lot of work is taking place to give people better access to, and experience of, services and we are giving specific focus to four areas that need the most improvement:

- Increasing access to and reducing variability in Primary Care;
- Improving response times to 999 calls and reduce A&E waiting times;
- Reducing diagnostic and planned care waiting lists;
- Accelerating patient flow through, and discharge from, hospitals.

- **Progressing areas that need continuous focus and improvement**

To bring about the improvements we want to make to achieve our ambition, there are four key areas that need continuous focus and improvement:

- **Addressing health inequalities** that exist across our population. This will be achieved through the delivery of all the actions we are taking but there is also a specific system-wide focus to help bring about the biggest short and long-term change.
  - **Addressing the mental health, learning disabilities and autism** service improvements that we need to make across our system.
  - **Strong clinical leadership** is crucial to enable us to make improvements to both health and care services and the health outcomes of local people.
  - **Getting the best use of the finances available.** We will need to get the most out of the money we have available to invest in services and make sure we are working in the most effective and efficient way.
- 
- **Delivering our Health and Wellbeing Strategies**

*Improving Lives Together* is built on the Health and Wellbeing Strategies across our three 'places' of Brighton and Hove, East Sussex, and West Sussex. These set out the local priority areas of work taking place to best meet the needs of our diverse populations. Health and care organisations are working together to deliver these strategies, as well as the long-term, immediate, and continuous improvements that need to be made to achieve our ambition.

We are developing a Five-Year Shared Delivery Plan to be published in July 2023, that will build on the work that is already taking place and outline the steps we will be taking to *Improve Lives Together* for our Sussex population, in future years. **This draft version (March 2023) sets out our progress to date in developing our Plan.**

## 2. Our ambition for a healthier future

We know that currently people across Sussex are not always getting the support and care they need to live the healthiest life possible.

Our [Case for Change](#) outlines the issues we face as a health and care system and why health and care services are not always able to meet the needs of our population. This includes [population factors](#) such as our growing and ageing population that means that more people need more care more often; the wider determinants of health, such as society and economic environment and conditions our local communities are living within; and people's lifestyles. There is also the lasting impact the Covid-19 pandemic has had on both services and health, and the current cost of living crisis that is negatively affecting people's health and wellbeing.

We also have long-standing health inequalities, with communities and groups of people having worse health than other people because of who they are or where they live, particularly those who are most disadvantaged.

In addition, [individuals, communities and our workforce have told us](#) that people are not always getting what they need, when they need it due to difficulties accessing services, support and information, and the disjointed and confusing way the 'system' works.

A lot of work has already taken place across health and care over recent years to improve the support, care, and treatment available, and the timeliness of how people access services, and progress has been made that has brought real benefits to local people. However, we recognise this has not always gone far enough in many areas and a lot of the issues we face can only be resolved through a more ambitious approach.

We have an ambition to achieve four aims:

- To improve health and health outcomes for local people and communities, especially those who are most disadvantaged.
- To tackle the health inequalities we have.
- To work better and smarter, getting the most value out of funding we have.
- To do more to support our communities to develop socially and economically.

We will do this through organisations working closer together and differently with and within our communities to support people through each stage of their lives. We want to:

- **Help local people start their lives well** by doing more to support and protect children, young people, and their families.
- **Help local people to live their lives well** by doing more to support people to stay well, to look after their own health and wellbeing.
- **Help local people to age well** by doing more to support older people to live independently for longer.

- **Help local people get the treatment, care, and support they need** when they do become ill by doing more to get them to the right service first time.
- **Help our staff to do the best job they can** in the best possible working environment by doing more to support their own health and wellbeing and to promote opportunities which ensure people want to work in health and care services.

We want to achieve our ambition over the next five years and beyond and recognise that we will not be able to do everything at once, with some things taking longer than others to get up and running, so we need to be focused on what we can do and when. We also need to do it in a realistic way, using the money, workforce, and facilities we have available as a health and care system.

However, by working together across all system partners, and with local people and communities, we now have an opportunity to combine our collective energy, resource, and expertise to make our ambition a reality.



### 3. Making our ambition a reality – Our Shared Delivery Plan

To make our ambition a reality, throughout 2023/24 and beyond, we will be making progress and improvement across the four key delivery areas set out below:



## Delivery Area 1

### Delivering our Long-term Improvement Priorities

Achieving our ambition is centred on three agreed long-term priorities – **a new joined-up communities approach; growing and developing our workforce; and improving our use of digital technology and information.** We will be taking action in Year One to progress these priorities and have agreed the key milestones we want to achieve over the following two to five years.

#### A Joined-up Community Approach: Integrated Community Teams

Over the next five years we will be integrating health, social care, and health-related services across local communities in a way that best meets the needs of the local population, improves quality and reduces inequalities. This will involve us working with local people to build on what works best already, and to create a multi-disciplinary workforce, tailored to the health and care needs of the community. We will do this by developing **Integrated Community Teams**, that are made up of professionals working together across different organisations within local communities. This will involve integration across primary care, community, mental health, local authority partners, VCSE and other local partners.

We will develop a **‘core offer’** that each Integrated Community Team delivers to everyone, in addition to the individual support and services available to meet the specific needs of different communities. This new service model will be enabled by the delivery of our digital and workforce priorities, meaning our workforce has more time for direct care and to focus on population health management, prevention, and community engagement.

To progress this priority over the next year, we will build on the work already detailed in our respective Health and Wellbeing Strategies and test new ways of working through three innovative programmes in each of our three places – Brighton and Hove, East Sussex, and West Sussex. The learning from these **‘Integrated Community Frontrunners’** will be used to shape and inform roll-out of the Integrated Community Team model across our system.

#### Our Year One actions to progress Integrated Community Teams:

What we will do	What we will achieve	When we will achieve it
We will define our Integrated Community Teams across Sussex.	We will have a clear model for Integrated Community Teams informed by our Joint Strategic Needs Assessments, Health and Wellbeing Strategies, and local population data and insights.	June 2023

<p>We will agree our core offer for communities.</p>	<p>We will define and agree the health and care needs, outcomes and 'core offer' that each Integrated Community Team will deliver to its population.</p>	<p>March 2024</p>
<p>We will have data and information in place to support our Integrated Community Teams.</p>	<p>We will be able to measure outcomes that have been agreed at a local level, using a consistent outcomes framework which can be utilised at local level and be shared across the Sussex system.</p>	<p>December 2023</p>
<p>We will test and refine our new ways of working through our three Integrated Community Frontrunners.</p>	<p>We will have learning documented and shared across to inform further rollouts and our approach to clinical leadership, workforce and the use of technology and data.</p>	<p>March 2024</p>

**We will further progress our Integrated Community Teams approach from Year Two by:**

- Agreeing our model of care and service specification for our 'core offer', working with system partners to agree the delivery form for this.
- Using data, insights, and evidence, develop a flexible local service offer for each Integrated Community Team for delivery alongside the core offer.
- Rolling out our Integrated Community Team model across Sussex, in a series of agreed 'waves'.
- Implementing a continuous improvement and evaluation approach to improve and refine the way we deliver services at a community level.



## Our Integrated Community Frontrunners

We have selected three programmes at each of our respective Places, to be tests of change for our new ways of working. Within each of these, we will test and adapt our approach to clinical leadership, multi-disciplinary working, and the way in which we use technology and data.

### **Brighton and Hove: *Improving Brighton and Hove Lives Together***

Across Brighton and Hove, we are working to improve and join-up services to better support people with multiple compound needs. These are among the most marginalised and vulnerable members of society and face significant health inequalities. There is a 34-year life expectancy gap for people with multiple compound need compared to the general population and they are likely to be living in the most deprived area and specifically Central and East of Brighton.

The aim is for multidisciplinary teams will be working together to better co-ordinated services that are preventative, proactive, responsive, and empowering; enabling individuals to maximise control over their lives. Team members pool their skills, professional experience, and knowledge to provide a rounded response to the people they are supporting.

### **East Sussex: *Improving Hastings Lives Together***

Partners across health and care are currently working with community and voluntary organisations and local people in Hastings to design and develop health and care services and support in the future. Hastings has some of the most deprived wards in the country, so is the focus of the initial testing and development phase of the new model to enhance and integrate our joined-up offer of health, care and wellbeing in communities and neighbourhoods. There are many existing projects and funding streams focussed on reducing the gap in health inequalities, including the gap in life expectancy and the needs of specific groups within this. The programme of work is intended to build on this to establish a framework for planning and delivering joined up health, care and wellbeing services to get the best benefit for the local population.

A project called 'Universal Healthcare' has been underway since June 2022 with a number of community engagement workshops taking place to understand the needs of local people and help shape how they can be better supported in the long term.

### West Sussex: *Improving Crawley Lives Together*

Crawley is one of the most culturally diverse communities in West Sussex and has significant pockets of deprivation where people have poorer health outcomes than other areas of the county.

We have been running a programme of work since 2021 that is an innovative approach to tackling health inequalities and poor outcomes at a borough level. Its aim is to tailor health services and service models in Crawley to meet the needs of the population with a focus on the most disadvantaged communities.

Phase One of the programme set out to understand what health service developments were required to address the health inequalities and improve the poor outcomes. We took a local approach to looking at the needs of the population and engaged with local people to understand what barriers they are facing, and what is a priority to help support their health and wellbeing. A range of service developments are being undertaken to ensure they can meet the needs of the local communities.

By April 2024, we will have developed key service business cases and plans and developed the estates strategic outline case.

### Growing and developing our workforce

We want to support our staff and volunteers to do the best job they can by growing and developing our workforce. The number of people working in health and care has grown and we need to carry on increasing staff numbers but recruiting more is not the only answer. We need to also get the best out of the staff we already have.

There are five objectives we want to achieve:

- Developing a 'one team' approach across health and care so they can work together and across different areas to help local people get the support and care they need.
- We will support staff to develop new skills and expand the skills they have to allow them to work across different disciplines and areas and help staff to have more opportunities to progress in their careers.
- We want to create a more inclusive working environment that recognises diversity and has a workforce that better represents the population they care for.
- We will encourage, and make it easier for, more young people, students, and people who have never considered a career in health and care, to work with us.
- We want to create a culture where people feel valued and supported to develop their skills and expertise. We want to take a 'lifelong learning' approach where people never stop developing their skills throughout their career.

**Our Year One actions to progress growing and developing our workforce:**

What we will do	What we will achieve	When we will achieve it
We will agree the model for a single workforce support package across the system.	We will have an agreed single workforce support package in place.	December 2023
We will develop a People Plan with a three-year delivery roadmap.	We will agree one approach to workforce across our system and how this will be implemented.	September 2023
We will launch an innovative guaranteed employment scheme, in conjunction with Brighton University and Sussex Partnership NHS Foundation Trust (SPFT).	We will have supported SPFT to achieve an agreed reduction ( <b>subject to operational plan</b> ) in their registered mental health nurse vacancy rate.	June 2023
We will identify initial communities to test our one workforce approach.	We will begin to roll-out our one workforce approach.	March 2024

**We will further progress our Workforce approach from Year Two by:**

- Launching our system-wide digital and data training scheme.
- Agreeing and implementing one approach across the system, to talent management, succession planning and equality, diversity, and inclusion.
- Adapting and further rolling out our guaranteed employment scheme.
- Launching our system-wide organisational development and culture framework.
- Developing a compelling offer for multi-skilled professionals, in partnership with the education sector.
- Implementing a single system recruitment framework.
- Expanding our single workforce offering to include a collaborative bank function, wellbeing offerings, a single transactional service for employers and workforce.

**Improving the use of digital technology and information**

We need to do much more to harness the potential for the use of digital technology and information. In doing so, we can improve access and join-up our services in a way that will fundamentally transform the experience for our local population and workforce.



We currently have too many disjointed systems, and data that is not shared and available at the point of need and we will be working with our communities and workforce to co-design and deliver long-term improvements.

For our Integrated Community Teams to succeed, we will need to ensure that information can be shared effectively across teams from multiple organisations, in a simple, timely way. We also need to simplify and democratise digital access to services for our population.

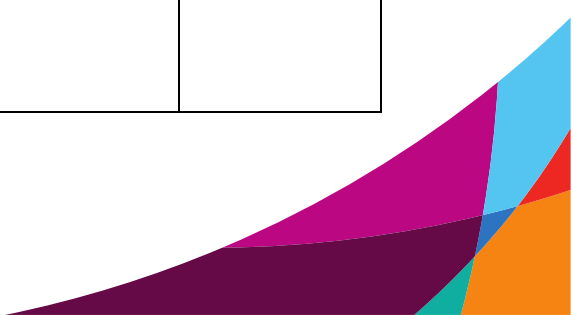
To do this, we will need to **Digitise**, **Connect**, and **Transform** our services.

- We need to **digitise** to put the right foundational technology, tools, leadership, and capability in place across our system, and in the hands of our population and workforce. We need to do this in a way that will improve and simplify access for all and reduce the variation we see that leads to inequality and digital exclusion impacting some people and communities more.
- We need to **connect** our population, partners and communities through digital and data services that enable them to play their part in tackling the challenges the system faces and in building trust in the data that informs care, population health management, research, and innovation.
- With the right digital and data foundations in place across our system, we need to then **transform** our services through co-design of more integrated ways of working within our Integrated Community Teams (via our Frontrunners), and across our system; use trusted data and insights to improve, innovate and explore new technologies.

People and communities will be able to choose high quality digital and data services, information, and technologies they have co-designed and can trust; information that supports them to live healthier lives; technologies to help manage their conditions and treatments and services to communicate and plan with those involved in their treatment and care.

### Our Year One actions to progress the use of digital technology and information

What we will do	What we will achieve	When we will achieve it
We will progress the work to <b>digitise</b> our services by evaluating our baseline position.	A system and provider digital maturity assessment will be completed and nationally benchmarked.	September 2023
We will agree a system-wide digital and data charter, setting out clear design principles and national benchmarking.	We will have 100% partners formally signed up to the charter.	September 2023



We will map unwarranted variation of inequality of digital access within our population and create a plan to address it; we will establish a People's Panel for Digital and Data and embed our Digital Inclusion Framework.	We will establish where we have inequality of digital access within our population and better ensure a population-led design approach of digital and data services.	March 2024
We will agree a system-wide data, information, and insight strategy.	A strategy will be in place.	March 2024
We will extend access and enrich services offered through the My Health and Care patient app (integrated with the NHS app).	We will have 65% of patients registered with the NHS App and 33% patients registered with My Health and Care.	March 2024
We will establish Digital Centres of Excellence in three providers to lead system improvements and innovation.	We will improve the quality and standard for Infrastructure, Data Intelligence, and Innovation across the system.	December 2023
We will extend our digital service offering including virtual care technologies, care planning, self-referral, primary care accessibility and other capabilities	We will have an enhanced range of digital service provision and integration across the system.	March 2024

**We will further progress our Digital and Data approach from Year Two by:**

- Expanding our work to connect community teams and share information to our wider system partners including social care and the voluntary sector.
- Delivering a single electronic staff record and rota system across Sussex to support our workforce in delivering health and care across providers and within community teams.
- Implementing a shared, single point of access, population health management data platform and Data and Analytics team to support the work of our Integrated Community Teams, building on the work undertaken through our Integrated Community Frontrunners.
- Removing system interface issues, enabling data sharing across complex health and care settings.
- Embedding and supporting population and community-led digital innovation.





## Delivery Area 2

### Delivering our Immediate Improvement Priorities

Alongside the Long-term Improvement Priorities, there are immediate improvements that need to be made across our health and care services. We have developed and submitted an operational plan for 2023/24 [\[link will be added here\]](#) which sets out the key actions that will be taken and how we will ensure best use of finances across our services.

We recognise that all service provision is vital for individuals and communities and work will continue to give people the best possible care and treatment they need in all areas. However, there is a need for us to make greater improvement across four key areas, to improve access to services and reduce the backlog in waiting lists that increased during the pandemic:

We need to:

- Increase access to and reduce variability in Primary Care;
- Improve response times to 999 calls, and reduce A&E waiting times;
- Reduce diagnostic and planned care waiting lists;
- Accelerate patient flow through, and discharge from, hospitals.

### Increasing access to and reducing variability in Primary Care\*

GP practices across Sussex work extremely hard to ensure their patients get the timely support, treatment and care they need in the best possible way. In January 2023 alone, there were over 900,000 appointments offered by Sussex practices, which was 97,000 more than the previous month and over 120,000 more than the same time last year.

The increasing number of people accessing GP services means it is increasingly becoming difficult for everyone to always get an appointment when the patient wants it. In addition, because each practice works differently, there is variation in how appointments are managed and accessed. This means some people trying to get an appointment can find some systems frustrating and the variation can exacerbate inequalities in access and outcomes.

Throughout Year One, we will be focusing on increasing capacity across GP services, improving the quality of services and patient outcomes and supporting general practice services to be more sustainable. At the end of Year One, we expect patient satisfaction and experience to have significantly improved, with patients having increased choice in access to same day and two weekly appointments via a range of methods.

**Our Year One actions to improve Primary Care access and reduce variability:**

What we will do	What we will achieve	When we will achieve it
Increased coverage of the cloud telephony system to improve service access	95% of practices will be signed up.	September 2023
Increased practice staff able to provide direct patient care	245 more staff recruited	March 2024
Increase referrals to our Community Pharmacist	We will increase referrals to 17,574	March 2024

**The difference this will make to local people and how it will be measured:**

Difference for local people	How will this be measured
It will be easier for patients to contact practices	Patient satisfaction scores will improve by 5%
Patients will be able to access more appointments	There will be a 2% increase in appointments from previous year.
Patients will be able to access an appointment within two weeks if they needed	The number of people obtaining an appointment within two-weeks if they need it, will increase by (X% tbc subject to operational plan)

\* Note that the priorities and milestones might change in light of the forthcoming publication of the GP Access Recovery Plan.

**Improving response times to 999 calls and reduce A&E waiting times**

Like many systems across the country, we have seen increasing numbers of people using urgent and emergency care services over recent years and this is putting significant strain on our workforce and has impacted the timeliness for people accessing the care they need. Rather than seeing peaks and troughs throughout the year, services are now constantly busy and as a result too many people are routinely experiencing delays in care and staff are under ever increasing pressure.

A lot of work has taken place to continuously look at ways the system can improve responsiveness, quality of care and patient satisfaction. This will be built on, expanded, and taken even further during Year One and we will be focusing four key areas to make the biggest improvements:

- **Improving and standardising care** to give giving more of our population access to care which aligns with best practice.
- **Improving discharge** to free up more capacity to allow more people to be cared for in a more timely way.
- **Expanding care outside hospital** to ensure people’s needs are meet sooner and they do not have to end up going to acute hospitals for treatment and care.
- **Expanding our use of virtual wards** to allow more people to be cared for in their own homes when they would otherwise have gone into hospital for care.

**Our Year One actions to improve response times to 999 calls and reduce A&E waiting times:**

What we will do	What we will achieve	When we will achieve it
We will undertake a full review of same-day emergency services in Sussex alongside an analysis of the different needs of our population.	We will have a clear understanding of the changes we need to make to ensure all our citizens have timely access to same day emergency care.	June 2023.
We will increase capacity in our ambulance service, including the roll out of Mental Health ambulances, 111 clinical advisory service, virtual wards, non-injured falls service, Mental Health same day urgent care services, Acute respiratory hubs, urgent community response services and Alternative to Admission Single Point of Access.	A greater number of people will receive rapid assessment and care for physical or mental health conditions in their own home or in the community and therefore avoid a hospital admission	December 2023
We will roll-out clear standardised pathways of care for individuals in Sussex who are at risk of a rapid deterioration in their health, including patients with respiratory illnesses or suffering from frailty.	Vulnerable individuals will spend more of their time in good health and receive rapid, early intervention through joined up primary, community, and secondary care services when support is required.	March 2024



<p>We will support each of our acute hospital sites to undertake improvement work within their emergency departments, including a focus on rapidly streaming patients to the right service.</p>	<p>There will be improved flow of patients through emergency departments, enabling ambulances to be offloaded and minimising the time that patients spend in departments before being discharged or admitted.</p>	<p>December 2023</p>
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**The difference this will make to local people and how it will be measured:**

Difference for local people	How will this be measured
<p>More patients will experience shorter waits for treatment in A&amp;E, Urgent Treatment Centres, and Minor Injury Units across Sussex.</p>	<p>We will achieve a minimum of 76% of patients attending A&amp;E being seen within four hours.</p>
<p>Patients who call 999 with a time critical condition will receive a faster response from the ambulance service.</p>	<p>We will achieve the category 1 response time (90% of calls responded to within 15 minutes) and a better response rate of less than 30 minutes for category 2 (90% of calls responded to within 40 minutes).</p>
<p>More patients will receive medical care closer to home, with admission to an inpatient bed only occurring when absolutely necessary, enabling patients to be cared for in a familiar environment with the support of friends and family.</p>	<p>We will increase the number of virtual ward beds to 40 per 100,000 population, reduce the number of ambulance conveyances to hospital (achieving better than the national average), expand 24/7 Mental Health Crisis resolution and home treatment services, increase the number of referrals to urgent community response services and deliver the two hour urgent community response target of 75%. Our Sussex Admission Avoidance Single Point of Access will play a significant role in coordinating this.</p>
<p>Patients at high risk of hospital admission or who are frequent users of healthcare services will be provided with more proactive care and support to enable them to stay well.</p>	<p>We will see a reduction in the number of high intensity service users and a reduction in the number of admissions and length of stay for patients identified as high risk.</p>
<p>Patients waiting for or undergoing emergency treatment or awaiting admission will be cared for in appropriate clinical settings at all times and will either be admitted or discharged more quickly, spending less time in the Emergency Department.</p>	<p>No patients will be cared for in corridors within Emergency Departments while awaiting treatment or admission. The number of patients waiting in Emergency departments for more than 12 hours will reduce to below 2%.</p>

## Reducing diagnostic and planned care waiting lists

There are currently large numbers of people waiting too long for diagnostic services and planned care, which can cause a deterioration in their condition, impact on their day-to-day lifestyle, and affect their general health and wellbeing. The lockdown restrictions that were put in place during the pandemic meant waiting times in these areas significantly increased and system partners have been working hard to reduce these as quickly as possible.

We will be maintaining and continuing this work in Year One and over the longer term will transform the way planned care and cancer services are delivered with that aim that no one waits over a year and we see movement towards achievement of the 18-week standard for elective care and 75% of cancers are diagnosed at stage 1 or 2.

### Our Year One actions to reduce diagnostic and planned care waiting lists:

What we will do	What we will achieve	When we will achieve it
We will continue to realise productivity opportunities to make the best use of our resources, to provide greater access for patients.	<p>We will increase our theatre utilisation rate to a minimum of 85% across all services.</p> <p>We will deliver at least 85% of surgery as a day case procedure.</p> <p>We will reduce the length of stay for key pathways such as hip and knee replacement surgery in line with best practice rates</p>	March 2024
We will enhance patient choice and access to treatment through our system capacity strategy for key specialties including ENT and T&O. We will establish clinically led workstreams to develop patient pathways that are productive and standardised across Sussex.	we will have in place agreed clinical pathways across all acute services for our key specialties. This will provide greater choice and access to patients and reduce waiting time variation across the system.	September 2023
We will focus on outpatient transformation to improve earlier access to hospital services with a focus on reducing the number of patients that do not attend (DNA) their appointment, continuing to provide virtual clinics to reduce the need for patients to attend the hospital, and to provide greater flexibility to patients by increasing the number of 'Patient initiated Follow Up' (PIFU) appointments	<p>We will reduce our DNA rate across Sussex by at least 2% over the course of the year.</p> <p>We will reduce the number of follow Up appointments generated by increasing our PIFU rate from 0.5% to 5% across Sussex.</p> <p>We will ensure that at least 25% of outpatient activity is undertaken virtually</p>	March 2024
We will make further use of our Community Diagnostics Centres (CDCs) across Sussex, providing greater access to patients who need a	We will prioritise direct access for primary care for CT, ultrasound and MRI.	December 2023

<p>test in order to support a decision for the care that they need.</p>	<p>We will have as a minimum six day working across our CDCs providing greater flexibility for patients.</p> <p>Reduced pressure within hospitals, to support their backlog reduction plans</p>	
<p>To support patients referred on a cancer pathway we will ensure referrals are made in line with standardised referral protocols and local pathways are optimised enabled by the Ardens Pro system which is in place across all practices in Sussex.</p> <p>We will continue to increase the number of patients referred with a Faecal Immunochemical Test (FIT) result at point of referral for a suspected colorectal cancer.</p>	<p>We will ensure that patients are referred into the most appropriate service based on their referral and clinical information, as an example, we will implement our bleeding while on HRT pathway, which will reduce 2 week wait demand by 30%.</p> <p>With a full compliance of colorectal referrals with a FIT test completed, we will reduce the number of colonoscopies required by up to 40%</p>	<p>September 2023</p>

**The difference this will make to local people and how it will be measured:**

Difference for local people	How will this be measured
<p>We will continue to reduce our waiting times with a commitment to deliver a maximum wait for treatment for patients referred for elective care.</p>	<p>No patient will wait more than 65 weeks for their elective care treatment</p>
<p>We will continue to reduce the number of patients waiting over 62 days for cancer treatment.</p>	<p>As a maximum no more than 548 patients will be waiting over 62 days for cancer treatment by March 2024</p>
<p>We will enhance access to diagnostics for patients across Sussex with our CDC capacity, improved diagnostics pathway and capital investment in services</p>	<p>We will ensure that at least 75% of patients by March 2024 referred on a cancer pathway will be diagnosed within 28 days. we will continue to reduce our waiting times across 15 diagnostic modalities with no more than 10% of patients waiting more than six weeks</p>

**Accelerating patient flow through, and discharge from, hospitals**

There are currently too many patients who are being cared for in an inpatient hospital bed when there is no longer a health-related need for them to do so. This results in a lack of available beds across the system that can cause risks to both the patient, as they can deteriorate in hospital and be exposed to infection risks, and those waiting for inpatient care.

We have a good track record of system partnership working to improving discharge and we will be building on this and accelerating existing and new initiatives. Sussex is one of six national sites selected as Discharge Frontrunners, which involves health



and social care partners locally working together rapidly to find innovative solutions and new approaches which have the potential to make a substantial difference. Discharge Frontrunners will use tried and tested improvement tools to find what works, how and why and will make recommendations for how their approaches can be adopted across the country. The objective of our programme is to develop, design and test new approaches and service models for discharge across all settings by focusing on integrated workforce models, deploying new technologies, developing shared business intelligence, and developing an economic and financial model to underpin this sustainably.

Our goal will be to bring together a comprehensive model of integrated hospital discharge that meet the needs of our three places. It will support good system flow with reduced lengths of stay, admission avoidance, and better long-term outcomes for our population.

**Our Year One actions to accelerating patient flow through, and discharge from, hospitals:**

What we will do	What we will achieve	When we will achieve it
We will develop and mobilise a multi-agency workforce plan based on agreed discharge demand and capacity requirements.	We will right-size our health and care workforce to enable us to build the right capacity in home care or post-hospital bedded care to meet the needs of our population.	March 2024
We will evaluate and select a small number of digital innovations which will best support improvements in the discharge pathways, alongside the development of a shared data architecture to provide visibility of patient flow and capacity.	We will support more efficient use of our workforce, improved patient experience and seamless working between health and care colleagues.	September 2023 to select innovations; and March 2024 to roll it out.
We will develop an economic model for Discharge in Sussex which enables us to make best use of available funding on behalf of Sussex residents and supports the care market to expand in a sustainable way.	We will have a clear and affordable plan for the future to ensure we understand where best to invest available funds to grow discharge capacity which will meet the needs of our population now and into the future.	December 2023



<p>We will undertake a comprehensive review of discharge pathways to identify and put in place improvement plans for the changes which need to be made to reduce delays to patients being discharged from inpatient and community services.</p>	<p>Health and care partners will have a more proactive approach to discharge planning, minimising delays at each part of the pathway (across pathways 0 to 3) and utilising virtual wards for early supported discharge, with a more seamless interface between health and care.</p>	<p>June 2023</p>
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**The difference this will make to local people and how it will be measured:**

Difference for local people	How will this be measured
<p>Patients will be involved in planning for their discharge from early in their inpatient stay and will be discharged without significant delay as soon as they are declared medically fit to do so into the most appropriate bed for their needs.</p>	<p>There will be a reduction in the number of patients who no longer meet the criteria to reside who are not discharged (no nationally defined reduction – to be determined locally)</p>
<p>Patients will be admitted to an inpatient bed (acute, community or mental health) in the most appropriate department for their condition, without significant delay.</p>	<p>We will reduce bed occupancy to 92%.</p>
<p>Patients will be discharged earlier but receive ongoing clinical oversight where required through the use of digital innovations such as remote monitoring.</p>	<p>There will be a reduction in Length of Stay (Need to quantify based on experience of exemplars).</p>





## Delivery Area 3

### Delivering our Continuous Improvement Areas

To successfully deliver the ambitions set out in our Shared Delivery Plan, there are four key areas that need continuous improvement – **addressing health inequalities; mental health, learning disabilities and autism; clinical leadership; and getting the best use of the finances available.**

These areas are part of and are critical success factors in all the actions and improvements we are making in our Shared Delivery Plan and, therefore, need constant focus across everything we do.

#### Addressing health inequalities

There are currently avoidable and inequitable differences in health between different groups of people across Sussex. There are many reasons for this, including disability, employment, where someone lives, income, housing, education, their ethnicity and their personal situation. We know these health inequalities are particularly seen among our most disadvantaged communities, with people living in deprived areas having worse health and outcomes.

Addressing health inequalities is a core aim of *Improving Lives Together* and is a key part of all the work we will do over Year One.

We will embed a focus on inequalities that people experience impacting on their health and adopt the following overarching commitments:

- **Co-production** – we will work with those with lived experience to design and delivering change.
- **Interventions** – we will invest in prevention, personalised care and other activities to drive reductions in health inequalities.
- **Funding** – we will focus a greater amount of funding based on need.
- **Design of services** – we will undertake Equality and Health Inequalities Impact Assessments for all service changes.
- **Visibility** – we will ensure every decision we make considers the impact of proposals or decisions.
- **Outcomes and performance** – we will always consider the differences across geographical areas, population groups and other factors in how we set and monitor outcomes and performance.
- **Workforce** – we will actively recruit, develop and support people from our diverse communities.
- **Net Zero and social value** – we will use our resources and assets to help address wider social, economic or environmental factors.
- **Data Quality and Reporting** – we will drive work to both improve and increase the recording and reporting of data by key characteristics.

Understanding the causes and drivers of health inequalities and identifying opportunities for action across Sussex is crucial and a significant amount of work has already taken place to do this. Core20PLUS5 is an NHS England national approach to help systems reduce health inequalities ([link](#)). Our local health and wellbeing strategies are using this approach to identify populations in Sussex, using local population health management data to identify areas of focus for targeted interventions.

The system-wide actions we are taking are themed around five priority areas:

- Restoring NHS services inclusively.
- Mitigating against digital exclusion.
- Ensuring datasets are complete and timely.
- Accelerating preventative programmes that proactively engage those at greatest risk of poor health outcomes.
- Strengthening leadership and accountability.

Alongside the five priority areas above are a range of actions that we plan to take to tackle health inequalities.

**Our Year One actions to make progress to address health inequalities:**

What we will do	What we will achieve	When we will achieve it
Improved position against 22/23 baseline on 1. hypertension identification/ treatment to target 2. lipid lowering therapy prescription >QRISK 20%	77% for Hypertension  60% lipid lowering	March 2024
Marked improvements against 22/23 Health Inequality provider maturity matrix baseline, culture to address HI embedded and fruitful.	Reduced waiting times by 10%.	March 2024
Address inequalities and improve outcomes in priority clinical pathways, deprived geographical areas and vulnerable/protected characteristics and population groups which are known to have worse outcomes and experience.	Investment and capacity secured which improves secondary prevention and CORE20Plus5 priorities for adults, children and young people.	March 2024
Focus on reducing waiting times for those from our most deprived areas	We will reduce waiting times in these areas by 10%, with a plan to reduce by a further 10% in years two and three	March 2024
Focus on reducing DNA and cancellation rates in our most deprived areas	We will reduce DNA and cancellation rates in these areas by 5%	March 2024
Dedicated Children and Young Persons (CYP) programme for Core20PLUS5	CYP Core20PLUS5 baseline and improvement trajectory	December 2023



## Mental Health, Learning Disabilities and Autism

Additional MH narrative to be added here (subject to operational plan)

Over the past two years we have transformed the Sussex LDA function to meet our system and Long-Term Plan targets.

As we progress with our ambitious LDA discharge plans we are facing several challenges marked by frequent LDA hospital closures across the country alongside the market availability of community/placement accommodation to meet the higher complexity needs of our population. This complexity is further accentuated by the relatively higher number of patients in Sussex who have a forensic background which means there is an increased complexity of packages of care.

To respond to these challenges, we are currently working on initiatives that will help us to increase in-area capacity and respond to urgent needs, such as crisis resolution.

### Our Year One actions to make progress in Mental Health, LD, and Autism:

What we will do	What we will achieve	When we will achieve it
Increase the numbers of adults accessing IAPT services	We will increase access by 5%	March 2024
Increase the number of adults and older people supported by the community mental health team	We will increase support by 5%	March 2024
We will ensure care is offered close to home	We will eliminate out of area placements	From June 2023
We will develop a locally commissioned service to improve our dementia diagnosis rate	We will increase the dementia diagnosis rate by (tbc subject to operational plan)	Tbc subject to operational plan
We will improve access to perinatal mental health services	We will increase access by 1%	March 2024
We will improve services for those with a learning disability or autism through increased investment in community and forensic support	We will reduce demand on inpatient care by (tbc subject to operational plan)	Tbc subject to operational plan
We will increase the number of people on the Learning Disability Register who have received an annual health check and action plan	We will increase this to 75%	March 2024

## Clinical Leadership

There is clear evidence that strong clinical and care professional leadership is associated with higher productivity, better organisational performance, and improved health outcomes for local people. The delivery of our ambition will only be successful with strong clinical leadership, and it is recognised that this is something in Sussex that needs to be developed and strengthened at every level within the system.

We want to create a culture that systematically embraces shared learning, based on outcome data, to support clinical and care professional leaders to collaborate and innovate with a wide range of partners, including patients and local communities. The aim is for patients to have a better quality of joined-up care, better clinical outcomes, and better experience. This will require close working across system partners, including social care, housing, education, and other Local Authority colleagues, as well as the NHS.

**Our Year One actions to make progress in clinical leadership:**

What we will do	What we will achieve	When we will achieve it
Establish multi-professional Clinical Reference Groups (CRG) for each of our Shared Delivery Plan priority areas.	Governance structure confirmed and implemented for CRG	June 2023
Put in place a multi-professional Leadership Academy to develop our clinical leaders across the system.	100 Leaders undertaken programme	September 2023
Agree an organisational development approach to quality improvement and use of data.	Agree QI training and data baseline. Progress training plan in identified CL Group.	September 2023
Formally appoint a clinical leader for each of the three Integrated Community Team Frontrunner programmes.	Clinical leadership structure identified with appointments in place.	June 2023
Set out benchmarks for improvements in clinical outcomes.	Governance structure and resource identified with programme plan. Agree reduction plan in unwarranted variation.	September 2023

**Getting the best from the finances available**

Financial sustainability is integral to delivering our ambition as it is a key part of enabling our health and care system to drive improvements to services for local people. We must live within the finances available and, to do so, it is crucial that all organisations across our system manages resources effectively, ensuring value for money and patient benefit from every pound that is spent.

Currently, the NHS across the Sussex system is challenged financially and has a recurrent deficit, which means it is spending more than its national allocation. We must therefore work collaboratively across the system to make efficiencies in how we work to get the most out of the money we have available. It also means we must be targeted in our investments, to ensure we are getting most value for local people. In addition to this, NHS Sussex is required to make running cost reductions of 20% from 2024/25, with a further 10% reduction from 2025/26.

A key area of focus for us in improving our finances in Year One is productivity, which is the amount of activity we do compared to what it costs. Currently, we are not getting the best use of the money we spend in some areas, such as our acute



hospitals, where current productivity is significantly lower than before the pandemic. To improve our productivity, we will be focusing on a number of areas including:

- Getting the most out of the money we spend on workforce, ensuring we can deliver the necessary clinical activity within the resources available.
- Making services as efficient as possible.
- Improving productivity across operating theatres.
- Getting value for money across medicines.
- Getting the most out of the buildings and facilities we use.
- Reducing waste and reusing resources.

**Our Year One actions to get the best from the finances available:**

What we will do	What we will achieve	When we will achieve it
We will deliver our 2023/24 system financial plan.	We will meet our financial budget at the end of the year.	March 2024
We will create a comprehensive and resourced system productivity plan, with individual workstream targets and milestones and measurable cost reductions demonstrated.	We will have a plan for improving system productivity.	September 2023
We will implement initiatives to improve productivity.	We will see productivity improvement compared to 2019/20 of 10 percentage points, to 7% below 2019/20 for Acute trusts	March 2024
We will agree a methodology for assessing productivity output for Community, Mental Health, and Primary Care services.	We will have key performance indicators and methodology for productivity across services outside of acute hospitals.	March 2024
We will develop a clinically-led process for optimising some of our clinical models or services, to reduce cost.	Three services or models will be taken forward led by clinicians.	December 2023



## Delivery Area 4

### **Delivering our Health and Wellbeing Strategies and developing Place-based Partnerships**

*Improving Lives Together* supports and builds on the three Health and Wellbeing Board Strategies in place across Sussex. The Health and Wellbeing Boards in Brighton and Hove, East Sussex and West Sussex have a statutory role to bring together representation from local government, local NHS organisations, Healthwatch and voluntary, community, social enterprise organisations, and other key public services to assess needs and agree plans, focussed on improving health, care and the overall social and economic wellbeing of their populations.

The Health and Wellbeing Board Strategies use local evidence, data, and insight to set out the priorities for improving health and wellbeing of their populations, responding to the distinct issues and challenges in these places. There are three Health and Care Partnerships that support the Health and Wellbeing Boards to deliver these strategies.

Alongside the delivery of the Health and Wellbeing Board Strategies, one of the key priorities of *Improving Lives Together* is 'maximising the power of partnerships' and during Year One we will be strengthening how partners can work together across our populations in Brighton and Hove, East Sussex and West Sussex, focussing on the distinct needs and challenges in our local areas. We call this working at "place" and it is where the local NHS, local government and a wide range of local partners come together to shape and transform health and care and make the most of the collective resources available. We will do this by working in our three Health and Care Partnerships, whose work is overseen by the Health and Wellbeing Boards.

The ways of working and priorities for each of our 'places' are as follows:

#### **Brighton and Hove**

Our 2019-30 Health and Wellbeing Strategy ([link](#)) focuses on improving health and wellbeing outcomes for the city and across the key life stages of local residents: starting well, living well, ageing well and dying well. Our ambition for Brighton and Hove in 2030 is that:

- People will live more years in good health (reversing the current falling trend in healthy life expectancy).
- The gap in healthy life expectancy between people living in the most and least disadvantaged areas of the city will be reduced.

Eight principles guide the delivery of our strategy with a focus on health being everyone's business; supporting communities to be more resilient; reducing health inequalities; and making sure that health and care services will provide high quality care, feel more joined up and will be delivered in the most appropriate place.

The establishment of the Health and Care Partnership Executive Board in January 2020 enables us to continue and build upon the work already started and is now becoming formalised with the development of *Improving Lives Together*. The firm foundations of the Board enable us to develop and mature service design, delivery, and governance over the coming years.

### **Our ambitions for improving lives at place**

The ambitions set out in our Health and Wellbeing Strategy are:

- Brighton and Hove will be a place which helps people to be healthy.
- The health and wellbeing of young people will be improved – we will have a focus on early years encouraging immunisation; we will address risks to good emotional health and wellbeing; and provide high quality joined-up services which consider the whole family.
- The health and wellbeing of working age adults will be improved - information, advice and support will be provided to help people to eat well, move more, drink less and stop smoking to reduce their risk of developing long-term health conditions. There will be easier access to mental health and wellbeing services; sexual health will be improved; and people with disabilities and long-term conditions, and the long-term unemployed, will be supported into work.
- Brighton and Hove will be a place where people can age well - people will be supported to reduce loneliness and social isolation and to reduce their risk of falls and more people will be helped to live independently by services that connect them with their communities.
- The experiences of those at the end of their life, whatever their age, will be improved – we will improve health and wellbeing at the end of life and help communities to develop their own approaches to death, dying, loss and caring. More people will die at home or in the place that they choose and support for families, carers and the bereaved will be enhanced.

### **How we will deliver our ambition**

The Health and Wellbeing Strategy identifies five priority areas for Brighton and Hove:

- **Children and Young People** - We will improve and expand access and existing support to children and young people and their families for mental health, emotional wellbeing, autism, ADHD and other neurodevelopmental conditions. We will improve early diagnosis and outcomes for children and young people and increase the identification of, and support for Young Carers.
- **Mental Health** - We will implement the key recommendations of our 2022 Mental health JSNA, expanding our support for people with mental health needs and further developing integrated community mental health services,

connecting mental health services with community assets. We will do this at local neighbourhood level and develop integrated systems and increase the provision of supported accommodation and support for people with mental health needs, co-occurring disease, and substance misuse services.

- **Multiple Long-Term conditions** - We will improve services to people with long-term conditions to deliver personalised care, tailored to individual needs, strengths, and capabilities. We will aim to better understand the interaction of mental and physical health conditions as a factor to improve outcomes and we will proactively identify and/or support and meet the needs of those at risk of or living with long term conditions.
- **Cancer** - We will complete the recovery of cancer services affected by the pandemic, improve performance against cancer waiting times standards and deliver the ambitions of the NHS Long Term Plan to diagnose more people with cancer at an earlier stage, with a particular focus on disadvantaged areas and underserved communities where rates of early diagnosis and screening uptake are lower.
- **Multiple Compound Needs** - We will improve and join up services to better support people with multiple compound needs by delivering a joined up, integrated service model, co-produced for and by people with lived experience. We will do this through our **Integrated Community Frontrunner** programme.

**Our Year One actions to deliver our Brighton and Hove placed-based priorities:**

What we will do	What we will achieve	When we will achieve it
Agree success measures for the overall programme	Success measures agreed by Place leadership Board	September 2023
Agree monitoring, evaluation and learning framework	Framework agreed by Place leadership Board	September 2023
Gain consensus on the service model, supported by a compact agreement with all partners	Service model agreed with all partners	December 2023
Agree a roadmap for delivering the workforce plan for the identified cohort	Roadmap agreed	March 2024

**East Sussex**

*Improving Lives Together* and our East Sussex Health and Wellbeing Board Strategy to 2027 ([link](#)) align around a shared vision where in the future, health and care organisations will work in a more joined-up way with and within communities to better understand and respond to their specific needs. Support and services will be shaped around local people, rather than expect them to fit into the ‘system’.

Delivering this requires a collaborative approach across all our organisations to improve health, reduce health inequalities and deliver integrated care for our population. In East Sussex, we have committed to some shared priorities and work





based on the needs and assets in our population and the factors that influence people's overall health and ability to stay healthy, in addition to improving outcomes through integrated health and care. The focus of our shared work is aimed at increasing prevention and early intervention and delivering personalised, integrated care.

Our East Sussex Health and Care Partnership brings together the full spectrum of local partners responsible for planning and delivering health and care to our communities. We have comprehensive governance arrangements that support collective accountability between partner organisations for whole-system delivery and performance. The governance arrangements facilitate transparent decision-making and foster the culture and behaviours that enable system working.

### **Our ambitions for improving lives at place**

We will build on our existing work to expand the integrated community model for our population that will better enable health, care and wellbeing for people and families across the whole of life. This will mean designing a model that best enables:

- Working together in our communities across primary care, community healthcare, education, social care, mental health, and the full range of local voluntary and community and housing organisations, and using our collective resources driven by a deeper shared understanding of local needs
- Strengthening our offer of integrated care. For children and young people this will involve working with whole families and linking more closely with early years settings, schools and colleges. For adults this includes further developing Trusted Assessor roles, rapid crisis response and support with discharges from hospital, as well as exploring ways to build more integrated leadership and roles to deliver better coordinated care.
- A clear focus on improving population health overall and therefore the years of life people spend in good health. This includes leisure, housing and environment services provided by borough and district councils and others.

### **How we will deliver our ambition**

Our partnership plans to embed hubs in communities to help coordinate access to local sources of practical support and activities will be a key part of this model. We also want to develop our plans for using our power as employers and buyers of services to stimulate economic and social wellbeing in our communities. This model will bring:

- Greater capacity in communities to promote mutual support, and deeper levels of joined up and personalised care, building on the strengths and assets of individuals, families, and communities.
- Greater levels of prevention, early intervention, and ways to proactively respond to prevent situations getting worse.
- New ways to remove the barriers that prevent staff and volunteers working in different teams from working together on the ground.

With accountability through to the Health and Wellbeing Board and strong links into Sussex-wide programmes, this is intended to enable a clear focus to be retained at Place on our key priority integration programmes across health improvement and reducing health inequalities, and integrated care for children and young people, mental health, and community services.

**Our Year One actions to deliver our East Sussex place-based priorities:**

What we will do	What we will achieve	When we will achieve it
We will have a joined-up approach to planning and delivering health, care and wellbeing in Hastings with clear evidence of integrated approaches to improving outcomes for local communities	A planning and delivery approach agreed by Place leadership board.	March 2024
Service models will be developed and approved for scaling up across the county and an implementation timetable with key milestones agreed.	Service models will be approved by Place leadership board.	March 2024
A comprehensive stakeholder engagement process will take place to help us explore how we can improve health outcomes in cardiovascular disease (CVD) respiratory disease, mental health and frailty/ageing as significant drivers of poor health and early death in our population.	Stakeholder engagement process approved by Place leadership board.	March 2024
A strategy will be developed setting out how we will help people get the best start in life, focused on improving support to children and young people.	Strategy approved by Place leadership board.	March 2024
Hubs will be developed in communities to help coordinate access to local sources of practical support and activities, to boost emotional wellbeing and help with loneliness and isolation.	Hubs will be in place.	March 2024



<p>A strategy shaping our approach as an “anchor” system in East Sussex will be agreed, developing our plans for using our power as employers and buyers of services to stimulate sustainable economic and social wellbeing in our communities.</p>	<p>Strategy approved by Place leadership board.</p>	<p>March 2024</p>
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## West Sussex

Our West Sussex Health and Wellbeing Board has a Joint Health and Wellbeing Strategy 2019-2024 called “Start Well, Live Well, Age Well” ([link](#)). It sets out the Health and Wellbeing Board’s vision, goals and ways in which we will work to improve health and wellbeing for all residents in West Sussex. It was developed in consultation and collaboration with local residents, service users, multi-disciplinary professionals and partners. It draws on evidence of West Sussex’s health and wellbeing needs from the joint strategic needs assessment.

The strategy adopts a life course approach, identifying our priorities across three themes - Starting Well, Living and Working Well and Ageing well. It consists of a few carefully selected priorities that can significantly contribute towards achieving its vision with a focus on:

- A whole system approach to prioritise prevention, deliver person centred care, and tackle health inequalities.
- Harnessing the assets and strengths of local communities to improve health and wellbeing, creating safe, sustainable environments that promote healthy living.

The West Sussex Health and Care Partnership was formed in 2020, bringing together key local health and care partner organisations to work collaboratively to deliver the objectives of the Joint Health and Wellbeing Strategy and the Sussex-wide strategy through a place-based plan. The partnership leads on delivering shared population health objectives on behalf of the Health and Wellbeing Board.

We have developed a model of collaboration that brings changes to people directly within their community, through our Local Community Networks. These are co-located with district and borough footprints and are empowering communities to deliver change through collaborative working between primary care, district and borough councils, local Public Health, and voluntary sector enterprises. We will maintain our focus in Year One on how Local Community Networks can continue to make the positive changes for people who live in West Sussex.

### Our ambitions for improving lives at place

Our West Sussex Health and Care Partnership responds to the challenges faced collaboratively as a group of organisations and deliver on the priorities set out in *Improving Lives Together*.



- **Address health inequalities** – There are stark inequalities in outcomes, access, and experience of care for maternity and neonatal service users and the opportunities and experience of staff from minority backgrounds and we will tailor our services to target the needs of our local populations and offer a personalised maternity journey that wraps around the individual and their family. We will prioritise the improvement of healthy life expectancy through tackling the key health inequality related conditions and ill health relating to CVD, respiratory and cancer. We will utilise approaches such as tobacco control, cancer screening and health checks and work together with key stakeholders across the area to target our activity and resources where it is needed most based on need and evidence of what works. We will make care more personalised so that people can access health and care services that are more tailored to their needs, make sense to them and focus on what really matters in their lives.
- **Integrate models of care** - We have opportunities to further develop how our services work together to streamline pathways for patients, improve experience and create more integrated approaches. Through integrated services we 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.
- **Transform 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.

### **How we will deliver our ambition**

The West Sussex Health and Care Partnership Place-based Plan uses evidence from the Joint Health and Wellbeing Strategy to determine local priorities and key areas for change agreed across our partners and within the framework of the ambitions outlined above. In addition to our Sussex-wide priorities, there are six specific priority areas for change that have been identified from the Health and Wellbeing Strategy for West Sussex:

- **Tackling the wider determinants of health** – we will work together to influence the many determinants of healthy living, such as how services are accessed and how communities can be empowered to support healthy living for their residents.
- **Addressing health inequalities** - we will have a targeted and focused approach for those with most need and who need additional support.
- **Adults Services** – we want to help people 'live the life they want to lead', by remaining independent for as long as possible and maintaining a high quality of life.
- **Children and Young People** - we will improve the existing support to children and young people so they can have the best possible start to life, through our West Sussex Children First programme.
- **Mental Health** - we will expand our support for people with mental health needs to address the growing need, delivering the best standard of physical

health checks for people with mental illness, and developing sustainable housing solutions for people living with long-term mental illness.

- **Learning Disabilities and Neurodevelopmental Needs** - we will provide greater focus and support for those with a learning disability and neurodevelopmental needs, by reforming our children's and young people's neurodevelopmental diagnosis and care pathway, including social support.

### Our Year One actions to deliver our West Sussex place-based priorities:

What we will do	What we will achieve	When we will achieve it
In Crawley, we will develop new models of care for our priority services and a strategic outline case for improvement to our estates.	Four service business cases with implementation plans and an estates Strategic outline case that will improve access to our services for the most disadvantaged communities.	March 2024
We will develop and agree a business case for a new Bognor Diagnostics Academic Centre	Business case approved for improvements to prevention services which will reduce incidences of stroke and improve patient outcomes for those that are due to have a stroke.	September 2023
We will begin to mobilise a new model for stroke services in Coastal West Sussex,	New model mobilised that will be designed to be fully compliant with national standards and achieving the highest levels of performance.	December 2023
We will develop a new model for integrated intermediate care	New model of care business case and implementation plan to ensure people receive care in a timely manner and have improved long-term outcomes following discharge from hospital, retaining more independence in the community.	March 2024
We will improve our hospital discharge model to ensure people who no longer need inpatient care can go home or in a community setting (such as a care home) to continue recovery.	Hospital occupancy will be reduced to less than 92%.	March 2024
We will improve the support and interventions for children and young people (CYP) with autism and or mental health issues.	New pathway focused on ensuring that the best outcomes are achieved for and with the young person, as well as embedded training at point of induction for social workers and annual refreshers thereafter.	March 2024

<p>We will review our joint commissioning arrangements for learning disabilities, mental health and neurodevelopmental services.</p>	<p>Robust and transparent Section 75 agreement which sets out the pooled commissioning and provider arrangements between West Sussex Adult Social Care and NHS West Sussex Place.</p>	<p>March 2024</p>
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## 4. Other areas of focus

To support the delivery of our ambition, there are areas that will require continued focus, either within the delivery of our improvement priorities or as distinct pieces of work. These are:

### Prevention

Prevention is a key principle that underpins the delivery of our ambition. This includes supporting: good physical health; people to be socially connected; emotional wellness and positive mental wellbeing; people to feel safe; and a clean and sustainable environment.

The work being undertaken at place to deliver our Health and Wellbeing Strategies has prevention as a core focus and this will be taken further with the development of our Integrated Community Teams.

We will measure the success of our prevention work through:

- An increase in healthy life expectancy for males and females and a reduction in the social gradient in healthy life expectancy.
- A reduction in the prevalence of overweight children in reception and year six of primary school.
- An increase in the percentage of children and adults meeting the recommended levels of physical activity.
- A reduction in rates of emergency admissions and subsequent loss of independence due to falls.
- More adult social care users and adult carers have as much social contact as they would like.
- More people aged 40-74 offered and taking up an NHS Health Check.

### Climate change commitments

Since 2010, the NHS has reduced its emissions by 30%, exceeding its commitments under the Climate Change Act. In doing so, we have learnt that many of the actions needed to tackle climate change will directly improve patient care and health and wellbeing. This is because many of the drivers of climate change are also the drivers of ill health and health inequalities.

Together to Zero is our plan for a greener NHS in Sussex. The plan sets out how we will work together as partner organisations across our system to reduce carbon emissions and build an NHS more resilient to the effects of climate change. It also sets out a number of key areas for action on climate change that pose the most significant co-benefits for health, and which drive at greater efficiency and productivity. The actions we are taking in our plan can be read here ([link](#)).

## Supporting social and economic development

Supporting local social and economic development across Sussex is one of the core aims of achieving our ambition. This will be done through our focus to the wider determinants of health across local people and communities, including access to education and skills, good employment and quality, affordable and sustainable homes – all the things that can help people and communities to thrive and prevent the need for medical intervention and give people the best opportunities for improving their lives.

We want to develop our health and care organisations into ‘anchor institutions’, where they will use their sizeable assets and ways of working to support the health and wellbeing of local communities and help address health inequalities.

To support this, in Year One we will establish a baseline understanding of current work happening across the system. This will include:

- Procurement activity which promotes local supply chains and local employment opportunities with a living wage.
- Employment initiatives that can assist with recruitment and retention of staff, as well as supporting the wider economy of Sussex.

## Children and young people

Supporting children and young people is a specific focus in *Improving Lives Together* and is a key area for improvement across our Health and Wellbeing Strategies.

We have a system-wide plan for children and young people’s physical health services that sets out five priorities:

- Integrated models of care.
- Joined up working across mental health, learning disabilities and autism and physical health.
- A focus on long term conditions (asthma; diabetes; epilepsy and tier three obesity services).
- Children and young people with complex medical / health and care needs in the community.
- Transitions from children’s health services to independence and / or adult services.

We also have plans to improve children and young people's emotional wellbeing and mental health. These focus on three main areas: prevention, improving support and improving ways of working. The specific actions we will be taking are:

- Implement the THRIVE Framework across Sussex.
- Mobilise and extend the Single Point of Access.
- Further develop and expand our Mental Health Support Teams in Schools.
- Early intervention in psychosis.
- Develop a system-wide and expanded eating disorder pathway.
- Improve urgent and emergency support.
- Strengthen the system-wide approach to suicide prevention and self-harm reduction.
- Support children and young people with complex needs.
- Young People being better supported to transition to adulthood.

## Safeguarding

We want to ensure all children, adults, families, and communities across Sussex are safe and free from all forms of abuse and harm. This involves a whole system multi-agency approach that crosses all ages, places where people live and work, communities, and systems.

NHS Sussex has an agreed strategic approach ([link](#)) to maintain safe and effective safeguarding and Looked After Children services and to strengthen arrangements for safeguarding children and adults at risk from abuse and neglect across Sussex. We are required to demonstrate how our strategic and assurance arrangements enable us to carry out the duties and functions specified under the [Care Act \(2014\)](#) and the [Children and Social Work Act \(2017\)](#).

We have an extensive and wide-reaching approach which includes:

- Clear systems to train staff to recognise and report safeguarding issues;
- A clear line of accountability for safeguarding and Looked After Children, reflected in our governance arrangements and overseen by NHS England;
- Arrangements to work with local authorities through our Safeguarding Children Partnerships and Safeguarding Adult Boards;
- Arrangements to share information between service providers, agencies and commissioners;
- Designated doctors and nurses who are responsible for safeguarding adults, children and looked after children;
- A child death review team, who are responsible for reviewing deaths in childhood, including nurses and a designated doctor.

## Quality

NHS Sussex has a statutory duty to ensure quality of care is maintained across services and meets the Care Quality Commission minimum standards for quality and safety, and that our health and care organisations have systems in place to check



the quality and safety of care provided. Our quality assurance and improvement frameworks support our workforce in ensuring that our populations experience the best possible care.

We will know that we are making a difference because:

- People that inspect our health services will agree that they are safe and the measures for rating our services, such as those set out by the Care Quality Commission (CQC) will have improved.
- Our people will tell us that our services are improving in quality. By April 2024 we will have co-produced meaningful measures of quality and safety with our people and communities as well as an improvement target for the subsequent five years.
- People will report a better experience of contacting our primary care services.
- Our staff will be able to talk about and report quality and safety concerns freely without fear of speaking up or being criticised.
- There will be evidence that we are working more closely and better together to improve quality, responding to complaints more quickly, and running educational events to teach people how to create better quality and safety in our integrated services.

## 5. Developing and Delivering our Shared Delivery Plan

Our Shared Delivery Plan meets national guidance and takes account of key national, regional, and local strategies and policies. In line with guidance, we will review and update the plan before the start of each financial year. We may also revise the plan in-year if considered necessary.

### Planning approach and principles

Three principles describing the Shared Delivery Plan's nature and function have been co-developed with systems across the country, trusts and national organisations representing local authorities and other system partners. These are:

- Principle 1: Fully aligned with the wider system partnership's ambitions.
- Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.
- Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate.

### Governance and leadership

Subject to final approval, the Shared Delivery Plan governance is set out in Appendix One.

The current System Leadership Forum will be accountable to the NHS Sussex Board for delivery. Each delivery workstream will be led by an accountable provider Chief Executive, and a clinical lead will be appointed for each.

## Performance and Scrutiny

### NHS Sussex Integrated Care Board

The NHS Sussex Integrated Care Board (ICB) has established committees to assist it with the discharge of its functions, including the delivery of the key priorities and goals set out in Shared Delivery Plan. Our governance framework is described here ([link](#)).

### Sussex Health and Care Assembly

The **Assembly** ([link](#)) is the Integrated Care Partnership for Sussex, jointly established by NHS Sussex, Brighton and Hove City Council, East Sussex County Council and West Sussex County Council (the three Local Authorities) in accordance with the Constitutions of each body.

The purpose of the Assembly is to support co-ordinate the strategic direction for meeting the broader health, public health and social care needs of the population.

### Health and Wellbeing Boards

NHS Sussex and partner trusts must send a draft of the Shared Delivery Plan to each Health and Wellbeing Board and consult on whether the draft takes proper account of each joint local health and wellbeing strategy.

A Health and Wellbeing Board must respond with its opinion and may also send that opinion to NHS England.

NHS Sussex and partner trusts should expect to be held to account for its delivery – including by the population, patients and carers or representatives and through the Sussex Health and Care Assembly, Healthwatch and the local authorities' Health Overview and Scrutiny Committees.

## Engagement and Partnerships

Our Shared Delivery Plan has been developed across system partners and is informed by national, regional, and local evidence, guidance and insight. To support the co-development process, we have established an engagement working group, working with:

- The Sussex Health and Care Assembly members
- Primary care providers
- Local authorities and each relevant Health and Wellbeing Boards
- Other systems in respect of providers whose operating boundary spans multiple systems.
- NHS providers.

- The voluntary, community, and social enterprise sector
- People and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives, in accordance with the requirement to consult.

[Insight from engagement with people and communities](#) across Sussex over a two-year period underpinned the development process of the Improving Lives Together, and thematic analysis of this insight has now informed the creation of the Shared Delivery Plan. Enhanced engagement opportunities were also offered via three online sessions for Foundation Trust Governors and two public virtual sessions with the NHS Sussex Chair, an online discussion with members of the Sussex VCSE sector, discussion with Healthwatch in Sussex, and with other key partners.

Extensive workforce engagement was also undertaken with insight collated from the national NHS staff survey results and from NHS organisation and Local Authority “pulse” surveys.

As we deliver the actions outlined in our Shared Delivery Plan, we are committed to making sure we continue to reach and hear from as many people as possible across Sussex, and ensuring their experiences, views and suggestions shape and influence our work. Our Working with People and Communities Strategy ([link](#)) outlines our approach to public engagement and how we meet the legal duties around involvement.

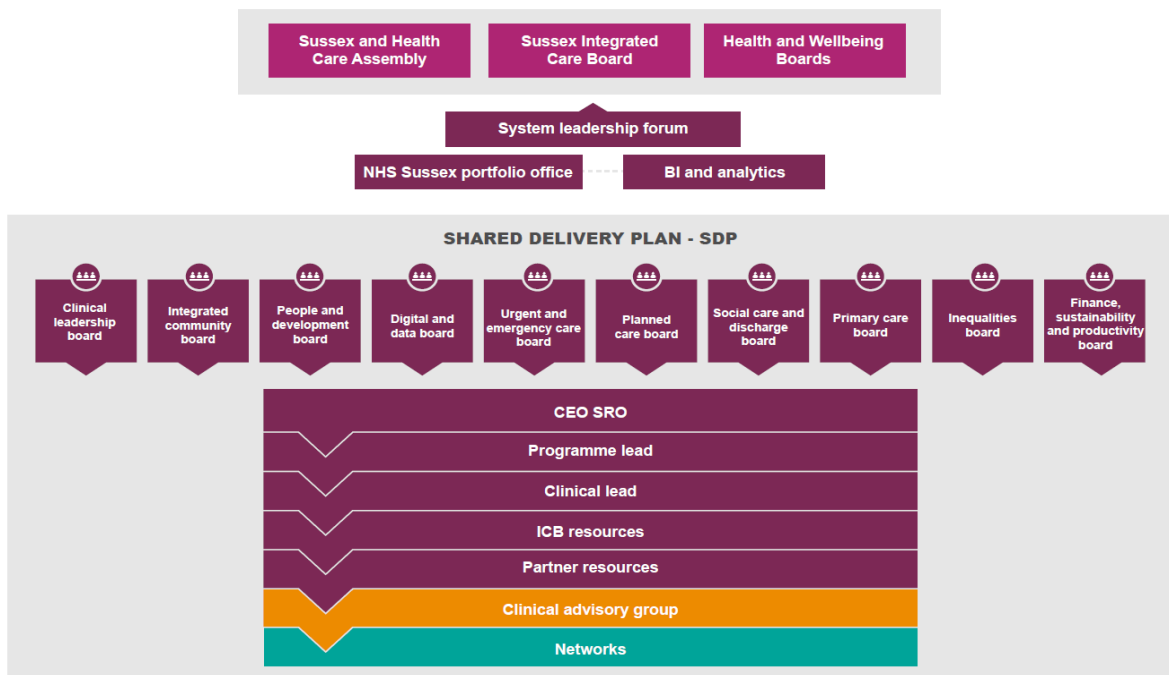
## Evidence, research and change methodology

We want to be driven by the best evidence and be at the forefront of improving health and care in our communities. To do this we will generate and use research evidence and create a culture of innovation to bring the best new approaches to Sussex. A new group is being developed called the Innovation and Research Hub, which will aim for the first time to bring together a Sussex-wide approach to Innovation, Research and Evaluation.

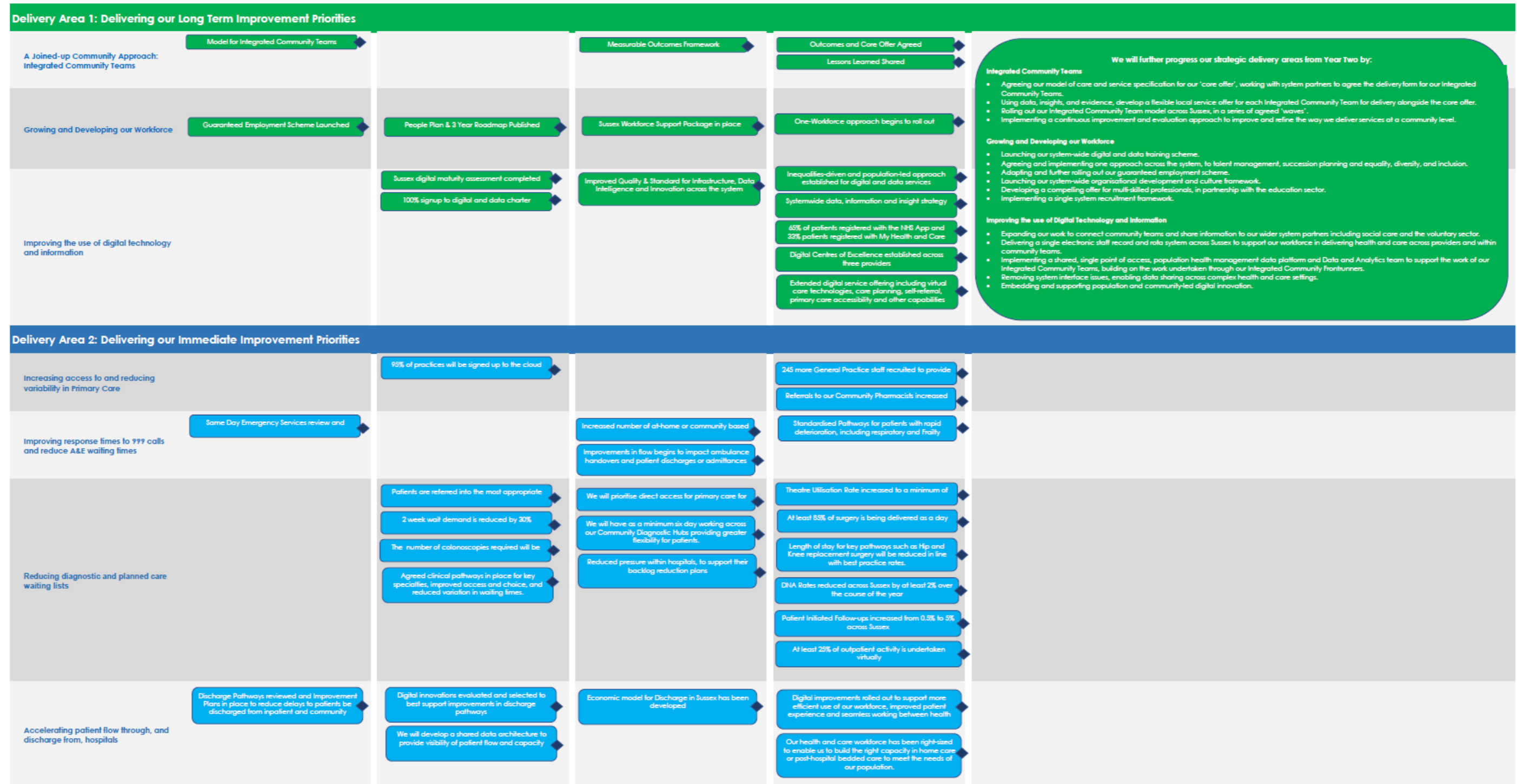
The Innovation and Research Hub will hold the relationships with academic and research networks, national bodies, universities, local economic groups and national and local industry groups.

The introduction of the Innovation and Research Hub will bring the most progressive approaches in healthcare into Sussex. Having a streamlined approach to evidence finding, impact analysis and introduction will reduce the time lost through the current fragmented approaches but also accelerate the introduction or spread of useful technologies, medicines, or practices.

## Appendix 1: Outline Delivery Governance



# Appendix 2: Key Points in our Shared Delivery Plan



Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Y2 ( From Apr '24) Y3 (From Apr '25) Y4 (From Apr '26) Y5 (From Apr '27)

**Delivery Area 3: Delivering our Continuous Improvement Areas**

<p><b>Addressing health inequalities</b></p>	<p>Improving Health Inequalities underpins everything we do. Some examples of how our work in this area will support the above workstreams will be demonstrated through our ability to</p> <ul style="list-style-type: none"> <li>- identify and treat 77% of hypertension cases</li> <li>- identify and prescribe lipid lowering therapy for 60% of cases</li> <li>- Secure Investment and Capacity to improve secondary prevention for population groups known to have the worst health outcomes</li> <li>- reduce waiting times for people in deprived areas by 10% and by a further 10% in years two and three</li> <li>- reduce DNA appointments (patients who do not attend) from patients in deprived areas by 5% dedicated Children and Young Persons (CYP) programme for Core20PLUS, and we will understand our baseline and improvement trajectory</li> <li>- establishing a dedicated Children and Young Persons (CYP) programme for Core20PLUS, and understanding our baseline and improvement trajectory</li> </ul>												
<p><b>Mental Health, Learning Disabilities and Autism</b></p>	<p>We will ensure care is offered close to home by beginning to eliminate out of area placements</p>	<p>Locally commissioned service in place to improve our dementia diagnosis rate and increase the dementia diagnosis rate</p>	<p>Improved services for those with a learning disability or autism through increased investment in community and forensic support and reduce demand on inpatient care</p>	<p>We will improve access to perinatal mental health services by 1%</p>									
				<p>We will increase the number of people on the Learning Disability Register who have received an annual health check and action plan to 75%</p>									
<p><b>Clinical Leadership</b></p>	<p>Clinical Leadership underpins everything we do. Some examples of how our work in this area will support the above workstreams will be demonstrated through</p> <ul style="list-style-type: none"> <li>- Establishing multi-professional Clinical Reference Groups (CRG) for each of our Shared Delivery Plan priority areas</li> <li>- Setting out benchmarks for improvements in clinical outcomes and agree our reduction plan for unwarranted variation</li> <li>- formally appointing a clinical leader for each of the three Integrated Community Team Frontrunner programmes</li> <li>- Putting in place a multi-professional Leadership Academy to develop our clinical leaders across the system, with a plan for 100 leaders to undertake the programme in Year 1</li> <li>- Agreeing an organisational development training plan for how we use data to improve quality</li> </ul>												
<p><b>Getting the best from the finances available</b></p>	<p>We will create a comprehensive and resourced system productivity plan, with individual workstream targets and milestones and measurable cost reductions demonstrated</p>	<p>We will have a plan for improving system productivity</p>	<p>A clinically-led process agreed for optimising some of our clinical models or services, to reduce cost. Three services or models will be taken forward led by clinicians</p>	<p>We will see productivity improvement compared to 2019/20 of 10 percentage points, to 7% below</p>									
				<p>key performance indicators and methodology for productivity across services outside of acute hospitals</p>									
				<p>We will meet our financial budget at the end of the year</p>									

**Delivery Area 4: Delivering our Health and Wellbeing Strategies and developing Place-based Partnerships**

<p><b>Brighton and Hove</b></p>	<p>Success measures agreed for the overall programme</p> <p>A monitoring, evaluation and learning framework agreed</p>	<p>Gained consensus on the service model, supported by a compact agreement with all partners</p>	<p>Agreed a roadmap for delivering the workforce plan for the identified cohort</p>	
<p><b>East Sussex</b></p>			<p>A joined-up approach to health, care and wellbeing in Hastings</p> <p>Service models developed and approved, and a timetable for scaling up across the county</p> <p>A process agreed for comprehensive stakeholder engagement to help us improve health outcomes in CVD, respiratory disease, mental health and healthy ageing</p> <p>Strategy agreed setting out how we improve support to children and young people</p> <p>Community Hubs in place to boost emotional wellbeing and help with loneliness and isolation, through local support and activities</p> <p>Strategy agreed shaping our approach as an "anchor" system, developing our plans to stimulate sustainable economic and social wellbeing in our</p>	
<p><b>West Sussex</b></p>	<p>Business case for a new Signal Diagnostics Academic Centre which will reduce incidence of stroke and improve patient outcomes for those that are due to have a stroke</p>	<p>We will begin to mobilise a new model for stroke services in Coastal West Sussex</p>	<p>New models of care for our priority services in Crawley and a strategic outline case for improvement to our estates that will improve access to our services for the most disadvantaged</p> <p>Business case and implementation plan to improve long-term outcomes for people following discharge from hospital, retaining more independence in the</p> <p>Hospital discharge model improved and hospital occupancy reduced to less than 92%</p> <p>New pathway in place for young people, and training embedded at point of induction for social workers with annual refresher training</p> <p>Section 75 agreement which sets out the pooled commissioning and provider arrangements between West Sussex Adult Social Care and NHS West Sussex Place</p>	

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## Report to West Sussex Health and Wellbeing Board

27 April 2023

### West Sussex COVID-19 Local Outbreak Engagement Board

Report by: Alison Challenger, Director of Public Health

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#### Summary

This report provides a quarterly update on the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB), following the previous update to the West Sussex Health and Wellbeing Board (HWB) in January 2023.

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

#### Recommendation(s) to the Board

##### The Health and Wellbeing Board is asked to;

- (1) Provide feedback on the progress of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) since the last quarterly report to the Health and Wellbeing Board in January 2023.
- (2) Acknowledge that the LOEB has resolved to move to a 'standby' position and reactivate if required, reflecting the progression through the living with COVID-19 stage of the pandemic.
- (3) Recognise the value of the LOEB throughout this time, maximising its collaborative strength to engage with residents and communities across West Sussex.

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

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

#### 1 Background and context

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

## Agenda Item 9

- 1.2 The LOEB has met regularly since its launch in July 2020, originally meeting monthly, moving to meeting every two months from October 2021, and then to quarterly, as we have progressed through the pandemic. Meeting frequency has been regularly reviewed by the Chairman, with the Board retaining flexibility and the ability to regroup more frequently, if required.
- 1.3 The Board has met once (23 February) since the last formal update to the West Sussex Health and Wellbeing Board in January 2023.
- 1.4 At this meeting, the Chairman recommended the Board move to a 'standby' position, in line with LOEB peers elsewhere that are standing down from the end of March 2023. COVID-19 updates would continue to be received by the HWB. This approach was supported by the Director of Public Health (DPH), providing assurance that the local authority will remain vigilant, and meetings would be reinstated, if required. This reflects the progression through the living with COVID-19 stage of the pandemic.
- 1.5 Board members valued the cross-cutting approach of the LOEB, with quarterly virtual updates on key areas suggested, moving forwards.
- 1.6 It was resolved that the LOEB would move to a 'standby' position and reactivate if required.
- 1.7 The Chairman thanked all those who had contributed to the LOEB for their excellent contributions, teamwork, dedication, and hard work.

### **Local Outbreak Engagement Board Progress Update**

- 1.8 The LOEB continues to be committed to its role in bringing together key systems leaders across the County Council and the wider health and social care system in West Sussex to reduce the spread of infection and save lives across the county.
- 1.9 At the Board meeting in February 2023, the DPH provided a COVID-19 update, which included the key message that the virus has not gone away, however, it is currently not at a high level or presenting the same risk that it has done in the past. Therefore, some of the pressures seen previously, are no longer the issue that they were, however, these continue to be monitored.
- 1.10 A COVID-19 data presentation was also provided at the meeting.
- 1.11 An update was received from the Consultant in Public Health (Health Protection) on how West Sussex Public Health is supporting the delivery of both the NHS COVID-19 and flu vaccination programmes, working collaboratively with NHS Sussex, focusing on tackling inequalities, including access to vaccination, to increase uptake across the local population.
- 1.12 Communications over recent months have centred on promoting the COVID-19 and flu vaccinations through a long-term series of sustained messages across the County Council's communications channels. During December 2022, there was a focus on promoting vaccinations to high risk groups, and, in January 2023, messaging moved to "It's not too late" to get your COVID-19 and flu vaccines.



## **2 Proposal details**

- 2.1 The purpose of this paper is to provide feedback on the progress of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) since the last quarterly report to the Health and Wellbeing Board in January 2023.
- 2.2 It also updates the West Sussex Health and Wellbeing Board on the LOEB's resolve to move to a 'standby' position and reactivate if required, reflecting the progression through the living with COVID-19 stage of the pandemic.
- 2.3 The West Sussex Health and Wellbeing Board are asked to acknowledge this transition and recognise the value of the LOEB throughout this time, maximising its collaborative strength to engage with residents and communities across West Sussex.

## **3 Consultation, engagement and advice**

- 3.1 Not applicable.

**Contact:** Alison Thomson, Public Health Strategy Manager Tel. 0330 222 4132  
Email: [alison.thomson@westsussex.gov.uk](mailto:alison.thomson@westsussex.gov.uk)

**Appendices:** None

**Background papers:** None

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## **West Sussex Health and Wellbeing Board**

**27 April 2023**

### **West Sussex Health and Wellbeing Board Seminar – Monday, 20 February 2023**

**Report by: Alison Challenger, Director of Public Health**

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#### **Summary**

This report provides an overview of the West Sussex Health and Wellbeing Board Seminar that took place on Monday, 20 February 2023. Hosted by the Chairman of the Board and led by the Chief Executive of Crawley Borough Council, with contributions from the housing leads of district and borough councils in West Sussex, it focused on the impact of COVID-19 so far on the homeless population across West Sussex, and new and emerging cross-cutting issues and developments, including cost of living pressures across our communities.

The Chief Executive of Crawley Borough Council will also provide a verbal update to the Board, including key points from the event.

#### **Recommendation(s) to the Board**

##### **The Health and Wellbeing Board is asked to;**

- (1) Continue to include housing and environments as ongoing key priorities in the refreshed Joint Health and Wellbeing Strategy from 2024.
- (2) Request the West Sussex Housing Group take forward the key actions identified at the seminar, working collaboratively with stakeholders and partners across the county's health and social care system, providing a progress update to the Health and Wellbeing Board during 2023/2024.

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

The West Sussex Joint Health and Wellbeing Strategy identifies housing and environments as key priorities within the Living and Working Well theme, as follows:

- People have access to good quality homes providing a secure place to thrive and promote good health, wellbeing and independent living
- People live, work and play in environments that promote health and wellbeing

The West Sussex Health and Wellbeing Board Seminar focused on progressing these key priority areas together as a Board, and with key partners.

## **1 Background and context**

- 1.1 West Sussex Health and Wellbeing Board seminars are held regularly to focus on key topic areas, to support the delivery and implementation of the Joint Health and Wellbeing Board Strategy.
- 1.2 The workshop style setting of the seminars enables the Board to engage collectively in these areas, identifying key challenges and actions they can take to address them to improve the health and wellbeing of residents and communities across West Sussex, reduce inequalities, and promote joined up working across the health and social care system to ensure better quality services for all.
- 1.3 The seminar held on Monday, 20 February 2023, took place in Committee Room 3, County Hall, Chichester.
- 1.4 Hosted by the Chairman of the Board and led by the Chief Executive of Crawley Borough Council, with contributions from the housing leads of district and borough councils in West Sussex, it focused on the impact of COVID-19 so far on the homeless population across West Sussex, and new and emerging cross-cutting issues and developments, including cost of living pressures across our communities.
- 1.5 All Health and Wellbeing Board members were invited to attend, plus members of the West Sussex Health and Care Partnership Executive who are not already members of the Board. As such, the well-attended event, brought together elected councillors and key systems leaders from the health and care system in West Sussex, including the County Council, district and borough councils, the NHS, and the voluntary and community sector.
- 1.6 Key actions identified include considering connections/collaboration between housing and adult social care, longer-term planning informed through analysis of a range of existing data sources, and exploration of how the Disabled Facilities Grant (DFG) (a Government grant to Councils to fund adaptations to residents' homes) could be used more proactively to support our residents to continue to live independently in their own homes.
- 1.7 A thematic summary including summaries of seminar discussions, and key themes and actions identified, will be shared with Board members and the West Sussex Health and Care Partnership Executive.

## **2 Proposal details**

- 2.1 The purpose of this paper is to provide an overview of the West Sussex Health and Wellbeing Board Seminar that took place on Monday, 20 February 2023.
- 2.2 The West Sussex Health and Wellbeing Board are asked to continue to include housing and environments as ongoing key priorities in the refreshed Joint Health and Wellbeing Strategy from 2024, and to request the West Sussex Housing Group take forward the key actions identified at the seminar, working collaboratively with stakeholders and partners across the county's health and social care system, providing a progress update to the Health and Wellbeing Board during 2023/2024.

**3 Consultation, engagement and advice**

3.1 Not applicable.

**Contact:** Alison Thomson, Public Health Strategy Manager Tel. 0330 222 4132  
Email: [alison.thomson@westsussex.gov.uk](mailto:alison.thomson@westsussex.gov.uk)

**Appendices:** None

**Background papers:** None

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## **Report to West Sussex Health and Wellbeing Board**

**Date: 27 April 2023**

### **West Sussex Combating Drugs Partnership**

**Report by Dan Barritt, Public Health Lead for Substance Misuse, West Sussex County Council**

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#### **Summary**

This report provides an overview of the roles and responsibilities of the newly mandated West Sussex Combating Drugs Partnership (CDP). The Partnership has been established as part of the Government's requirements following publication of the 10-year drug strategy in 2021<sup>1</sup> and is accountable to the national Joint Combating Drugs Unit.

#### **Recommendation(s) to the Board**

The Health and Wellbeing Board is asked to;

- 1) Note that the West Sussex Combating Drugs Partnership (CDP), chaired by the Director of Public Health, as Senior Responsible Owner (SRO) for the partnership, is the local delivery structure for the implementation of the national 10-year drugs strategy and mechanism that central Government will draw upon to track and support delivery of the Strategy.
- 2) Recognise the significant impact that this new partnership can have on improving the quality of life for residents and communities and reducing future demand and costs for services across the wider health and care system in West Sussex.
- 3) To consider how the West Sussex Health and Wellbeing Board, as key systems leaders, can support the West Sussex CDP to gain representation and full involvement of local people with lived experience, to maximise our collaboration and impact for this important agenda (e.g., people who are using/have used drugs, family members/carers who have been impacted by substance misuse harms, professionals/services affected by drug related harm).

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

Drug and alcohol misuse causes far-reaching and devastating harm across all stages of the life course. Substance misuse damages people's health, puts children, and families at risk, reduces productivity, and illicit drugs drive criminal behaviour. The most deprived areas face the greatest burden. In alignment with the priorities of the

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<sup>1</sup> HM Government. From harm to hope - A 10-year drugs plan to cut crime and save lives. 2021.

West Sussex Joint Health and Wellbeing Strategy, the West Sussex CDP aims to improve the overall health outcomes of West Sussex residents and reduce inequalities, supporting our local population.

## **1 Background and context**

- 1.1 Nationally, the past decade has seen a rise in overall drug use and drug and alcohol related deaths (increase of 61% between 2010-2019), increased harms from substance misuse (e.g., polydrug use, homelessness, imprisonment, changing patterns of socioeconomic deprivation), and reduced funding for treatment and recovery services<sup>2</sup>.
- 1.2 Dame Carol Black's two-part review of drugs policy for the UK Government outlined the scale of the challenge: *"Funding cuts have left treatment and recovery services on their knees. Commissioning has been fragmented, and partnerships between local authorities, health, housing, employment support and criminal justice agencies have deteriorated. The workforce is depleted, especially of professionally qualified people, and demoralised. Vital services have been cut back"*<sup>3</sup>.
- 1.3 In response, in 2021 the Government published its 10-year drug strategy, From Harm to Hope, and mandated Local Authority areas to establish a local Combatting Drugs Partnership (CDP).

## **2 The role of a dedicated Combating Drugs Partnership**

- 2.1 Addressing substance misuse-related harms is a complex, broad challenge, that requires action from a range of local partners and from a range of perspectives.
- 2.2 Chaired by the Senior Responsible Owner (SRO), the Director of Public Health, West Sussex County Council, the West Sussex CDP is a multi-agency forum that includes representation from elected Members, local authority officials, the NHS, Jobcentre Plus, substance misuse treatment providers, the Police and Police and Crime Commissioner (PCC), the National Probation Service, and the secure estate (e.g., prisons, young offender institutions). As the CDP develops, the following organisations will also be engaged and worked with: education providers (including higher and further), housing associations and providers of supported housing and homelessness services, youth offending teams, Voluntary, Community and Social Enterprise (VCSE) organisations, the coroner's office, and people with lived experience.
- 2.3 The CDP provides a single setting for understanding and addressing the shared challenges related to local drug (and alcohol)-related harms. It is a central place to bring together action and oversight across the three strategic priorities and commitments of the Government's drug strategy, with accountability against the National Combating Drugs Outcomes Framework.
- 2.4 The strategic priorities of the national strategy include: (1) Delivering a world class treatment and recovery system; (2) Breaking drug supply chains (3)

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<sup>2</sup> Office for National Statistics. Deaths related to drug poisoning in England and Wales: 2020 registrations. 2021.

<sup>3</sup> Home Office and Department of Health and Social Care. Independent review of drugs by Professor Dame Carol Black. 2021.



Achieving a generational shift in the demand for drugs (see Appendix 1 for commitments against each strategic priority).

### **3 The responsibilities of the West Sussex Combating Drugs Partnership**

- 3.1 Undertaking an ongoing **joint local needs assessment**, which involves reviewing all relevant local data and intelligence, identifying gaps, and a formal review at least every 3 years.
- 3.2 Producing and agreeing an ongoing **local drugs (and alcohol) strategy delivery plan** that reflects the national strategic priorities and commitments, development of data recording and sharing at a local level, and establishment/development of focused, multi-agency sub-working groups.
- 3.3 Regularly reviewing our progress, reflecting on local delivery of the strategies objectives, and identifying local issues and priorities ongoing. The County Council's Senior Responsible Owner, Director of Public Health, will report our CDP's activity and progress to central Government via the newly established national Joint Combating Drugs Unit<sup>4</sup>
- 3.4 There are already strong multi-agency partnerships in place both nationally and locally that may already contribute to addressing substance misuse harms and promoting recovery. To understand potential interactions, synergies, and dependencies, it is vital that the West Sussex CDP focus on collectively defining its relationship with other strategic and operational bodies.

### **4 Proposal details**

- 4.1 The purpose of this paper is to provide an overview of the roles and responsibilities of the newly mandated West Sussex CDP.
- 4.2 Views are sought from the West Sussex Health and Wellbeing Board on how the West Sussex CDP can work in partnership and gain representation and full involvement of local people with lived experience to maximise our collaboration for this agenda.

**Contact:** Dan Barritt, Public Health Lead for Substance Misuse, Tel: 0330 222 6308, Email: [Dan.Barritt@westsussex.gov.uk](mailto:Dan.Barritt@westsussex.gov.uk)

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<sup>4</sup> HM Government. Guidance for local delivery partners. From harm to hope – A 10-year drugs plan to cut crime and save lives. 2022.

## **Appendix 1 - Strategic priorities and objectives from the national drug strategy<sup>5</sup> to be included in local strategic delivery plans**

### **Deliver a world class treatment and recovery system**

1. Strengthening local authority commissioned substance misuse services to improve quality, capacity, and outcomes.
2. Develop / deliver comprehensive substance misuse workforce strategy.
3. Address physical and mental health to reduce harm / support recovery (including joined up activity to maximise impact across criminal justice, treatment, broader health and social care, recovery).
4. Access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing.
5. Linking employment and peer support to Jobcentre Plus services.
6. Improved outreach and support treatment requirements as part of community sentences so offenders engage in drug treatment.
7. Improving continuity of care in the community.

### **Break drug supply chains**

1. Targeting 'middle markets' – breaking the ability of gangs to supply drugs wholesale.
2. Targeting money – disrupting drug gang operations and seizing cash.
3. County lines – bringing perpetrators to justice, safeguarding, and supporting victims, and reducing violence and homicide.
4. Improving targeting of local drug gangs and street dealing.
5. Restricting supply of drugs into prisons – applying technology and skills to improve security and detection.

### **Achieve a generational shift in the demand for drugs**

1. Local pathways to identify and change behaviour of people involved in activities that cause drug-related harm.
2. All pupils receive a co-ordinated / coherent programme of evidence-based interventions to reduce the chances of using drugs.
3. Supporting children, young people, and families most at risk of substance misuse or criminal exploitation – early, targeted support to reduce harm within families that is sensitive to all the needs of the person or family and seeks to address the root causes of risk.

### **Background papers** None

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<sup>5</sup> HM Government. From harm to hope - A 10-year drugs plan to cut crime and save lives. 2021.

# West Sussex Combating Drugs Partnership

**Dan Barritt** | Public Health Lead for Substance Misuse



## Context

The past decade has seen a rise in overall drug use, a rise in drug (and alcohol) related deaths (61% between 2010-2019), and increased harms from substance misuse (e.g., polydrug use, homelessness and imprisonment, and changing patterns of socioeconomic deprivation).

Dame Carol Black's (DCB) two-part review of drugs policy for the UK Government outlines the scale of the challenge:

*"Funding cuts have left treatment and recovery services on their knees. Commissioning has been fragmented, and partnerships between local authorities, health, housing, employment support and criminal justice agencies have deteriorated. The workforce is depleted, especially of professionally qualified people, and demoralised. Vital services have been cut back"*

## Background

In response, the Government published its 10-year drug strategy, *From Harm to Hope*, and mandated local authority areas to establish a local Combating Drugs Partnership (CDP).

CDPs are multi-agency forums that provides a single setting for understanding and addressing shared challenges related to local drug (and alcohol)-related harms.

They bring together action and oversight across the three strategic priorities and commitments of the national drug strategy: (1) Breaking drug supply chains; (2) Delivering a world class treatment and recovery system; (3) Achieving a generational shift in the demand for drugs.

## West Sussex Combating Drugs Partnership

The West Sussex CDP is a single setting for understanding and addressing the shared challenges related to local drug (and alcohol)-related harms.

Chaired by the Senior Responsible Owner (SRO), the Director of Public Health, West Sussex County Council, the West Sussex CDP is a multi-agency forum that includes representation from elected Members, local authority officials, the NHS, Jobcentre Plus, substance misuse treatment providers, the Police and Police and Crime Commissioner (PCC), the National Probation Service, and the secure estate (e.g., prisons, young offender institutions).

As the CDP develops, the following organisations will also be engaged and worked with: education providers (including higher and further), housing associations and providers of supported housing and homelessness services, youth offending teams, Voluntary, Community and Social Enterprise (VCSE) organisations, the coroner's office, and people with lived experience.

## Responsibilities

1. Undertaking an ongoing **joint local needs assessment** - reviewing all relevant local data and intelligence; identifying gaps; formal review.
2. Producing an ongoing **local drugs (and alcohol) strategy delivery plan** - reflects the national strategic priorities; local data recording and sharing; focused, multi-agency sub-working groups.
3. Regular **review of progress** - local delivery of strategies objectives; identifying local issues and priorities ongoing.

To understand interactions, synergies, and dependencies, the West Sussex CDP must collectively define its relationship with other strategic and operational bodies.

## Recommendation(s) to the Board

The West Sussex Health and Wellbeing Board is asked to:

1. Note that the West Sussex Combating Drugs Partnership (CDP), chaired by the Director of Public Health, as Senior Responsible Owner (SRO) for the partnership, is the local delivery structure for the implementation of the national 10-year drugs strategy and mechanism that central Government will draw upon to track and support delivery of the Strategy.
2. Recognise the significant impact that this new partnership can have on improving the quality of life for residents and communities and reducing future demand and costs for services across the wider health and care system in West Sussex.
3. To consider how the West Sussex Health and Wellbeing Board, as key systems leaders, can support the West Sussex CDP to gain representation and full involvement of local people with lived experience, to maximise our collaboration and impact for this important agenda (e.g., people who are using/have used drugs, family members/carers who have been impacted by substance misuse harms, professionals/services affected by drug related harm).



## Partnership roles and contacts

- **Senior Responsible Owner** – Alison Challenger – Director of Public Health - West Sussex County Council – [Alison.Challenger@westsussex.gov.uk](mailto:Alison.Challenger@westsussex.gov.uk)
- **Partnership and Public Involvement Lead** – Dan Barritt – Public Health Lead for Substance Misuse - West Sussex County Council – [Dan.Barritt@westsussex.gov.uk](mailto:Dan.Barritt@westsussex.gov.uk)
- **Data and Intelligence Lead** – Robert Whitehead - Senior Research Officer, Public Health and Social Research Unit – [Robert.Whitehead@westsussex.gov.uk](mailto:Robert.Whitehead@westsussex.gov.uk)

**Thank you.**

**Any questions?**

# Development of draft West Sussex Suicide Prevention Framework and Action Plan, and draft pan-Sussex Suicide Prevention Strategy and Action Plan

Progress Update

**Sara Corben** | Interim Consultant in Public Health | 27 April 2023

# Background and Context

## National

- “Preventing suicide in England: A cross government outcomes strategy to save lives” (September 2012)
- Five government progress reports on delivery of strategy (latest report March 2021)
- New national suicide prevention plan anticipated to be published in 2023

## Local – West Sussex and Sussex-wide

- West Sussex Suicide Prevention Strategy 2017-2020
- Work commenced in September 2022 to develop new West Sussex Suicide Prevention Framework and Action Plan 2023-2026, which will be a forerunner to the pan-Sussex Suicide Prevention Strategy and Action Plan
- ‘Pan-Sussex’ refers to a Sussex-wide approach (Brighton & Hove, East Sussex, and West Sussex)
- **Both approaches will respond to local population needs, dovetailing together to ensure an aligned approach both locally and Sussex-wide**

# How have we approached this?

## Evidence-based actions to respond to our local populations' needs

**Two main areas of focus** have informed the development of both the draft West Sussex Suicide Prevention Framework and Action Plan and draft pan-Sussex Suicide Prevention Strategy and Action Plan:

- Stakeholder engagement at Sussex level: Consultation with Sussex mental health workforce (Summer 2022)
- Review of the latest evidence

# Consultation with Sussex mental health workforce

- Consultation with state and voluntary sector mental health workforce across Sussex over an 8 week period during summer 2022
- Views sought on seven proposed action areas for draft pan-Sussex Suicide Prevention Strategy and Action Plan
- 120 groups or individuals participated, 238 responses received in total, 48 responses from West Sussex
- Groups and individuals consulted include: community and voluntary sector groups, individuals, NHS organisations including primary care, and local authorities

## Views sought on proposed action areas:

- Leadership, quality, improvement and communications
- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to mental health in specific groups
- Reducing access to means of suicide
- Provide better information and support to those bereaved by a suicide
- Supporting learning, data, and monitoring
- Reduce risk of self-harm

# Review of the latest evidence

Academic research, Government policy, public health guidance, national and local data

Sources include:

- Office of National Statistics (ONS) including recently published results from the 2021 Census
- National Confidential Enquiry into Suicide and Self-harm
- Office for Health Improvement & Disparities (OHID)
- Local Real Time Surveillance data (RTS)
- Manchester University publications on self-harm
- World Health Organisation (WHO)/ academic research papers
- NHS Data – Hospital Episode Statistics
- Public Health Fingertips data (OHID)



# Draft West Sussex Suicide Prevention Framework and Action Plan 2023-2026

# Who will we focus on? What is the evidence telling us?

- **Those most at risk of committing suicide and/or self-harm:** middle aged and older men; children and young people; those with existing mental illness; people who self-harm
- **People more vulnerable to mental illness:** neurodiverse people, victims and perpetrators of domestic abuse, people who misuse drugs and alcohol including children, and homeless people.

# Proposed Actions



Proposed actions are focused on seven key areas, aligned with the proposed action areas shared in the Consultation with Sussex mental health workforce:

- System leadership, governance, and communications
- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to means of suicide
- Provide better support to those bereaved and affected by a suicide
- Use of system data to support planning; support learning and training
- Reduce risk of self-harm

# Next Steps

- Final editing of draft West Sussex Suicide Prevention Framework and Action Plan 2023-2026 to be completed
- Publication – Spring 2023
- A working document – will be regularly reviewed to ensure meeting local population needs, and aligned with national suicide prevention strategy when published.
- We will also ensure both West Sussex and Sussex-wide approaches, continue to dovetail together to ensure an aligned approach across the system

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## **Report to West Sussex Health and Wellbeing Board**

**27 April 2023**

### **Better Care Fund Monitoring Quarter 3 2022-23**

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

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#### **Summary**

This paper presents an update on the West Sussex 2022/23 Better Care Fund Plan, highlights Better Care Fund planning requirements for 2023-25, and summarises performance against the Better Care Fund national metrics for Quarter 3 2022/23.

#### **Recommendation(s) to the Board**

##### **The Health and Wellbeing Board is asked to:**

1. Note the update on the West Sussex Better Care Fund Plan for 2022/23.
  2. Note the Better Care Fund planning requirements for 2023-25.
  3. Note the West Sussex performance against the national BCF metrics at Q3 2022/23.
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#### **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**

Due to the late publication of planning guidance, reporting on the BCF programme for 2022-23 is limited to an End of Year (EOY) return which will ask for:

- Confirmation that the BCF national conditions continued to be met throughout the year.
- Confirmation of actual income and expenditure in BCF section 75 agreements for 2022-23 (covering the whole of the BCF plan including the Adult Social Care Discharge Fund monies).
- Details of significant successes and challenges during the year.
- Details on actual numbers of packages and actual spend in relation to the Adult Social Care Discharge Fund along with brief narratives for each scheme any changes to planned spending, impact of scheme, and any relevant learning.

The full submission, signed off by the Health and Wellbeing Board in line with normal BCF requirements, is due on Tuesday 23 May 2023, with an advance submission covering the Adult Social Care Discharge Fund only required by Tuesday 2 May 2023.

### **Better Care Fund Planning 2023-25**

West Sussex Health and Wellbeing Board (HWB) is required to submit a 2-year Better Care Fund (BCF) plan covering 2023/24 and 2024/25, jointly agreed by West Sussex County Council and NHS Sussex, following engagement with local stakeholders, by 28 June 2023.

The plan must meet the following national conditions:

- A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
- Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer.
- Implementing BCF Policy Objective 2: Provide the right care, at the right place, at the right time.
- Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services.

For 2023-25, in addition to the NHS Minimum Contribution, Improved Better Care Fund grant, and Disabled Facilities Grant, the Discharge Fund will be distributed through the BCF, supporting safe and timely discharge from hospital. For the first year, the focus is on growing social care capacity to have the greatest impact on:

- Reducing delayed hospital discharges.
- Planning services sufficiently far in advance to enable providers to make appropriate workforce capacity plans.
- Learning from evaluation of the impact of previous discharge funding.
- Improving collaboration and information sharing across health and social care services.

A Capacity and Demand Plan for Intermediate Care services is also required, initially, for 2023-24 only, with a winter update due in October 2023, covering:

- Expected demand for intermediate care services (and other short-term care) to help people remain independent at home (including support aimed at avoiding unnecessary hospital admissions and support following discharge from hospital.)
- Services to support this recovery (including rehabilitation and reablement.)
- Expected capacity in the HWB area to meet this demand.

### **Better Care Fund Performance Q3 2022/23**

Appendix 1 shows metrics performance at Q3 2022/23 for the following 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.
- 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](mailto:paul.keough@nhs.net)

### **Appendices Presentation Papers**

Appendix 1: Better Care Fund Metrics Report Q3 2022/23

#### **Background Papers**

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025>

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2023-25/>

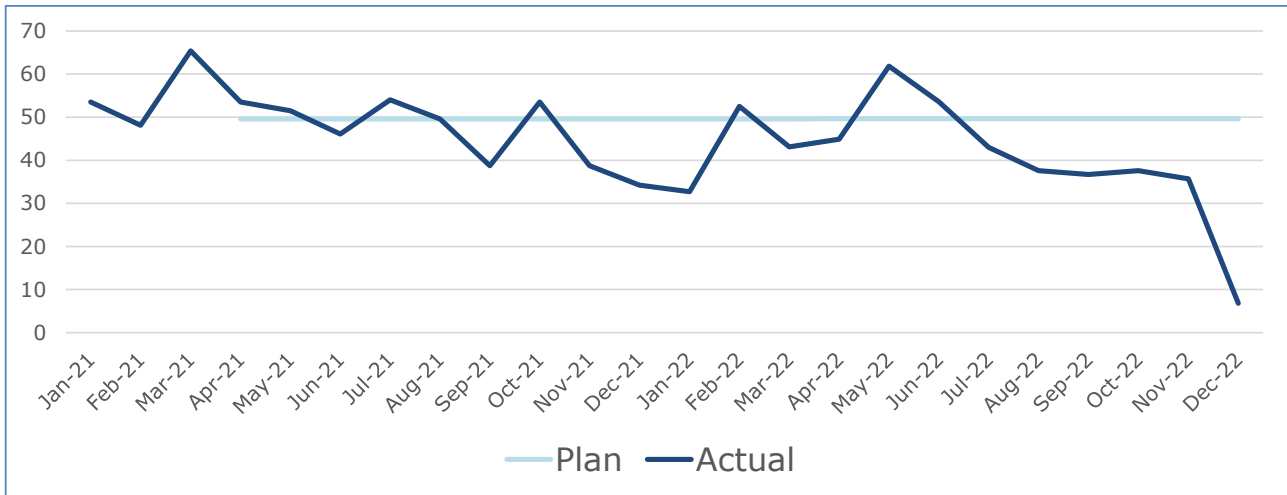
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**HWB Better Care Monitoring Q3 2022/23: Appendix 1**

**Permanent Admissions to Nursing and Residential Homes**

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



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

December 2022 total: 6.8 (See note about data collection below.)

December 2021 comparison: 34.2.

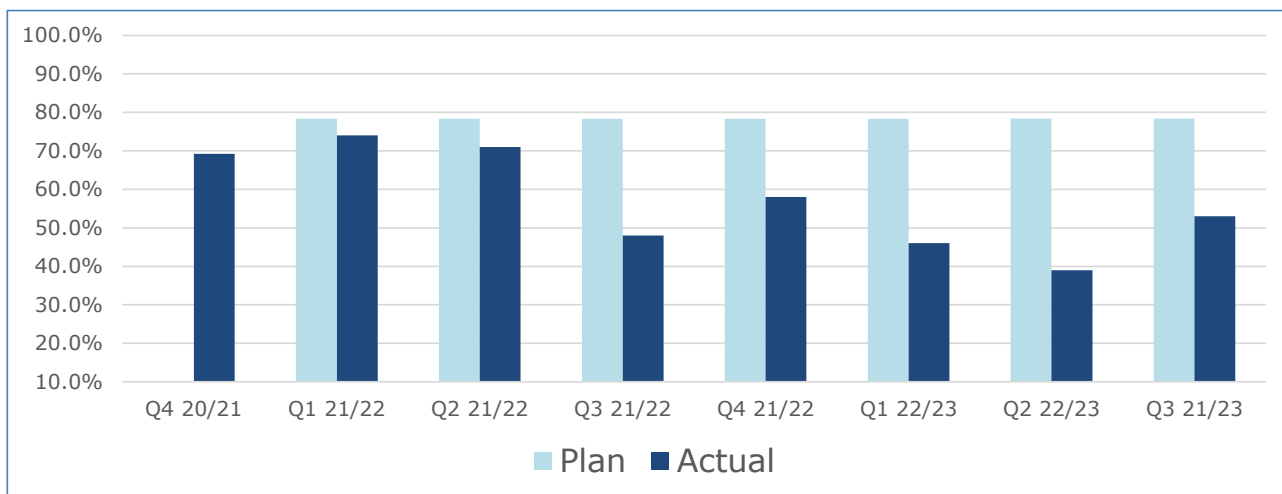
Adult Social care are continuing to work towards reducing new admissions to residential settings, while increasing non-residential options. This has been effective and the percentage of res to non-res customers has been moving in the right direction, however the average cost of placements is increasing,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

Due to increased demand and reduced market capacity, ASC are experiencing significant wait times 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 Q3 2022/23**



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

Q3 2022/23 total: 53.0 percent.

Q3 2021/22 comparison: 48.0 percent.

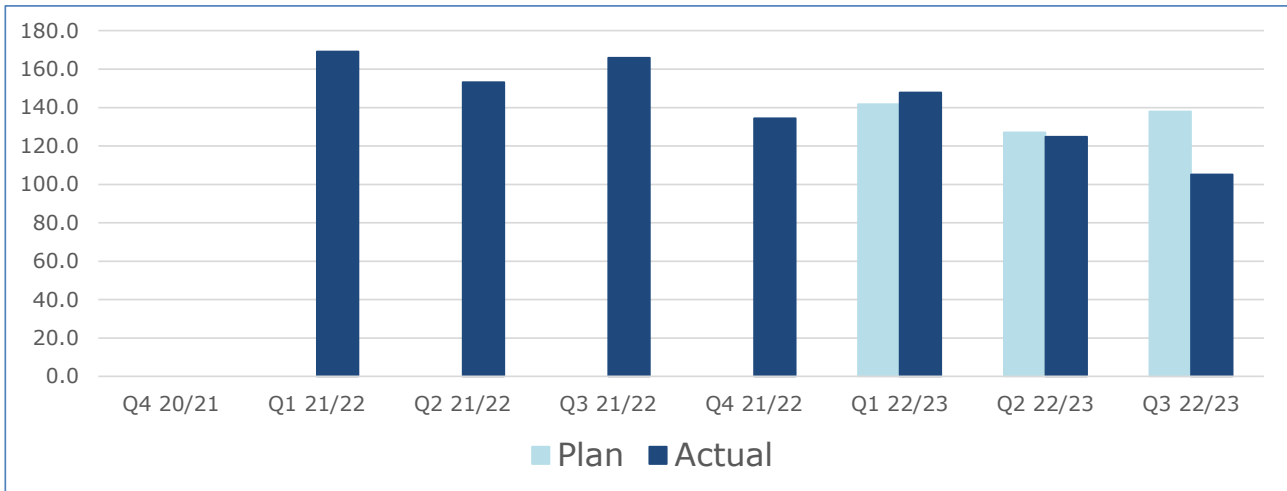
Performance at Q3 2021/22 remains lower than planned. Contributory factors include data quality issues around the 91-day measure which are being worked through, along with market pressures.

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**

**Figure 3 Reablement Ambulatory Case Sensitive Conditions - 24 months to Q3 2022/23**



2022/23 Q3 Plan: Lower than 138.0 – Indirectly standardised rate of admissions per 100,000 population.

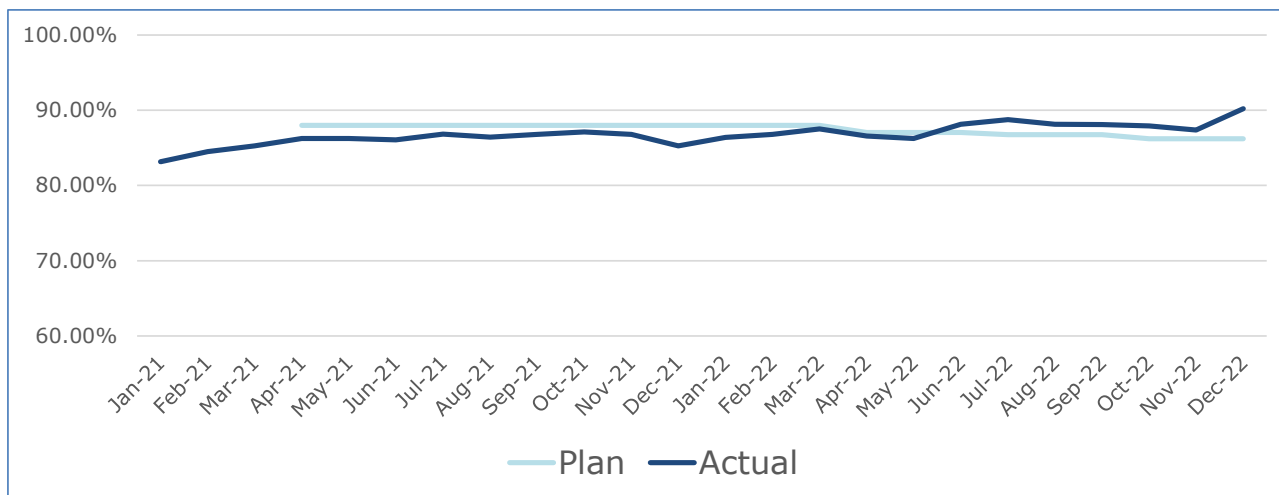
Q3 2022/23 total: 105.2.

Q3 2021/22 comparison: 166.0 percent.

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.

**Discharge to Usual Place of Residence**

**Figure 4 Discharge to Usual Place of Residence - 24 months to September 2022**



2022/23 Q3 Plan: Higher than 86.21 percent.

December 2022 total: 90.19 percent.

December 2021 comparison: 85.27 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](mailto:paul.keough@nhs.net)

<b>Health and Wellbeing Board (HWB) Work Programme 2023/2024</b>					
<b>Meeting Date</b>		<b>27-Apr-23</b>	<b>20-Jul-23</b>	<b>02-Nov-23</b>	<b>25-Jan-24</b>
<b>Items</b>	<b>Lead Contact</b>				
West Sussex Combatting Drugs Partnership	Dan Barritt/Alison Challenger	√			
Feedback from HWB Seminar - housing and homelessness	Alison Challenger	√			
Council's whole systems approach to healthy weight in West Sussex	Alison Challenger			√	
West Sussex Suicide Prevention Strategy and pan-Sussex Suicide Prevention Strategy	Alison Challenger	√			
<b>Annual Reports/Actions</b>					
Terms of Reference Annual Review	Erica Keegan			√	
Safeguarding Adults Annual Report	Julie Phillips		√		
Safeguarding Childrens Annual Report	Chis Robson, Independent Chair/Julia Mlambo				√
Public Health Annual Report	Alison Challenger				
HealthWatch Annual Report	Katrina Broadhill				
Pharmaceutical Needs Assessment	Jacqueline Clay				
Joint Strategic Needs Assessment	Alison Challenger				
Joint Health and Wellbeing Board Strategy - term ends in 2024	Alison Challenger				
<b>Standing Items</b>					
HWB - Local Outbreak Engagement Board	Alison Challenger	√	√	√	√

<b>Health and Wellbeing Board (HWB) Work Programme 2023/2024</b>					
<b>Meeting Date</b>		<b>27-Apr-23</b>	<b>20-Jul-23</b>	<b>02-Nov-23</b>	<b>25-Jan-24</b>
<b>Items</b>	<b>Lead Contact</b>				
HWB - Children First Board	Marie Foley for Lucy Butler	✓	✓	✓	✓
Better Care Fund Monitoring	Paul Keogh/Chris Clark	✓	✓	✓	✓
Public Forum	Chairman	✓	✓	✓	✓
Public Health Update	Alison Challenger	✓	✓	✓	✓
Recommendation and Action Tracker	Alison Challenger	✓	✓	✓	✓
Integrated Care System (ICS) (Incorporating Health Inequalities)	Chris Clark/Alan Sinclair/ Pennie Ford	✓	✓	✓	✓
<b>HWB Prep Timetable</b>					
<b>Agenda Prep Meeting</b>		<b>03-Apr-23</b>	<b>27-Jun-23</b>	<b>10-Oct-23</b>	<b>05-Jan-24</b>
<b>Date of HWB Meeting</b>		<b>27-Apr-23</b>	<b>20-Jul-23</b>	<b>02-Nov-23</b>	<b>25-Jan-24</b>
Venue		County Hall Chichester	County Hall Chichester	County Hall Chichester	County Hall Chichester
<b>Final Papers for Despatch</b>		<b>20-Apr-23</b>	<b>13-Jul-23</b>	<b>26-Oct-23</b>	<b>18-Jan-24</b>