

Public Document Pack

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8 January 2019

Health and Adult Social Care Select Committee

A meeting of the committee will be held at **10.30 am** on **Wednesday, 16 January 2019** at **County Hall, Chichester**.

Tony Kershaw
Director of Law and Assurance

Agenda

- 10.30 am 1. **Declarations of Interest**
- Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it. If in doubt please contact Democratic Services before the meeting.
- 10.32 am 2. **Urgent Matters**
- Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances, including cases where the Committee needs to be informed of budgetary or performance issues affecting matters within its terms of reference, which have emerged since the publication of the agenda.
- 10.33 am 3. **Minutes of the last meeting of the Committee** (Pages 5 - 12)
- The Committee is asked to agree the minutes of the meeting held on 12 December 2018 (cream paper).
- 10.35 am 4. **Responses to Recommendations** (Pages 13 - 14)
- The Committee is asked to note the responses to recommendations made at the 15 November meeting from
- a) Sussex Community NHS Foundation Trust
 - b) The Cabinet Member for Adults & Health – to follow.

and from the 12 December meeting from

c) The Cabinet Member for Adults & Health – to follow.

10.45 am 5. **Forward Plan of Key Decisions** (Pages 15 - 22)

Extract from the Forward Plan dated 21 December.

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

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

10.55 am 6. **West Sussex Safeguarding Adults Board Annual Report 2017/18** (Pages 23 - 58)

Report by the Independent Chair of the West Sussex Safeguarding Adults Board.

The report documents the activity and initiatives overseen by the Board during 2017/18.

11.35 am 7. **South East Coast Ambulance Service Update** (Pages 59 - 74)

12.15 pm 8. **West Sussex Joint Health & Wellbeing Board Strategy** (Pages 75 - 132)

Report by Director of Public Health.

The report provides the committee with an overview of the proposed Joint Health and Wellbeing strategy for the next five years.

12.45 pm 9. **Possible Items for Future Scrutiny**

Members to mention any items which they believe to be of relevance to the business of the Select Committee, and suitable for scrutiny, e.g. raised with them by constituents arising from central government initiatives etc.

If any member puts forward such an item, the Committee's role at this meeting is just to assess, briefly, whether to refer the matter to its Business Planning Group (BPG) to consider in detail.

12.47 pm 10. **Requests for Call-in**

Requests were made to call-in the following proposed decisions on: -

- a) Housing Related Support
- b) Local Assistance Network
- c) Minimum Income Guarantee for Working Age Adults

A majority of Business Planning Group members rejected all three requests.

12.50 pm 11. **Date of Next Meeting**

The next meeting of the Committee will be held on 15 March 2019 at 10.30 am at County Hall, Chichester. Probable agenda items include:

- Dementia Framework 2014-19 Update

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 28 February 2019.

To all members of the Health and Adult Social Care Select Committee

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Health and Adult Social Care Select Committee

12 December 2018 – At a meeting of the Health and Adult Social Care Select Committee held at 10.30 am at County Hall, Chichester.

Present: Mr Turner (Chairman)

Dr Walsh	Dr O'Kelly	Cllr Belben
Mrs Arculus, Arrived at 10.40	Mr Petts	Cllr Boram
Mr Barling	Mrs Smith	Cllr Coldwell
Mrs Bridges	Cllr Bickers	Miss Russell
Ms Flynn	Cllr Blampied	
Mrs Jones	Cllr Belsey	

Apologies were received from Lt Cdr Atkins, Cllr Neville, Mrs Bennett, Mr Cloake, Mrs Dennis, Mrs Hall, Mr High and Ms Lord

Absent: Mr Wickremaratchi

Also in attendance: Mrs Jupp, Mr Baldwin, Mrs Mullins and Mr Marshall

Part I

30. Declarations of Interest

30.1 In accordance with the code of conduct the following personal interests were declared in relation to item 6, Strategic Budget Options: -

- Miss Russell – as Chair of the Aldingbourne Trust
- Dr Walsh – as a member of Arun District Council
- Mr Turner – as a member of Worthing Borough Council
- Mrs Jones – as a member of Mid Sussex District Council
- Cllr Boram – as a member of Adur District Council
- Cllr Belsey - as a member of Mid Sussex District Council
- Mrs Smith – as a member of Crawley Borough Council
- Mrs Bridges - as a member of Adur District Council
- Dr O'Kelly – as a member of Chichester District Council
- Mr Baldwin – as a member of Horsham District Council
- Cllr Blampied - as a member of Arun District Council
- Cllr Bickers - as a member of Worthing Borough Council
- Cllr Belben - as a member of Crawley Borough Council
- Cllr Coldwell – as a member of Horsham District Council

31. Minutes of the last meeting of the Committee

31.1 Resolved – that the minutes of the meeting held on 15 November be approved as a correct record and that they be signed by the Chairman.

32. Forward Plan of Key Decisions

32.1 Resolved – that the Committee asks its Business Planning Group to consider whether the proposed decision- on the Tobacco Control Strategy for West Sussex should be considered by a future meeting of the committee.

33. Strategic Budget Options

33.1 The Committee considered reports by the Executive Director, Children, Adults, Families, Health & Education and Interim Director of Adults' Services on Housing Related Support and the Local Assistance Network (copies appended to the signed minutes) and a video produced by the West Sussex Coalition of Providers.

33.2 The Cabinet Member for Adults & Health introduced the item and thanked the Coalition for its comprehensive analysis report and engagement throughout the consultation. She also thanked everyone who had responded to the consultation and was particularly encouraged by the Coalition's recognition of the need for some reform of services, as well as its willingness to explore more efficient ways to deliver them. The Cabinet Member also made the following points: -

- The County Council had had to make substantial savings since 2010/11 and faced a gross budget gap of £145m over the next four years, due in part to rising demand for adults and children's social services
- The County Council had lobbied local MPs and Ministers about the need for additional funding, but it had to set a balanced budget and therefore had to look at spending, particularly at that which was discretionary
- The County Council would seek to mitigate, wherever possible, the impact on the most vulnerable residents; and would make these changes in a measured and timely way with providers and partners in order to safeguard the essential core of the County Council's services
- Out of the budget of £6.3m for housing related support services, some helped to meet statutory services whilst some contributed to the prevention of demand on other critical services. The proposal is to set a future budget of £2.3m for housing related support contracts to meet those priorities and to work with partners in a careful and planned way to achieve that level over the next two years
- The consultation showed there was a willingness to work collaboratively with partners and providers to remodel services in order to achieve better outcomes
- Contracts had been extended to September 2019 and work would start as soon as possible to allow nine months to remodel these services and get new contracts in place
- District and borough councils showed a willingness to work collaboratively to bring about the best outcome for the residents of West Sussex
- The Homelessness Reduction Act came into force in April 2018 - the district and borough councils are the housing authorities with primary responsibility for tackling homelessness
- Each housing authority is required to have a five year Homelessness Strategy, which should be reviewed and refreshed - this has been achieved by Worthing and Adur councils and recently by Mid Sussex District Council

- Government also recommended a sub-regional approach to homelessness strategies in two tier areas, reflecting the overlapping responsibilities of housing authorities and county councils as social services authorities
- A pan-West Sussex Homelessness Strategy could benefit the residents of West Sussex and the County Council urged the district and borough councils, as the authorities responsible for homelessness and housing, to lead the work on this, which the County Council would be keen to support and engage with

33.3 The Committee watched a video produced by the Coalition and then heard from the following people/organisations, all of whom confirmed that they were willing to work with the County Council towards remodelling the services: -

33.4 John Holmstrom, Chief Executive, Turning Tides and secretary of the West Sussex Coalition of Providers told the Committee:-

- The Coalition consisted of local and national charities of all sizes catering for many client groups of all ages

33.5 Hilary Bartle, Chief Executive of Stonepillow and Chair of the West Sussex Coalition of Providers told the Committee: -

- The proposals represented a 63% cut in funding for important services
- Existing funding levels were a lever in obtaining a further £2.5m funding from the Government in enhanced Housing Benefit
- The support for 8,000 people in 2017/18 cost £5.1m which avoided £38.3m being spent in other areas, such as children and adults' social care, criminal justice and acute health care
- The timescales proposed by the County Council were challenging and unrealistic – a twelve month extension to contracts was sought
- The proposals would lead to more people on the streets and more deaths among rough sleepers, homeless people, young people, older people and those with mental health issues
- The recommendations did not appear to have been through a thorough equality impact assessment or to have taken on board the 700 consultation responses

33.6 Nigel Lynn, Chief Executive, Arun District Council on behalf of all the district and borough councils in West Sussex told the Committee: -

- This was a shared responsibility involving people with chaotic lives and multiple issues
- There was a willingness to co-operate between authorities and voluntary organisations as there had been in the past e.g. with the national Supporting People grant before 2011
- The amount of time needed to remodel services would not be known until the work began as people and processes were complicated, so the district and borough councils were asking for up to twelve months for this task and believed that better outcomes could be found for West Sussex residents

33.7 Luca Badioli, Chief Executive Officer, Arun & Chichester Citizens Advice told the Committee: -

- Citizens Advice was concerned about the effect reduction in Local Assistance Network (LAN) funding would have on it as an organisation
- Citizens Advice was already in deficit and any further reduction in funding could mean it would have to make staff redundant and stop providing some services at a time of high demand (10,000 people could lose services)
- Citizens Advice was concerned at the effect of cuts to energy top-up money as 9,700 older people died every year due to the cold

33.8 Julie Martin, Chief Executive, Citizens Advice in West Sussex (north, south, east) told the Committee: -

- The long-term impact on health caused by debt was unknown, but there was a correlation between debt and mental health problems
- This would lead to worsening poverty amongst the most vulnerable needing more costly interventions

33.9 Jerry Westerman, Chief Superintendent, Sussex Police representing the Safer West Sussex Partnership told the Committee: -

- Cuts to housing related support would make West Sussex less safe as housing played a key part in preventing re-offending

33.10 Mark Burden, Acting Head Sussex, National Probation Service told the Committee: -

- This was a critical time for offender accommodation
- The probation service was managing 905 sex and violent offenders in West Sussex with twice as many low level offenders being managed by its community rehabilitation company
- Several hundred more offenders were due to be released in the first half of 2019
- Accommodation was the building block to the reintegration of offenders with supported housing being critical
- The temporary accommodation provided to dangerous offenders with complex needs played a vital part in protecting the public
- If the current provider was lost, another would have to be found

33.11 Martin Pannell, Associate Director for Operations and Performance, Coastal West Sussex Clinical Commissioning Group representing all West Sussex clinical commissioning groups (CCGs) told the Committee: -

- The CCGs were concerned that 97% of consultation responses were critical of the proposals and welcomed the confirmed six month extension to the contracts
- They were also concerned about the timescale for remodelling services and whether this was sufficient
- If risks were not mitigated there would be negative affects on individuals and the health system with more people entering general and acute mental health hospitals and staying longer than before reducing capacity to admit other patients, especially during winter

33.12 Summary of Members' comments and question responses: -

- Members raised the following concerns if funding was reduced: -
 - The effect on vulnerable people and the cost implications to other organisations if any of these services, which included the LAN, were withdrawn as a result
 - The Police & Crime Commissioner's view that there would be an increased risk to the public from sex and violent offenders
 - Insufficient time to reconfigure services
 - Some people could slip through the net if only statutory services were funded
- The ring-fence for the Supporting People grant was removed in 2011. The funding was transferred into the County Council's core funding, which has been reducing continuously since then
- The County Council continued to fund HRS services that are non-statutory for a significant period of time after other councils had cut the funding
- The County Council forecasts that it will have reserves of £175m at the end of March 2019, £155m of which are earmarked for specific uses with the remaining £20m to be retained for unforeseen circumstances
- There was pressure on the County Council's Adult Social Care budget with the number of older people with learning disabilities increasing
- 5% of this budget paid for discretionary services so had to be reviewed
- The Government had made an extra £11m available to district and borough councils across the country for homelessness reduction
- District and borough councils were also under financial pressure and couldn't afford to take on the funding of housing related support services
- The County Council had been working for some time on identifying buildings that it could let cheaply to district and borough councils
- The County Council had taken all responses into account and was now proposing not to withdraw all funding, but leave £2.3m to reconfigure services and carry out its statutory duties
- The consultation had shown that there was a commitment to partnership working and the County Council was confident that remodelling services could be achieved within the timescale it proposed
- Some remodelling could be done by looking at historic contracts and providing services differently for less money
- An officer group with representation from across all agencies would work on the remodelling
- The timing of the proposals conflicted with the Homeless Reduction Act, Rough Sleeping Strategy and the roll out of Universal Credit
- The County Council had put in a joint bid for extra funding for homelessness with the district and borough councils and was working on another bid with district and borough councils
- The strategic officer group of the district and borough councils was looking at how services were commissioned to erase inconsistency
- The County Council was lobbying MPs for more funding for adult social care

- Some district and borough councils had homelessness strategies in place which would be reviewed, with a willingness to work on an holistic strategy across West Sussex
- Around 300 offenders would be released into West Sussex in the first six months of 2019
- The County Council should look elsewhere for the savings
- Social housing was a key part of all district and borough councils' plans – Arun District Council was also building its own houses and paying for temporary accommodation – Worthing Borough Council had allocated £11m for temporary accommodation
- More detailed work was needed to assess the affect on children looked after both now and in the future if women's refuges were closed – an assurance was given that the County Council's provision for looked after children would not be affected
- Members were grateful to all those who had contributed to the consultation, through reports or in person at the meeting

33.13 Resolved – that requests that the Cabinet Member for Adults and Health:-

- i. Has a moratorium of up to twelve months, to the end of March 2020, in order to have the best chance to remodel and preserve services and therefore not reduce funding in 2019/20 in regard to both housing related support contracts and the LAN
- ii. Identifies and engages with other stakeholders that could have a positive impact on housing support
- iii. Supports the creation of an officer working group with representatives from West Sussex County Council and each of the housing authorities (district and borough councils) to look at how joint efficiencies can be sought, provision remodelled and what alternative funding streams could be identified and made available, including from other agencies, to include the development of an holistic homelessness strategy for West Sussex
- iv. Considers, with the housing authorities and associations, the overlapping geography that occurs to determine any efficiencies across areas of West Sussex, rather than solely housing authority boundaries
- v. Provides detail of the impact these proposed cuts will have on West Sussex County Council's internal budgets, particularly in relation to Adult Social Care and Children's Services statutory obligations, and how it intends to discharge those duties in the absence of supported housing funding to local providers
- vi. Provides details of proposals moving forward to a future meeting of the Committee which will include an invitation to members of the Children & Young People's Services Select Committee

33.14 The Committee considered a report by the Executive Director, Children, Adults, Families, Health & Education and Interim Director of

Adults' Services on the Minimum Income Guarantee for Working Age Adults (copy appended to the signed minutes).

33.15 The Cabinet Member for Adults & Health introduced the item thanking individuals for responding to the consultation and groups who invited her and officers discuss the proposals in person. She also told the Committee: -

- The consultation included wider public and key stakeholders such as the voluntary sector and health
- People proposed new ideas, e.g. earlier advice and information, the County Council to work with local businesses to create more job opportunities or work experience
- Concern over the financial assessment service provided dominated the consultation – the County Council would therefore arrange to review the financial assessment service
- Consultation responses, the witness statements and comments from this committee will be considered carefully before the decision is taken next week

33.16 The Committee heard from Andrew Walker, co-chair of the Learning Disability Partnership Board who told the Committee: -

- Making people with learning disabilities pay £5 more was a disgrace and felt like the Council was picking on people with learning disabilities – cuts should be made elsewhere or council tax should be increased
- People with learning disabilities needed the money to be able to do things they liked to do – this proposal made people with learning disabilities think that it was bad to have a disability
- Cut Impact Action Now is researching the effects the proposed cuts will have on people with learning disabilities
- Support for people with moderate learning disabilities was cut in 2012 and there have been cuts to public transport meaning that people with learning disabilities have less access to transport
- Benefits have also been cut and lots of people with learning disabilities are in a lot of debt with having to pay back money to the Council for the support they receive
- People with learning disabilities need this money to be able to go to social events or save for things they like to do
- The Council should be helping people with learning disabilities
- People with learning disabilities should be treated the same as other people, not picked on

33.17 Summary of Members' comments and question responses: -

- The Committee had concerns over: -
 - the impact the proposals would have on people's lives, especially their health
 - no other options being considered
 - potential loss of social activity
 - people not being able to afford support

- the proposals being inconsistent with the Council's objectives to increase the number of people with learning difficulties in employment and tackle social isolation
- poor funding from Government for the Council with regard to social care
- Budget pressures meant that difficult decisions had to be taken
- The level of the MIG is recommended by Government. Customer contributions, as now, will remain means tested
- Specific impacts on individuals was not known
- Change in payments for support was unknown as the proposals were based on averages to give people an idea of what they might have to pay
- A transition period had not been considered as this would require further financial modelling and lead to unequal funding
- West Sussex was an expensive place to live and people with learning disabilities had little chance of finding work that would improve their income
- The Council was working on a new offer to help unpaid carers – a group of people who could be indirectly affected by the proposals
- Extra money from Government recently announced for social care is one-off, some of which also has strict conditions as to how it could be spent. Using it as an alternative funding source for the Minimum Income Guarantee would be inadvisable
- Heating costs were covered by Disability Related Expenditure so weren't counted as part of people's income

33.17 Resolved – that the Committee welcomes the Cabinet Member for Adults and Health's assurance that the financial assessment service will be reviewed, in response to comments received throughout the consultation and that work will continue with local businesses, as referred to by the Chairman, to improve job opportunities for working age adults with learning disabilities, and asks that if the proposal is to be taken forward that the Cabinet Member for Adults and Health considers a transition period for existing claimants and continues to lobby government regarding future funding for adult social care.

34. Possible Items for Future Scrutiny

34.1 The Committee agreed that the Business Planning Group should look at the treatment of refugees in the detention centre at Gatwick.

35. Date of Next Meeting

The meeting ended at 1.37 pm

Chairman

Mr. Bryan Turner
Chairman
Health and Adult Social Care Select
Committee, WSCC

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J3, Jevington Building
Elm Grove
Brighton General Hospital
Brighton
BN2 3EW

Sent via email

Telephone: 01273 265930
Email: siobhan.melia@nhs.net

20th December 2018

Dear Bryan,

Thank you for your letter of 26th November 2018 regarding Matt Hancock's comments about the future of Community Hospitals. I have shared your letter with our Executive Team and had time to reflect on Matt Hancock's comments.

Sussex Community NHS Foundation Trust is committed to providing high quality care close to where people live and we understand the passion with which communities value their local health facilities.

We believe that Mr. Hancock was referring to District General Hospitals (e.g. Worthing and St Richard's Hospitals in West Sussex) when he was explaining that these community hospitals should not be merged or shut down.

Our recent discussions have been about the sustainability and purpose of what you may call 'cottage hospitals'. These hospitals have one or two wards with relatively low numbers of patients being cared for, in isolated units. These cottage hospitals tend to only offer a small number of services and we therefore find it hard to attract staff to come and work in smaller units with little on-site senior support.

Your letter has alerted us to the need to be very clear with our terminology when describing our local health care facilities.

So, in answer to your question, we are aligned with Matt Hancock's view that merging or closing community hospitals (referring to District General Hospitals) is not always the solution to local health needs. We continue to believe that there is a need to review the sustainability of 'cottage hospitals' to ensure we maintain patient safety and deliver good care.

We look forward to continuing to work with the CCGs, local health and social care providers, patient groups, voluntary organisations and the HASC in reviewing how to best support communities in West Sussex.



Excellent care at the heart of the community

Agenda Item 4

Yours sincerely,

A handwritten signature in black ink that reads "Siobhan Melia". The signature is written in a cursive style and is underlined.

Siobhan Melia
Chief Executive
Sussex Community NHS Foundation Trust



Forward Plan of Key Decisions

Explanatory Note

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

- Best Start in Life
- A Prosperous Place
- A Safe, Strong and Sustainable Place
- Independence in Later Life
- A Council that Works for the Community

The Forward Plan is updated regularly and key decisions can be taken daily. Published decisions are available via this [link](#). The Forward Plan is available on the County Council's website www.westsussex.gov.uk and from Democratic Services, County Hall, West Street, Chichester, PO19 1RQ, all Help Points and the main libraries in Bognor Regis, Crawley, Haywards Heath, Horsham and Worthing.

Key decisions are those which:

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

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




Decision	The title of the decision, a brief summary and proposed recommendation(s)
Decision By	Who will take the decision
West Sussex Plan priority	See above for the five priorities contained in the West Sussex Plan
Date added to Forward Plan	The date the proposed decision was added to the Forward Plan
Decision Month	The decision will be taken on any working day in the month stated
Consultation/ Representations	Means of consultation/names of consultees and/or dates of Select Committee meetings and how to make representations on the decision and by when
Background Documents	What documents relating to the proposed decision are available (via links on the website version of the Forward Plan). Hard copies of background documents are available on request from the decision contact.
Author	The contact details of the decision report author
Contact	Who in Democratic Services you can contact about the entry

For questions about the Forward Plan contact Helena Cox on 033022 22533, email helena.cox@westsussex.gov.uk.

Published: 21 December 2018

Forward Plan Summary

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

Decision Maker	Subject Matter	Date
 A Strong, Safe and Sustainable Place		
Executive Director Children, Adults, Families, Health and Education	Short Break Services for Family and Friends Carers (Adults)	January 2019
Cabinet Member for Adults and Health	Tobacco Control Strategy for West Sussex	January 2019
 Independence in Later Life		
Cabinet Member for Adults and Health	Approval of the Vision and Strategy for Adult Social Care	January 2019
 A Council that works for the Community		
Cabinet Member for Adults and Health	Contract arrangements for Community Advice (Citizens Advice)	January 2019
Cabinet Member for Adults and Health	Procurement of Mortuary Services for West Sussex	May 2019

A Strong, Safe and Sustainable Place

Executive Director Children, Adults, Families, Health and Education

Short Break Services for Family and Friends Carers (Adults)	
<p>Following Cabinet Member decision, in September 2018, (Reference Cabinet Member Decision Report AH3 18.19) to commence a competitive tender process to commission a range of carer short breaks to begin on 1 April 2019 authority was delegated to the Executive Director, Children, Adults, Families, Health, and Education to approve the award of Preferred Bidder Status to a number of providers. Contracts will be awarded to the bidders submitting the tenders that best meet requirements. Authority has also been delegated to the Executive Director, Children, Adults, Families, Health and Education to agree to future extensions of the contracts up to a maximum of two years. The Executive Director, Children, Adults, Families, Health and Education will be asked to give approval to enter into Post Tender Negotiations which will allow the Authority to seek and secure any further areas that may add value.</p> <p>A Procurement Process, compliant with West Sussex Standing Orders and European Union Procurement Directives, is currently underway. It is being led by a Procurement Manager from within the Integrated Adults Commissioning Team of West Sussex County Council with advisory, assessment and evaluation input from colleagues from within the Council.</p>	
Decision By	- Executive Director Children, Adults, Families, Health and Education
West Sussex Plan priority	A Safe, Strong and Sustainable Place
Date added to Forward Plan	27 November 2018
Decision Month	January 2019
Consultation/ Representations	<p>Extensive stakeholder consultation and engagement including all partners on the Carers Strategic Partnership Group. In addition, Carer Support West Sussex undertook an extensive survey of carers regarding respite experiences to inform the re-commissioning process.</p> <p>Representations concerning this proposed decision can be made to the Executive Director Children, Adults, Families, Health and Education, via the officer contact, by the beginning of the month in which the decision is due to be taken.</p>
Background Documents (via website)	None
Author	Mark Greening Tel: 033 022 23758
Contact	Erica Keegan Tel: 033 022 26050

Cabinet Member for Adults and Health

Tobacco Control Strategy for West Sussex

The County Council is proposing to work in partnership with stakeholders to co-produce a West Sussex strategy for tobacco control. This will detail the West Sussex ambition to lead tobacco control actions which will reduce health inequalities and yield economic benefits.

To support this goal, public health in West Sussex will develop a Tobacco Control Strategy including an action plan. This will highlight how each stakeholder can support tobacco control as part of a whole system approach (in line with the public health vision). The plan is intended to cover the period 2019 -2022; a timeframe aligned with the National Tobacco Control Plan. It replaces the previous West Sussex Tobacco Control Operational Plan which came to an end in April 2018. This addressed the local implications of national policy at the time; broadening action from stopping smoking to wider tobacco control. The future strategy will target deprived areas and people with the greatest need based on best population data and evidence of effectiveness. It will take into account changes in context since the previous plan including resources available to stakeholders, the Health and Wellbeing Strategy, future plans for social care and the NHS (such as the NHS long term view) and the Sustainability and Transformation Plan Case for Change. It will be informed by learning from other areas including innovations.

If approved, awareness of the West Sussex Tobacco Control Strategy will be raised on No Smoking Day, 13th March 2019 in an area of the county with a high smoking prevalence.

This work will be co-ordinated and led by Public Health however the action plan will be owned and monitored by all stakeholders including the membership of the Smokefree West Sussex Partnership (SFWSP).

The Cabinet Member for Adults and Health will be asked to endorse the West Sussex Strategy for Tobacco Control.

Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Safe, Strong and Sustainable place
Date added to Forward Plan	4 December 2018
Decision Month	January 2019
Consultation/ Representations	<p>The Health and Adult Social Care Select Committee and members of the Smokefree West Sussex Partnership.</p> <p>Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health, via the officer contact, by the beginning of the month in which the decision is due to be taken.</p>
Background Documents (via website)	None

Author	Sue Carmichael Tel: 033 022 28707
Contact	Erica Keegan Tel: 033 022 26050

Independence in Later Life

Cabinet Member for Adults and Health

Approval of the Vision and Strategy for Adult Social Care	
<p>The County Council is proposing to set out a vision and strategy for Adult Social Care that will detail the ambition for West Sussex to continue to be a great place to grow older and an inclusive place for all adults with disabilities, mental health issues and their carers. To support this goal, within the context of an ageing population and a challenging financial position, adult services needs to change. Furthermore adult services needs to make progress on the requirement to achieve integrated services with the NHS. The strategy to deliver the vision is to work at a local level and support individuals to remain outside of services for as long as possible, maximising individual strengths and local assets to support this outcome. Reviewing customer pathways to support these goals, adopting a different approach to commissioning, changing our in-house provider offer and supporting a resilient workforce will all contribute to the delivery of this strategy. However working with partners and stakeholders to co-produce future delivery models and provide jointed up services is also fundamental.</p> <p>The Cabinet Member for Adults and Health will be asked to endorse the vision and strategy for Adult Social Care.</p>	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	Independence in Later Life
Date added to Forward Plan	15 November 2018
Decision Month	January 2019
Consultation/ Representations	<p>External - Consultation will commence on the 15th November 2018 and run until the 14th December 2018 via the "have your say" section of the website, accompanied by a survey, this will include an 'easy read' version. Paper copies of these documents will be provided on request by contacting the report author.</p> <p>Notifications about the consultation containing website links will be sent out through all stakeholder networks including: The District and Boroughs, Health Watch, Carers and other Voluntary Sector Organisations. Letters will be sent to key Chief Officers within the local health organisations and District and Boroughs as well as all local MP's.</p> <p>Internal - The vision and strategy will be discussed and shared at Health and Social Care Select Committee (HASC) on the 15th November 2018 and Information with links for staff will be sent out through internal communication channels</p>

	Representations should be made to the Cabinet Member for Adults and Health, via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Sarah Farragher Tel: 033 022 28403
Contact	Erica Keegan - 033 022 26050

A Council that works for the Community

Cabinet Member for Adults and Health

Contract arrangements for Community Advice (Citizens Advice)	
<p>The Cabinet Member is asked to agree to the commencement of a procurement process starting in January 2019 to secure a contract relating to the provision of Community Advice (Citizens Advice) services in West Sussex from Spring 2019.</p> <p>The County Council will procure a new service in partnership with, and at the request of, District & Borough partner-funders. Funding will be provided by all partners as per the contract specification with invoicing arrangements made with each individual local office.</p> <p>The proposal is for the contract to run for two years with the possibility of a further one year extension. The funding level has been agreed for the first year of the contract but will be subject to a performance review for year two and for the further one year extension. The total value of these contracts is approximately £1.1 million per annum.</p> <p>The Cabinet Member is asked to agree to the commencement of a procurement process starting in January 2019 to secure a contract relating to the provision of Community Advice (Citizens Advice) services from Spring 2019 for a period of 2+1 years and to delegate the awarding of the contract and decisions about future extension of these contracts to the Executive Director of Children, Adults, Families, Health and Education.</p>	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Council That Works for the Community
Date added to Forward Plan	21 December 2018
Decision Month	January 2019
Consultation/ Representations	Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health, via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents	None

(via website)	
Author	Seth Gottesman Tel: 033 022 28706
Contact	Erica Keegan Tel: 033 022 26050

Cabinet Member for Adults and Health

Procurement of Mortuary Services for West Sussex	
<p>The County Council provides mortuary services throughout the county for the bodies of those who die in West Sussex where the death is referred to the Coroner. Current arrangements for this service are due to expire in 2019.</p> <p>An open procurement process to determine a future model for this provision has been undertaken by the County Council from May 2018. This process includes the option of a new mortuary built by a third party for use by the County Council to meet the service need.</p> <p>The Cabinet Member will be asked to agree proposals for future mortuary services for West Sussex and if appropriate to delegate authority to the Director of Communities to award a contract to the successful bidder for a design and build project to run from October 2018, subject to the submission of a satisfactory bid.</p> <p>The contract would need to overlap with the existing contracts to ensure the seamless provision of essential services during the design and any build phase. The existing contracts may be terminated on six months' notice once the progress of a design and build contract is clear and a date for the commencement of the new arrangement is established.</p>	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Council that Works for the Community
Date added to Forward Plan	4 June 2018
Decision Month	May 2019
Consultation/ Representations	<p>There has been market consultation with seven potential suppliers.</p> <p>Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health at County Hall, Chichester by the beginning of the month in which the decision is due to be taken.</p>
Background Documents (via website)	Decision report SSC03 (18/19)
Author	Rachel North Tel: 033 022 22681
Contact	Erica Keegan Tel: 033 022 26050

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Health & Adult Social Care Select Committee
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16 January 2019

West Sussex Safeguarding Adults Board Annual Report 2017/18
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Report by the Independent Chair of the West Sussex Safeguarding Adults Board

Summary

There is a legal duty, under the Care Act (2014), to have a Safeguarding Adults Board (SAB) to ensure the following three statutory duties are met:

- To develop and publish a strategic plan setting out how it will meet its objectives and how its member and partner agencies will contribute to this;
- To publish an annual report detailing how effective its work has been;
- To commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for such reviews.

In response, the West Sussex Safeguarding Adults Board (WSSAB) has produced an annual report for 2017/18 documenting the activity and initiatives overseen by the Board during that year.

The focus for scrutiny

The Committee is invited to consider whether sufficient action is being taken to ensure that adults in West Sussex are being protected from abuse and neglect as reported in the WSSAB Annual Report 2017/18 and whether there any issues arising from the detail of the WSSAB Annual Report 2017/18 requires any further scrutiny.

Proposal

1. Background and Context

1.1 Although there was already an established Safeguarding Adults Board (SAB) in West Sussex prior to 2015, the statutory requirement for one came into force in April 2015 under the Care Act (2014) which, specifies the Board's three statutory responsibilities.

1.2 SABs' three statutory duties are that it **must:**

- develop and publish a strategic plan setting out how it will meet its objectives and how its member and partner agencies will contribute to this;
- publish an annual report detailing how effective its work has been;
- commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

- 1.3 The overarching purpose of a SAB is to help and safeguard adults with care and support needs. It does this by:
- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
 - assuring itself that safeguarding practice is person-centred and outcome-focused;
 - working collaboratively to prevent abuse and neglect where possible.
 - ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
 - assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

- 1.4 The SAB must provide strategic leadership for adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies, underpinned by the six key principles outlined in the Care Act Guidance:

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

This also requires the SAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'.

The SAB should also concern itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- the safety of people who use services in local health settings, including mental health;
- the safety of adults with care and support needs living in social housing;
- effective interventions with adults who self-neglect, for whatever reason;
- the quality of local care and support services;
- the effectiveness of prisons in safeguarding offenders;
- enhancing partnership working between adult safeguarding and domestic abuse.

- 1.5 To report on West Sussex SAB's response to its statutory requirements, the Board has produced an annual report for the year 2017/18 which summarises the vision, principles and work achieved by the Board.

2. Proposal

- 2.1 It is proposed that the Independent Chair of the WSSAB along with West Sussex County Council's Head of Safeguarding, provide the annual update to the Committee in respect of the strategic plan, action taken and annual report for 2017/18.

3. Resources

- 3.1 The funding of the WSSAB mirrors that of the West Sussex Safeguarding Children Board and is funded by key agencies including health, police and, district and borough councils. Given the County Council has lead responsibility for safeguarding, it provides the largest contribution.

Factors taken into account

4. Issues for consideration by the Select Committee

- 4.1 The Committee is invited to consider the WSSAB Annual Report 2017/18 including the key areas of focus as detailed in the report and, whether sufficient action is being taken to ensure that adults in West Sussex are being protected from abuse and neglect.

5. Consultation

- 5.1 The work undertaken by the WSSAB is based upon full multi-agency engagement. This includes representation from voluntary groups and independent sector providers. There has also been improved engagement with the community via a WSSAB sub-group focusing on engagement. It is recognised that further work is required for fuller engagement with service users.

6. Risk Management Implications

- 6.1 In terms of political, reputational, legal and financial risks which may occur, the risk in relation to the on-going scrutiny of the WSSAB lies in reputational risk to the Council if this is not adopted. As the lead agency for safeguarding, there is a need for Members to provide scrutiny and to understand how effectively West Sussex residents are protected.

7. Other Options Considered

- 7.1 The Council is committed to safeguarding adults within its community. The only alternative to this proposal would be for the Committee to be unsighted on the activity of the WSSAB. However, this would consequently present the risk that the Council would fail to meet its responsibilities as lead agency for safeguarding adults and elected members would not meet their corporate responsibility to prevent and report abuse.

8. Equality Duty

- 8.1 An Equality Impact Report is not required for this report, as no actions identified within the report impact on groups with protected characteristics.

9. Social Value

- 9.1 Central to this approach is building resilience and social capital that can contribute towards stronger and effective communities.

10. Crime and Disorder Implications

10.1 Not applicable.

11. Human Rights Implications

11.1 The 2014 Care Act introduces new legislation governing social care but there is still a need for specialist and on-going training to keep the legal literacy of practitioners, current. Local authorities must also ensure they support workers to utilise the less restrictive options and, comply with both the 1998 Human Rights Act and the 2005 Mental Capacity Act.

11.2 The Care Act requires practice in accordance with Making Safeguarding Personal. It follows the edict of 'no decision about me without me' and means that the adult, their family and carers are working together with agencies to find the right solutions to keep people safe and support them in making informed choices.

11.3 The Care Act introduces a duty on local authorities to consider whether it should provide an advocate for a person where an assessment, review, or safeguarding enquiry for a person is being undertaken, if that person would have significant difficulty in representing themselves in this process and has no-one else who could represent them. The local authority must have enough capacity to provide an advocate to individuals in these circumstances, in addition to ensuring there is sufficient capacity to provide for an Independent Mental Capacity Advocate if they are subject to the Mental Capacity Act or, an Independent Mental Health Advocate if they are subject to the 2007 Mental Health Act.

Annie Callanan
Independent Chair

Julie Phillips
Head of Safeguarding

Contact: Ru Gunawardana (Board Manager): ru.gunawardana@westsussex.gov.uk

Appendices West Sussex Safeguarding Adults Board Annual Report 2017-18

Background Papers None



Everyone's business
*Working together to
prevent harm and abuse*

West Sussex Safeguarding Adults Board

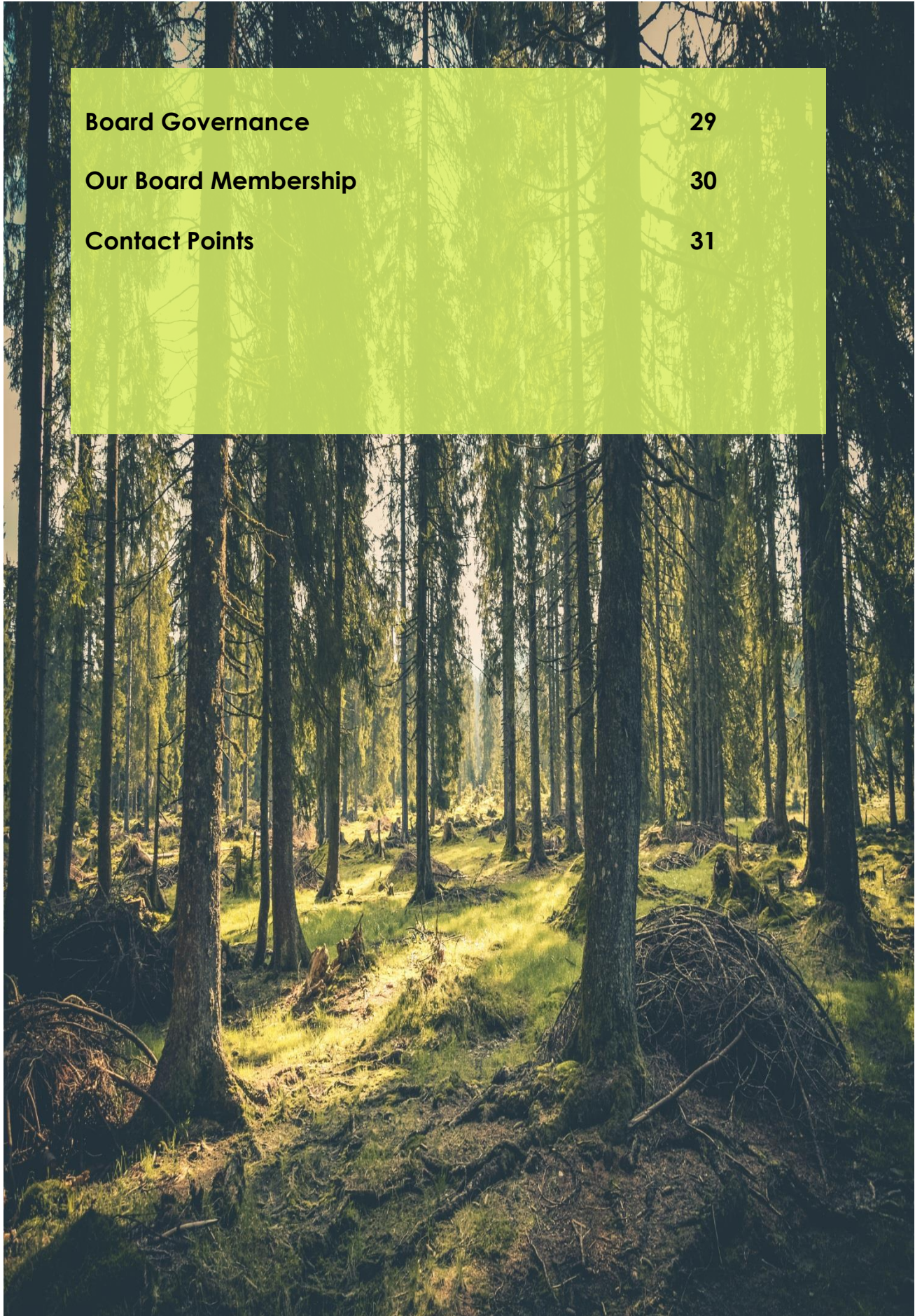
Annual Report 2017-2018



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Foreword from the Independent Chair

Annie Callanan



I have been the Independent Chair of the West Sussex Safeguarding Adult Board (SAB) since end of December 2017 and am pleased to introduce the Annual Report 2017 – 18. I am a qualified social worker and have operated in senior positions in Social Care and in Health at local and national level. I am, along with all agencies and partners, aware of the pressure on local services and the commitment of services to preventing abuse and responding effectively to adults who are at risk.

As a SAB, we constructively challenge and support each other and are working as partners to make real improvement across all services.

We held a Development Day in May 2018 facilitated by Professor Michael Preston Shoot, when we reviewed the structure to ensure it remains fit for purpose; set 2018/2019 priorities and reviewed our commitment to working in partnership. Building on achievements to date, we will focus on:

- Improving Governance and reviewing Membership of the SAB, ensuring all agencies are represented at a level that supports informed discussion and ensures decision are made and agreed at SAB Meetings;
- Write a Constitution for the SAB that identifies all agency responsibilities and the relationship between the SAB and other Boards across agencies in the County of West Sussex;
- Write Terms of Reference for the Board; the Sub Groups of the Board and ensure, through production of a Members Handbook, that all SAB and Sub Group Members are aware of their roles;
- Establish clear systems for identification of Safeguarding Adult Reviews (SARs) of serious cases involving serious injury or death, to ensure lessons are learnt and services improved;
- Establish a strong and coherent cross agency Quality Assurance Dashboard so that the SAB is assured about the safety of services across all partners, and aware of action to reduce identified risk as well as produce a Risk Register so that we are aware of risk in services;

Agenda Item 6

Appendix

- Make sure Training and Development proactively identifies how services are improving and can demonstrate how services are better for those who use them and their families and or friends/carers;
- Improve communication, between the SAB and other statutory bodies, such as the Safeguarding Children's Board and the Health and Well-Being Board, and partner agencies, so that we can constructively challenge and support improvement of services for those who use them and their families, carers and friends, and we reduce duplication.

As we move further towards continuous improvement of services to implement the Care Act 2014, we will need to review the capacity of the Safeguarding Adults Team to ensure we have the right skills and expertise to support the work of West Sussex Safeguarding Adults Board going forward.

We will, in the next year, appoint a Vice Chair for the Board and continue to make sure we communicate more effectively with those who use services and their carers, families and support networks, residents, professionals, partners and agencies through various ways to make sure that in all we do, we remain focused on improvement, year on year.

I look forward to working proactively with colleagues and all partners in West Sussex in this coming year.

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.

Annie Callanan
Independent Chair
West Sussex Safeguarding Adults Board

About West Sussex Safeguarding Adults Board

What is a Safeguarding Adults Board?

West Sussex Safeguarding Adults Board (SAB) was established in its current form in 2011. It comprises of senior strategic leaders from a number of organisations which provide services in West Sussex and is led by Annie Callanan, our Independent Chair. From 1 April 2015 the Board became a statutory body with specific duties and functions. These requirements are set out in the Care Act 2014.

The Board leads the strategic oversight of adult safeguarding arrangements in West Sussex for adults with care and support needs that are at risk of abuse or neglect.

The Board does this by:



How we work

The Board has a core membership of statutory organisations, including West Sussex County Council (WSCC), the three Clinical Commissioning Groups (CCGs) and Sussex Police. There are a number of other partners who also form a part of the Board. The Board meets four times a year with most of its business delivered through its sub-groups.

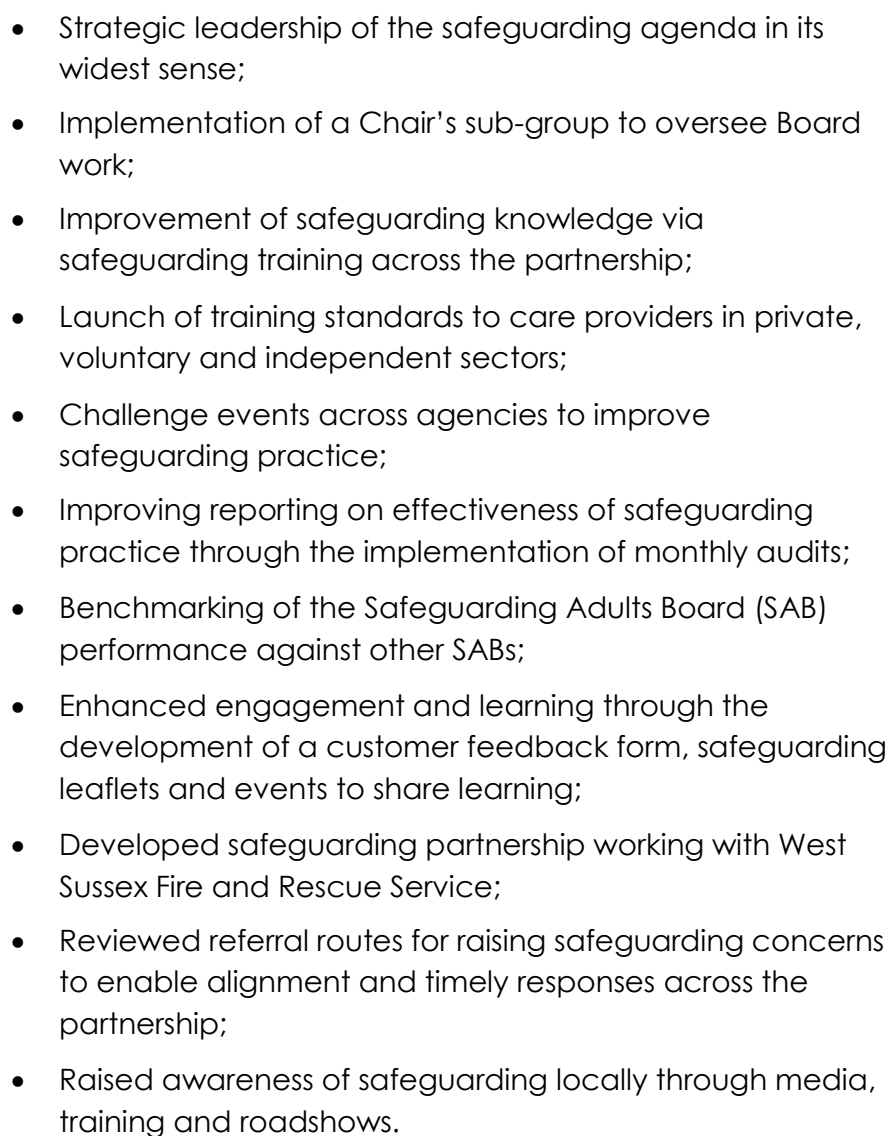
Our Aims



Our Vision



Our Achievements

- 
- Strategic leadership of the safeguarding agenda in its widest sense;
 - Implementation of a Chair's sub-group to oversee Board work;
 - Improvement of safeguarding knowledge via safeguarding training across the partnership;
 - Launch of training standards to care providers in private, voluntary and independent sectors;
 - Challenge events across agencies to improve safeguarding practice;
 - Improving reporting on effectiveness of safeguarding practice through the implementation of monthly audits;
 - Benchmarking of the Safeguarding Adults Board (SAB) performance against other SABs;
 - Enhanced engagement and learning through the development of a customer feedback form, safeguarding leaflets and events to share learning;
 - Developed safeguarding partnership working with West Sussex Fire and Rescue Service;
 - Reviewed referral routes for raising safeguarding concerns to enable alignment and timely responses across the partnership;
 - Raised awareness of safeguarding locally through media, training and roadshows.

We are pleased to report that in addition to our priorities being met, we have surpassed our expectations of the variety of initiatives progressed this year to improve practice and safety across the partnership.

Details of how our priorities have been met and the diverse safeguarding initiatives implemented are covered in the following sections of this report:

- What our sub-groups did in 2017-18
- How our Board Partners are making a difference

What our sub-groups did in 2017-18

The Chair's sub-group

The key role of this group was to ensure the sub-groups **worked collaboratively** and reduced duplication as well as to identify ways of reducing demand on partner agencies by working closely with neighbouring Safeguarding Adult Boards (SABs).

Our Independent Chair, Annie Callanan was able to meet with the Chair's sub-group in March 2018, to review key areas of work and allocate appropriate resources to the sub-groups.

Next year, the Chair's sub-group will have overall responsibility for informing the agenda of the SAB, sharing local risks, issues and safeguarding activity as well as identifying emerging trends comparative to national levels.

Quality and Performance sub-group

The purpose of this group is to effectively monitor, report and evaluate safeguarding evidence across organisations.

Achievements:

- **An Annual Assurance** document was developed in partnership with East Sussex and Brighton and Hove Safeguarding Adults Boards (SABs) to give agencies an opportunity to evidence how they have been promoting safeguarding.
- **Challenge Events** took place to identify and share good practice across agencies; the findings of which were taken forward at strategic levels.
- **Safeguarding Adult Reviews (SARs)** were 'tested' by using multi-agency audits of work to ensure recommendations were actioned. See page 26 for further information.
- **Benchmarking** against other SABs around key information from statutory partners including: the number of concerns raised, preventative work undertaken by the Fire and Rescue Service and, referrals from Sussex Police and South East Coast Ambulance Service.

Engagement sub-group

The purpose of this group was to raise safeguarding awareness by engaging with organisations across communities and to develop publications.

- **Safeguarding Week:** In collaborations with West Sussex Children Board and Community Safety team, a week of events in November 2017 was facilitated across a range of agencies in order to raise awareness. Given the success of the event, it will be replicated next year.
- **Elimination of Female Genital Mutilation Day:** A learning workshop for community groups and agencies was run to mark Elimination of Female Genital Mutilation (FGM) Day in February 2018.
- **Safeguarding Feedback:** Production of a feedback form for safeguarding service users who are supported by West Sussex County Council.
- **Safeguarding Leaflet:** Production of a safeguarding leaflet to be used across Sussex.

Training sub-group

- The Training sub-group held **four roadshows** for care providers in private, voluntary and independent sectors in West Sussex. **Training standards** developed by the sub-group were shared with over 300 people who attended.
- To ensure safeguarding knowledge is developed and embedded in practice, staff across the partners including private, voluntary and independent sectors have attended a range of **courses** from basic awareness to specialist, investigative and management training, across all levels.

Safeguarding Adults Review (SAR) sub-group

The Care Act 2014 demands that a SAR is considered when an adult at risk dies or suffers from serious harm and, there is an opportunity to promote multi-agency learning and improvement in practice.

The focus of the SAR sub-group has been to progress SAR referrals to the Board. See page 27.

Case Study

The Story of David

David is a 44 year old man who has a long history of significant mental ill-health including schizophrenia and a history of illicit substance misuse. He lives in a one bedroom flat in town with his partner and maintains contact with his father and brother who both live locally.

David is well known to mental health services, having accessed support from the Assertive Outreach Team for a number of years. He has previously been sectioned under Section 3 of the Mental Health Act and at the time of the concern, had a 'Community Treatment Order,' conditions of which were for him to engage with Community Mental Health services and to accept his Depot Medication.

Whilst under section in hospital, staff raised a concern that David was being exploited by people who were well known to the police. The number of people visiting David's flat at 'odd' times of the day meant that the Social Landlord had no choice but to commence procedures to evict David from his flat, due to him breaching his tenancy conditions.

Police raised concerns that David was the victim of 'Cuckooing,' a form of abuse where homes are taken over using coercion or force. It is understood that he was being targeted by drug dealers from out of the area in order to deal drugs from David's flat.

In line with Making Safeguarding Personal, when asked what he wanted to achieve, David conveyed that he wanted help to maintain his tenancy and to feel safe in his home.

The Police and Housing Departments worked closely with colleagues from local charities to put a Court Order in place which prevented anyone, other than professionals, entering his flat for a three month period. This was monitored by the police and anyone breaking this was at risk of a significant fine or prison sentence. The aim here was to break the cycle of the drug dealing and concurrent anti-social behaviour.

Further actions were identified as part of the safeguarding enquiry, which included the provision of a small support package to help David maintain his tenancy and the installation of a video intercom and alarm system so David was aware who he was letting into his flat. As a result, David felt that he could feel safe in his home. It was made clear to David that in order for the Housing Association not to take further action in relation to his tenancy, he needed to ensure that there were no further incidences of anti-social behaviour or of people using his flat.

David has since continued to work well with local professionals and agencies, including Housing Officers and has had his medication changed; he now feels safe in his home. The police continue to visit his flat on a regular basis as part of their assessment of risk of people who may be 'vulnerable to cuckooing.' David currently presents as having mental capacity in relation to decisions about his flat and housing and continues to live independently.

This case was reviewed as part of our Multi-Agency audit and was found to be 'Good', due to the level of engagement and multi-agency involvement in place to support David, consideration of wider risks to others, strong making safeguarding personal practice and the positive outcome for David.

How board partners are making a difference

Board members have progressed numerous initiatives to improve efficiency, effectiveness and practice in safeguarding over the past year.

West Sussex County Council - Adult Services

- timely responses to concerns by changing the pathway and also, developing a quality pathway to prevent issues being mistakenly processed via safeguarding
- all referrals from the Police are now triaged daily
- checking on the quality of practice through monthly safeguarding audits
- a targeted action plan improving timelines of enquiries by mental health teams

Sussex Police

- improved identification of stalking by training Officers
- provided force-wide domestic abuse training, with Safe Lives, to around 2500 staff
- implemented Operation Cuckoo in response to drug dealers targeting vulnerable adults to take control of their homes to deal drugs
- specialist Prevention officers worked with communities to identify and tackle arising issues and provided support to vulnerable people via the introduction a Prevention Model
- reviewed and updated their adult Safeguarding policy
- developed Operation Rattle providing the framework for the Force's multi-agency response to Violence, Vulnerability and Exploitation

West Sussex Clinical Commissioning Groups (WSCCGs)

- delivered sessions on West Sussex County Council's Safeguarding 'best practice' events and on the SAB 'Safeguarding Together' events
- continued to provide support for safeguarding enquiries in care homes via Safeguarding Adults Nurse Specialists
- monitored and supported GP involvement within SARs

West Sussex Fire and Rescue Service (WSFRS)

- provided tailored services to households by making 6647 'All Safe and Well visits' and 4959 'High risk and safe and well visits'
- completed 50 joint visits with professionals to contribute to care planning
- implemented learning from a fatal fire SAR to improve referrals and the sharing of information with partners
- enhanced internal communication and learning from safeguarding cases

Western Sussex Hospitals NHS Foundation Trust (WSHFT)

- shared learning from complaints, inquests, legal claims, clinical incidents, non-clinical patient incidents and safeguarding reviews via the implementation of a Triangulation committee
- developed a Prevent policy and delivered targeted Prevent WRAP training
- completed a self-assessment
- launched a safeguarding adults' concern form and NHS Safeguarding App
- hosted the 'Championing Safeguarding Together' event in July 2017 to develop making safeguarding personal for the Trust and care home providers

Sussex Community Foundation Trust (SCFT)

- developed ability to report safeguarding and categories of abuse via an online incident reporting system directly to the Local Authority
- supported joint working with Coastal CCG who has been coordinating the Safeguarding Adult Review (SAR) health action
- participated in reviewing all SAR actions for community services and provided assurance of service delivery

Sussex Partnership Foundation NHS Trust (SPFT)

- improved practice through training and support to staff on safeguarding and via a new Safeguarding Adults Liaison Practitioner post
- established a new Trust Adults and Children safeguarding team
- shared learning with staff following the scrutinising of Incident reports

District and Borough Councils

Cross council partnership exists to prioritise and target safeguarding issues across the county. Our Districts and Boroughs have also progressed numerous actions to improve safeguarding including the following:

- designated Safeguarding Officer meetings to consider referrals and share learning
- safeguarding training for all volunteers, Dementia Friends and staff members
- created more rigorous local knowledge tests for prospective taxi drivers to ensure they are aware of adults at risk and the importance of safeguarding
- questions on safeguarding are now included in licensing requirements for Taxi Drivers
- training provided for taxi drivers on safeguarding and exploitation
- monthly street community meetings working with those at risk of being street homeless and/or having a negative impact on the community
- developed, with partners, a user-design approach for homelessness prevention
- promoted learning through a multi-agency Safeguarding Awareness Day for staff
- staff support provided via designated safeguarding officers

Healthwatch West Sussex

Healthwatch West Sussex is an independent organisation that collects and analyses the experiences of people in West Sussex of local care to help shape local services. Local Healthwatch also signposts people to local health and social care services.

Over the past year, Healthwatch has been working with West Sussex County Council to develop a public feedback loop/evaluation mechanism for adults involved in safeguarding processes. Healthwatch's focus next year will be to pursue this agreement.

West Sussex Partners in Care

West Sussex Partners in Care facilitated 'Safeguarding Together' events through a 'person-centred safeguarding' training programme.

Independent Lives

Independent Lives has developed a quick reporting system for support workers in the community whereby concerns regarding an individual's safety or mental capacity can be raised at the time of visit.

Surrey and Sussex NHS Healthcare Trust

Surrey and Sussex NHS Healthcare Trust has had monthly meetings, run by senior nurses of the Emergency Department to review patients' notes in order to ensure appropriate safeguarding referrals were being made.

National Probation Services

National Probation Services have provided support, guidance and advocacy in relation to health, housing and other key areas where restricted access to services can impact on well-being and increase vulnerability.

Kent, Surrey and Sussex Community Rehabilitation Company

Kent, Surrey and Sussex Community Rehabilitation Company launched a Women's Strategy given women's higher likelihood of both sentencing for non-violent crimes and being victims of domestic abuse. The Safeguarding Lead is also raising awareness, identifying areas for support and swift interventions to manage concerns.

Aspire Sussex

Aspire Sussex has continued to train all members of staff, including tutors, who are mostly likely to experience initial safeguarding disclosures.



WEST SUSSEX STATISTICS¹

In **2019** it is estimated that **864,653** people live in West Sussex.
This is predicted to increase to **997,684** by **2039**

It is estimated that **201,547** people will be over **65 in 2019**

In West Sussex **84,393** people provide unpaid care.
This is about **1 in 10** people in West Sussex²



Almost **20 per cent** of the above unpaid family and friend carers³
provide **over 50 hours** a week of care⁴

It is estimated that **3,160** people have a **moderate or severe** learning disability in West Sussex

1,990 people with a learning disability are provided with a social care

¹ The statistics for this chapter are taken from a variety of sources, including: West Sussex Life 2017-19; NICHE (Police database); West Sussex Fire and Rescue; Performance and Insight Teams from both Sussex Police and West Sussex County Council; Hospital Episode Statistics (HES), Health and Social Care Information Centre (HSCIC) and Skills for Care.

² West Sussex Life 2017-19.

³ An unpaid family or friend carer is a person who gives any help or support to their friend or family member who are, for example, living with a person with a life-limiting condition, a disability, a terminal condition or issues related to old age. Family and friend carers are critical to people in their care.

⁴ West Sussex Life 2017-19.



9058 people live in medical or care establishments in West Sussex.

4494 people live in residential and nursing care settings.

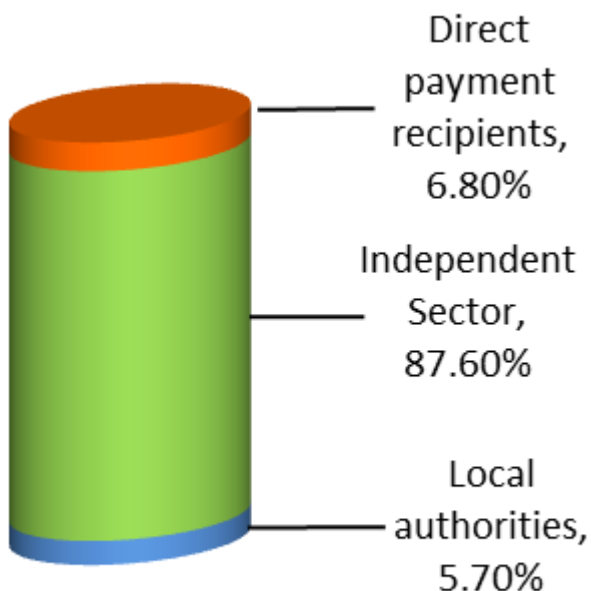
122 supported living accommodation based services for people with learning disabilities.

9 extra care housing services.

100+ daycare organisations and groups providing day activities for older people.

There are **105** specialist services for people with physical and/or learning disabilities.

There are **92** GP practices in West Sussex⁶.



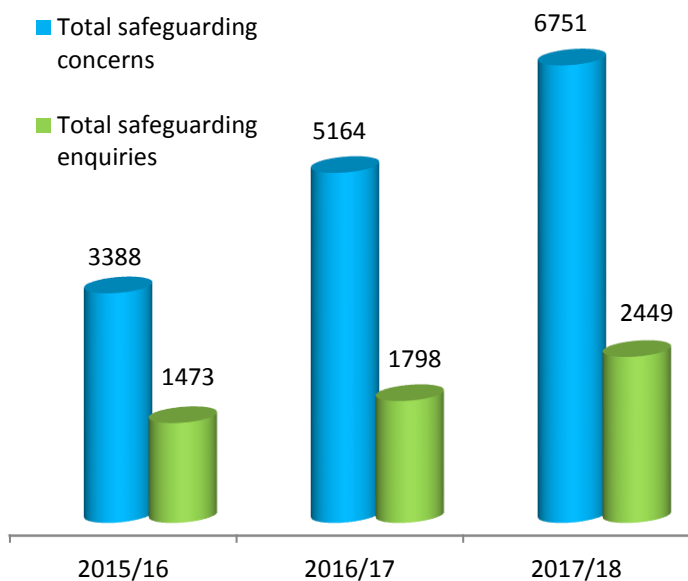
In **2016/17** there were an estimated **24,500** jobs in adult social care in West Sussex, **(5.7%)** local authorities, **(87.6%)** independent sector providers, **(6.8%)** direct payment recipients.

The majority **(79%)** of the workforce in West Sussex were **female** and the average age was **43** years old.

⁵ West Sussex Life 2017-19.

⁶ Figure accumulated from: <http://www.nhs.uk/Services>.

Safeguarding Concerns



6751 safeguarding concerns were raised. This is the highest number received in West Sussex and a 23.5% increase in the number of safeguarding Concerns raised compared to the previous financial year.

From the 6751 concerns, **2449** enquiries ensued of which, **2021** enquiries were concluded by the year end.

Figure 1: Safeguarding concerns versus safeguarding enquiries

Increased levels of concerns and enquiries could indicate an improving awareness of safeguarding from website, publications and media.

Type of alleged abuse

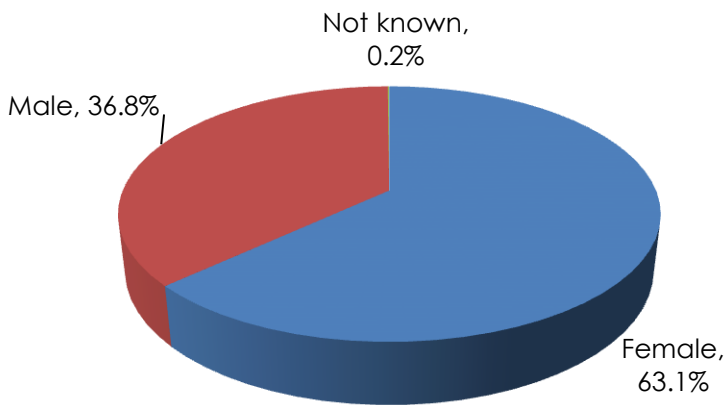
Neglect and Acts of Omission, with 969 cases (**47.7%**), and physical abuse, with 529 cases (**26%**), were the most highly reported allegations of abuse. These types of abuse represent over **70%** of all safeguarding enquiries and account for the majority of abuse enquiries over the past 3 years.

West Sussex evidences a higher proportion of Neglect and Acts of Omission compared to National data, which identifies it as the most common type of risk in enquiries concluded in the year accounting for 32.1% of risks.

Type of abuse	2017/18	
Physical abuse	529	(26%)
Sexual abuse	90	(4.4%)
Psychological abuse	118	(5.81%)
Financial or material abuse	218	(10.7%)
Discriminatory abuse	9	(0.44%)
Organisational abuse	21	(1.03%)
Neglect and acts of omission	969	(47.7%)
Domestic abuse	46	(2.3%)
Sexual exploitation	0	(0%)
Modern slavery	0	(0%)
Self-neglect	31	(1.53%)
TOTAL	2031	

Figure 2: Nature of alleged abuse for safeguarding enquiries

*The total number of types of abuse recorded is higher than the completed enquiries figure given as more than one type of abuse can be recorded for each enquiry.

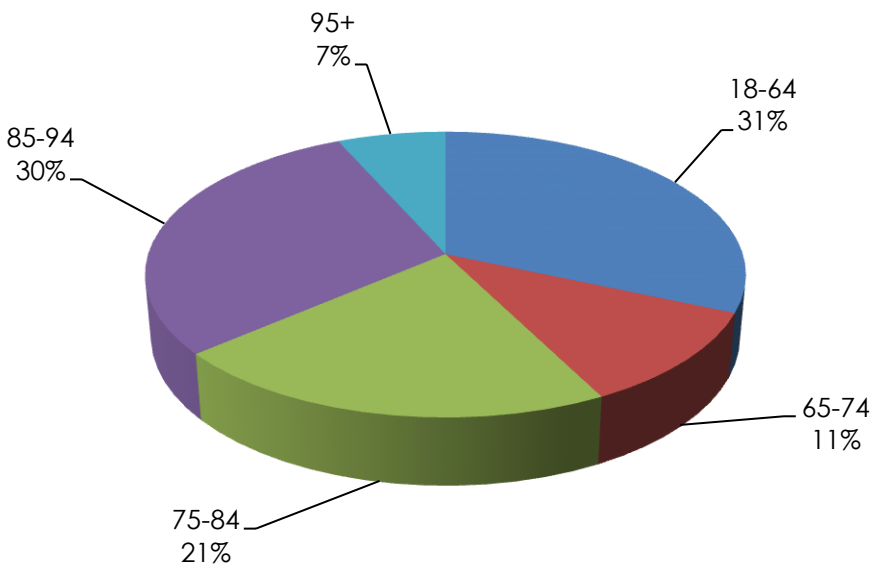


The gender difference for concerns is similar to 2016/17 with significantly more women, **63.1%**, being referred.

There is a significant improvement in non-recording of gender from 1% in 2016/17 to **0.2%** in 2017/18.

Figure 3: Individuals by gender involved in Section 42 safeguarding enquiries 2017/18.

Demographics – Age



Nationally, older people are much more likely to be the subject of an enquiry; one in every 43 adults aged 85 and above, compared to one in every 862 adults aged 18-64.

In West Sussex, the number of enquiries across age bands indicates that it is older adults who mostly required safeguarding enquiries; they account for **69%** of all enquiries of which **37%** (660 adults) are over 85 years old.

Figure 4: Age of people with safeguarding referral enquiries in 2017/18.

Location of alleged abuse at enquiry stage

There was an increase of safeguarding enquiries based in people's homes, accounting for **27.5%** of enquiries.

However, the vast majority of enquiries were in care homes which, accounted for **52.8%** of all enquiries.

This is different to national data which identifies the most common location of risk to be people's homes (43.5% of enquiries). The SAB will look at identifying why these figures are different to the national trends and work as a partnership to implement any changes required.

Overall, care homes, acute and mental health hospitals all had a decrease in the share of safeguarding enquiries.

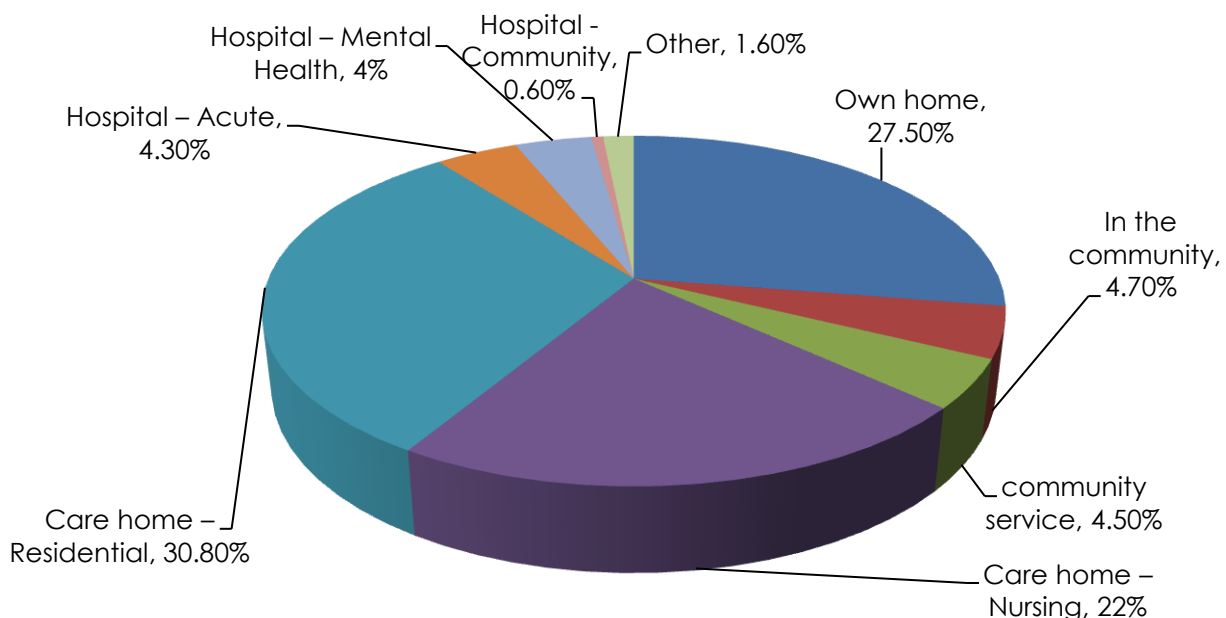


Figure 5: Location of enquiries for 2017/18.

Case outcomes

Making Safeguarding Personal demands that adults are fully involved in the safeguarding process and are asked what outcomes they want to achieve. Further work is needed to develop measurable outcomes to understand what adults are looking to achieve.

90% of adults were asked what outcomes they wanted to achieve of which **83%** expressed their views. Of this 83%, **65%** had their outcomes fully achieved, **31%** partially achieved and **4%** not achieved.

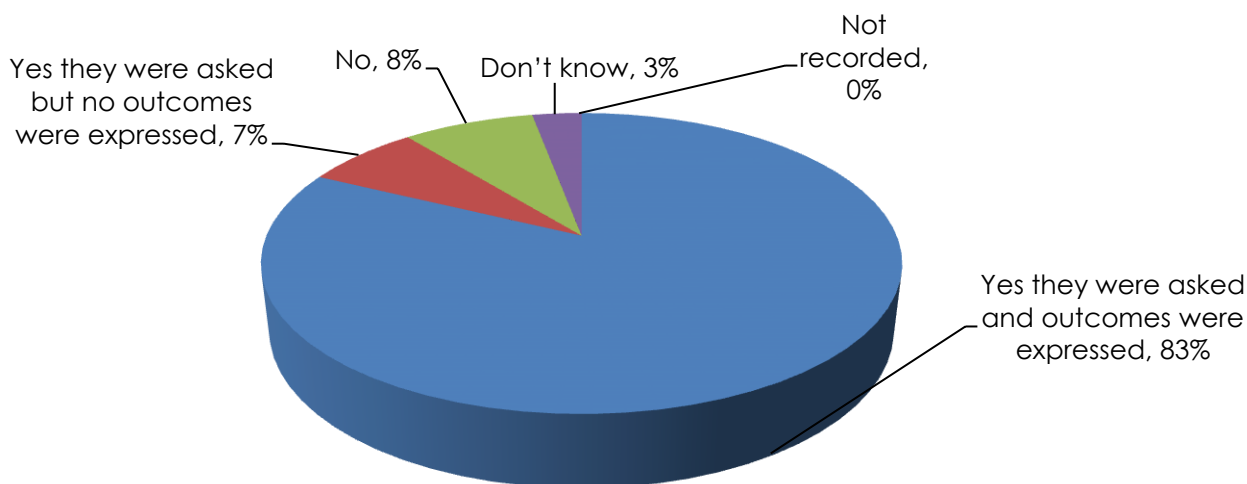


Figure 6: Percentage of Adults asked of what outcomes they wanted to achieve.

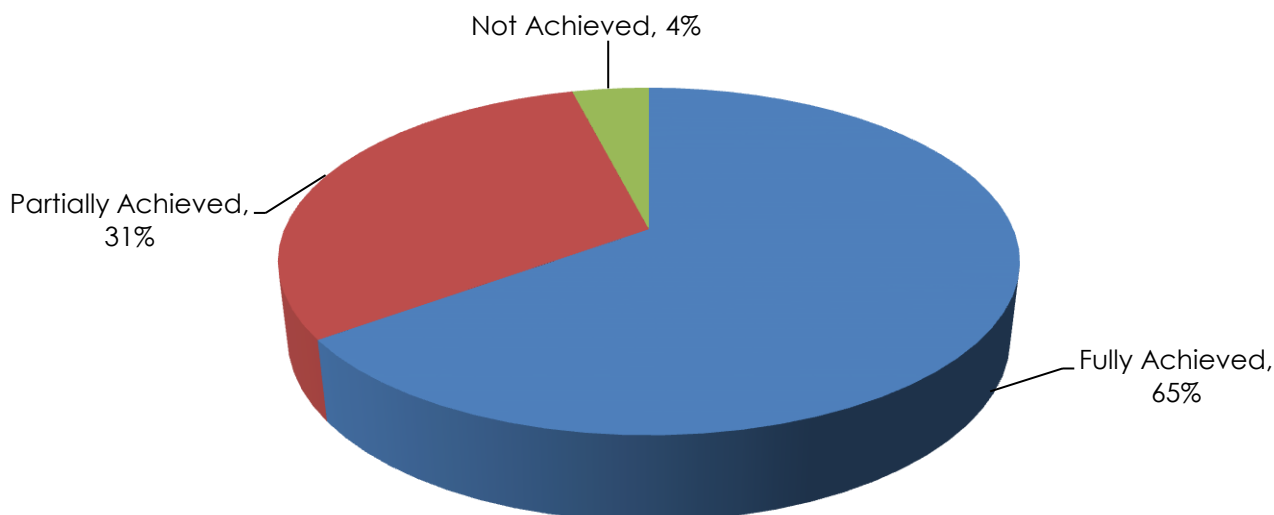


Figure 7: Percentage of adults having their outcomes achieved.

Deprivation of Liberty Safeguards Information

The Deprivation of Liberty Safeguards (DoLS), is an amendment to the Mental Capacity Act 2005, which allows restraint and restrictions that amount to a deprivation of liberty to be used in hospitals and care homes if they are in a person's best interests. To deprive a person of their liberty, care homes and hospitals must request standard authorisations from a local authority.

During the 2017-18 reporting year, **3,745** requests were received, which is a 6% increase from last year.

There were a total of **3,390** completed applications* and a total of **3,470** outstanding cases* that were not completed in 2017-18.

*Please note that these cases are not necessarily the same cohort as the 3,745 requests received in the 2017-2018 year; these cases may have been received prior to 2017-2018.

Comparative data

At the end of 2017-18 there were 3,470 cases not completed.

Nationally, West Sussex receive a lower than average number of DoLS Applications per year but are recognised as an outlier for the number of applications outstanding (not yet completed) and the length of time it takes to complete outstanding cases.

This is a concern for the SAB who will monitor the process next year.

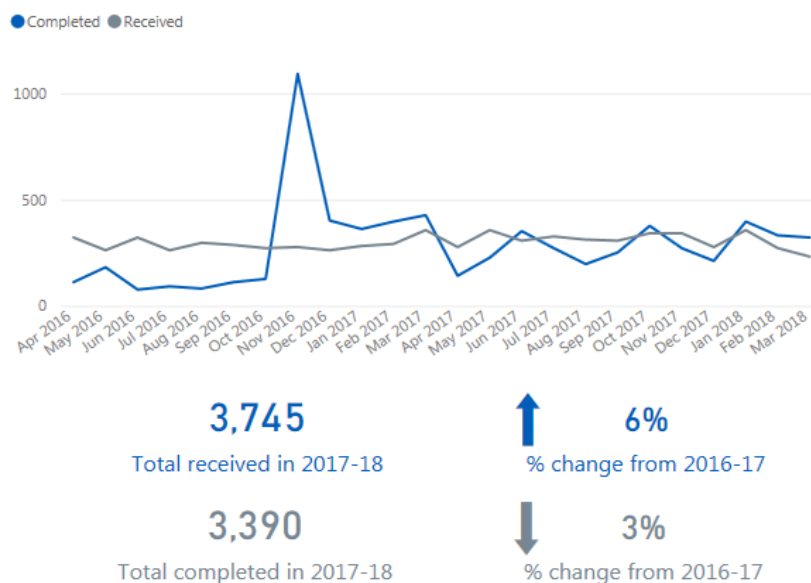


Figure 8: Number of received and completed applications by month across 2016-17 and 2017-18

SAB Learning and Learning from Safeguarding Adults Reviews

The Safeguarding Adults Board has the responsibility to ensure that all agencies working with Adults in West Sussex continue to learn and develop the best Safeguarding Practice. We do this by reflecting on practice through audits, and Best Practice events/conferences with staff.

This year the Safeguarding Adults Board held two 'Challenge and Support events'; one in partnership with East Sussex and Brighton and Hove Safeguarding Adults Boards for partners working across all three of those localities, and one for partners working solely within West Sussex.

What did we learn?

- NHS providers have good and clear levels of training and professional development for all their staff, and there are opportunities that this can be shared with other agencies.
- The introduction of the Care Certificate could give the Safeguarding Adults Board opportunity to develop a framework for providers of care and support. This was shared with providers as part of our Safeguarding Adults Board roadshows.
- Agencies are facing challenge in relation to finance and resources. This is not just in West Sussex but is a national issue. We are hoping to help our agencies work in smarter ways to reduce the impact of this reduction in funding on safeguarding. This can be done by working collaboratively with our partnering Boards in East Sussex and Brighton and Hove.
- A continued focus required on the Mental Capacity Act in terms of understanding and implementation, with the need for some agencies to develop a communications plan to support and embed staffs' understanding and resources available.
- Making Safeguarding Personal is not always being captured and recorded in a way that is meaningful for the person or the organisation. The Safeguarding Adults Board will look at national assessment tools and systems being used and see how we can apply this closely within West Sussex.
- Opportunities were identified to share and adopt tried and tested methods of auditing; the extent to which the Making Safeguarding Personal (MSP) approaches are embedded in practice. The Safeguarding Adults Board will plan to test this as part of a Multi-Agency Audit theme in 2018-19.

Multi-Agency Safeguarding Audits

The SAB undertook a large multi-agency audit, looking at how people who used substances were supported during safeguarding events that impacted on their day-to-day lives.

31 Cases were provided by partners including Sussex Police; Worthing Churches Homeless Project; Change, Grow, Live; West Sussex County Council and Sussex Partnership Foundation NHS Trust. Areas of focus for this audit included cuckooing and modern slavery as well as rough sleeping and domestic abuse.

Quality standards and thresholds were applied to these cases to measure how people had been listened to, how they had been supported to identify outcomes to make themselves safer, and how these outcomes had then been applied to remove or reduce the level of risk in that safeguarding concern.



What did we learn?

- Cuckooing is being widely considered by front-line workers across a variety of agencies – this is a highly complex area due to several factors including scale of criminal activity involved, rapid fluctuations in capacity and identifying whether someone is being cuckooed, or if they are facilitating the criminal activity for their own benefit.
- In cases where agencies were working well together there was a clear evidence trail of communication and professional curiosity in terms of safeguarding especially where the person at the centre of the concern was reluctant to engage.
- Agencies need to ensure they have a clear understanding of the terminology 'Care and Support Needs' in relation to the Care Act 2014.
- Individuals identified as 'rough sleepers' had frequently experienced their safeguarding concern being closed, due to 'not being able to contact' the adult. Front line agencies may hold information as to the whereabouts of these individuals to help progress cases. This has now been included as part of initial information-gathering parts of a safeguarding concern.

Agenda Item 6
Appendix
Our Priorities for 2018-2019

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

Our priorities for the next year are detailed by our Chair, Annie Callanan, in the foreword, at the beginning of this report.



Safeguarding Adults Reviews (SARs)

A SAR is a legal duty under the Care Act 2014. The purpose of the review is to learn from cases to prevent similar incidents occurring. The aim is not to apportion blame on an organisation or individuals for any failings that may be discovered.

During 2017-18, West Sussex Safeguarding Adults Board (WSSAB) worked closely with neighbouring Boards to ensure that we applied the threshold for SARs consistently.

WSSAB SAR sub-group received nine referrals in 2017-18. Of these, two met the threshold for a SAR (Adult G and Adult H) and one case was completed as a Learning Review (Adult J).

Adult F (referred in 2016-17), and Adults C and D (referred in 2015-16) are yet to be finalised and a summary will be detailed in the next year's annual report 2018-19.

Adult Bea (referred in 2015-16) is awaiting publication due to parallel process.

SAR Summary for Adult E

West Sussex Safeguarding Adults Board published a SAR for 'Adult E' on the 6 February 2018.

This SAR was referred to the SAR sub-group in 2016/17. Adult E was an independent woman in her late 70s who lived alone, with no known relatives. Neighbours alerted police when they had not seen her for some time. As a result, police attended and were concerned to find that Adult E may have had a stroke.

Police contacted paramedics who, on arrival, recommended Adult E should go to hospital but Adult E declined this. Instead, she accepted an alternative suggestion by paramedics to see her GP.

The GP also advised Adult E to go to hospital but again, she declined to do this. The GP then made a referral to the Proactive Care Team.

A number of days later, neighbours once again contacted the police concerned about Adult E's wellbeing. When Police attended, they found Adult E on the floor in a poor state. She was taken to hospital by ambulance, but unfortunately passed away.

The review found that a range of agencies and individuals had made attempts to provide Adult E with support but she had declined these offers. Her ability to make decisions (i.e. her mental capacity) was assumed through every interaction.

What did we learn?

- Professionals are faced with challenging decisions when an adult has mental capacity and has chosen to make a single or a series of "unwise decisions". If an adult at risk has mental capacity and is reluctant or refuses to accept support, they have the right to decline.
- Identifying and recording factors that may contribute to a person's vulnerability can be an important step to ensuring that the person receives the necessary support or that reasons for refusal are noted. Where an adult refuses support, this should be respected but an accurate and chronological record of the support offered and reasons for the adult's refusal should be recorded. These decisions should be kept under review and ongoing support offered where possible.
- West Sussex County Council needed to develop proportionate feedback to originating agencies of the receipt and progress of referrals, with particular regard to safeguarding concerns. The person or organisation that raised the safeguarding concern should always be informed by the local authority that it has been received and where appropriate how the concern is being progressed.

Published reports can be found on the Safeguarding Adults Board website [here](#)

Board Governance structure

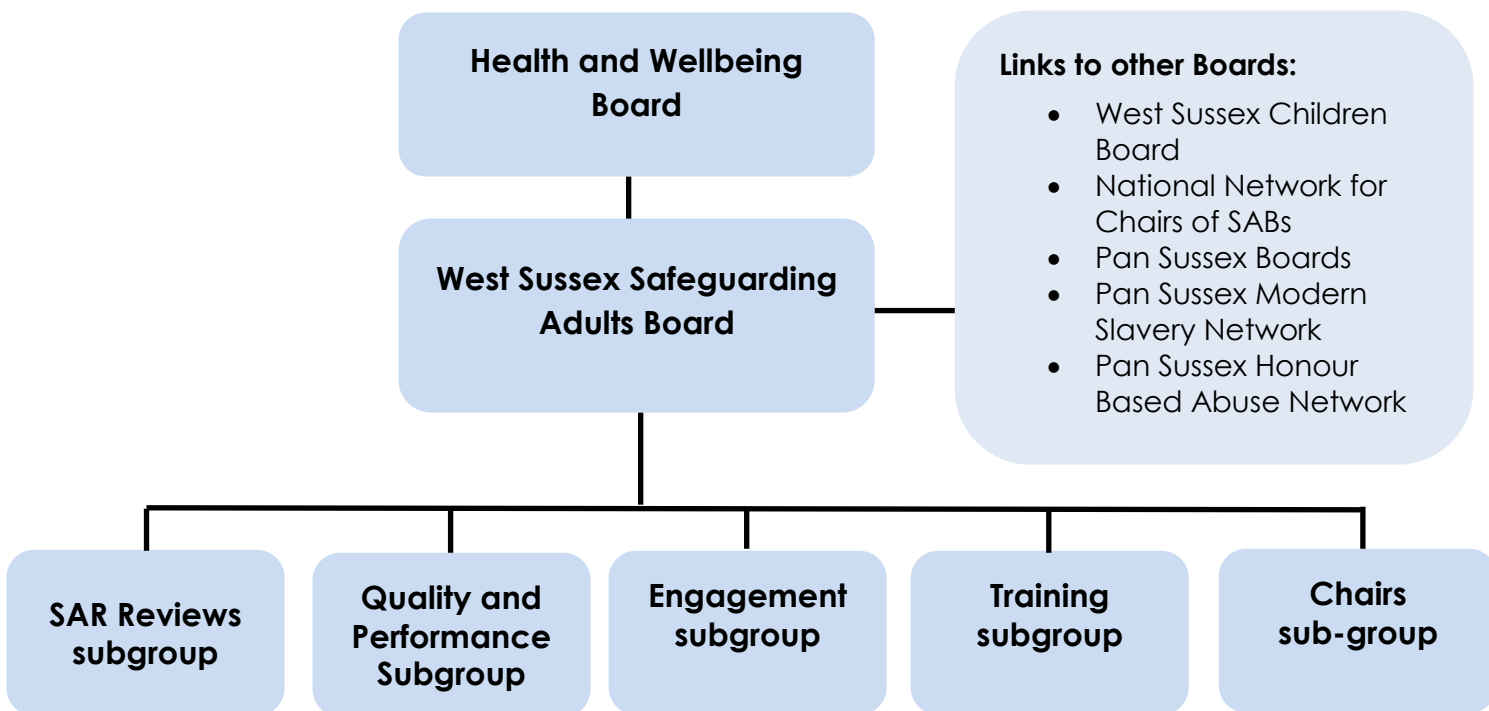


Figure 9: Board Governance structure

Our Board Membership

Independent Chair
Senior Adviser, West Sussex County Council WSCC
Executive Director, WSCC
Principal Manager Adults Safeguarding, WSCC
Cabinet Member, WSCC
Director of Adult Operations (DASS), WSCC
Principal Manager – Community Safety & Wellbeing WSCC
Head of Safeguarding WSCC
Head of Quality and Nursing, Coastal WS Clinical Commissioning Group
Designated Nurse Safeguarding Adults, Coastal West Sussex CCG, Crawley CCG, Horsham & Mid Sussex CCGs (Chair of Safeguarding Adult Review sub-group)
Clinical GP Lead for Safeguarding Adults, Coastal WS Clinical Commissioning Group
Detective Superintendent, Sussex Police, Deputy DCI
Safeguarding/H&S Manager, Aspire
Nurse Director, Brighton & Sussex Hospitals Trust
Carers Services Manager, Carers Support
Chief Executive, Arun District Council, District & Borough Councils
Intervention & Prevention Manager, Fire and Rescue WSCC
Healthwatch (Chair of Engagement sub-group)
Head of Residence, Safety & Equalities, HMP Ford Prison
Head of Services, KSS CRC Ltd
Senior Probation Officer, National Probation to March 2017
Director of Nursing & Quality, Queen Victoria Hospital
Chair, West Sussex Partners in Care (Chair of Training sub-group)
Interim Chief Nurse & Director of Quality & Safety from January 2017, South East Coast Ambulance NHS Trust
Supporting Community based Solutions (representing a number of voluntary organisations) Independent Lives deputy
Deputy Chief Nurse, Surrey and Sussex NHS Healthcare Trust SASH
Head of Safeguarding, Sussex Community Foundation Trust
Executive Director of Nursing and Patient Experience, Sussex Partnership NHS Foundation Trust
Nursing Director/Trust Senior Lead for Safeguarding Adults, Western Sussex Hospitals NHS Foundation Trust
Care Quality Commission
NHS England

Contact Points

Reporting a safeguarding concern

If you are concerned that someone is abusing you or someone you know:

Please contact the Police on 999 if you think the person is at immediate risk of harm.

Otherwise please contact:

- West Sussex Adults' CarePoint on 01243 642121, or
- email: socialcare@westsussex.gov.uk, or
- fill in a safeguarding concern form online at www.westsussex.gov.uk/reportadultabuse
- Typetalk: 018001 01243 642121

Please also use the above contacts if you have queries regarding the Deprivation of Liberty Safeguards (DoLS).

Safeguarding training

If you would like to access the Council's safeguarding training programme or would like more information on safeguarding training in general, please visit:

www.westsussexcpd.co.uk

Questions about this report

If you would like to find out more about this report or the work of the SAB please e-mail safeguardingadultsboard@westsussex.gov.uk

Electronic copies of our Annual Report are available at www.westsussexsab.org.uk

Health and Adult Social Care Select Committee

16 January 2019

South East Coast Ambulance Service Update

Report from: Daren Mochrie, Chief Executive, SECAMB
Steve Emerton, Director Strategy & Development

Author: Helen Wilshaw-Roberts, Strategy & Partnerships
Manager, SECAMB

Summary

The Health and Adult Social Care Select Committee had requested an item from the South East Coast Ambulance Service (SECAMB), as part of its agreed work programme, to update the Committee on its recent Care Quality Commission (CQC) report; executive leadership development, including plans for the upcoming Chief Executive appointment; the impact of the introduction of the Ambulance Response Programme (ARP) and response times across the county in particular rural areas; the Demand and Capacity Review and resulting Strategic Transformation and Delivery Programme; alongside other strategic performance updates and local performance and development initiatives for West Sussex, to include an update on falls and falls response times if available.

Focus for scrutiny

The Committee is asked to consider the detail of the report and provide comment on progress made by the Trust in respect of its recent CQC inspection, in addition to other updates as outlined in the summary above. The Committee may also wish to consider whether there are any issues arising from the report which may require any further scrutiny.

2. Background

2.1 On 29 September 2017, the CQC published its findings following its inspection of the South East Coast Ambulance Service (SECAMB) which saw an overall rating of 'inadequate' for the 999 service and an overall 'good' for the 111 service. The Trust was recognised as good for caring throughout.

2.2 Following this rating, SECAMB implemented a delivery plan with a clear focus on the key areas for improvement as indicated by the CQC.

2.3 SECAMB has also continued to recruit to its Executive Team and Board

- Steve Emerton was appointed to the role of Executive Director of Strategy and Business Development on 2 January 2018.
- Ed Griffin was appointed to the role of Executive Director for HR on 7 March 2018.
- Bethan Haskins, has been appointed to the role of Executive Director of Nursing and Quality and started on the 1 April 2018.
- Dr Fionna Moore, has been appointed as the Trust's substantive Executive Medical Director, following an interim period of the past 14 months.
- Following the departure of the Trust's Chairperson, Richard Foster, David Astley was appointed in September 2018. The Trust also welcomed its new Non-Executive Director, Michael Whitehouse.

2.4 In November 2018, the Trust announced that Chief Executive, Daren Mochrie, would be leaving SECAMB to take up a new role as Chief Executive of the North West Ambulance Service from 1 April 2019. The process to recruit Daren's successor is already underway, led by Chair David Astley. The first round of interviews is due to take place in January 2019.

3 CQC Update

3.1 Following the CQC published report on 29 September 2017, the result of which saw the Trust placed into special measures, SECAMB has been on an improvement trajectory. Further unannounced visits from the CQC saw its formal recognition of the progress that the Trust was making, largely achieved through a comprehensive work programme overseen by the Trust's Programme Management Office (PMO).

3.2 The Trust was inspected by CQC in July and August 2018 and the subsequent report published on 8 November 2018 (**Appendix A** shows key excerpts). The Trust's rating moved from 'inadequate' to 'requires improvement'.

3.3 Whilst the Trust is rated as 'requires improvement', the CQC acknowledged a number of areas where the Trust has made significant progress and again rated the care given by staff to patients as good with several other areas recognised as outstanding.

3.4 Some of the key areas of feedback are:

- Staff cared for patients with compassion. All staff inspectors spoke with were motivated to deliver the best care possible and feedback from patients and those close to them was positive

- The Trust promoted a positive culture that supported and valued staff. Inspectors found an improved culture across the service since the last inspection. Most staff felt the culture had improved and felt able to raise concerns to their managers
 - Medicines management was robust and effective with a marked improvement since the previous inspection. Inspectors found elements of outstanding medicine management, for example, the way the Trust handled controlled drugs. An external review also recognised the impressive turnaround in performance
 - A new Well-Being Hub, which enables staff to access support in a variety of areas. The service was widely commended by staff during the inspection
 - A significant improvement in the process for investigating complaints and the quality of the Trust's response to complaints since the previous inspection
- 3.5 Following the publication of the report and its findings, the Trust will be working with its PMO on a delivery plan to continue the progress and improvements required. **Appendix A** shows the Must Do and Should Do areas required.

4 SSG UK Specialist Ambulance Service CQC

- 4.1 SSG UK Specialist Ambulance Service (South) was recently rated as 'Inadequate' and placed into 'special measures' following two unannounced inspections by the CQC in August and September 2018.
- 4.2 In West Sussex the proportion of total hours provided by Private Ambulance Providers (PAPs) is 4% and by SSG 1%, the remainder being provided by SECamb staff.
- 4.3 The Trust is working closely with SSG to review and include all recommendations in its SSG Governance and Assurance Improvement Plan. This is to be approved by the Executive Management Board, with updates to be provided and reviewed on a monthly basis.
- 4.4 SECamb will continue to provide SSG with senior management support for six months, to manage the review process and ensure that lessons are learnt and applied across all PAPs.

5 Ambulance Response Programme

- 5.1 Following the NHS England commissioned review of urgent and emergency care in 2013, it was recognised that the ambulance service response standards (England) had not been reviewed since the mid 1970s. There was a review and new standards introduced in March 2001 where there was a move away from the Rural/Urban ORCON standards and Cat A, B and C prioritisation was introduced at this time. This has since been superseded.

- 5.2 In 2015, NHS England commissioned Sheffield University to undertake a study into ambulance responses. The result of this study was the introduction of the Ambulance Response Programme (ARP).
- 5.3 The ARP is a change to the way in which ambulance services (in England) receive and respond to emergency calls. On 22 November 2017, ARP went live at SECamb.
- 5.4 A key element of ARP was the re-categorisation of 999 call priorities, whilst maintaining a clear focus on the clinical needs of patients and ensuring that the right resource is dispatched **(Table 1)**.

6 Trust-wide Performance

- 6.1 The variance in performance for SECamb across the three counties (Kent, Surrey, Sussex) is minimal, however the Trust recognises that achieving C1, C2, C3, and C4 performance measures continues to be challenging **(Table 2a)**
- 6.2 C1 performance achievement for ambulance services in England during November was 7 minutes and 11 seconds (mean). Five ambulance trusts services achieved the 7 minutes response time. SECamb was positioned 7th out of the 10 ambulance trusts.
- 6.3 C2 performance for England during November was 21 minutes 56 seconds (mean), with SECamb achieving 19 minutes 24 seconds. Only two ambulance trusts achieved the 18-minute performance target. SECamb was positioned 5th for the mean and 3rd for the 90th percentile target.
- 6.4 C3 & C4 performance (90th percentile) for SECamb has continued to perform below the national average. C3 performance nationally (England) was 2 hours 28 minutes, with SECamb achieving a C3 performance of 3 hours and 13 minutes. C4 performance nationally (England) was 3 hours 17 minutes, with SECamb achieving a C4 performance of 4 hours 12 minutes.
- 6.5 Since ARP implementation, SECamb has performed close to the national average for C1, better than average for C2. C3 and C4 responses remain challenging and the Demand and Capacity Review was set to review a potential gap in funding and the Trust's ability to deliver to ARP standards.
- 6.6 West Sussex performance is highlighted in section 9.

7 Demand and Capacity Review

- 7.1 During 2017-2019, following the identification of a gap in funding, for SECamb to deliver its existing model and achieve all performance targets, Commissioners and SECamb jointly commissioned (with the support of NHS England and NHS Improvement), Deloitte and ORH to undertake a review of existing and future operating models.

- 7.2 The approach from Deloitte and ORH was in the form of a 'Demand and Capacity' review to understand the relationship between resources, performances, and finances.
- 7.3 The focus of the review was on two operating models: 1) Paramedic Led Ambulance Model and 2) The Targeted Dispatch Model. Both identified a requirement to increase not only the number of front line staff, but also the fleet resource.
- 7.4 The conclusion of this review to recommend the 'Targeted Dispatch Model', which focused on getting clinically appropriate resources to patients by using specialist paramedics in cars, paramedics on ambulances and the introduction of a lower acuity mode of ambulance to specifically support those patients that fall into category 3 & 4 calls. Non-Emergency Transport (NET) vehicles have been procured and are being rolled out across the Trust by March 2019.
- 7.5 The NET vehicles will support the Trust to improve its response to patients who are not in a serious or life-threatening condition. Primarily they will serve patients who have been assessed by a Health Care Practitioner, such as a Paramedic or GP and who require non-emergency urgent transport to a healthcare facility. However, all NET vehicles will be equipped with essential life-saving equipment and will be able to attend as a first response to life-threatening calls. The NETs will be crewed by Emergency Care Support Workers, Associate Ambulance Practitioners and Ambulance Technicians.
- 7.6 Another key element of the 'Targeted Dispatch Model' is that it builds on our work with the wider system to enable and facilitate alternatives to conveyance to an Emergency Department. That is, increase 'hear and treat' and 'see and treat' or refer into jointly developed and clear care pathways to deliver continued benefit to patients and the system.
- 7.7 Work has already begun on the delivery of this model through the Strategic Transformation and Delivery (STAD) Programme implementation with staff recruitment and fleet procurement underway. A key part of the delivery is that Q1 2019/20 will see C1 performance achievement on a sustainable basis, and the introduction of the full model for all categories of performance, with sustainability fully achieved by Q4 2020/21.

8 Fleet

- 8.1 SECAMB has invested in a 101 new ambulances with a vehicle roll out programme during the next 12 months. July saw the first of 42 new ambulances, 'Mercedes Sprinters', being rolled out at a rate of 3 to 4 per week and will replace some of the Trust's older vehicles by October. The Trust is also in the process of trialling 16 new Fiat van conversion ambulances across the Trust.
- 8.2 In addition and to further support ARP, the Trust has invested in 30 second-hand Fiat ambulances, operating at Non-Emergency Transport

(NET) vehicles which are converted to attend the lower acuity non-life threatening calls and will carry slightly different equipment. These vehicles are being introduced in a phased approach commencing mid December 2018: full operational roll out is expected to be complete by March 2019.

- 8.3 During 2019/20 further investment is planned in up to a further 50 ambulances as well as a replacement programme for the Trust's rapid response cars and 4x4 vehicles.

9 West Sussex Performance

- 9.1 The West Sussex area comprises of three clinical commissioning groups (CCGs), Coastal West Sussex, Horsham & Mid Sussex and Crawley. Table 2b illustrates the performance across those three CCG's.
- 9.2 Category 1 90th performance is within target in 2 of the 3 CCGs. Category 2 90th performance is within target across all 3 CCGs. Category 3 is missed in all CCGs and Category 4 90th target is hit by Crawley CCG only. In line with the Trust-wide performance this reflects a challenge with the capacity to achieve the ARP targets and this has been part of the Demand and Capacity Review and resulting STAD programme.
- 9.3 In West Sussex, there is a significant increase in staff and vehicles over the next 18 months with eight new NET vehicles estimated to be operational by March 19 across the four dispatch desk areas. This extra resource, alongside the protected targeted dispatch model and Paramedic Practitioners tasked to focus on admission avoidance initiatives, will support increasing our 'see and treat' and referrals into alternative care pathways and reduce the time to respond to lower acuity Category 3 & Category 4 incidents.

10 West Sussex Estate and Dispatch Model

- 10.1 On the 29 November, the Secretary of State for Health, Matt Hancock, announced that SECamb will receive more than £12m of capital funding. The investment is to fund two new Make Ready Centres at Medway and Brighton, as well as estate changes at Worthing and follows Trust bids submitted earlier in the year. The business case for the Worthing development is scheduled for review at the Trust Board in January.
- 10.2 West Sussex is served by SECamb across four dispatch desk areas, Tangmere Worthing, Gatwick and Brighton. Each of these desks has a dispatcher within the Emergency Operations Centre in Crawley coordinating ambulance responses within the area and due to demand-based activity, ambulances will not always remain within their own dispatch desk area for the entire shift.
- 10.3 Shift start and finish locations are fixed and the locations of the vehicles during the shift will be dependent on the System Status Plan and incidents are assigned to the closest available and clinically appropriate resource as per the Targeted Dispatch model. Ambulances that are not

assigned to incidents, are sent to strategically chosen locations based on historical demand and highest probability of being closest to the next high acuity call.

- 10.4 This is called the System Status Plan (SSP), and the standby points on the SSP are a mixture of ambulance, fire and police stations, roadside locations, or other properties chosen by SECamb for their optimum location. The SSP has been used for over 10 years to manage ambulance responses.
- 10.5 This model has not changed as a result of the Make Ready Centre estate model and whilst some stations may have been closed, the geographic coverage of the standby points remain. The standby points are ranked in order of priority, which changes throughout the day depending on the next forecast high acuity 999 call.
- 10.6 The proximity of a vehicle to respond to an emergency incident is not only dependant on the ability to cover the SSP with ambulance hours but also the system activity at the time. The Trust has many variables that have influenced response times over the last three years, such as increased demand, reduced capacity and increased handover delays at hospitals.
- 10.7 There is a national protocol in place for both call answering and responding for border areas between ambulance trusts. Both SECamb and SCAS operate as party to that national agreement to support cross border responses.
- 10.8 Specific focus areas that will support improved response times, outlined further in this report, are the Demand and Capacity review (**section 7**), and the resulting Strategic Transformation and Delivery Programme with the new agreed rosters, uplift in staff and increase in vehicles across the Trust, and the continuing Handover Delay programme.

11 Falls Focus

- 11.1 The Trust has recently completed an overview of falls statistics, actions and plans for minimising falls & optimising outcomes for the November '18 board. This included initial findings from an ongoing Falls Vehicle being piloted in Worthing, Adur and Arun districts in partnership with Sussex Community NHS Foundation Trust. This is a Single Response Vehicle crewed by a Paramedic and Occupational Therapist operating Monday to Friday 0800-1600. A comparison is underway of varying models of care across 4 pilot areas.
- 11.2 Key findings from the top 5 activity areas in the Trust for falls follows:-
- Careline calls make up approximately 50% of the falls activity
 - The numbers of falls incidents has steadily declined over the past year
 - See & Convey is on average 30% of all falls incidents
 - Average time on scene to clear for all CCG areas is 01:10:15

11.3 Coastal West Sussex CCG is the area with the most Falls incident activity as measured from October '17 to September '18. The Falls Vehicle pilot, funded by the CCG, started 14 May 2018 for six months and is currently being evaluated and under governance review for service continuation.

11.4 Initial outcomes in the first five months were :-

- 150 patients treated
- Average response time is 46:32 minutes compared to 1:03:39 previously
- 75% of falls calls received during this pilot were attended by the falls vehicle
- The average time on scene 2:02:00, significantly higher than the current model of care, likely due to the additional treatment and prevention assessments made.

11.5 A Falls model of care is to be agreed for the Trust as a result of pilot evaluation.

12 Handover Delays

12.1 SECAmb is leading on a system-wide programme of work focusing on reducing ambulance hours lost at hospital sites due to handover delays. The programme is led by a Programme Director.

12.2 Some good progress has been made overall, and for the month of November 2018 the total ambulance hours lost >30 minute turnaround was 4,354 hours which is equivalent to 362, 12-hour ambulance shifts for the month, or 12 per day. This is a reduction when compared to the same period last year (5,248 hours) but remains of significant concern. Most hospital sites are losing fewer hours than in November last year but there are some significant outliers where hours lost are more compared to the same time last year.

12.3 A key part of the work stream has been to develop together with each acute hospital, a handover action plan to streamline the process of handover delays including best practice e.g. dedicated handover nurse and admin, Fit2Sit, front door streaming and direct conveyance to non Emergency Department destinations.

12.4 A number of live conveyance reviews have also taken place where a representative from the ambulance service, hospital, primary care, community trust, and CCG have reviewed all decisions to convey to hospital with an aim to ensuring that all existing community pathways are maximised.

12.5 The reviews undertaken so far, have given a clear indication that community pathways are being maximised where they are in place. The results are being presented for further discussion with local system partners in order to explore new community pathways, where required.

12.6 Peer reviews looking at the handover process at individual sites have also taken place at some hospitals, where the Chief Operating Officer from

another acute hospital, supported by a member of the Emergency Care Intensive Support Team (ECIST), visits another hospital and reviews the ambulance pathway through the department. The peer reviews have been received positively and have been a good way to share best practice across hospital sites.

13 Five-Year Strategy

- 13.1 The Trust has developed a strategic plan for the five years, 2017-22, and is focussed on the delivery of four strategic themes; Our People, Our Patients, Our Partners, and Our Enablers. We are currently refreshing our strategy to take account of internal and external developments since publication in July 2017 and this will be presented to the Trust Boards in the next few months.

14 Alliances

- 14.1 On 22 November 2018, the Trust announced that it was working to form an alliance with West Midlands and South Western Ambulance Services that will see us working closely together to deliver efficiency savings to invest in front line services.
- 14.2 The alliance expects to deliver savings through initiatives such as the joint procurement of supplies, including equipment and fuel. In addition, we will work collaboratively to share best practice for the benefit of patients and staff and will also work on improving resilience between the organisations for planned events and major incidents.
- 14.3 The work will draw upon existing benchmarking and evidence from the National Audit Office investigation into ambulance services, and more recently, the report from Lord Carter into efficiency and productivity.
- 14.4 It is important to stress that there are no plans to merge services or re-structure existing operations, but the alliance will mean that the three Trusts can make every pound of taxpayers' money work as efficiently as possible.
- 14.5 This is very much the start of the process and further work will follow overcoming months through our Board and governance framework. However, by forming this partnership, we will be able to bring together the knowledge and experience of the three Trusts to explore ways to reduce variation and develop new joint initiatives.

15 Winter Planning

- 15.1 SECAmb has a proven methodology in its approach to winter preparedness. This is achieved with the use of historic data and current activity trends, combined with 'lessons learnt' from prior years.
- 15.2 An overarching Trust winter plan is developed, supported by a tactical plan, as well as local 'Operating Unit' (OU) plans. The local OU plans feed in to local system plans.

- 15.3 The SECAMB 111 winter plan covers North and West Kent as well as Surrey and Sussex. The Winter Plan Structure Framework is shown in **Table 3**.
- 15.4 During winter (November 1 to March 31), the Senior Operations Leadership Team (SOLT) will constantly review the level of resource available against predicted demand enabling the Trust to predict, monitor and mitigate to maintain service delivery during surges in demand or reduced capacity.
- 15.5 In line with Trust policy, the level of annual leave is reduced to 50% of normal levels across the two-week Christmas/New Year period and as in previous years, enhanced rates or incentives are offered, as needed, to ensure that priority shifts are covered.

16 Finances

- 16.1 At the year-end (2017/18), the Trust achieved its control total of £1.0m deficit, this includes the agreed Sustainability and Transformation Funding (STF) of £1.3m. In addition, the Trust achieved a further STF (incentive plus bonus) of £1.4m and a CQUIN¹ risk reserve of previously held by commissioners of £0.8m, resulting in a reported surplus of £1.3m.
- 16.2 The Trust also achieved Cost Improvements of £15.5m. This was greater than the target of £15.1m.
- 16.3 For 2018/19, the Cost Improvement Plan (CIP) target is £11.4m. As at October '18, £5.1m has been delivered to date, an increase of £0.1m against Plan. It is projected that the full year target will be met. 'CIPs' represent increased efficiency and are never a reduction of resources to provide front line services.

¹ Commissioning for quality and innovation (CQUIN) The CQUIN payment framework was introduced in 2009 and makes some income conditional on demonstrating improvements in quality and innovation in specified areas of care.

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Appendices

APPENDIX A : CQC REPORT SUMMARY FINDINGS – 8 November 2018

APPENDIX B : ARP, Performance and Winter Planning

Table 1 : **ARP Performance Categories**

Table 2a: **National ARP AQI's November 2018**

Table 2b: **SECamb Performance for November 2018 and Year To Date**

Table 3: **Winter Plan Structure Framework**

Background Papers - None

APPENDICES







APPENDIX A : CQC REPORT SUMMARY FINDINGS – 8th November 2018

Overall trust

Our rating of the trust improved. We rated it as requires improvement because:

- In both the emergency operations centre (EOC) and emergency and urgent care (EUC) we rated safe, effective, responsive and well-led as requires improvement and rated well-led in resilience as requires improvement.
- We rated safe, effective and responsive in the trust's resilience core service as good. We rated caring as good across all three core services.
- In rating the trust, we took into account the current ratings of the 111 service, which was not inspected this time.
- We rated well-led for the trust, overall, as requires improvement.

Ratings

Overall rating for this trust	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

1 South East Coast Ambulance Service NHS Foundation Trust Inspection report 08/11/2018

Outstanding practice

Emergency Operations Centre

- Support for maternity patients was excellent. A new pregnancy advice and triage line for pregnant women had been introduced within the Crawley EOC.

Emergency and Urgent Care

- The Crawley triage scheme, which had led to a reduction in conveyancing to hospital for people with mental health conditions from 53% to 11%.
- We found elements of outstanding medicine management, for example the way the trust handled Controlled Drugs (CD's). We found suitable audit and quality control processes to ensure the high standards achieved by the organisation were continuously monitored.
- The trust initiative to provide physical and mental health support for staff through the 'wellbeing hub' was widely commended by staff during the inspection.
- There was a multidisciplinary multiagency approach to training in the Kent area. This meant staff were training to deal with unexpected situations should they occur.
- Brighton station had a dedicated homeless lead who took responsibility for and oversight of this vulnerable group. This role included undertaking outreach work, as well as working with local services to meet the needs of these patients.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve services in both the emergency operations centre and in emergency and urgent care.

- The trust **must ensure** that their processes to assess, monitor and improve the quality and safety of services and also to assess, monitor and improve the assessment of risk relating to the provision of the service are operating effectively.

Action the trust SHOULD take to improve the emergency operations centre

- The trust **should ensure** they take action to continue to have effective systems and processes to assess the risk to patients and people using the services and they do all that is reasonably practicable to mitigate those risks, specifically in relation to the risk assessment of patients awaiting the dispatch of an ambulance.
- The trust **should ensure** they continue to monitor the effectiveness of the clinical safety navigator role to ensure continued oversight on the safety of patients waiting for an ambulance.
- The trust **should ensure** there are a sufficient number of clinicians in each EOC to meet the needs of the service.

Action the trust SHOULD take to improve emergency and urgent care

- The trust **should ensure** the processes for providing staff with feedback from safeguarding alerts is improved to strengthen and develop learning.
- The trust **should ensure** that maps in all vehicles are current, up to date and replaced regularly.
- The trust **should ensure** that all staff adhere to the trust policy on carrying personal equipment and the regular servicing of such equipment.
- The trust **should ensure** that pain assessments are carried out and recorded in line with best practice guidance.
- The trust **should ensure** response times for category three and four calls is improved.
- The trust **should consider** producing training data split by staff group and core service area for better oversight of training compliance.

Action the trust SHOULD take to improve Resilience

- The trust **should ensure** they collect, analyse, manage and use data on meeting response times for Hazardous Area Response Team (HART) incidents.

APPENDIX B : ARP, Performance and Winter Planning

Table 1:

ARP Performance Categories

Category	Types of Calls	Response Standard	Likely % of Workload	Response Details
Category 1 (Life-threatening event)	Previous Red 1 calls and some Red 2s including <ul style="list-style-type: none"> • Cardiac Arrests • Choking • Unconscious • Continuous Fitting • Not alert after a fall or trauma • Allergic Reaction with breathing problems 	7 Minute response (mean response time) 15 Minutes 9 out of 10 times (90 th Centile)	Approx. 100 Incidents a day (8%)	Response time measured with arrival of first emergency responder Will be attended by single responder and ambulance crews
Category 2 (Emergency, potentially serious incident)	Previous Red 2 calls and some previous G2s including <ul style="list-style-type: none"> • Stroke Patients • Fainting, Not Alert • Chest Pains • RTCs • Major Burns • Sepsis 	18 minute response (mean response time) 40 minute response (90 th centile)	(48%)	Response time measured with arrival of transporting vehicle (or first emergency responder if patient does not need to be conveyed)
Category 3 (Urgent Problem)	<ul style="list-style-type: none"> • Falls • Fainting Now Alert • Diabetic Problems • Isolated Limb Fractures • Abdominal Pain 	Maximum of 120 minutes (120 minutes 90 th centile response time)	(34%)	Response time measured with arrival of transporting vehicle
Category 4 (Less Urgent Problem)	<ul style="list-style-type: none"> • Diarrhoea • Vomiting • Non traumatic back pain 	Maximum of 180 minutes (180 minutes 90 th centile response time)	(10%)	May be managed through hear and treat Response time measured with arrival of transporting vehicle

Table 2a: National ARP AQI's November 2018

C1		Mean
England		00:07:11
1	North East	00:06:13
2	London	00:06:16
3	West Midlands	00:06:53
4	South Central	00:06:56
5	South Western	00:06:58
6	Yorkshire	00:07:02
7	South East Coast	00:07:31
8	North West	00:07:42
9	East Midlands	00:07:52
10	East of England	00:08:11
11	Isle of Wight	00:11:23

C1		90th
England		00:12:32
1	London	00:10:30
2	North East	00:10:47
3	West Midlands	00:11:50
4	Yorkshire	00:12:13
5	South Western	00:12:44
6	South Central	00:12:49
7	North West	00:12:52
8	East Midlands	00:13:57
9	South East Coast	00:13:59
10	East of England	00:14:36
11	Isle of Wight	00:20:40

C2		Mean
England		00:21:56
1	West Midlands	00:12:46
2	South Central	00:16:56
3	London	00:18:46
4	Isle of Wight	00:19:07
5	South East Coast	00:19:24
6	Yorkshire	00:20:29
7	North West	00:23:16
8	North East	00:23:42
9	East of England	00:25:48
10	South Western	00:28:11
11	East Midlands	00:31:01

C2		90th
England		00:44:53
1	West Midlands	00:23:29
2	South Central	00:34:06
3	South East Coast	00:36:44
4	London	00:38:11
5	Isle of Wight	00:38:37
6	Yorkshire	00:42:36
7	North East	00:48:44
8	North West	00:49:50
9	East of England	00:52:20
10	South Western	00:59:15
11	East Midlands	01:04:42

C3		Mean
England		01:03:16
1	West Midlands	00:39:30
2	Yorkshire	00:48:58
3	South Central	00:51:45
4	London	00:52:31
5	Isle of Wight	01:01:03
6	North West	01:08:07
7	East Midlands	01:14:08
8	South Western	01:14:17
9	South East Coast	01:23:05
10	East of England	01:25:46
11	North East	01:26:38

C3		90th
England		02:28:30
1	West Midlands	01:27:56
2	Yorkshire	01:58:25
3	South Central	02:01:20
4	London	02:06:02
5	Isle of Wight	02:28:27
6	North West	02:42:57
7	South Western	02:51:58
8	East Midlands	02:55:19
9	South East Coast	03:13:49
10	North East	03:19:11
11	East of England	03:27:03

C4		Mean
England		01:25:38
1	West Midlands	00:57:51
2	East Midlands	01:04:04
3	Yorkshire	01:09:52
4	South Central	01:14:36
5	London	01:16:38
6	North East	01:24:03
7	North West	01:27:54
8	East of England	01:42:03
9	Isle of Wight	01:48:24
10	South East Coast	01:50:32
11	South Western	02:00:57

C4		90th
England		03:17:08
1	West Midlands	02:22:26
2	Yorkshire	02:43:41
3	East Midlands	02:45:58
4	South Central	02:50:28
5	London	02:52:13
6	North West	03:08:59
7	North East	03:37:55
8	Isle of Wight	04:05:39
9	East of England	04:11:47
10	South East Coast	04:12:29
11	South Western	04:17:40

Table 2b:

SECamb Performance for November 2018

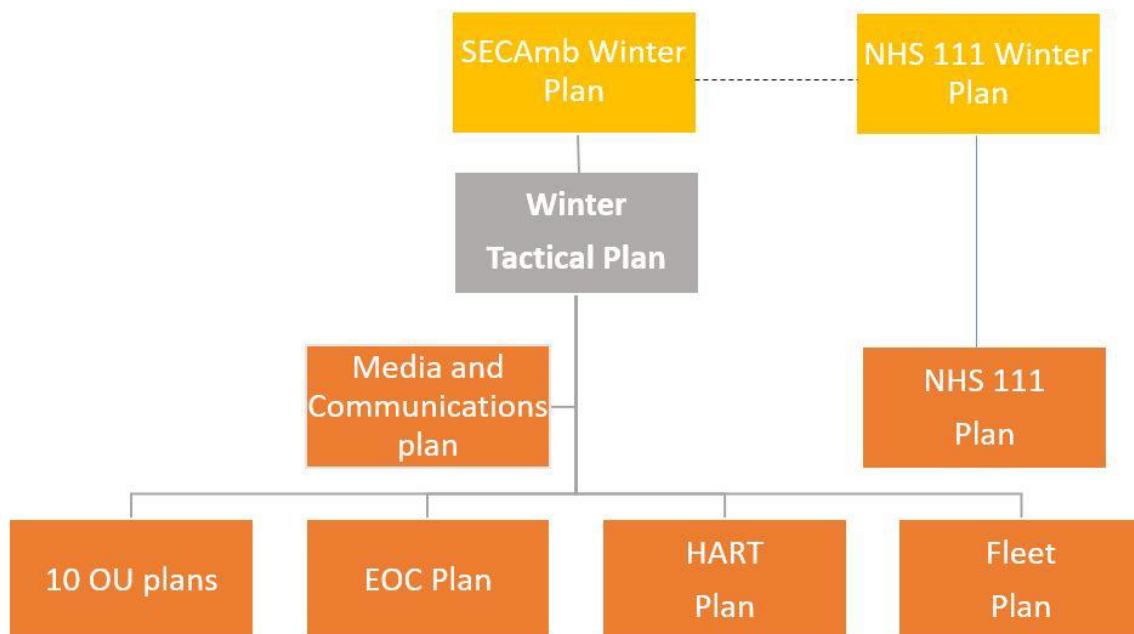
Nov 18 @ 05/12/2018	CCG	Cat 1 Mean Response Time (00:07:00)	Cat 1 90th Centile (00:15:00)	Cat 2 Mean Response Time (00:18:00)	Cat 2 90th Centile (00:40:00)	Cat 3 90th Centile (02:00:00)	Cat 4 90th Centile (03:00:00)
NHS Coastal West Sussex CCG	Sussex	00:08:00	00:14:37	00:16:54	00:31:40	02:33:39	03:34:14
NHS Crawley CCG	Sussex	00:05:34	00:09:10	00:16:21	00:33:29	02:50:08	01:59:23
NHS Horsham and Mid Sussex CCG	Sussex	00:08:33	00:15:39	00:21:09	00:38:01	02:36:32	04:30:20
Sussex & East Surrey STP**	SES STP	00:07:09	00:13:35	00:17:43	00:33:23	02:41:06	03:34:21
SECamb commissioned Totals	SECamb	00:07:30	00:13:58	00:19:24	00:36:51	03:13:09	04:09:35

SECamb Performance for November and Year to Date

Apr - Nov 2018 @ 05/12/18	CCG	Cat 1 Mean Response Time (00:07:00)	Cat 1 90th Centile (00:15:00)	Cat 2 Mean Response Time (00:18:00)	Cat 2 90th Centile (00:40:00)	Cat 3 90th Centile (02:00:00)	Cat 4 90th Centile (03:00:00)
NHS Coastal West Sussex CCG	Sussex	00:07:37	00:14:22	00:17:27	00:33:13	02:45:51	03:58:31
NHS Crawley CCG	Sussex	00:05:59	00:10:09	00:16:23	00:34:30	02:44:07	03:57:00
NHS Horsham and Mid Sussex CCG	Sussex	00:08:50	00:16:26	00:21:07	00:38:20	03:00:35	04:46:45
Sussex & East Surrey STP**	SES STP	00:07:18	00:13:57	00:17:36	00:33:56	02:50:44	04:13:23
SECamb commissioned Totals	SECamb	00:07:39	00:14:12	00:18:22	00:34:54	03:05:15	04:24:05

Table 3:

Winter Plan Structure Framework





Health and Wellbeing Board

Start well, Live well, Age well

West Sussex Joint Health and Wellbeing Strategy
2019 – 2024

CONSULTATION DRAFT

INTRODUCTION

The West Sussex Health and Wellbeing Board

The West Sussex Health and Wellbeing Board (HWB) brings together elected members, senior leaders from NHS, local authorities, voluntary sector and other partners to work together to:

Improve the health and wellbeing of the residents of West Sussex

Reduce the health inequalities gap by improving the health and wellbeing of the most disadvantaged

Promote joined up working to ensure better quality of services for all

Membership includes councillors, senior officers from Adults Services, Children's Services, Public Health, GPs and senior officers from Clinical Commissioning Groups, as well as representatives from district and borough councils, voluntary sector, and Healthwatch.

Our Vision

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

Purpose of the Joint Health and Wellbeing Strategy (JHWS)

The strategy is a tool to enable the HWB to set out the plan for action by the County Council, CCGs, NHS providers, district and borough councils, voluntary sector and other partners to inform their planning, commissioning and provision of services. Therefore the strategy aims to be concise and purposeful rather than a comprehensive review of work across the health and social care system. Each chapter incorporates carefully selected priorities that the Board feels can have significant impact to achieve our vision.

The purpose of the strategy is to:

- Provide a context, vision and overall focus for improving the health and wellbeing of local people and reduce health inequalities at every stage of people's lives.
- Identify shared priorities and clear outcomes for improving health and wellbeing and reducing inequalities based on our [Joint Strategic Needs Assessment \(JSNA\)](#).
- Support effective partnership working that delivers health improvements for all.
- Set out a way to support and drive the innovation required to enable change.
- Support board members to embed these priorities within their own organisations and reflect these in their commissioning and delivery plans.

Audience for the strategy

The primary audience for this strategy is the Health and Wellbeing Board, local leaders, officers, commissioners and providers who are responsible for its delivery. However care has been taken to make the strategy as accessible as possible to be useful for residents and partners in understanding priorities and how all partners can contribute to health and wellbeing.

How the Board operates

Championing priorities

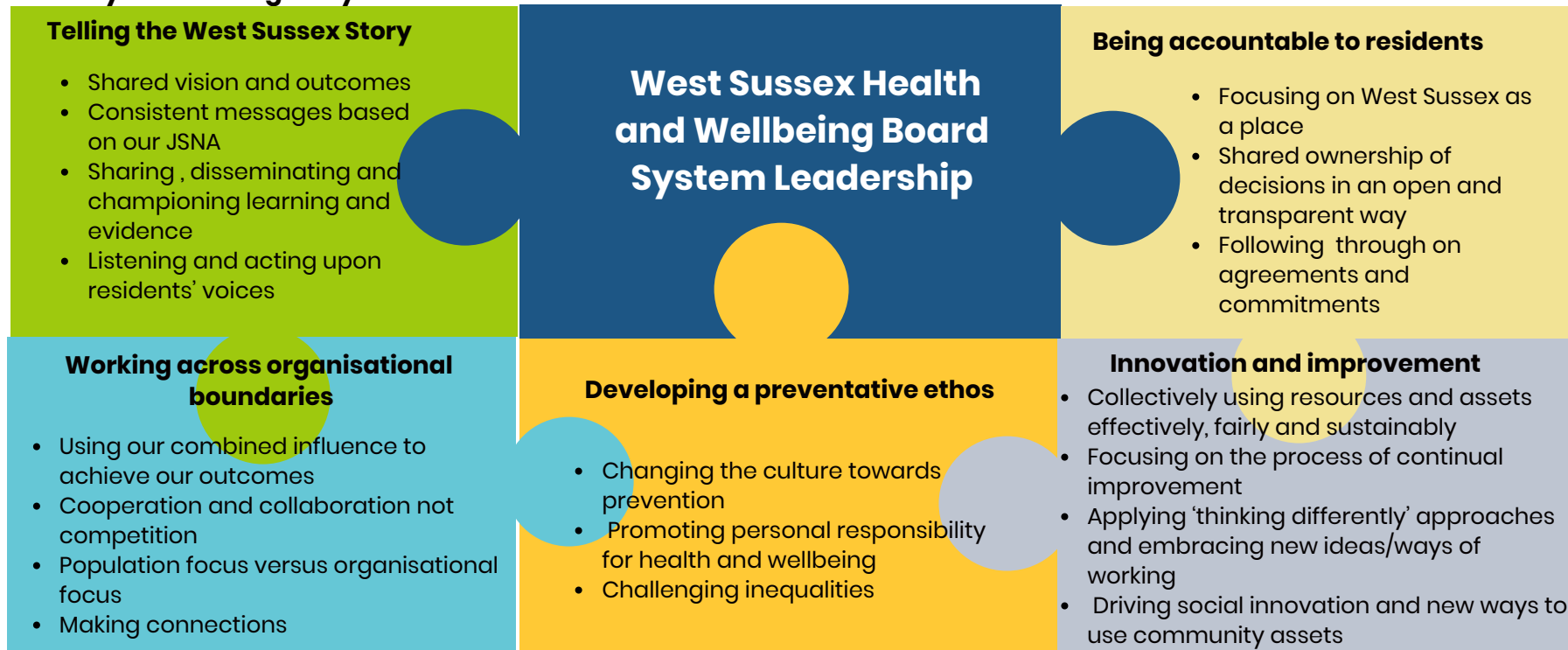
The HWB has committed to championing the priorities outlined in this strategy, and in the model of system leadership (below). HWB members have a collective and individual responsibility to ensure that these are reflected in the business of their own and partner organisations, are heard in other groups and committees, and become embedded in the strategies, commissioning and delivery of health and social care services.

This is a two way process and board members also have a role to play in feeding back insights and learning from their own and partner organisations to further inform the work and priorities of the board. As a result, local people should experience better health, reduced health inequalities, and higher quality, more joined up, health and social care services.

Co-production and insight

The HWB understands the contribution that residents, service-users and carers have in shaping the design and delivery of local services. The board have a role to play in ensuring their voices are included co-productively at all levels within the operations of its own and partner organisations. The HWB recognises the role of HealthWatch in supporting the HWB in hearing local voice, and this year the HWB has produced a Voice Summary as part of our [JSNA](#)

Our ways of working as system leaders



How we work with other boards and partners

The HWB works with other strategic boards such as West Sussex Safeguarding Children's Board (WSSCB), Safeguarding Adults Board (WSSAB) and the Safer West Sussex Partnership (SWSP). The Board also works closely with district and borough health and wellbeing partnerships to ensure a coordinated and joined up approach to improving health and wellbeing. (See appendix for details).

The HWB is currently developing a protocol which sets out the relationships between the various boards. The purpose of the protocol is to ensure a coordinated approach and joint working across the health, social care and wellbeing system to improve outcomes for residents and safeguard vulnerable people.

District and Borough Health and Wellbeing Partnerships

The HWB is working to strengthen its relationship with the six District and Borough Health and Wellbeing Partnership to harness our collective efforts to improve the health and wellbeing of our communities. The HWBs public meetings are now held at accessible venues throughout the county, inviting partnerships to share priorities, achievements and discuss opportunities for more joined up working with the HWB.

The JHWS development

As part of the Board's development, the Board took a 'learn by doing' approach in developing the strategy. This approach involved Board members participating in a series of facilitated seminars to review the JSNA and identify themes and outcome priorities.

Following the identification of the overarching themes:- **Starting Well; Living and Working Well; Ageing Well**, Board members were identified as theme champions. The champions' ongoing role is to act as strategic leads for their JHWS theme through the life of the strategy.

Engagement in JHWS development

In developing the strategy, the Board engaged with various stakeholders and partners for their input on issues that affect them and their local communities. The JSNA, including the JSNA 'Voice' summary, was instrumental in capturing the West Sussex story by bringing forward the voices of the residents, communities and service users. In addition, partner engagement events and meetings were used to engage with members of the public and other stakeholders to inform the development of the strategy.

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Strategy development process



Publication date April 2019

West Sussex Context

West Sussex is one of the least deprived areas in the country, with a relatively high life expectancy, low unemployment, low child poverty rates and an outstanding natural environment and cultural assets. However, this masks the health inequalities across the county, with some areas ranking amongst the 10% poorest neighbourhoods in England. We know that the environment in which people are born, grow, live, work and age has a profound effect on the quality of their health and wellbeing. Many of the strongest predictors of health and wellbeing, such as social, economic and environmental factors, fall outside the healthcare setting. These wider determinants of health, have a significant impact on people's health and wellbeing. The poorest and most deprived people are more likely to be in poor health, have lower life expectancy and likely to have a limiting long-term condition.

Challenges

The Health and Wellbeing Board operates in a complex and challenging environment. Nationally, three challenges have been identified which require action. These challenges, which are also pertinent to West Sussex, are:

The health and wellbeing gap: if we fail to get serious about prevention the health and wellbeing gap will continue to grow, widening inequalities and resulting in increased spending on avoidable treatment.

The care and quality gap: unless we reshape care delivery, harness technology, and drive down variations in quality and safety of care, then residents' changing needs will go unmet, people will be harmed who should have been cured, and unacceptable variations in outcomes will persist across the county.

The funding and efficiency gap: if we fail to make efficiencies and use resources in an efficient way, we will fail to deliver services within the money available.

Longer life expectancy has been a considerable public health success story. People are living longer but spend around 20% of their lives in poor health, often with multiple complex conditions. This presents challenges and pressures. It means we cannot continue with the current way of doing things.

The HWB recognises that these challenges require innovative and joined up working, with a focus on prevention and early intervention to ensure the sustainability of services and wellbeing. This strategy, therefore, serves as a **call to action** for commissioners and providers across the county.

Opportunities and enablers

Whole system approach: Through our strategy, we will focus on a whole system approach to prioritise prevention, deliver person centred care, and tackle health inequalities. As a Board, we will use our influence and collective leadership to provide strategic direction for the West Sussex in order to promote integration and to achieve our vision.

Harnessing the assets and strengths of local communities: What makes us healthy often lies outside the remit of healthcare and formal public health programmes. As leaders of local services, there is a huge potential to use our collective influence and powers to work with communities to improve health and wellbeing, for example, using planning and regulatory powers to create safe, sustainable environments that promote healthy living. The informal acts of neighbourliness are community assets that keep people well and engaged. By building upon our residents' strengths and assets, we believe improvements in health and wellbeing in our local population will happen.

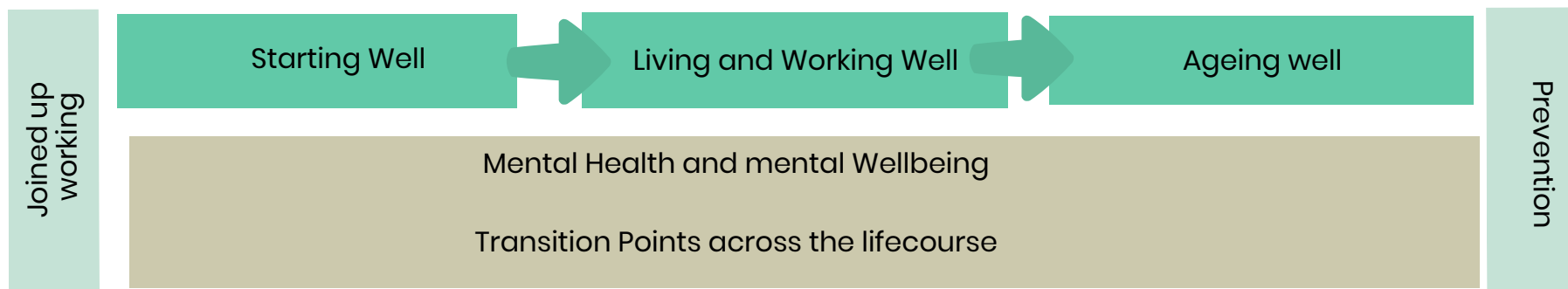
Prioritising prevention: the recent policy document '**Prevention is better than cure**' sets out a call to action for prevention to be at the heart of everything we do. This, we anticipate, to be followed through into the NHS long term plan and social care green paper.

The Lifecourse Approach

To achieve our vision, and reduce health inequalities, this strategy builds on existing work and sets the direction of travel for health and wellbeing across the county. Divided into three major themes **Starting Well; Living and Working Well; and Ageing Well**, the strategy takes a lifecourse approach to improving health and wellbeing.

- **Starting Well:** This theme covers the early years of life from pregnancy, birth, childhood, schooldays to young adulthood.
- **Living and Working Well:** This theme covers adulthood, the ‘middle years’, from leaving school/university to retiring, including working life,
- **Ageing Well:** This theme covers the later life, from retirement, approximately 65 years and above, to end of life,

These themes are not mutually exclusive as some key issues spread across the lifecourse. Transitions between lifestages (such as leaving home, becoming a parent), mental health and mental wellbeing are cross-cutting themes across the lifecourse and are reflected as such below. Underpinning these overarching themes is the Board’s commitment to prevention and joined up working



Chapter outline

The outline of each theme is as follows:

Each chapter identifies the overarching theme and the outline for each theme is as follows:

- **Theme overview**
- **Key issues and challenges** (highlighting why this is of strategic importance)
- **Our goals, What We Mean**
- **Key initiatives** highlighting some of the key local initiatives across West Sussex
- **Monitoring progress**
- **Case study**
- **Key JSNA data**

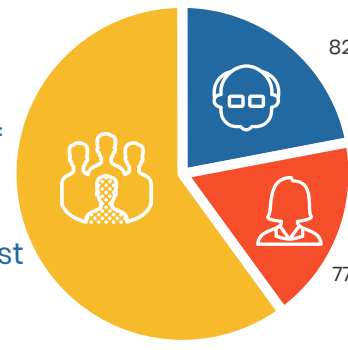
Residents 852,400

There has been a 10% increase in the last 10 years, due, in the main to net inward migration from elsewhere in the UK.

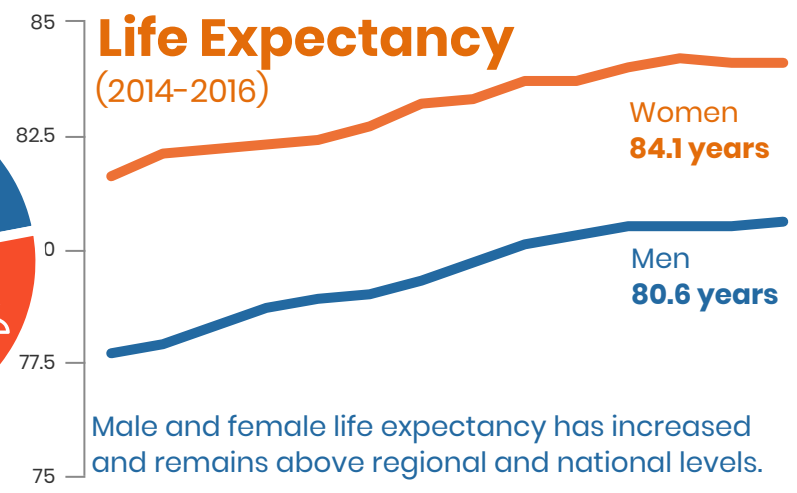


Age Structure

The county has an older age structure compared with SE and England, 22% of residents are 65+ years compared with 19% in South East and 18% in England)



Life Expectancy (2014-2016)



Male and female life expectancy has increased and remains above regional and national levels.

Best Quartile

West Sussex is amongst the best 25% of all LAs on a range of measures, known to have an impact on longer term health and wellbeing including.....

Employment Rate (16-64 years)

79.5% of working age adults are in employment, 5% higher than England

First Time Entrants to the Youth Justice System

This has been falling over the last 5 years and at 167.5 per 100,000 is well below the national rate (292.5per 100,000)

Getting Better All The Time



Teenage Pregnancy has more than halved over the last 10 years, from 31.3 per 1,000 15-17 yr olds in 2005 to 12.2 per 1,000 in 2016



Deaths (under 75 years) from cardiovascular disease (including heart disease and stroke) have fallen dramatically over the last 10 years from 88.6 per 100,000 in 2004-2006 to 62.7 in 2014-2016.



Top Places to Live, Work & Retire

Towns in West Sussex are frequently featured in national surveys and rated as top places people chose to live, retire or work..... and the county has some of the sunniest places in the UK!



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Greetings from...

A county rich in natural, cultural and historical assets.....

Seaside resorts, market towns, villages, theatres, festivals, historic houses, castles, South Downs National Park, woodland and coastal paths and cycle ways.....



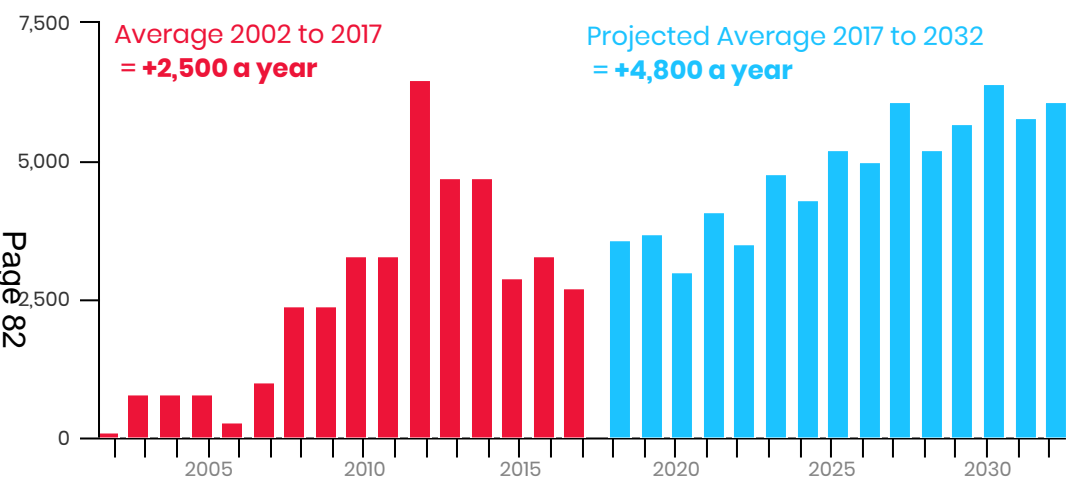
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Ageing Population and.....pressures on the working age population

192,900 people aged 65+ and rising

We have already experienced increases in the older age groups, for the past 15 years we have had, on average 2,500 more people aged 65 years each year. The pace of change is set to increase.....

Year-on-year Change in 65+ Population

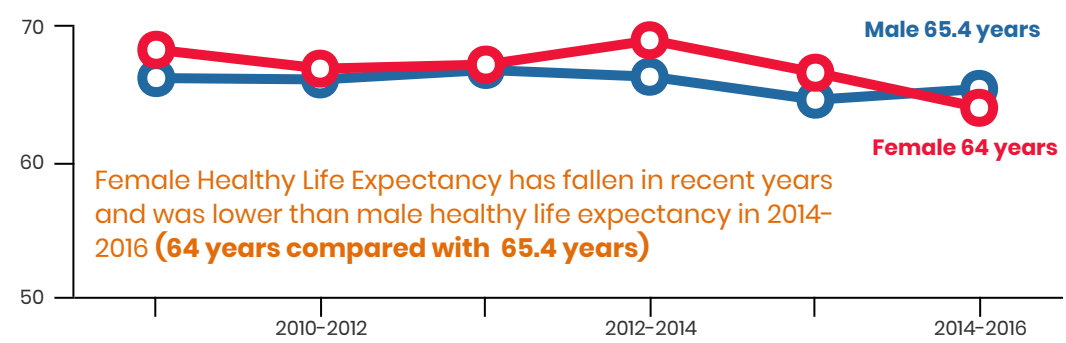


Life expectancy has increased but considerable inequalities persist

Category	Life Expectancy at birth	Gap Between Richest and poorest
Female (♀)	84.1 years	6.4 years
Male (♂)	80.6 years	7.6 years

Life expectancy is considerably lower for people with mental health problems and people with learning disabilities.

....and Healthy Life Expectancy may be stalling



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Need to reduce harms & threats to health

Immunisation rates have fallen

We need to sustain efforts to ensure uptake of childhood vaccinations

Screening rates

Overall West Sussex has relatively good take up, but there is lower take up in some areas, such as Crawley.

Road safety

West Sussex has a high rate of people killed or seriously injured in road accidents.

Flooding

Many areas of West Sussex are susceptible to flooding, we need to ensure risks to health mitigated

Maximise prevention opportunities

Obese or overweight

60% Adults, 29% 10/11 yr olds are overweight (including obese)

Alcohol

23.7% of adults drink above the lower risk limits 7,000 adults with an alcohol dependency.

Smoking rates

Still more than 1 in 10 adults smoke and approx 1 in 4 routine and manual workers

Physical Activity

In 2016/17 in West Sussex 68.3% of adults estimated to be physically active, 19.3% physically inactive.

STARTING WELL

Overview

The first few years of life are a key period in which the actions of our parents, carers and those around us influence our physical, emotional and mental health in later life. Our earliest experiences of life, starting in the womb, through pregnancy and birth and into our early years, are vital in laying the foundations for our health and wellbeing into the future. Research consistently shows that even short term improvements in physical development (i.e. obesity and physical activity), cognitive development (i.e. school achievement), behavioural development (i.e. antisocial behaviour) and social/emotional development can lead to benefits throughout childhood and later life.

In West Sussex, the proportion of children and young people has remained relatively stable over the years, certainly in comparison to older people, and a similar trend is projected for the coming years. However, what has changed rapidly is the sort of society and problems that children and young people face, the increase in children being referred to agencies, and the complexity of the children that our services are working with. Our challenge is to adapt to this growing complexity and support parents, carers and families, providing universal services but also targeting resources at those most in need, and those at risk of poorer outcomes and narrowing the gap. This requires systematic approaches to prevention, good communication, appropriate data sharing, working with a range of partners, at all stages of childhood, and in a range of settings.

Key Issues and Challenges

There are a range of challenges facing children and young people across the ages, for example:

- Although the child poverty rates are amongst the best in the country, there are 15,500 under 16s living in poverty in West Sussex.
- Unhealthy behaviours amongst 15 year olds (smoking, cannabis use, alcohol) are relatively poor, compared with England, and require focused interventions.
- Only half of children receiving free school meals achieve a good level of development at the end of reception.
- The number of referrals to children's social care has risen consistently for the past four years: there were nearly 2,000 more referrals last year than in 2015.
- More than half of our 15 year olds report having been bullied.
- The rate of hospital admission for self-harm in young people is far higher than the national rate.
- Whilst West Sussex as a whole compares well with the rest of England on issues such as obesity and infant mortality, there is much variation across the county.
- Social mobility is a significant issue in parts of West Sussex: Crawley has amongst the lowest levels of social mobility in school age children in the country. Gatwick Airport is a major local employer of people; on-going automation of routine jobs may have major implications without work to encourage aspiration and resilience in this area in particular.
- Adverse childhood experiences, such as living in a household where domestic violence, alcohol or substance misuse is taking place, can have significant health impacts later in life.
- Outcomes of looked after children and children leaving care are poorer than other children.

Our goals



Children, young people and families have good emotional wellbeing and mental health



Improved infant and maternal outcomes especially in most deprived areas



Children grow in a safe and healthy home environment with supportive and nurturing parents and carers



Children and young people leaving care are healthy and independent

What we mean

Mental wellbeing in early years protects against poor mental health in later life. Parental/maternal mental health also has a significant impact on a child.

We will support children, parents/carers and schools to achieve and maintain good mental wellbeing and to reduce mental health problems. This includes helping our children to thrive, encouraging healthy lifestyles such as physical activity and a good diet.

We can help ensure the best start in life for babies by working to reduce smoking in pregnancy and to address the causes of low birth weight, infant mortality and poor maternal mental health.

We will work to interrupt the cycle of vulnerability by addressing the risk factors and intervening early to support families to achieve progressive improvements in their child/children's development

Parenting is critical to children's experience of early years and their life chances. We will work to support parents in creating a healthy and safe home and learning environment that nurtures their children, to ensure strong parent-child attachment and positive child development, as part of our parenting offer.

Strong, effective safeguarding underpins all of our work.

The transition to adulthood can be difficult for young people in care. As with all young people, those leaving care value being able to move to independence at their own pace. We will work to ensure comprehensive pathways and care packages are available to support care leavers.

Key initiatives

Sussex and East Surrey Local Maternity System Transformation Plan– WSCC is leading the prevention workstream, including ensure good support for parents

1001 Critical Days Vulnerable Pregnancy Pathway – Delivering a connected multi-agency vulnerable pregnancy pathway and new guidance

Whole schools approach including parenting– to build resilience and improve health and wellbeing outcomes for all pupils

Healthy Child Programme – framework of universal and progressive services for children and young people to promote optimal health and wellbeing

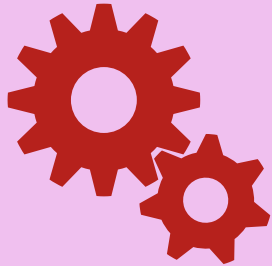
Family Assist – Digital support for families pre-birth to 19 years (25 years SEND). Current focus – pregnancy to 2 years

Corporate parenting – everyone working with or representing the interests of children and young people in care is a corporate parent. All local authority staff, elected members and relevant partner agencies share this duty.

Apprenticeship scheme – support the development of an apprenticeship for care leavers.

STARTING WELL

Monitoring progress



To monitor progress on these priorities, the HWB will use various local and national indicators, for example:

- Percentage of women who are smokers at time of delivery
- Percentage of infants partially or exclusively breastfed at 6 to 8 weeks.
- Percentage of children born with low birth weight
- Perinatal and maternal mental health
- Childhood poverty
- Percentage of children ready for school (as assessed at the end of reception).
- Percentage of Reception and Year 6 children overweight or obese
- Rate of hospital admissions for self-harm amongst children and young people
- Local authority ranking on the social mobility index


Case Study

The Family Wellbeing programme provides a family based intervention for children who have been identified as above a healthy weight. This model has been tested in two areas of West Sussex – one with high levels of inequalities and the other more affluent but with rural access issues. The programme – which won the community impact category of the Active Sussex awards – has seen excellent outcomes both in increasing levels of physical activity, increasing parenting skills in areas such as basic cooking and food preparation and stabilising the weight of children (important as children are growing) but also in building self-esteem and supporting families more broadly with school attendance. This has been achieved through working with partners as part of a multidisciplinary team and considering local placed-based assets.


Children and young people

 **Births:** 8,630

0-19 yr olds: 190,390

 22.3% of the resident population in West Sussex are children and young people aged 0-19.

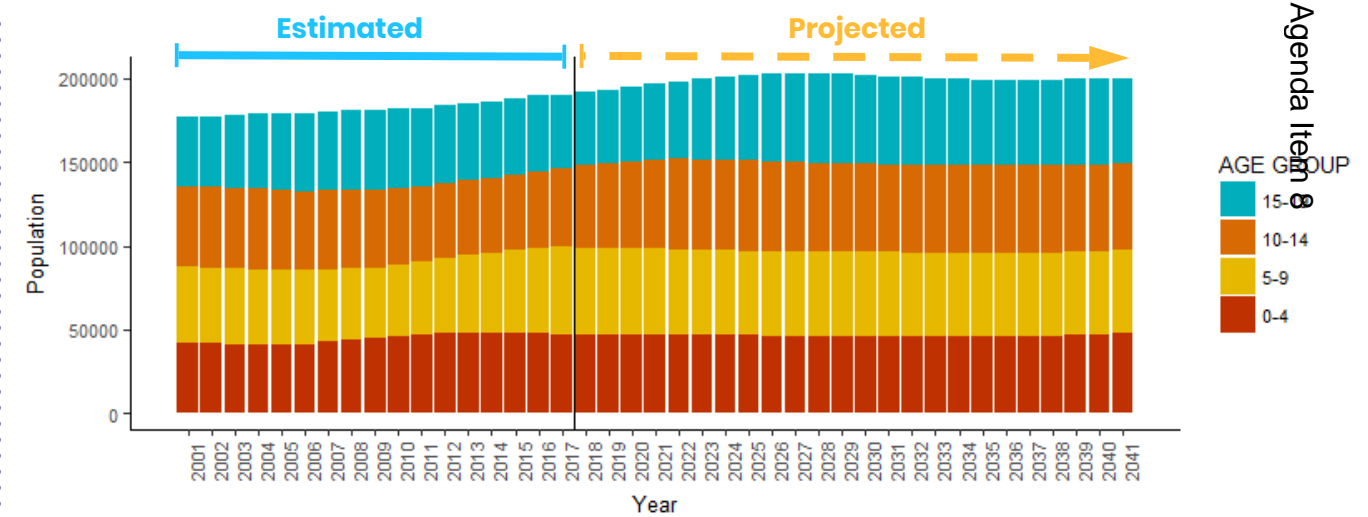
 **29.8%** of births were by caesarean

 **8.4%** of women are smoking at the time of delivery.

 **Less than half of mothers** are still breastfeeding 6-8 weeks after birth

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Population estimates and projections for children and young people aged 0-19 in West Sussex





Agenda Item 8


AGE GROUP
 15-19
 10-14
 5-9
 0-4

- Recent population projections suggest that if current trends continue, the population of children and young people in West Sussex will see a **small increase** in the coming years

A diverse community

 The rate of looked after children has been consistently below England. There has been a **steady increase** in the number of unaccompanied asylum seeking children

Social care referrals
 The rate of referrals to children's social services has increased year on year from 2014

Children with complex health needs
 3.8% of children and young people have a **long term health condition or disability** that limits their day-to-day activity

Child Poverty
 1 in 10 children aged under 16 are living in **poverty**. Crawley has the highest proportion (14.8%) of child poverty of the local authorities in West Sussex



Homelessness
 In Q4 2017, 724 children were living in temporary accommodation



Educational attainment



Educational attainment in West Sussex lags behind similar areas. This is most notable during the early years, with gains made in assessments taken later in school (GCSEs)



The proportion of reception children who were ready for school has improved in recent years, rising from 58.8% in 2013/14 to 70.6% in 2016/17. **However, improvements of a similar magnitude have not been seen among children from disadvantaged backgrounds.**

Inequalities

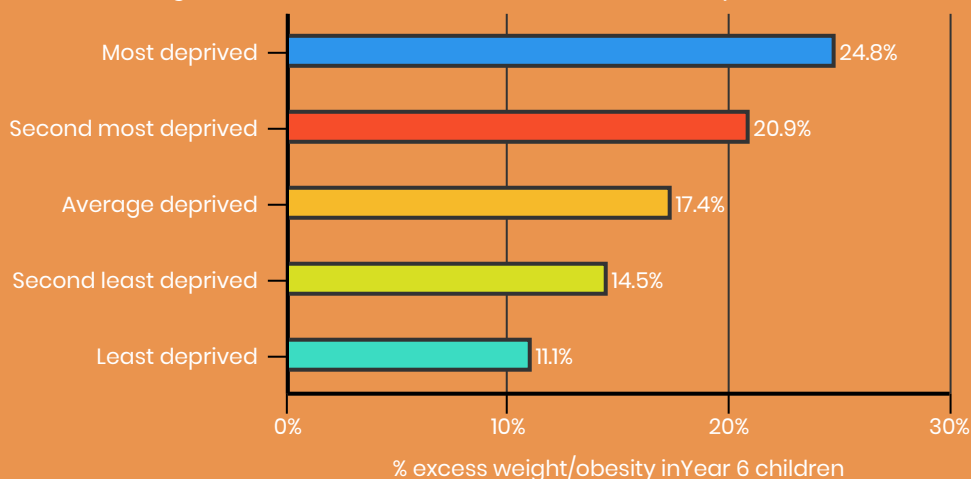
There are significant inequalities in the health and wellbeing of children and young people in West Sussex. Improvements made in the Early Years of life will reap the greatest benefits.

West Sussex is one of the **least deprived** areas of England, however, small pockets of deprivation do exist within the county. Four small areas in Arun are among the **10% most deprived** in England.



Year 6 children resident in areas of west Sussex that are among the most deprived 20% nationally were more than twice as likely to be overweight or obese than those in the 20% least deprived

Deprivation quintiles



Year 6 Health and Happiness survey

Health



1 in 3 reported eating 5 or more portions of fruit and veg each day



1 in 10 year 6 pupils were physically active for at least 60 minutes every day of the week (meeting the recommended level)

Happiness

4/5 of year 6 pupils in West Sussex were 'thriving'

14% of respondents said that they often felt lonely

16% said they often felt sad

3/4 said they talked to parents or teachers if they had problems or worries

Social Mobility

The social mobility index ranks local authorities on the prospects of disadvantaged young people in their areas.

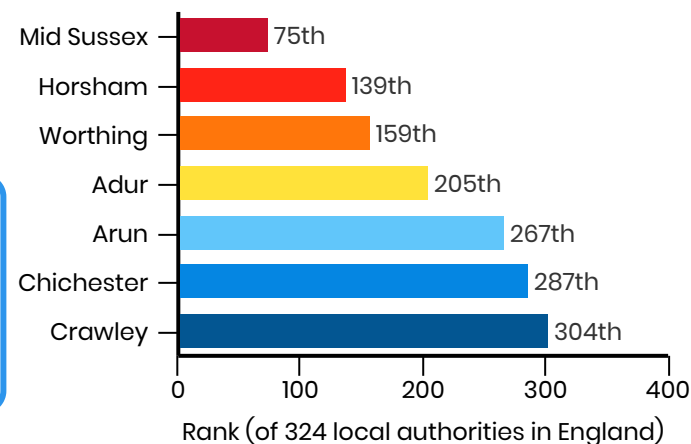


Hotspots are areas scoring well



Coldspots are areas scoring badly

Overall rank of social mobility



Of West Sussex local authorities:



- Chichester had the lowest rank for **early years** in West Sussex (275th of 324 local authorities in England)
- Crawley was the **7th worst in the country** for **school-age children** (ranked 318th)
- Crawley also had the lowest rank of West Sussex local authorities for **young people**
- **Overall**, Arun, Chichester and Crawley were identified as social mobility **coldspots** (among the lowest 20% of authorities in England). Crawley was among the **bottom 10%** of areas in England

Emotional wellbeing and mental health

Self-harm admissions



Rates of admissions for self-harm are **significantly higher** among young people in West Sussex than England

Bullying



59% of 15 year olds in West Sussex reported being bullied
What about YOUTH? survey 2014/15

Mental Health



8% of children aged 5 to 16 were estimated to have a mental health condition in West Sussex
ONS survey 2004; national data applied to West Sussex population

Transition



The transition from child to adult mental health services is known to be an important stage to get right

Overview

Good health is important at any age. West Sussex, in line with the national trend, has seen a greater increase in the older population. In the last ten years there has been a year-on-year increase of approximately 3 – 4,000 people aged 65 years or over. This increase is set to double by the end of the next decade, as the high number of people born in the 1950s and early 1960s enter the older age groups.





Action is needed now to deal with the considerable expansion in older people and to improve mid-life. Setting up the conditions to enable people to enter older age healthier, will be increasingly important. This is not just to reduce pressure on health and social care services but to also sustain the ability to work, as the age-dependency ratio increases. There are some concerns that this age group is more likely to be engaged in unhealthy behaviours, (smoking, poor diet, inactive lifestyle and higher levels of alcohol consumption) than previous generations, this may attribute to the stalling recently observed in healthy life expectancy.

Lifestyle is important, but housing and employment are also key determinants of health, we know that there are considerable pressures relating to housing supply and affordability. The public sector in West Sussex is a major employer, and as such the workplace presents a considerable opportunity to reach large numbers of people and improve the health and wellbeing of our local residents.

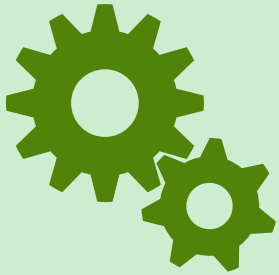
Key Issues and Challenges

- The working age range is changing with an increasing number of people working past retirement age and with retirement age itself increasing.
- Enterprising and entrepreneurial communities are needed to create the flourishing county we seek; health is an intrinsic part of that. The organisations within the health and wellbeing system will need to adapt to enable this, for example flexible working practices.
- Networks of families, friends and communities are rich sources of solutions to the problems working age people face. Transition points in people's lives (e.g. starting a family) should be a focal point for intervention and action.
- There are personal, economic and societal benefits from preventative lifestyle approaches, which should be co-ordinated across individual, community and population levels.
- The proposed priorities recognise that the environment we live and work in can have positive and negative impacts on wellbeing e.g. access to good green spaces, high densities of alcohol and fast food outlets, the emphasis on driving and screen time at work and home.
- There has been a greater strategic focus on the very young and the very old in recent years. This new emphasis on the working age population breaks new ground.
- There are also issues for working age people of balancing working and caring responsibilities. This includes people caring for their children and also their parents, the so called sandwich carers.

LIVING AND WORKING WELL

<p>Our goals</p>	 <p>Individuals, families, friends and communities are connected</p>	 <p>People are able to look after their own health and and wellbeing</p>	 <p>People have access to good quality homes providing a secure place for families to thrive and promote good health, wellbeing and independent living</p>	 <p>People live, work and play in environments that promote health and wellbeing</p>
<p>What we mean</p>	<p>Communities have a vital contribution to make to health and wellbeing. Community life, social connections and having a voice in local decisions are all factors that underpin good health.</p> <p>We will work with our communities and partners to empower and support networks of families, friends and communities to find solutions to local problems.</p>	<p>Many causes of ill health and early death are preventable. We know that some of the most significant risks to health come from behaviours such as smoking, poor diet, physical inactivity and alcohol use. Good work is good for wellbeing.</p> <p>We will focus on prevention to 'make prevention everyone's business' at the individual family, community, neighbourhood and county levels. We will champion workplace health.</p>	<p>Adequate housing, where people can live in security, peace and dignity, is a basic human right. The quality of housing plays a critical role in creating and maintaining good health, as well as helping individuals to recover from illness and remain independent. We will champion prevention and support targeted action towards those at risk of homelessness, including those in contact with mental health services</p>	<p>The built and natural environment in which we live, work and play is strongly linked to our health. Our surrounding environment can enable or hinder the opportunities to make healthy choices. This has a direct influence through the resources we have available, like access to a green space.</p> <p>We will influence the design and planning of housing developments, high streets, our towns and villages for sustainable futures.</p>
<p>Key initiatives</p>	<ul style="list-style-type: none"> • Health in all policies: is an approach to public policies across sectors (including housing, planning, transport etc) that systematically takes into account the health implications of decisions, seeks synergies, and avoids negative impacts on health • Empowering and supporting communities through initiatives such as social prescribing, volunteering and community development initiatives such as local area co-ordination. • Wellbeing programmes and wellbeing deals: which are partnership arrangements between the county council and districts and boroughs. These programmes deliver lifestyle support to people in a local setting. • Workplace health – using workplace as setting to deliver lifestyle interventions and change social norms • Preventing homelessness – working with frontline staff to identify risk factors and intervene early 			

Monitoring progress



To monitor progress on these priorities, the HWB will use various local and national indicators, including;

- The proportion of people in contact with mental health services who are in stable housing.
- Lifestyle-related public health outcome indicators e.g. smoking prevalence, alcohol related admissions etc.
- Making Every Contact Count (MECC) activity (measures in development)
- Developing mechanisms for monitoring health in all policies
- Percentage of housing benefit claimants
- Foodbank usage (by area and reason)
- Employment gap of those in contact with secondary mental health services (compared to the overall population)
- Households who are homeless but not in priority need
- Statutory organisations implementing healthy workplace programmes

Case Study

Sue (aged 56) was having sickness absences and feelings of anxiety so her GP referred her to her local Wellbeing team. The initial session revealed she'd recently had surgery, been diagnosed with a long term condition, had been bereaved (losing a friend and a close relative). She felt overwhelmed and unable to address her problems; her most pressing concern was her housing and financial situation. Losing some of her benefits and unable to work through illness, she was worried that she would not be able to pay the rent. The Wellbeing Advisor supported her to meet the local Housing Needs Service, make an appointment with her GP to discuss her on-going sickness and to contact the Child Benefits Team. She secured an affordable place to live and was also signposted to financial and advocacy support and support for bereavement.

Inequality Overall West Sussex is a relatively wealthy and healthy county but....



Adur, Worthing and Arun have neighbourhoods in the 30% most deprived in England, with **Arun having some neighbourhoods in the most 10% deprived in England.**



Weekly full time wage varies over £150 across the districts, from £652 in Mid Sussex to £478 in Adur. **All three coastal districts have the lowest weekly wages.**



Routine and manual workers are over twice as likely to smoke than the general population.



Growing concerns about healthy life expectancy. Healthy life expectancy for women has fallen for the last two years, indicating that women now spend over 20 years in "poor" health, 5 more years than men

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For those living in the poorest areas, men and women live on average 7.6 and 6.4 years less (respectively) compared to their counterparts living in the least deprived areas of the county

Healthier Lifestyles – the 4 key behaviours

Smoking



Still more than **1 in 10 adults smoke** and approx 1 in 4 routine and manual workers

Alcohol



23.7% of adults drink above the lower risk limits **7,000 adults** with an alcohol dependency.

Diet



60% Adults are overweight (including obese)

Physical Activity



In 2016/17 in West Sussex 68.3% of adults estimated to be **physically active**, 19.3% **physically inactive.**

....and "Clustering" of unhealthy behaviours

1 in 6 adults do 3 or more , this has reduced over the years, but the reduction is greatest amongst higher socio-economic groups, so this acts to widen health inequalities (especially amongst men)

Drugs and treatment outcomes

- **123 drug related deaths in 2015-17** (of these 82 deaths from drug misuse),
- **In terms of treatment outcomes** published by Public Health England , West Sussex currently ranks 142nd of 149 local authorities

We need environments that promote health

Alcohol Premises



Coastal districts have higher densities of alcohol selling premises in comparison to England

Fast Food



Similarly coastal districts have higher densities of fast food outlets, with Worthing having the highest density in West Sussex

Road safety



West Sussex has a high rate of people killed or seriously injured in road accidents.

Mental Health

There is a 73% gap in employment between the general population and those in contact with secondary mental health services

1 in 3 of those in contact with specialist mental health services did not live in stable accommodation

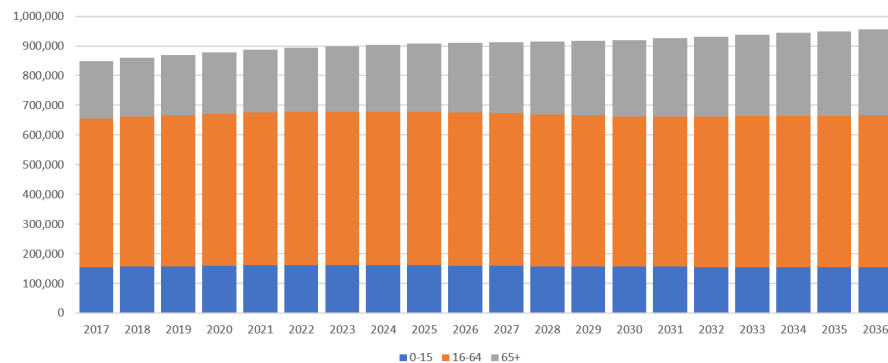
People with mental health problems are more likely to smoke, drink and exercise less and may need additional support to access public health interventions and universal services (such as cancer screening programmes)

Agenda Item 8

Working age

Residents 3 in 5 residents are aged between 16-64
505,000

The working age population is predicted to increase by 10,000 over the next 5 years, but from then on it is expected to fall back



Employment Rate

79.9% of working age adults are in employment, 5% higher than England. Employment rates are far lower for people with mental health problems



Dependency Ratio

145 Working age people for 100 dependents (children and older people).....

This is projected to go down to 120 within the next 15 years



Older People in the Workforce

18,700 of the workforce in West Sussex are over 65 (4.7%). (1 in 20).



Carers

1 in 4 women and 1 in 6 men aged 50-64 have caring responsibilities



Women have a 50:50 chance of providing care by the time they are 59; compared with men who have the same chance by the time they are 75 years old.



Mental wellbeing

At any one time it is estimated that 1 in 6 adults have a common mental health problem (including depression, anxiety)

There are also over **7,500 adults in West Sussex on primary care registers of severe mental illness.**

Housing Getting on the ladder

The ratio of lower quartile house prices to lower quartile earnings stands at 12.2:1 in Horsham. In Adur the ratio was over 14:1

Affordable Rent?

Rent is still increasing, now with the average one-bed property costing over £700 a month

Those living in private rented properties are likely to experience worse living standards.

Almost 45,000 households are currently claiming housing benefit, at a median of £106 per week

Social and Affordable Housing

7,900 currently sit on council house waiting lists

750 affordable houses delivered last year, below the yearly average for the previous 10 years

Overview

The population of West Sussex, like the rest of the country, is getting older. Part of this is due to increases in life expectancy amongst people living in the county, but West Sussex is also a popular retirement destination. There were just under 193,000 residents aged 65 and over in 2017, with an additional 101,000 older residents expected by 2038 including 27,000 aged 85 and over.

Currently an estimated 38% of older people live alone, and we know that older people are particularly vulnerable to social isolation and/or loneliness owing to loss of friends and extended families, loss of mobility or income

Overall older people in the county are relatively healthy and find the county a great place to live. They play a vital role in contributing to the life of their communities and there is an increase in the numbers continuing in paid employment well past the "traditional" retirement age. Around one in seven provide unpaid care to a family member or friends.

However, with age comes the increased likelihood of living with one or more long term health conditions such as diabetes and arthritis, or sensory impairment, older people are also at increased risk of a fall. In terms of mental wellbeing, although there is an understandable focus on dementia and the increased support people with dementia need, large numbers of older people suffer from depression. All of these result in a reduced quality of life and increased use of services.

Key Issues and Challenges

- Ageing well needs to focus on families as well as individuals and communities; carers have an important positive role to play, but are also at increased risk of loneliness.
- Ageing requires an asset based approach enabling older people's abilities to continue to learn, build relationships, and contribute.
- Supporting independence is a priority including the use of assistive technologies.
- Effective responses to crises are equally important – providing a proportionate level of support to restore independence as quickly as possible.
- Falls and fractures are a key issue. Tackling risk factors such as physical inactivity, poor hydration and nutrition, sensory impairment and home hazards provides a good focus for healthy ageing activity.
- Loneliness and social isolation are very real problems. There is a great deal of activity taking place across west Sussex that can impact on this, what is needed are ways to access information / navigate the system.
- Preparing for a good death is as important as a good birth and there needs to be a focus on end of life care and support for bereavement.

Our goals



There is a reduction in the number of older people experiencing loneliness and social isolation



Older adults stay healthier, happier and independent for longer



There is a reduction in the number of people falling

What we mean

Good social relationships and engagement in community life are necessary for good mental health, and may offer protection in adversity or where there is exposure to stressors. Anyone can experience social isolation and loneliness.

We know that no single sector can tackle social isolation comprehensively if acting alone: efforts to reduce social isolation require working across all West Sussex organisations and government departments. We will work to ensure joined up services and use asset based approaches to support individuals, families, friends and communities.

Older people value having choice and control over their lives. We will ensure long and short term support is provided to older people and their carers to maximise independence. In the event of a crisis we will aim to provide enough support to get people 'back on their feet' as soon as possible.

Over the longer term there is a need to utilise friends, family and community assets. In every case it is about enabling older people to maximise their quality of life.

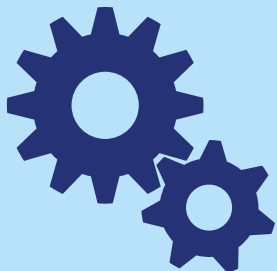
As people get older the risk of falling and of falls-related injuries such as hip fractures increases. Fear of falling can also become an issue. Most falls are the result of a combination of risk factors associated with getting older including physical inactivity, visual impairment, taking four or more medicines, inadequate nutrition or hydration and the presence of a number of conditions.

Focussing on falls allows us to address all of these areas comprehensively and so promote healthy ageing in West Sussex.

Key initiatives

- **Social prescribing:** enables primary care professionals to help patients access non-clinical services in their community
- **Health and social care plan (Place Plan):** supporting service integration by focussing on place not organisations
- **Whole system approaches to falls:** multiple risk factors, organisations & professions make falls everyone's business
- **Unlocking the power of communities:** building capacity and creating links to maximise the use of assets
- **Dementia-friendly communities** encourage everyone to share responsibility for ensuring that people with dementia are understood, respected and supported.

Monitoring progress To monitor progress on these priorities, the HWB will use various local and national indicators, including:



- Proportion of older people moderately, or very, lonely
- Dementia - prevalence rate, depression - diagnosis rate
- Emergency admissions for those aged 65+ and 80+ including numbers from residential and nursing homes and admissions for falls
- Numbers living in a residential or nursing homes (Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population)
- Proportion of people dying at their usual place of residence

Case study

Dementia Friendly Crawley has worked on a number of initiatives with partners from Crawley Dementia Alliance, including creating over 2,000 Dementia Friends across the town.

This has included around 200 Dementia Friends at Crawley Borough Council and the majority of staff at K2 Crawley Leisure Centre. Metrobus have embedded Dementia Friends into its induction process for all new staff as well as ensuring that all existing staff have taken part in the one hour awareness session. In addition, Metrobus have introduced the Helping Hand card scheme, adapted their buses to be more dementia friendly and created a dementia safe haven at the Metrobus Travel Shop in Crawley.

This aims to support people living with dementia to be able to continue to live their life independently and to access local shops and services.

192,900

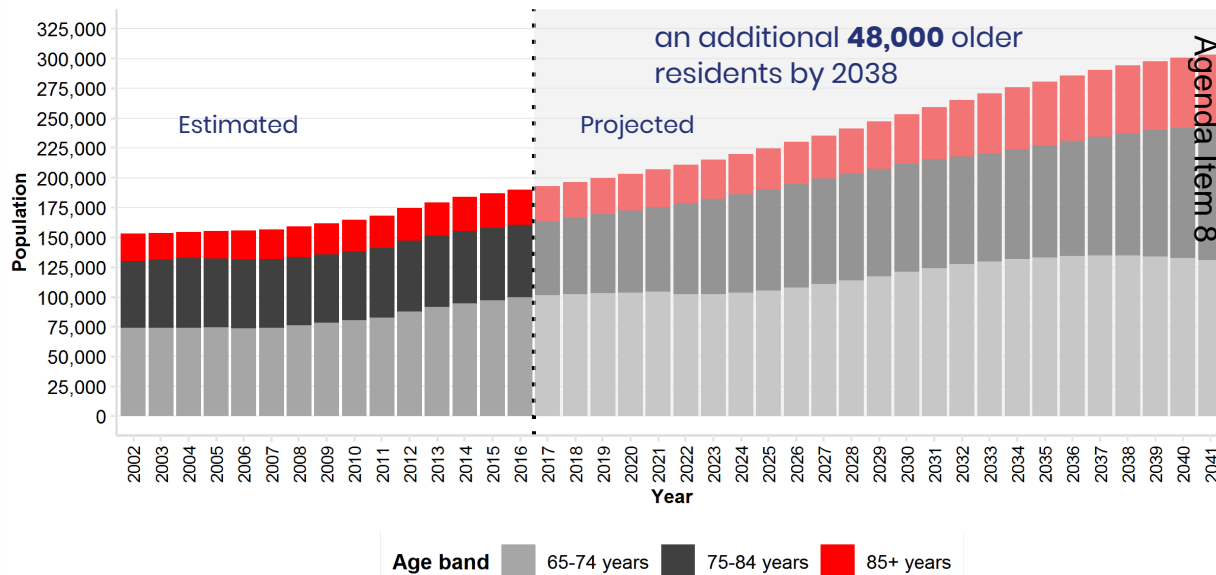
people aged 65+ living in West Sussex in 2017.



388 residents aged 65+ for every 1,000 working age (16-64) residents in 2018.

by 2038, this is anticipated to increase to **562** older people per 1,000.

That's two working aged residents for every older person in the next 20 years.



Living arrangements



More than **72,500** aged 65+ estimated to be living alone in 2017

Estimated **7,500** living in a residential or nursing home

Older people as carers

Approximately **27,000** aged 65+ provide unpaid care to a family member, friend or neighbour in 2017.



1 in 7 older people provides some unpaid care to family or friends.

A third of unpaid carers aged 65+ provide 50 or more hours of care per week; this is 4.5% of all those aged 65+.



1 in 20 women aged 85+ provide some unpaid care. This rises to more than **1 in 7** males in the same age group.

Living with long term conditions

Co-morbidities

Almost two thirds of those aged 65-84 estimated to live with two or more long term health conditions.



This rises to four in five of those aged 85+

That is **112,500** aged 65+ estimated to have two or more long term health conditions*

31,700 aged 65+ estimated to have physical and mental health co-morbidity*

9,148 aged 65+ currently on disease registers for dementia (August 2018)



* 2011 estimates

Sensory impairment

5,800 people aged 75+ predicted to have registrable eye conditions.



2,615 aged 65+ registered as blind/severely sight impaired in 2016/17



82,900 people aged 65+ predicted to have moderate or severe hearing loss

Social isolation

Overall risk

The Office for National Statistics, alongside Age UK used various data from the Census and research to identify areas that are more or less likely to be at risk of loneliness among over 65's.

Overall, districts in West Sussex were predicted to have relatively lower risk of loneliness although some neighbourhoods in the county were ranked among the most at risk in England.

Social Care Users

The 2017/18 Adult Social Care survey identified that 1 in 14 people (all ages) in receipt of care felt socially isolated and had little social contact.

Local West Sussex Survey

West Sussex survey of older people in 2013 found:

- **1 in 4 respondents reported being moderately or severely lonely.**
- Contact with neighbours and participation in groups were highlighted as factors that could buffer the risk of loneliness.
- **Loneliness was common among carers,** particularly if they lived with the person being cared for.

Support with Long Term Conditions

The GP patient survey (of all ages) indicates that **68% of patients in NHS Horsham and Mid Sussex GP practice felt supported to manage their long term conditions.**

However, this drops to **58% among patients registered to GPs in NHS Crawley CCG and NHS Coastal West Sussex CCG.**

Emergency hospital admissions



(Using provisional data) In 2017/18, there were more than **47,600 emergency admissions (all cause) among those aged 65+ in West Sussex.**



This is **23,549 emergency admissions per 100,000 population aged 65+**

The rate of admissions increased significantly between 2015/16 and 2016/17 but has remained similar in the last year.

Falls ...and fractures



4,495 emergency admissions for falls in 2016/17 among those aged 65+

3,221 among those aged 80+



1,240 emergency admissions for hip fractures in 2016/17 among those aged 65+
964 among those aged 80+

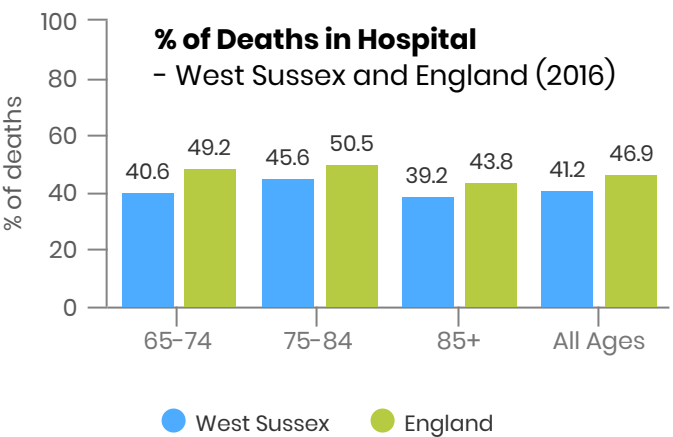
West Sussex has higher rates of emergency falls and hip fracture admissions among those aged 80+ compared with England.



One in three older people who have a hip fracture moving into to long-term residential or nursing care.

End of life

Hospital deaths in West Sussex are lower compared to England, and among 65-74 year old's is lowest compared to CIPFA comparators,



But there are some local challenges.

The number of over 65's dying in hospital rises to more than one in two among residents in **Crawley.**



Hospital deaths are highest among those aged 75-84 years in West Sussex.

Monitoring Delivery and Impact Across the System

The Joint Health and Wellbeing Strategy sets out the vision, strategic goals and outcomes that the West Sussex system must mobilise to meet. A **Place Plan** will be developed to set out how these aspirations will be delivered. The Board will maintain oversight of the delivery of the Place Plan.

As system leaders, the Board will champion the priorities for joint action and monitor these through a set of indicators. The intention is to develop these indicators based on the national framework indicators such as [Public Health Outcomes Framework](#), [Adult Social Care Outcomes Framework](#); [NHS Outcomes Framework](#).

In addition local indicators to measure progress towards improving health and wellbeing outcomes and reducing health inequalities will be identified as part of the strategy.

The Board proposes to review, annually, the progress made on the strategic priorities and identify any bottlenecks or problematic areas where the Board can take action, as systems leaders, to ensure progress. Annual progress reports will be made available to partners and the public through our HWB website and the JSNA website.

The Board also has a duty to review NHS and local authority commissioning strategies and plans to ensure that they take into account this Strategy and the identified priorities. This provides an opportunity to monitor and ensure that commissioning strategies and plans address the agreed priorities to achieve our vision.

Next Steps

This consultation is running from Monday 3 December to Sunday 27 January 2019. Its purpose is to obtain feedback on the draft strategy from a wide range of partners and stakeholders, including residents and service users.

Following the consultation, all feedback will be considered for the final JHWS.

The strategy will be launched in April 2019



Appendices

Our Guiding Principles

To achieve the agreed vision, the West Sussex HWB worked together to develop the following principles to inform and guide how we will work together as system leaders:



Working with partners and other Boards

As highlighted previously, the HWB works with various strategic boards, particularly the West Sussex Safeguarding Children's Board (WSSCB), West Sussex Safeguarding Adults Board (WSSAB) and Safer West Sussex Partnership (SWSP).

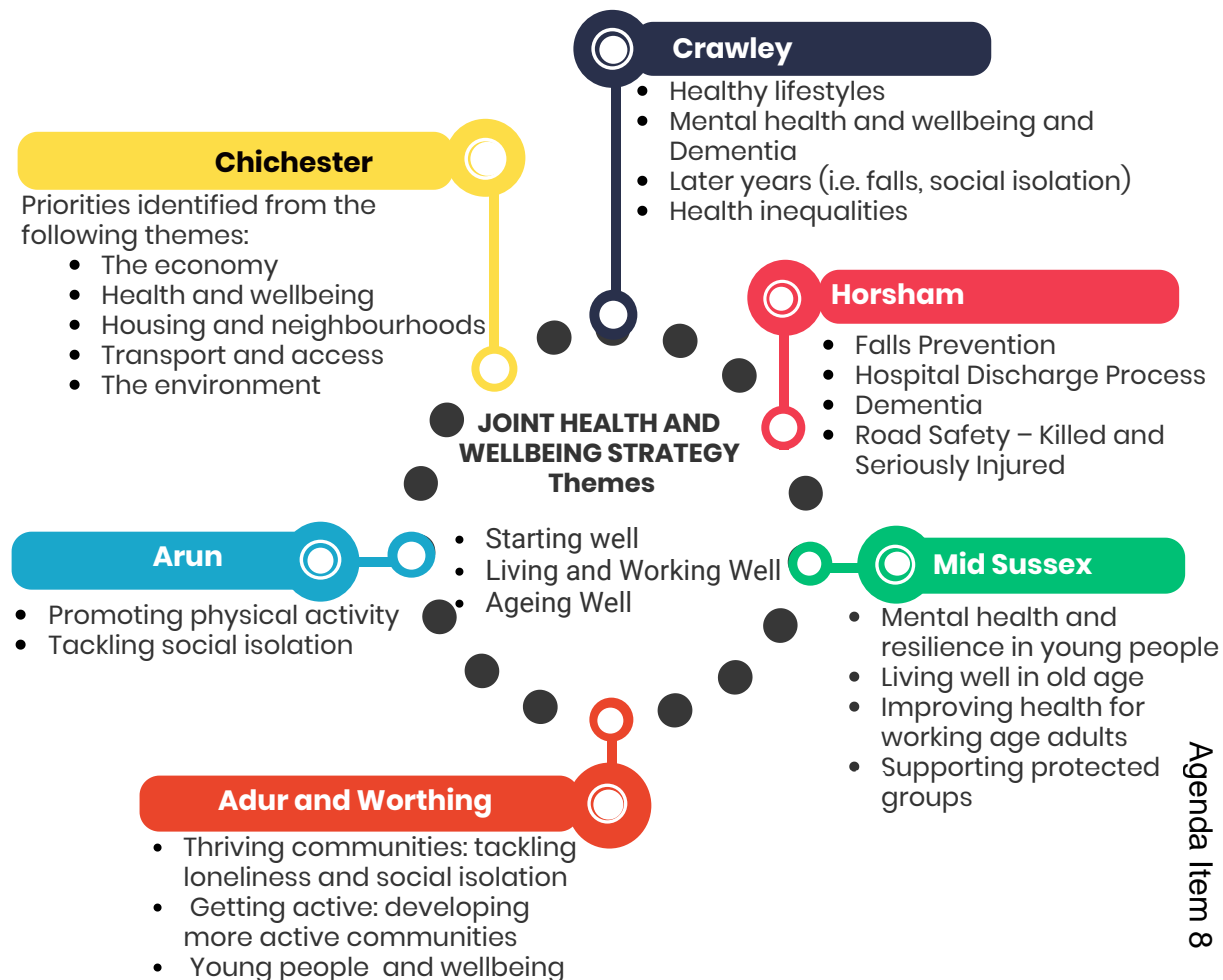
The **WSSCB and WSSAB** are strategic partnerships responsible for co-ordinating and ensuring the effectiveness of safeguarding arrangements across agencies to safeguard children, young people and adults.

The **Safer West Sussex Partnership** brings together various key agencies to provide a coordinated approach to reducing crime and anti-social behaviour in West Sussex.

District and borough partnerships and priorities

District and Boroughs have local health and wellbeing partnerships, providing them opportunities to work with their partners in delivering better health outcomes for their residents. Each partnership has its own health and wellbeing priorities, which are also linked the Joint Health and Wellbeing Strategy priorities.

District and borough partnerships and priorities



Strategic Links

This JHWS aims to harness the system and align local plans and strategies in-order to ensure a coherent and coordinated approach to meeting the needs of our residents and a more efficient use of resources.

Outlined below are some of the key strategies and plans across the life-course that provide links with JHWS, including the Place plan, which will be the delivery mechanism for this strategy.

National

- NHS Five Year Forward view
- NHS Five Year Forward View for Mental Health
- Carers Action Plan 2018 – 2020

Regional: Sustainable Transformation Partnerships (STP)

- Mental health in Sussex and East Surrey Strategic Framework and delivery roadmap

Joint Health and Wellbeing Strategy

Starting Well

- West Sussex Partnership Families Strategic Plan
- West Sussex Safeguarding Children's Board Business Plan (2017–2019)
- SEND Pathways to Adulthood Strategy
- School Effectiveness Strategy (2018–2022)
- West Sussex Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

Living and Working Well

- Suicide Prevention Strategy
- Sustainable Community strategy for West Sussex
- Sustainability strategy 2015–2019
- West Sussex Local transport Plan 2011–2026
- WSCC Economic Growth plan 2018–2023
- Safeguarding Adults Board Strategic Plan
- District and Borough Council Housing and Homelessness Strategies
- West Sussex Walking and Cycling Strategy (2016–2026)
- Tobacco Control Operational Plan (under review)

Ageing well

- West Sussex Joint Commitment to Family, Friends and Carers 2015–2020
- Life pathways
- Dementia Strategy (forthcoming)
- Vision and Strategy for Adult Services

Across the Lifecourse

- Health and Social Care Plan
- West Sussex Plan
- CCG Commissioning Strategies/Plans
- West Sussex Better Care Fund Plan
- District and Borough Council Local Plans

- Strategic Framework for Mental Health Commissioning in West Sussex
- Wellbeing and Resilience framework
- West Sussex Air Quality strategy (in progress)



Health and Wellbeing Board

Start Well, Live well, Age well

**West Sussex Joint Health and Wellbeing Strategy
2019 – 2024**

CONSULTATION DRAFT

INTRODUCTION

The West Sussex Health and Wellbeing Board

The West Sussex Health and Wellbeing Board (HWB) brings together elected members, senior leaders from NHS, local authorities, voluntary sector and other partners to work together to:

Improve the health and wellbeing of the residents of West Sussex

Reduce the health inequalities gap by improving the health and wellbeing of the most disadvantaged

Promote joined up working to ensure better quality of services for all

Membership includes councillors, senior officers from Adults Services, Children's Services, Public Health, GPs and senior officers from Clinical Commissioning Groups, as well as representatives from district and borough councils, voluntary sector, and Healthwatch.

Our Vision

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

Purpose of the Joint Health and Wellbeing Strategy (JHWS)

The strategy is a tool to enable the HWB to set out the plan for action by the County Council, CCGs, NHS providers, district and borough councils, voluntary sector and other partners to inform their planning, commissioning and provision of services. Therefore the strategy aims to be concise and purposeful rather than a comprehensive review of work across the health and social care system. Each chapter incorporates carefully selected priorities that the Board feels can have significant impact to achieve our vision.

The purpose of the strategy is to:

- Provide a context, vision and overall focus for improving the health and wellbeing of local people and reduce health inequalities at every stage of people's lives.
- Identify shared priorities and clear outcomes for improving health and wellbeing and reducing inequalities based on our [Joint Strategic Needs Assessment \(JSNA\)](#).
- Support effective partnership working that delivers health improvements for all.
- Set out a way to support and drive the innovation required to enable change.
- Support board members to embed these priorities within their own organisations and reflect these in their commissioning and delivery plans.

Audience for the strategy

The primary audience for this strategy is the Health and Wellbeing Board, local leaders, officers, commissioners and providers who are responsible for its delivery. However care has been taken to make the strategy as accessible as possible to be useful for residents and partners in understanding priorities and how all partners can contribute to health and wellbeing.

How the Board operates

Championing priorities

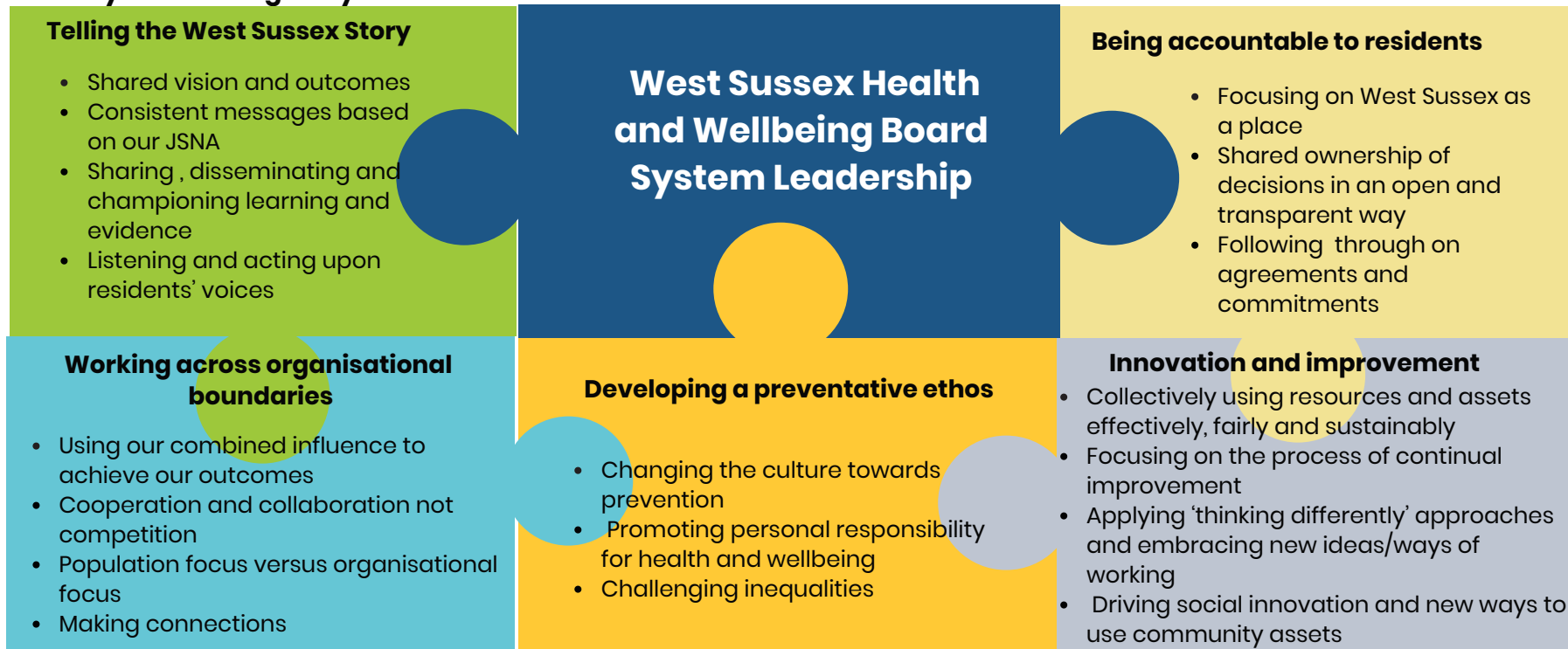
The HWB has committed to championing the priorities outlined in this strategy, and in the model of system leadership (below). HWB members have a collective and individual responsibility to ensure that these are reflected in the business of their own and partner organisations, are heard in other groups and committees, and become embedded in the strategies, commissioning and delivery of health and social care services.

This is a two way process and board members also have a role to play in feeding back insights and learning from their own and partner organisations to further inform the work and priorities of the board. As a result, local people should experience better health, reduced health inequalities, and higher quality, more joined up, health and social care services.

Co-production and insight

The HWB understands the contribution that residents, service-users and carers have in shaping the design and delivery of local services. The board have a role to play in ensuring their voices are included co-productively at all levels within the operations of its own and partner organisations. The HWB recognises the role of HealthWatch in supporting the HWB in hearing local voice, and this year the HWB has produced a Voice Summary as part of our [JSNA](#)

Our ways of working as system leaders



How we work with other boards and partners

The HWB works with other strategic boards such as West Sussex Safeguarding Children’s Board (WSSCB), Safeguarding Adults Board (WSSAB) and the Safer West Sussex Partnership (SWSP). The Board also works closely with district and borough health and wellbeing partnerships to ensure a coordinated and joined up approach to improving health and wellbeing. (See appendix for details).

The HWB is currently developing a protocol which sets out the relationships between the various boards. The purpose of the protocol is to ensure a coordinated approach and joint working across the health, social care and wellbeing system to improve outcomes for residents and safeguard vulnerable people.

District and Borough Health and Wellbeing Partnerships

The HWB is working to strengthen its relationship with the six District and Borough Health and Wellbeing Partnership to harness our collective efforts to improve the health and wellbeing of our communities. The HWBs public meetings are now held at accessible venues throughout the county, inviting partnerships to share priorities, achievements and discuss opportunities for more joined up working with the HWB.

The JHWS development

As part of the Board's development, the Board took a ‘learn by doing’ approach in developing the strategy. This approach involved Board members participating in a series of facilitated seminars to review the JSNA and identify themes and outcome priorities.

Following the identification of the overarching themes:- **Starting Well; Living and Working Well; Ageing Well**, Board members were identified as theme champions. The champions’ ongoing role is to act as strategic leads for their JHWS theme through the life of the strategy.

Engagement in JHWS development

In developing the strategy, the Board engaged with various stakeholders and partners for their input on issues that affect them and their local communities. The JSNA, including the JSNA ‘Voices’ summary, was instrumental in capturing the West Sussex story by bringing forward the voices of the residents, communities and service users. In addition, partner engagement events and meetings were used to engage with members of the public and other stakeholders to inform the development of the strategy.

Strategy development process



Publication date April 2019

West Sussex Context

West Sussex is one of the least deprived areas in the country, with a relatively high life expectancy, low unemployment, low child poverty rates and an outstanding natural environment and cultural assets. However, this masks the health inequalities across the county, with some areas ranking amongst the 10% poorest neighbourhoods in England. We know that the environment in which people are born, grow, live, work and age has a profound effect on the quality of their health and wellbeing. Many of the strongest predictors of health and wellbeing, such as social, economic and environmental factors, fall outside the healthcare setting. These wider determinants of health, have a significant impact on people's health and wellbeing. The poorest and most deprived people are more likely to be in poor health, have lower life expectancy and likely to have a limiting long-term condition.

Challenges

The Health and Wellbeing Board operates in a complex and challenging environment. Nationally, three challenges have been identified which require action. These challenges, which are also pertinent to West Sussex, are:

The health and wellbeing gap: if we fail to get serious about prevention the health and wellbeing gap will continue to grow, widening inequalities and resulting in increased spending on avoidable treatment.

The care and quality gap: unless we reshape care delivery, harness technology, and drive down variations in quality and safety of care, then residents' changing needs will go unmet, people will be harmed who should have been cured, and unacceptable variations in outcomes will persist across the county.

The funding and efficiency gap: if we fail to make efficiencies and use resources in an efficient way, we will fail to deliver services within the money available.

Longer life expectancy has been a considerable public health success story. People are living longer but spend around 20% of their lives in poor health, often with multiple complex conditions. This presents challenges and pressures. It means we cannot continue with the current way of doing things.

The HWB recognises that these challenges require innovative and joined up working, with a focus on prevention and early intervention to ensure the sustainability of services and wellbeing. This strategy, therefore, serves as a **call to action** for commissioners and providers across the county.

Opportunities and enablers

Whole system approach: Through our strategy, we will focus on a whole system approach to prioritise prevention, deliver person centred care, and tackle health inequalities. As a Board, we will use our influence and collective leadership to provide strategic direction for the West Sussex in order to promote integration and to achieve our vision.

Harnessing the assets and strengths of local communities: What makes us healthy often lies outside the remit of healthcare and formal public health programmes. As leaders of local services, there is a huge potential to use our collective influence and powers to work with communities to improve health and wellbeing, for example, using planning and regulatory powers to create safe, sustainable environments that promote healthy living. The informal acts of neighbourliness are community assets that keep people well and engaged. By building upon our residents' strengths and assets, we believe improvements in health and wellbeing in our local population will happen.

Prioritising prevention: the recent policy document '**Prevention is better than cure**' sets out a call to action for prevention to be at the heart of everything we do. This, we anticipate, to be followed through into the NHS long term plan and social care green paper.

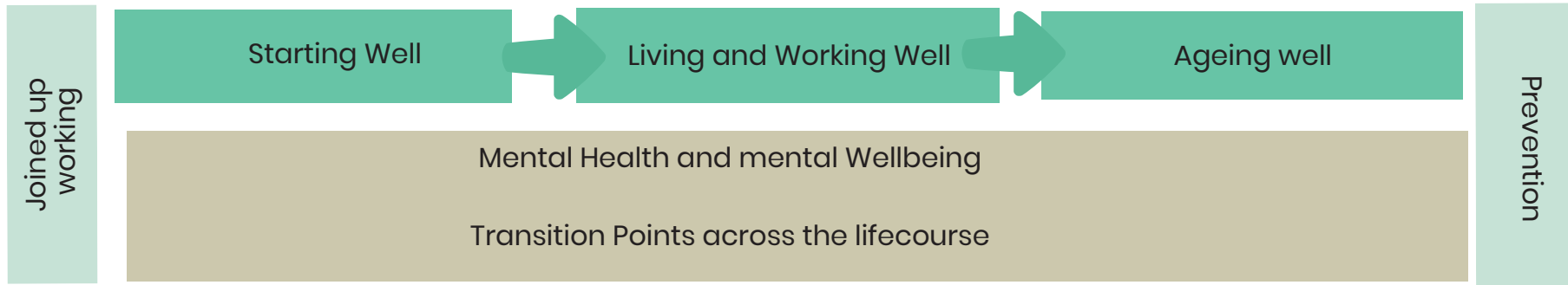
The Lifecourse Approach

To achieve our vision, and reduce health inequalities, this strategy builds on existing work and sets the direction of travel for health and wellbeing across the county. Divided into three major themes **Starting Well; Living and Working Well; and Ageing Well**, the strategy takes a lifecourse approach to improving health and wellbeing.

- **Starting Well:** This theme covers the early years of life from pregnancy, birth, childhood, schooldays to young adulthood.
- **Living and Working Well:** This theme covers adulthood, the ‘middle years’, from leaving school/university to retiring, including working life,
- **Ageing Well:** This theme covers the later life, from retirement, approximately 65 years and above, to end of life,

These themes are not mutually exclusive as some key issues spread across the lifecourse. Transitions between lifestages (such as leaving home, becoming a parent), mental health and mental wellbeing are cross-cutting themes across the lifecourse and are reflected as such below. Underpinning these overarching themes is the Board’s commitment to prevention and joined up working

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Chapter outline

The outline of each theme is as follows:

Each chapter identifies the overarching theme and the outline for each theme is as follows:

- **Theme overview**
- **Key issues and challenges** (highlighting why this is of strategic importance)
- **Our goals, What We Mean**
- **Key initiatives** highlighting some of the key local initiatives across West Sussex
- **Monitoring progress**
- **Case study**
- **Key JSNA data**

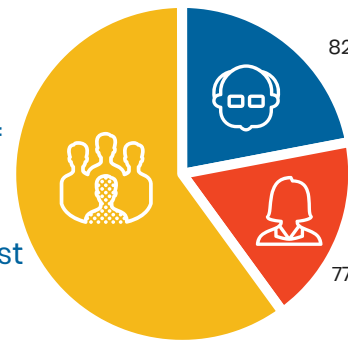
Residents 852,400

There has been a 10% increase in the last 10 years, due, in the main to net inward migration from elsewhere in the UK.

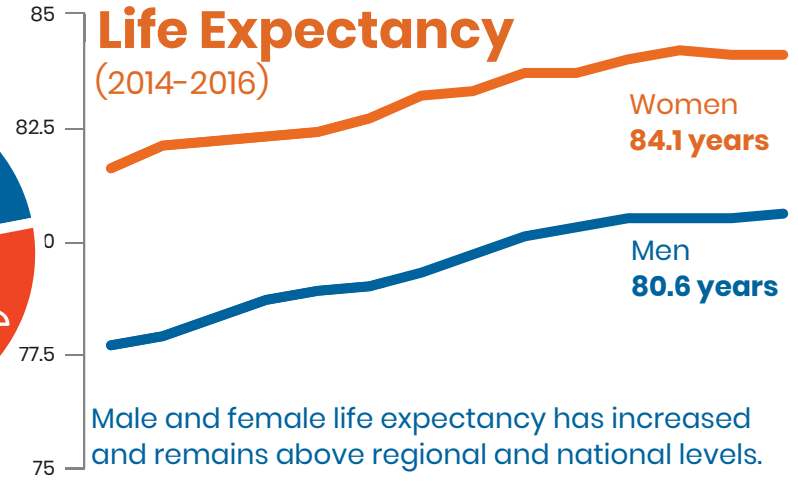


Age Structure

The county has an older age structure compared with SE and England, 22% of residents are 65+ years compared with 19% in South East and 18% in England)



Life Expectancy (2014-2016)



Best Quartile

West Sussex is amongst the best 25% of all LAs on a range of measures, known to have an impact on longer term health and wellbeing including.....

Employment Rate (16-64 years)

79.5% of working age adults are in employment, 5% higher than England

First Time Entrants to the Youth Justice System

This has been falling over the last 5 years and at 167.5 per 100,000 is well below the national rate (292.5per 100,000)

Getting Better All The Time



Teenage Pregnancy has more than halved over the last 10 years, from 31.3 per 1,000 15-17 yr olds in 2005 to 12.2 per 1,000 in 2016



Deaths (under 75 years) from cardiovascular disease (including heart disease and stroke) have fallen dramatically over the last 10 years from 88.6 per 100,000 in 2004-2006 to 62.7 in 2014-2016.



Top Places to Live, Work & Retire

Towns in West Sussex are frequently featured in national surveys and rated as top places people chose to live, retire or work.... and the county has some of the sunniest places in the UK!



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Greetings from...

A county rich in natural, cultural and historical assets.....

Seaside resorts, market towns, villages, theatres, festivals, historic houses, castles, South Downs National Park, woodland and coastal paths and cycle ways.....



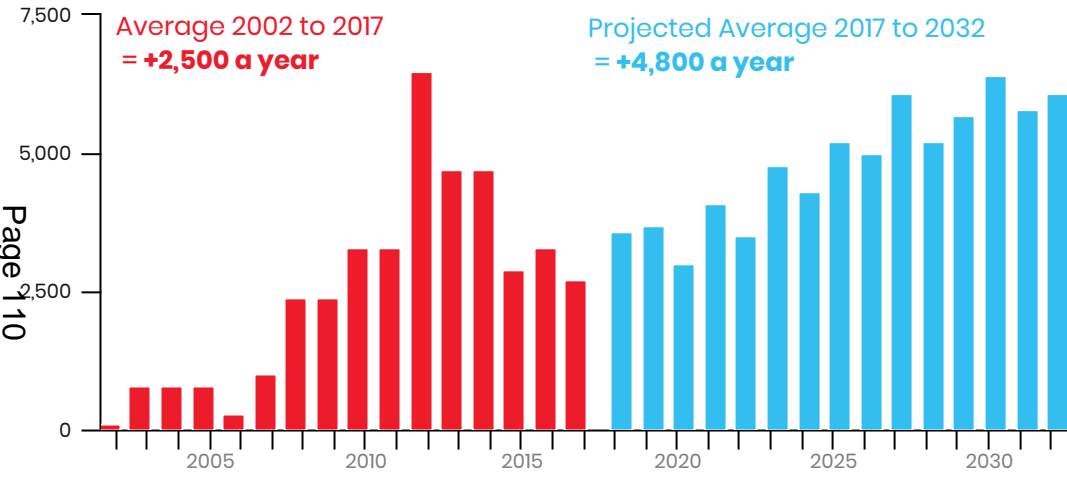
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Ageing Population and.....pressures on the working age population

192,900 people aged 65+ and rising

We have already experienced increases in the older age groups, for the past 15 years we have had, on average 2,500 more people aged 65 years each year. The pace of change is set to increase.....

Year-on-year Change in 65+ Population

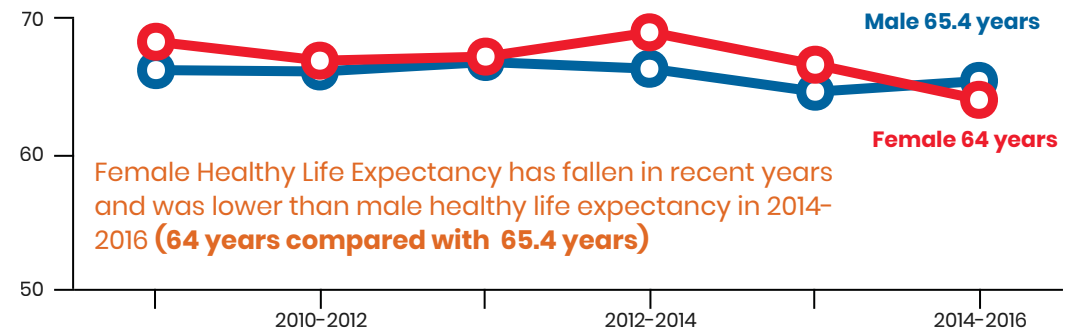


Life expectancy has increased but considerable inequalities persist



Life expectancy is considerably lower for people with mental health problems and people with learning disabilities.

...and Healthy Life Expectancy may be stalling



Female Healthy Life Expectancy has fallen in recent years and was lower than male healthy life expectancy in 2014-2016 (64 years compared with 65.4 years)

Need to reduce harms & threats to health

Immunisation rates have fallen

We need to sustain efforts to ensure uptake of childhood vaccinations

Screening rates

Overall West Sussex has relatively good take up, but there is lower take up in some areas, such as Crawley.

Road safety

West Sussex has a high rate of people killed or seriously injured in road accidents.

Flooding

Many areas of West Sussex are susceptible to flooding, we need to ensure risks to health mitigated

Maximise prevention opportunities

Obese or overweight

60% Adults, 29% 10/11 yr olds are overweight (including obese)

Alcohol

23.7% of adults drink above the lower risk limits 7,000 adults with an alcohol dependency.

Smoking rates

Still more than 1 in 10 adults smoke and approx 1 in 4 routine and manual workers

Physical Activity

In 2016/17 in West Sussex 68.3% of adults estimated to be physically active, 19.3% physically inactive.

STARTING WELL

Overview

The first few years of life are a key period in which the actions of our parents, carers and those around us influence our physical, emotional and mental health in later life. Our earliest experiences of life, starting in the womb, through pregnancy and birth and into our early years, are vital in laying the foundations for our health and wellbeing into the future. Research consistently shows that even short term improvements in physical development (i.e. obesity and physical activity), cognitive development (i.e. school achievement), behavioural development (i.e. antisocial behaviour) and social/emotional development can lead to benefits throughout childhood and later life.

In West Sussex, the proportion of children and young people has remained relatively stable over the years, certainly in comparison to older people, and a similar trend is projected for the coming years. However, what has changed rapidly is the sort of society and problems that children and young people face, the increase in children being referred to agencies, and the complexity of the children that our services are working with. Our challenge is to adapt to this growing complexity and support parents, carers and families, providing universal services but also targeting resources at those most in need, and those at risk of poorer outcomes and narrowing the gap. This requires systematic approaches to prevention, good communication, appropriate data sharing, working with a range of partners, at all stages of childhood, and in a range of settings.

Key Issues and Challenges

There are a range of challenges facing children and young people across the ages, for example:

- Although the child poverty rates are amongst the best in the country, there are 15,500 under 16s living in poverty in West Sussex.
- Unhealthy behaviours amongst 15 year olds (smoking, cannabis use, alcohol) are relatively poor, compared with England, and require focused interventions.
- Only half of children receiving free school meals achieve a good level of development at the end of reception.
- The number of referrals to children's social care has risen consistently for the past four years: there were nearly 2,000 more referrals last year than in 2015.
- More than half of our 15 year olds report having been bullied.
- The rate of hospital admission for self-harm in young people is far higher than the national rate.
- Whilst West Sussex as a whole compares well with the rest of England on issues such as obesity and infant mortality, there is much variation across the county.
- Social mobility is a significant issue in parts of West Sussex: Crawley has amongst the lowest levels of social mobility in school age children in the country. Gatwick Airport is a major local employer of people; on-going automation of routine jobs may have major implications without work to encourage aspiration and resilience in this area in particular.
- Adverse childhood experiences, such as living in a household where domestic violence, alcohol or substance misuse is taking place, can have significant health impacts later in life.
- Outcomes of looked after children and children leaving care are poorer than other children.

STARTING WELL

Our goals



Children, young people and families have good emotional wellbeing and mental health



Improved infant and maternal outcomes especially in most deprived areas



Children grow in a safe and healthy home environment with supportive and nurturing parents and carers



Children and young people leaving care are healthy and independent

What we mean

Mental wellbeing in early years protects against poor mental health in later life. Parental/maternal mental health also has a significant impact on a child.

We will support children, parents/carers and schools to achieve and maintain good mental wellbeing and to reduce mental health problems. This includes helping our children to thrive, encouraging healthy lifestyles such as physical activity and a good diet.

We can help ensure the best start in life for babies by working to reduce smoking in pregnancy and to address the causes of low birth weight, infant mortality and poor maternal mental health.

We will work to interrupt the cycle of vulnerability by addressing the risk factors and intervening early to support families to achieve progressive improvements in their child/children's development

Parenting is critical to children's experience of early years and their life chances. We will work to support parents in creating a healthy and safe home and learning environment that nurtures their children, to ensure strong parent-child attachment and positive child development, as part of our parenting offer.

Strong, effective safeguarding underpins all of our work.

The transition to adulthood can be difficult for young people in care. As with all young people, those leaving care value being able to move to independence at their own pace. We will work to ensure comprehensive pathways and care packages are available to support care leavers.

Key initiatives

Sussex and East Surrey Local Maternity System Transformation Plan– WSCC is leading the prevention workstream, including ensure good support for parents

1001 Critical Days Vulnerable Pregnancy Pathway – Delivering a connected multi-agency vulnerable pregnancy pathway and new guidance

Whole schools approach including parenting– to build resilience and improve health and wellbeing outcomes for all pupils

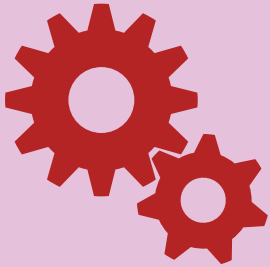
Healthy Child Programme –

Family Assist Digital support for families pre-birth to 19 years (25 years SEND). Current focus – pregnancy to 2 years

Corporate parenting – everyone working with or representing the interests of children and young people in care is a corporate parent. All local authority staff, elected members and relevant partner agencies share this duty.

Apprenticeship scheme – support the development of an apprenticeship for care leavers.

Monitoring progress



To monitor progress on these priorities, the HWB will use various local and national indicators, for example:

- Percentage of women who are smokers at time of delivery
- Percentage of infants partially or exclusively breastfed at 6 to 8 weeks.
- Percentage of children born with low birth weight
- Perinatal and maternal mental health
- Childhood poverty
- Percentage of children ready for school (as assessed at the end of reception).
- Percentage of Reception and Year 6 children overweight or obese
- Rate of hospital admissions for self-harm amongst children and young people
- Local authority ranking on the social mobility index

Case Study

The Family Wellbeing programme provides a family based intervention for children who have been identified as above a healthy weight. This model has been tested in two areas of West Sussex – one with high levels of inequalities and the other more affluent but with rural access issues. The programme – which won the community impact category of the Active Sussex awards – has seen excellent outcomes both in increasing levels of physical activity, increasing parenting skills in areas such as basic cooking and food preparation and stabilising the weight of children (important as children are growing) but also in building self-esteem and supporting families more broadly with school attendance. This has been achieved through working with partners as part of a multidisciplinary team and considering local placed-based assets.

Children and young people



Births: 8,630

0-19 yr olds: 190,390



22.3% of the resident population in West Sussex are children and young people aged 0-19.



29.8% of births were by caesarean

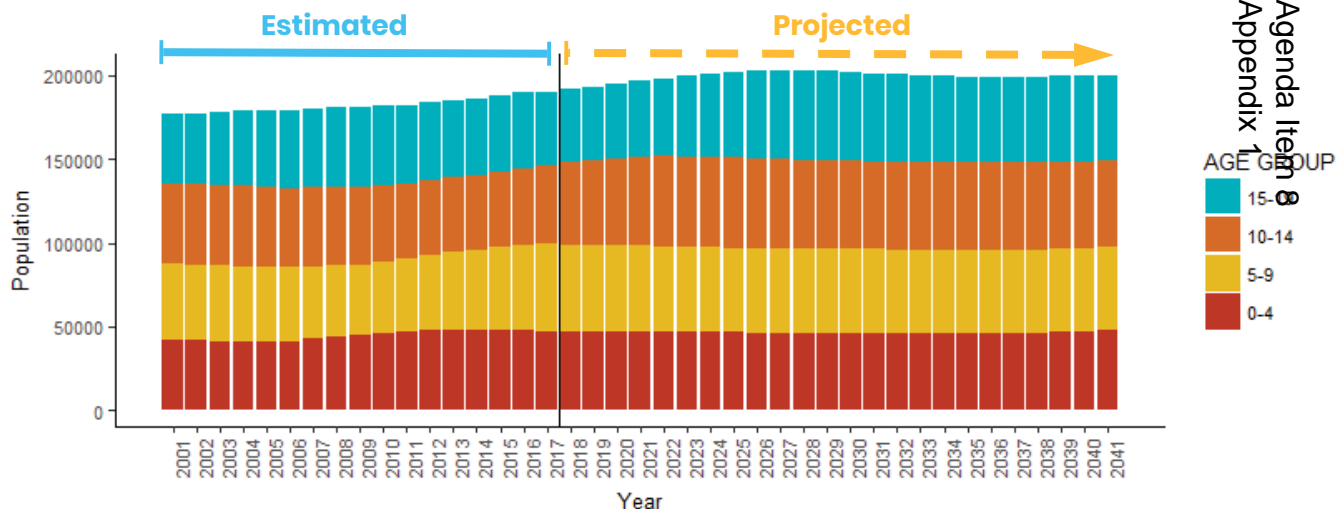


8.4% of women are smoking at the time of delivery.



Less than half of mothers are still breastfeeding 6-8 weeks after birth

Population estimates and projections for children and young people aged 0-19 in West Sussex



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Appendix 1
AGE GROUP
15-19
10-14
5-9
0-4

- Recent population projections suggest that if current trends continue, the population of children and young people in West Sussex will see a **small increase** in the coming years

A diverse community



The rate of looked after children has been consistently below England. There has been a **steady increase** in the number of unaccompanied asylum seeking children

Social care referrals



The rate of referrals to children's social services has increased year on year from 2014

Children with complex health needs



3.8% of children and young people have a **long term health condition or disability** that limits their day-to-day activity

Child Poverty

1 in 10 children aged under 16 are living in **poverty**. Crawley has the highest proportion (14.8%) of child poverty of the local authorities in West Sussex



Homelessness

In Q4 2017, 724 children were living in temporary accommodation



Shelter, DataBank

Educational attainment



Educational attainment in West Sussex lags behind similar areas. This is most notable during the early years, with gains made in assessments taken later in school (GCSEs)



The proportion of reception children who were ready for school has improved in recent years, rising from 58.8% in 2013/14 to 70.6% in 2016/17. **However,** improvements of a similar magnitude have not been seen among children from disadvantaged backgrounds.

Inequalities

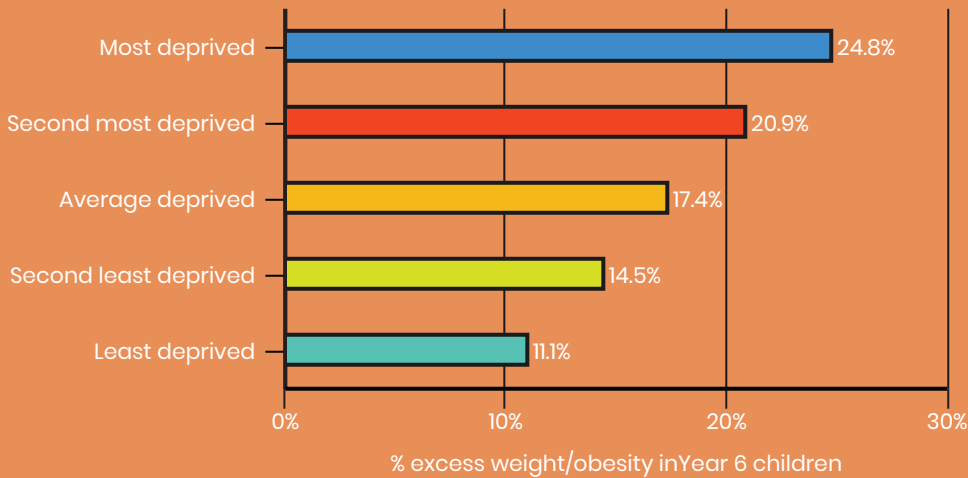
There are significant inequalities in the health and wellbeing of children and young people in West Sussex. Improvements made in the Early Years of life will reap the greatest benefits.

West Sussex is one of the **least deprived** areas of England, however, small pockets of deprivation do exist within the county. Four small areas in Arun are among the **10% most deprived** in England.



Year 6 children resident in areas of west Sussex that are among the most deprived 20% nationally were more than twice as likely to be overweight or obese than those in the 20% least deprived

Deprivation quintiles



Year 6 Health and Happiness survey

Health



1 in 3 reported eating 5 or more portions of fruit and veg each day



1 in 10 year 6 pupils were physically active for at least 60 minutes every day of the week (meeting the recommended level)

Happiness

4/5 of year 6 pupils in West Sussex were 'thriving'

14% of respondents said that they often felt lonely

16% said they often felt sad

3/4 said they talked to parents or teachers if they had problems or worries

Social Mobility

The social mobility index ranks local authorities on the prospects of disadvantaged young people in their areas.

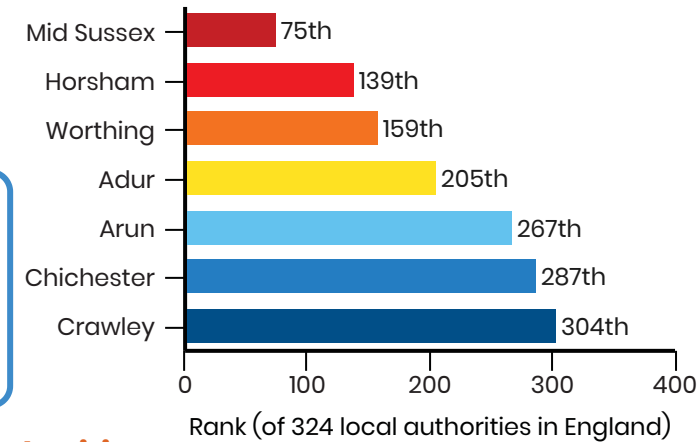


Hotspots are areas scoring well



Coldspots are areas scoring badly

Overall rank of social mobility



Of West Sussex local authorities:



- Chichester had the lowest rank for **early years** in West Sussex (275th of 324 local authorities in England)
- Crawley was the **7th worst in the country** for **school-age children** (ranked 318th)
- Crawley also had the lowest rank of West Sussex local authorities for **young people**
- **Overall**, Arun, Chichester and Crawley were identified as social mobility **coldspots** (among the lowest 20% of authorities in England). Crawley was among the **bottom 10%** of areas in England

Emotional wellbeing and mental health

Self-harm admissions



Rates of admissions for self-harm are **significantly higher** among young people in West Sussex than England

Bullying



59% of 15 year olds in West Sussex reported being bullied
What about YOUTH? survey 2014/15

Mental Health



8% of children aged 5 to 16 were estimated to have a mental health condition in West Sussex
ONS survey 2004; national data applied to West Sussex population

Transition



The transition from child to adult mental health services is known to be an important stage to get right

Overview

Good health is important at any age. West Sussex, in line with the national trend, has seen a greater increase in the older population. In the last ten years there has been a year-on-year increase of approximately 3 – 4,000 people aged 65 years or over. This increase is set to double by the end of the next decade, as the high number of people born in the 1950s and early 1960s enter the older age groups.





Action is needed now to deal with the considerable expansion in older people and to improve mid-life. Setting up the conditions to enable people to enter older age healthier, will be increasingly important. This is not just to reduce pressure on health and social care services but to also sustain the ability to work, as the age-dependency ratio increases. There are some concerns that this age group is more likely to be engaged in unhealthy behaviours, (smoking, poor diet, inactive lifestyle and higher levels of alcohol consumption) than previous generations, this may attribute to the stalling recently observed in healthy life expectancy.

Lifestyle is important, but housing and employment are also key determinants of health, we know that there are considerable pressures relating to housing supply and affordability. The public sector in West Sussex is a major employer, and as such the workplace presents a considerable opportunity to reach large numbers of people and improve the health and wellbeing of our local residents.

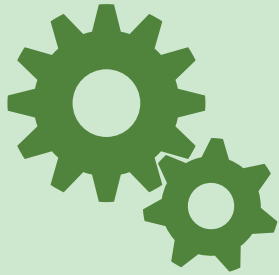
Key Issues and Challenges

- The working age range is changing with an increasing number of people working past retirement age and with retirement age itself increasing.
- Enterprising and entrepreneurial communities are needed to create the flourishing county we seek; health is an intrinsic part of that. The organisations within the health and wellbeing system will need to adapt to enable this, for example flexible working practices.
- Networks of families, friends and communities are rich sources of solutions to the problems working age people face. Transition points in people's lives (e.g. starting a family) should be a focal point for intervention and action.
- There are personal, economic and societal benefits from preventative lifestyle approaches, which should be co-ordinated across individual, community and population levels.
- The proposed priorities recognise that the environment we live and work in can have positive and negative impacts on wellbeing e.g. access to good green spaces, high densities of alcohol and fast food outlets, the emphasis on driving and screen time at work and home.
- There has been a greater strategic focus on the very young and the very old in recent years. This new emphasis on the working age population breaks new ground.
- There are also issues for working age people of balancing working and caring responsibilities. This includes people caring for their children and also their parents, the so called sandwich carers.

LIVING AND WORKING WELL

<p>Our goals</p>	 <p>Individuals, families, friends and communities are connected</p>	 <p>People are able to look after their own health and and wellbeing</p>	 <p>People have access to good quality homes providing a secure place for families to thrive and promote good health, wellbeing and independent living</p>	 <p>People live, work and play in environments that promote health and wellbeing</p>
<p>What we mean</p>	<p>Communities have a vital contribution to make to health and wellbeing. Community life, social connections and having a voice in local decisions are all factors that underpin good health.</p> <p>We will work with our communities and partners to empower and support networks of families, friends and communities to find solutions to local problems.</p>	<p>Many causes of ill health and early death are preventable. We know that some of the most significant risks to health come from behaviours such as smoking, poor diet, physical inactivity and alcohol use. Good work is good for wellbeing.</p> <p>We will focus on prevention to 'make prevention everyone's business' at the individual family, community, neighbourhood and county levels. We will champion workplace health.</p>	<p>Adequate housing, where people can live in security, peace and dignity, is a basic human right. The quality of housing plays a critical role in creating and maintaining good health, as well as helping individuals to recover from illness and remain independent. We will champion prevention and support targeted action towards those at risk of homelessness, including those in contact with mental health services</p>	<p>The built and natural environment in which we live, work and play is strongly linked to our health. Our surrounding environment can enable or hinder the opportunities to make healthy choices. This has a direct influence through the resources we have available, like access to a green space.</p> <p>We will influence the design and planning of housing developments, high streets, our towns and villages for sustainable futures.</p>
<p>Key initiatives</p>	<ul style="list-style-type: none"> • Health in all policies: is an approach to public policies across sectors (including housing, planning, transport etc) that systematically takes into account the health implications of decisions, seeks synergies, and avoids negative impacts on health • Empowering and supporting communities through initiatives such as social prescribing, volunteering and community development initiatives such as local area co-ordination. • Wellbeing programmes and wellbeing deals: which are partnership arrangements between the county council and districts and boroughs. These programmes deliver lifestyle support to people in a local setting. • Workplace health – using workplace as setting to deliver lifestyle interventions and change social norms • Preventing homelessness – working with frontline staff to identify risk factors and intervene early 			

Monitoring progress



To monitor progress on these priorities, the HWB will use various local and national indicators, including;

- The proportion of people in contact with mental health services who are in stable housing.
- Lifestyle-related public health outcome indicators e.g. smoking prevalence, alcohol related admissions etc.
- Making Every Contact Count (MECC) activity (measures in development)
- Developing mechanisms for monitoring health in all policies
- Percentage of housing benefit claimants
- Foodbank usage (by area and reason)
- Employment gap of those in contact with secondary mental health services (compared to the overall population)
- Households who are homeless but not in priority need
- Statutory organisations implementing healthy workplace programmes

Case Study

Sue (aged 56) was having sickness absences and feelings of anxiety so her GP referred her to her local Wellbeing team. The initial session revealed she'd recently had surgery, been diagnosed with a long term condition, had been bereaved (losing a friend and a close relative). She felt overwhelmed and unable to address her problems; her most pressing concern was her housing and financial situation. Losing some of her benefits and unable to work through illness, she was worried that she would not be able to pay the rent. The Wellbeing Advisor supported her to meet the local Housing Needs Service, make an appointment with her GP to discuss her on-going sickness and to contact the Child Benefits Team. She secured an affordable place to live and was also signposted to financial and advocacy support and support for bereavement.

Inequality Overall West Sussex is a relatively wealthy and healthy county but....



Adur, Worthing and Arun have neighbourhoods in the 30% most deprived in England, with **Arun having some neighbourhoods in the most 10% deprived in England.**



Weekly full time wage varies over £150 across the districts, from £652 in Mid Sussex to £478 in Adur. **All three coastal districts have the lowest weekly wages.**



Routine and manual workers are over twice as likely to smoke than the general population.



Growing concerns about healthy life expectancy. Healthy life expectancy for women has fallen for the last two years, indicating that women now spend over 20 years in "poor" health, 5 more years than men

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For those living in the poorest areas, men and women live on average 7.6 and 6.4 years less (respectively) compared to their counterparts living in the least deprived areas of the county

Healthier Lifestyles – the 4 key behaviours

Smoking



Still more than **1 in 10 adults smoke** and approx 1 in 4 routine and manual workers

Alcohol



23.7% of adults drink above the lower risk limits **7,000 adults** with an alcohol dependency.

Diet



60% Adults are overweight (including obese)

Physical Activity



In 2016/17 in West Sussex **68.3% of adults** estimated to be **physically active**, **19.3% physically inactive.**

....and "Clustering" of unhealthy behaviours

1 in 6 adults do 3 or more , this has reduced over the years, but the reduction is greatest amongst higher socio-economic groups, so this acts to widen health inequalities (especially amongst men)

Drugs and treatment outcomes

- **123 drug related deaths in 2015-17** (of these 82 deaths from drug misuse),
- **In terms of treatment outcomes** published by Public Health England , West Sussex currently ranks 142nd of 149 local authorities

We need environments that promote health

Alcohol Premises



Coastal districts have higher densities of alcohol selling premises in comparison to England

Fast Food



Similarly coastal districts have higher densities of fast food outlets, with Worthing having the highest density in West Sussex

Road safety



West Sussex has a high rate of people killed or seriously injured in road accidents.

Mental Health

There is a 73% gap in employment between the general population and those in contact with secondary mental health services

1 in 3 of those in contact with specialist mental health services did not live in stable accommodation

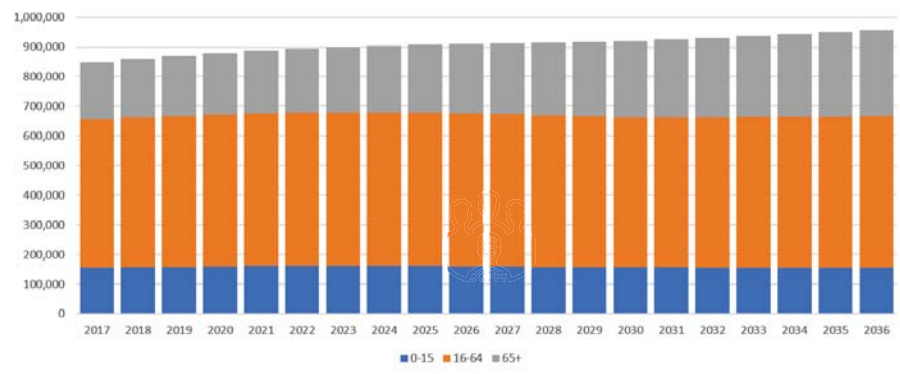
People with mental health problems are more likely to smoke, drink and exercise less and may need additional support to access public health interventions and universal services (such as cancer screening programmes)

Agenda Item 8 Appendix 2

Working age

Residents 3 in 5 residents are aged between 16-64
505,000

The working age population is predicted to increase by 10,000 over the next 5 years, but from then on it is expected to fall back



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Employment Rate

79.9% of working age adults are in employment, 5% higher than England. Employment rates are far lower for people with mental health problems



Dependency Ratio

145 Working age people for 100 dependents (children and older people).....

This is projected to go down to 120 within the next 15 years



Older People in the Workforce

18,700 of the workforce in West Sussex are over 65 (4.7%). (1 in 20).



Carers

1 in 4 women and 1 in 6 men aged 50-64 have caring responsibilities



Women have a 50:50 chance of providing care by the time they are 59; compared with men who have the same chance by the time they are 75 years old.

Mental wellbeing

At any one time it is estimated that 1 in 6 adults have a common mental health problem (including depression, anxiety)

There are also over **7,500 adults in West Sussex on primary care registers of severe mental illness.**

Housing

Getting on the ladder

The ratio of lower quartile house prices to lower quartile earnings stands at 12.2:1 in Horsham. In Adur the ratio was over 14:1

Affordable Rent?

Rent is still increasing, now with the average one-bed property costing over £700 a month

Those living in private rented properties are likely to experience worse living standards.

Almost 45,000 households are currently claiming housing benefit, at a median of £106 per week

Social and Affordable Housing

7,900 currently sit on council house waiting lists

750 affordable houses delivered last year, below the yearly average for the previous 10 years

Appendix 1
 Agenda Item 8

Overview

The population of West Sussex, like the rest of the country, is getting older. Part of this is due to increases in life expectancy amongst people living in the county, but West Sussex is also a popular retirement destination. There were just under 193,000 residents aged 65 and over in 2017, with an additional 101,000 older residents expected by 2038 including 27,000 aged 85 and over.

Currently an estimated 38% of older people live alone, and we know that older people are particularly vulnerable to social isolation and/or loneliness owing to loss of friends and extended families, loss of mobility or income

Overall older people in the county are relatively healthy and find the county a great place to live. They play a vital role in contributing to the life of their communities and there is an increase in the numbers continuing in paid employment well past the "traditional" retirement age. Around one in seven provide unpaid care to a family member or friends.

However, with age comes the increased likelihood of living with one or more long term health conditions such as diabetes and arthritis, or sensory impairment, older people are also at increased risk of a fall. In terms of mental wellbeing, although there is an understandable focus on dementia and the increased support people with dementia need, large numbers of older people suffer from depression. All of these result in a reduced quality of life and increased use of services.

Key Issues and Challenges

- Ageing well needs to focus on families as well as individuals and communities; carers have an important positive role to play, but are also at increased risk of loneliness.
- Ageing requires an asset based approach enabling older people's abilities to continue to learn, build relationships, and contribute.
- Supporting independence is a priority including the use of assistive technologies.
- Effective responses to crises are equally important – providing a proportionate level of support to restore independence as quickly as possible.
- Falls and fractures are a key issue. Tackling risk factors such as physical inactivity, poor hydration and nutrition, sensory impairment and home hazards provides a good focus for healthy ageing activity.
- Loneliness and social isolation are very real problems. There is a great deal of activity taking place across west Sussex that can impact on this, what is needed are ways to access information / navigate the system.
- Preparing for a good death is as important as a good birth and there needs to be a focus on end of life care and support for bereavement.

Our goals



There is a reduction in the number of older people experiencing loneliness and social isolation



Older adults stay healthier, happier and independent for longer



There is a reduction in the number of people falling

What we mean

Good social relationships and engagement in community life are necessary for good mental health, and may offer protection in adversity or where there is exposure to stressors. Anyone can experience social isolation and loneliness.

We know that no single sector can tackle social isolation comprehensively if acting alone: efforts to reduce social isolation require working across all West Sussex organisations and government departments. We will work to ensure joined up services and use asset based approaches to support individuals, families, friends and communities.

Older people value having choice and control over their lives. We will ensure long and short term support is provided to older people and their carers to maximise independence. In the event of a crisis we will aim to provide enough support to get people 'back on their feet' as soon as possible.

Over the longer term there is a need to utilise friends, family and community assets. In every case it is about enabling older people to maximise their quality of life.

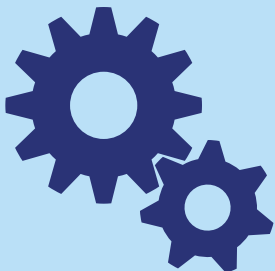
As people get older the risk of falling and of falls-related injuries such as hip fractures increases. Fear of falling can also become an issue. Most falls are the result of a combination of risk factors associated with getting older including physical inactivity, visual impairment, taking four or more medicines, inadequate nutrition or hydration and the presence of a number of conditions.

Focussing on falls allows us to address all of these areas comprehensively and so promote healthy ageing in West Sussex.

Key initiatives

- **Social prescribing:** enables primary care professionals to help patients access non-clinical services in their community
- **Health and social care plan (Place Plan):** supporting service integration by focussing on place not organisations
- **Whole system approaches to falls:** multiple risk factors, organisations & professions make falls everyone's business
- **Unlocking the power of communities:** building capacity and creating links to maximise the use of assets
- **Dementia-friendly communities** encourage everyone to share responsibility for ensuring that people with dementia are understood, respected and supported.

Monitoring progress To monitor progress on these priorities, the HWB will use various local and national indicators, including:



- Proportion of older people moderately, or very, lonely
- Dementia – prevalence rate, depression – diagnosis rate
- Emergency admissions for those aged 65+ and 80+ including numbers from residential and nursing homes and admissions for falls
- Numbers living in a residential or nursing homes (Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population)
- Proportion of people dying at their usual place of residence

Case study

Dementia Friendly Crawley has worked on a number of initiatives with partners from Crawley Dementia Alliance, including creating over 2,000 Dementia Friends across the town.

This has included around 200 Dementia Friends at Crawley Borough Council and the majority of staff at K2 Crawley Leisure Centre. Metrobus have embedded Dementia Friends into its induction process for all new staff as well as ensuring that all existing staff have taken part in the one hour awareness session. In addition, Metrobus have introduced the Helping Hand card scheme, adapted their buses to be more dementia friendly and created a dementia safe haven at the Metrobus Travel Shop in Crawley.

This aims to support people living with dementia to be able to continue to live their life independently and to access local shops and services.

192,900

people aged 65+ living in West Sussex in 2017.

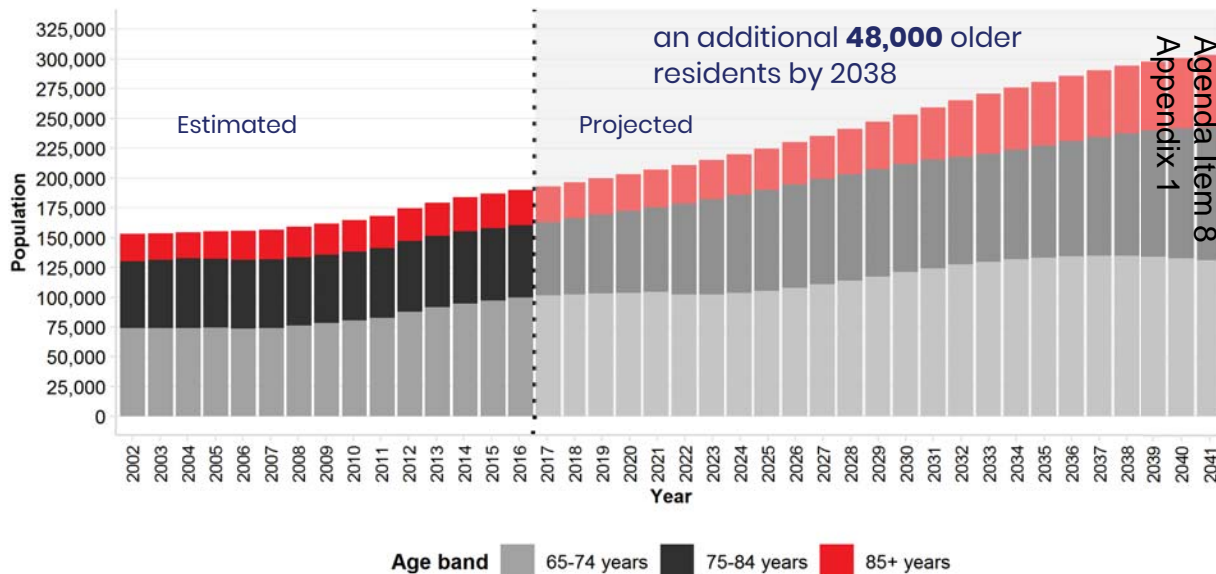


388 residents aged 65+ for every 1,000 working age (16-64) residents in 2018.

by 2038, this is anticipated to increase to **562** older people per 1,000.



That's two working aged residents for every older person in the next 20 years.



Living arrangements



More than **72,500** aged 65+ estimated to be living alone in 2017

Estimated **7,500** living in a residential or nursing home

Older people as carers

Approximately **27,000** aged 65+ provide unpaid care to a family member, friend or neighbour in 2017.



1 in 7 older people provides some unpaid care to family or friends.

A third of unpaid carers aged 65+ provide 50 or more hours of care per week; this is 4.5% of all those aged 65+.



1 in 20 women aged 85+ provide some unpaid care. This rises to more than **1 in 7** males in the same age group.

Living with long term conditions

Co-morbidities

Almost two thirds of those aged 65-84 estimated to live with two or more long term health conditions.



This rises to four in five of those aged 85+

That is **112,500** aged 65+ estimated to have two or more long term health conditions*

31,700 aged 65+ estimated to have physical and mental health co-morbidity*

9,148 aged 65+ currently on disease registers for dementia (August 2018)



* 2011 estimates

Sensory impairment

5,800 people aged 75+ predicted to have registrable eye conditions.



2,615 aged 65+ registered as blind/severely sight impaired in 2016/17



82,900 people aged 65+ predicted to have moderate or severe hearing loss

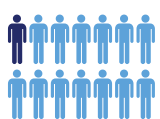
Social isolation

Overall risk

The Office for National Statistics, alongside Age UK used various data from the Census and research to identify areas that are more or less likely to be at risk of loneliness among over 65's.

Overall, districts in West Sussex were predicted to have relatively lower risk of loneliness although some neighbourhoods in the county were ranked among the most at risk in England.

Social Care Users



The 2017/18 Adult Social Care survey identified that **1 in 14 people (all ages) in receipt of care felt socially isolated** and had little social contact.

Local West Sussex Survey

West Sussex survey of older people in 2013 found:

- **1 in 4 respondents reported being moderately or severely lonely.**
- Contact with neighbours and participation in groups were highlighted as factors that could buffer the risk of loneliness.
- **Loneliness was common among carers,** particularly if they lived with the person being cared for.

Support with Long Term Conditions



The GP patient survey (of all ages) indicates that **68% of patients in NHS Horsham and Mid Sussex GP practice felt supported to manage their long term conditions.**

However, this drops to **58% among patients registered to GPs in NHS Crawley CCG and NHS Coastal West Sussex CCG.**

Emergency hospital admissions



(Using provisional data) In 2017/18, there were more than **47,600 emergency admissions (all cause) among those aged 65+ in West Sussex.**



This is **23,549 emergency admissions per 100,000 population aged 65+**

The rate of admissions increased significantly between 2015/16 and 2016/17 but has remained similar in the last year.

Falls ...and fractures



4,495 emergency admissions for falls in 2016/17 among those aged 65+

3,221 among those aged 80+



1,240 emergency admissions for hip fractures in 2016/17 among those aged 65+

964 among those aged 80+

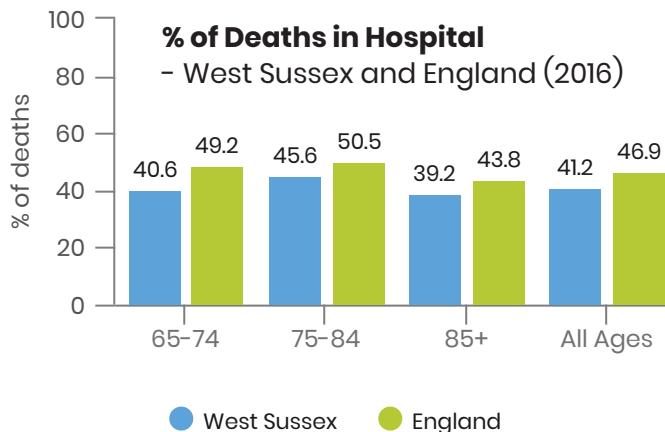
West Sussex has higher rates of emergency falls and hip fracture admissions among those aged 80+ compared with England.



One in three older people who have a hip fracture moving into to long-term residential or nursing care.

End of life

Hospital deaths in West Sussex are lower compared to England, and among 65-74 year old's is lowest compared to CIPFA comparators,



But there are some local challenges.

The number of over 65's dying in hospital rises to more than one in two among residents in **Crawley.**



Hospital deaths are highest among those aged 75-84 years in West Sussex.

Monitoring Delivery and Impact Across the System

The Joint Health and Wellbeing Strategy sets out the vision, strategic goals and outcomes that the West Sussex system must mobilise to meet. A **Place Plan** will be developed to set out how these aspirations will be delivered. The Board will maintain oversight of the delivery of the Place Plan.

As system leaders, the Board will champion the priorities for joint action and monitor these through a set of indicators. The intention is to develop these indicators based on the national framework indicators such as [Public Health Outcomes Framework](#), [Adult Social Care Outcomes Framework](#); [NHS Outcomes Framework](#).

In addition local indicators to measure progress towards improving health and wellbeing outcomes and reducing health inequalities will be identified as part of the strategy.

The Board proposes to review, annually, the progress made on the strategic priorities and identify any bottlenecks or problematic areas where the Board can take action, as systems leaders, to ensure progress. Annual progress reports will be made available to partners and the public through our HWB website and the JSNA website.

The Board also has a duty to review NHS and local authority commissioning strategies and plans to ensure that they take into account this Strategy and the identified priorities. This provides an opportunity to monitor and ensure that commissioning strategies and plans address the agreed priorities to achieve our vision.

Next Steps

This consultation is running from Monday 3 December to Sunday 27 January 2019. Its purpose is to obtain feedback on the draft strategy from a wide range of partners and stakeholders, including residents and service users.

Following the consultation, all feedback will be considered for the final JHWS.

The strategy will be launched in April 2019



Appendices

Our Guiding Principles

To achieve the agreed vision, the West Sussex HWB worked together to develop the following principles to inform and guide how we will work together as system leaders:



Working with partners and other Boards

As highlighted previously, the HWB works with various strategic boards, particularly the West Sussex Safeguarding Children's Board (WSSCB), West Sussex Safeguarding Adults Board (WSSAB) and Safer West Sussex Partnership (SWSP).

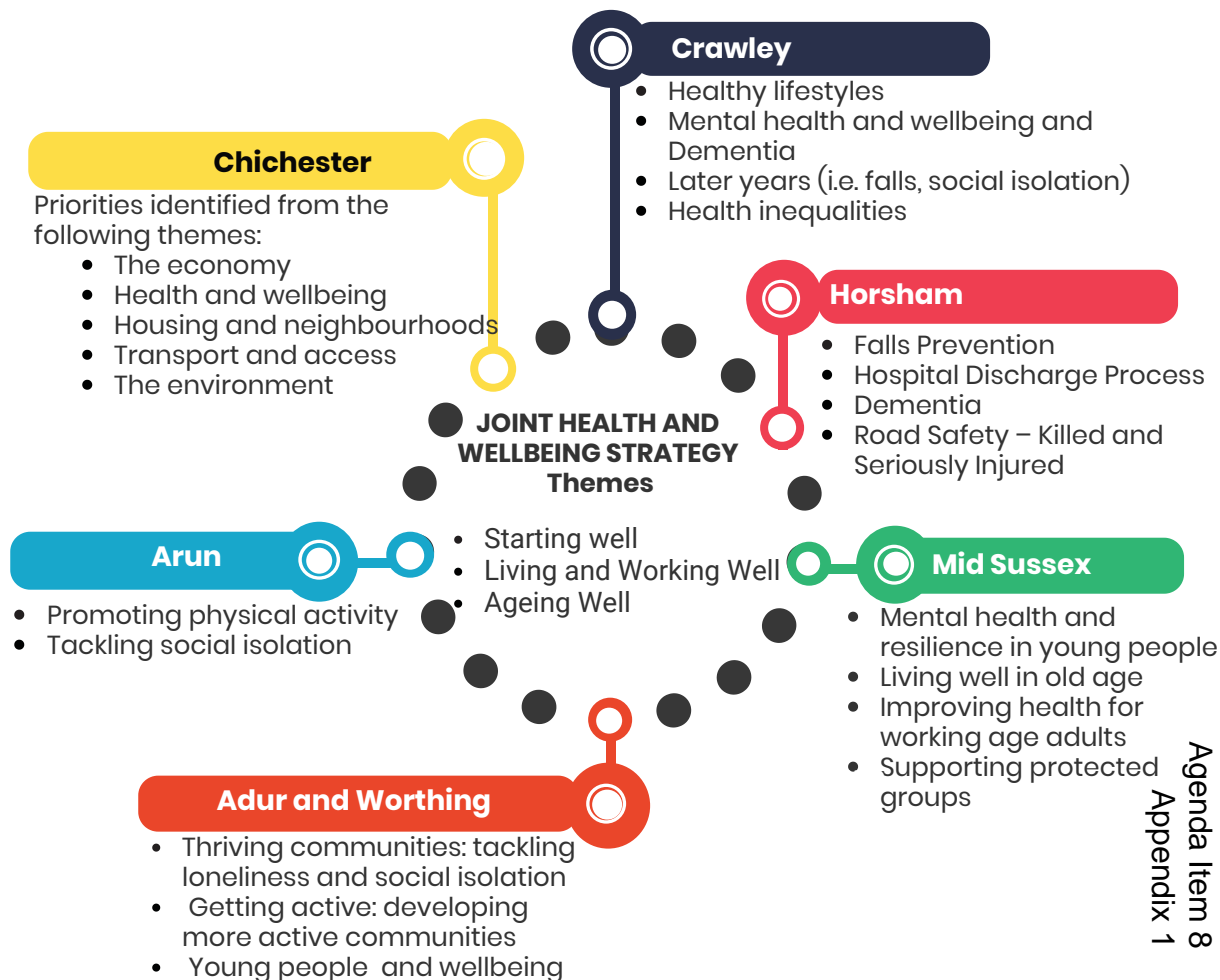
The **WSSCB and WSSAB** are strategic partnerships responsible for co-ordinating and ensuring the effectiveness of safeguarding arrangements across agencies to safeguard children, young people and adults.

The **Safer West Sussex Partnership** brings together various key agencies to provide a coordinated approach to reducing crime and anti-social behaviour in West Sussex.

District and borough partnerships and priorities

District and Boroughs have local health and wellbeing partnerships, providing them opportunities to work with their partners in delivering better health outcomes for their residents. Each partnership has its own health and wellbeing priorities, which are also linked the Joint Health and Wellbeing Strategy priorities.

District and borough partnerships and priorities



Strategic Links

This JHWS aims to harness the system and align local plans and strategies in-order to ensure a coherent and coordinated approach to meeting the needs of our residents and a more efficient use of resources.

Outlined below are some of the key strategies and plans across the life-course that provide links with JHWS, including the Place plan, which will be the delivery mechanism for this strategy.

National

- NHS Five Year Forward view
- NHS Five Year Forward View for Mental Health
- Carers Action Plan 2018 – 2020

Regional: Sustainable Transformation Partnerships (STP)

- Mental health in Sussex and East Surrey Strategic Framework and delivery roadmap

Joint Health and Wellbeing Strategy

Starting Well

- West Sussex Partnership Families Strategic Plan
- West Sussex Safeguarding Children’s Board Business Plan (2017–2019)
- SEND Pathways to Adulthood Strategy
- School Effectiveness Strategy (2018–2022)
- West Sussex Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing

Living and Working Well

- Suicide Prevention Strategy
- Sustainable Community strategy for West Sussex
- Sustainability strategy 2015–2019
- West Sussex Local transport Plan 2011–2026
- WSCC Economic Growth plan 2018–2023
- Safeguarding Adults Board Strategic Plan
- District and Borough Council Housing and Homelessness Strategies
- West Sussex Walking and Cycling Strategy (2016 – 2026)
- Tobacco Control Operational Plan (under review)

Ageing well

- West Sussex Joint Commitment to Family, Friends and Carers 2015–2020
- Life pathways
- Dementia Strategy (forthcoming)
- Vision and Strategy for Adult Services

Across the Lifecourse

- Health and Social Care Plan
- West Sussex Plan
- CCG Commissioning Strategies/Plans
- West Sussex Better Care Fund Plan
- District and Borough Council Local Plans

- Strategic Framework for Mental Health Commissioning in West Sussex
- Wellbeing and Resilience framework
- West Sussex Air Quality strategy (in progress)

Our ways of working



To achieve the agreed vision, the West Sussex Health and Wellbeing Board worked together to develop the following principles to inform and guide how we will work together as system leaders:

