

Public Document Pack

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7 March 2019

Health and Adult Social Care Select Committee

A meeting of the committee will be held at **10.30 am** on **Friday, 15 March 2019** at **County Hall, Chichester**.

Tony Kershaw
Director of Law and Assurance

Items 1 - 6 on the agenda will be available to view live via the Internet at this address:

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

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 - 10)
- The Committee is asked to agree the minutes of the meeting held on 16 January 2019 (cream paper).
- 10.35 am 4. **Forward Plan of Key Decisions** (Pages 11 - 20)
- Extract from the Forward Plan dated 1 March.

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.

10.40 am 5. **Responses to Recommendations** (Pages 21 - 28)

The Committee is asked to note the following responses: -

a) Sussex Community NHS Foundation Trust to recommendations made at the 15 November 2018 meeting.

b) The Cabinet Member for Adults and Health to recommendations made at the 16 January 2019 meeting.

c) South East Coast Ambulance Service NHS Foundation Trust to recommendations made at the 16 January 2019 meeting.

d) The clinical commissioning groups to recommendations made at the 16 January 2019 meeting.

e) Secretary of State for Health to recommendations made at the 16 January 2019 – to follow.

10.45 am 6. **Radiotherapy services: New Service Specifications and implications for West Sussex provision** (Pages 29 - 38)

Report by NHS England South East.

The report updates the Committee on the national public consultation exercise on the proposed Radiotherapy Service Specification and the final Service specifications for Radiotherapy services in England.

11.25 am 7. **Adult Social Care Improvement Programme** (Pages 39 - 74)

Information report and presentation by Executive Director for Children's, Adults, Families, Health and Education and Director of Adults' Services.

12.05 pm 8. **Dementia Framework West Sussex 2014-19 - Review & Refresh** (Pages 75 - 118)

Report by Executive Director Children, Adults, Families, Health and Education and Director of Adults' Services.

The report and appendices update the Committee on the review of the Dementia Framework West Sussex 2014-19.

12.45 pm 9. **Business Planning Group Report** (Pages 119 - 128)

The report informs the Committee of the Business Planning Group meeting held on 4 February 2019, setting out the key issues discussed.

The Committee is asked to endorse the contents of the report, and particularly the Committee's Work Programme revised to reflect the Business Planning Group's discussions (attached at Appendix A).

12.55 pm 10. **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.

12.57 pm 11. **Requests for Call-in**

There have been no requests for call-in to the Select Committee and within its constitutional remit since the date of the last meeting. The Director of Law and Assurance will report any requests since the publication of the agenda papers.

12.58 pm 12. **Date of Next Meeting**

The next meeting of the Committee will be held on 12 June 2019 at 10.30 am at County Hall, Chichester. Probable agenda items include:

- Proposals to improve mental health services in West Sussex
- Housing Related Support Update
- Safeguarding Adults Board Annual Report
- Improved Better Care Fund

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

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

Webcasting

Please note: this meeting may be filmed for live or subsequent broadcast via the County Council's website on the internet - at the start of the meeting the Chairman will confirm if all or part of the meeting is to be filmed. The images and sound recording may be used for training purposes by the Council.

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

Health and Adult Social Care Select Committee

16 January 2019 – 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	Mrs Jones	Cllr Belsey
Mrs Arculus, arrived at 10.42	Dr O'Kelly	Cllr Boram
Lt Cdr Atkins	Mrs Smith	Miss Russell
Mr Barling	Cllr Blampied	
Ms Flynn	Cllr Neville, arrived at 10.54	

Apologies were received from Mrs Bridges, Mr Petts, Cllr Bickers and Cllr Belben

Absent: Cllr Coldwell

Also in attendance: Mrs Jupp

Part I

36. Declarations of Interest

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

- Cllr Belsey in relation to item 4a, Response to Recommendations, the response from Sussex Community NHS Foundation Trust, as a governor of Sussex Community NHS Foundation Trust
- Miss Russell in relation to item 4c, Response to Recommendations, the response from the Cabinet Member for Adults and Health as the Chair of the Aldingbourne Trust
- Mr Turner in relation to item 6, West Sussex Safeguarding Adults Board Annual Report 2017/18, as a member of Worthing Borough Council who has received safeguarding training
- Dr Walsh in relation to item 7, South East Coast Ambulance Service Update, as a member of St John Ambulance

37. Minutes of the last meeting of the Committee

37.1 Resolved – that the minutes of the meeting held on 12 December 2018 be approved as a correct record and that they be signed by the Chairman.

38. Responses to Recommendations

38.1 Resolved – that the

- a) Chairman writes to the Secretary of State for Health asking him to clarify his statement regarding community hospitals made at the

Conservative Party conference and refer his response to Sussex Community NHS Foundation Trust and to write to the clinical commissioning groups in West Sussex asking them for their interpretation of the Secretary of State for Health's comments

- b) The Business Planning Group receives an update on deprivation of liberty standards at a future meeting and the Committee is updated on performance/safe indicators at its March meeting
- c) Committee notes the responses and the fact that all relevant parties will be invited to attend the Committee's June meeting where the impact of the Strategic Budget Option decisions regarding Housing Related Support, Local Assistance Network and the Minimum Income Guarantee for Working Age Adults will be discussed

39. Forward Plan of Key Decisions

39.1 The Cabinet Member for Adults & Health agreed to supply the Committee with: -

- approximate figures for the cost of the short breaks services for family and friends and carers (adults) and
- details of the contract arrangements for Community Advice (Citizens Advice) and whether this would mean a reduction in service

39.2 The Committee notes the Forward Plan of Key Decisions

40. West Sussex Safeguarding Adults Board Annual Report 2017/18

40.1 The Committee considered the annual report (2017/18) of the West Sussex Safeguarding Adults Board (copy appended to the signed minutes) which was introduced by Annie Callanan, the independent Chair of the West Sussex Safeguarding Adults Board, who told the Committee that the Board was committed to protecting adults (and those transitioning from children's to adults' services) from all types of abuse and would do this in conjunction with a range of partners. She also highlighted that the Board's data was continuing to improve.

40.2 Summary of responses to Members' questions and comments: -

- The extent of cuckooing in the county would be better known by the Police and was a priority for community safety boards and all agencies
- The increase in the number of safeguarding concerns reported was partly due to better awareness
- Awareness was raised through a website, telephone line and information given to communities and organisations as well as staff training
- The backlog of assessments regarding deprivation of liberty standards was similar to other authorities. The Council was looking at ways to address this without creating a peak of assessments to be done at the same time each year
- The number of safeguarding issues reported in care homes may be large due to multiple reports per individual
- Safeguarding training was in place for staff working in care homes and other settings

- The Board had recently established a Quality Assurance and Safeguarding Information sub-group which would look at safeguarding across all agencies, collecting and analysing data to predict trends
- Safeguarding month in November 2018 focussed on raising awareness in the community
- The Local Government Association will be providing the Board with training on making safeguarding personal
- Staff had their basic disclosure tests updated regularly
- Self-funders and people from out of county would need help from the relevant agencies in choosing a care home

40.3 Resolved that – the Committee

- i. Notes the content of the West Sussex Safeguarding Annual Report 2017/18 and is encouraged by the work done to date and planned for this year, and looks forward to receiving the Board's next annual report later this year
- ii. Asks that the County Council ensures that policies and procedures contain details of recognising the signs of cuckooing
- iii. Asks for the continued raising of awareness of safeguarding reporting mechanisms to the public and throughout partner organisations
- iv. Asks for work to continue to raise awareness amongst self-funders of safeguarding issues at care homes across the county

41. South East Coast Ambulance Service Update

41.1 The Committee considered a report by the Chief Executive and Director Strategy & Development of South East Ambulance Service NHS Foundation Trust (SECAmb) (copy appended to the signed minutes). The report was introduced by Andy Cashman, Regional Operations Manager, who told the Committee that SECAmb was working on a range of actions to improve following disappointing Care Quality Commission (CQC) inspections.

41.2 Summary of responses to Members' questions and comments: -

- SECAmb was set targets for its entire operating area but could produce response time figures for local areas, but if there were a low number of incidents this might skew the results
- Crews based at the Tangmere station was broadly meeting category one and two targets
- At busy times, there was a national agreement that calls could be answered by other ambulance trusts, as part of national resilience arrangements
- Neighbouring trusts can, if required, respond to calls on border if they have availability and are nearer to the incidents
- There were incidents where trusts worked across borders, but most vehicles were based at response posts where there was most need
- The Demand and Capacity review looked at how to get the most appropriate response to patients in the quickest time – two years of investment would be needed to achieve this
- An extra 60 hours capacity per day will be introduced into the West Sussex area over the next two years

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- Non-emergency transport was being used for lower category cases
- SECAMB was working with Sussex Community NHS Foundation Trust using special vehicles to respond to falls cases (for treatment and occupational therapy support)
- SECAMB's average response time during the Falls vehicle Pilot was 46 minutes
- In Crawley and Horsham there was a mental health street triage programme involving a paramedic and a mental health nurse who assessed/treated patients or took them to a place of safety – ways are being sought to find the most suitable models for other areas including more rural areas
- From February there would be six mental health nurses in the emergency operations centre – SECAMB would like more multi-disciplinary staff in call centres to help get the best responses for patients
- More whole system funding would allow appropriate alternative responses to ambulances
- The Trust's progress was being monitored monthly by the CQC and NHS Improvement and it was expected to be out of special measures by next year
- There was a detailed Strategic Transformation and Delivery Programme for areas that needed improvement which included detailed work on recruitment and retention and could be brought to the Committee at a later date – workforce strategy was also being discussed by each of the four Sustainability Transformation Partnerships in the area covered by SECAMB
- Recruitment and retention had improved and the Trust was looking at ways to avoid losing staff to other sectors of the NHS – a pilot scheme was taking place in the north of the county where staff were shared on a rota basis with GPs
- There was an action plan in place re bullying – the Trust's Board, senior staff and operational managers were all having training on behaviour standards
- SECAMB has an alliance with West Midlands and South Western Ambulance services based on optimising procurement and value for money
- All trusts in England were working towards a common ambulance design
- SECAMB worked with St John Ambulance on day to day work and specific major events
- The Ambulance Response Programme meant cars were only used for more specialist cases, non-emergency transport was used for cases with lower needs
- SECAMB's fleet used Sat Navs which were updated centrally and were backed-up by map books (which needed to be kept updated)
- Under the Ambulance Response Programme, the clock stops if the patient does not need to go to hospital or, if the patient does, when suitable transport is available – the use of community responders did not stop the clock
- All incidents were categorised according to national guidelines
- Handover times at hospitals had improved, but were still a problem that needed a whole system solution

41.3 Resolved that the Committee: -

- i. Welcomes the update provided by the Trust and plans to move the Trust out of special measures and would welcome sight of the performance improvement plan to do this
- ii. Asks for performance data to be broken down further within clinical commissioning group areas and that this be provided to the Committee with any accompanying explanatory information
- iii. Requests that it receives an update on trials and initiatives for responses to falls and mental health cases at the appropriate time
- iv. Welcomes the offer to see the details of the Trust's plan, as part of the wider Sustainability and Transformation Partnership at a future meeting

42. West Sussex Joint Health & Wellbeing Board Strategy

42.1 The Committee considered the draft West Sussex Joint Health and Wellbeing Board Strategy 2019/24 which was introduced by Anna Raleigh, Director of Public Health, who told the Committee: -

- The Strategy described the role and purpose of the Health & Wellbeing Board (HWB) and the leadership model described how it worked
- The HWB provided democratic accountability for the NHS in conjunction with Healthwatch West Sussex
- The HWB wanted to bring about innovation and improvement by working across organisations and had a new vision for West Sussex to be a great place to live throughout life
- The Strategy was divided into three areas; Start Well, Live Well and Age Well and identified problems and ways to address them
- The HWB understood health and social care issues and transformation initiatives, championed them and embedded them in its strategy and partner organisations
- Consultation on the strategy, which had involved stakeholder groups, clinical commissioning group meetings and reviewing other strategies, had received a lot of feedback and was due to end in January

42.2 Summary of responses to Members' questions and comments: -

- The HWB was developing its relationship with the district and borough councils by holding its meetings in various locations around the county and inviting the local health and wellbeing partnerships to attend
- All Council departments needed to work together to combat social isolation
- Considerable work had been done on sugar reduction – this could be reflected more in the strategy
- The HWB welcomed the focus in the NHS 10 Year Plan on self-management of long-term conditions but felt that more support/information was needed
- Economic, workforce and education strategies needed to be examined to see if they addressed challenges, including employees' mental wellbeing during periods of change to ways of working, especially in the statutory sector which dominated work in West Sussex – the Council wanted to be an exemplar employer so it could then share best practice with partner organisations

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- A range of issues was considered for the strategy and prioritised in order of where it was felt most impact could be made – gambling addiction was not in the strategy, but work on this was taking place and it was in the NHS 10 Year Plan
- Use of digital technology such as social media was in place e.g. in work with young people
- The number of smokers, including pregnant women, was higher in areas of deprivation – investment was being made in health and wellbeing hubs re smoking cessation as well as work with pharmacists and acute hospital trusts
- The local maternity system had a smoking prevention plan and nicotine replacement therapy was prescribed for pregnant women
- Work to discourage smoking also took place in schools

42.3 Resolved – that the Committee: -

- i. Acknowledges the significant work that has been undertaken to develop the draft Health and Wellbeing Strategy and asks that
 - a) Sugar reduction be emphasised with action plans across the strategy
 - b) More is included in regard to children’s mental health
 - c) Action plans are included for those with long-term conditions who do not feel supported
 - d) A reference to digital media is included regarding its impact on health and wellbeing and the benefits it can bring
 - e) Other addictions, including gambling, are included
 - f) More is added regarding the benefits of walking and cycling
 - g) The importance of smoking cessation, particularly for pregnant women, is emphasised

43. Date of Next Meeting

43.1 The Committee will next meet at 10.30 on 15 March 2019

The meeting ended at 1.31 pm

Chairman



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: 1 March 2019

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		
Cabinet Member for Adults and Health	Procurement of Integrated Sexual Health Services	March 2019
Cabinet Member for Adults and Health	Procurement of Technology Enabled Care	March 2019
Cabinet Member for Adults and Health	Community Based Social Support	April 2019
Cabinet Member for Adults and Health	West Sussex Joint Health and Wellbeing Strategy	April 2019
 Independence in Later Life		
Cabinet Member for Adults and Health	Approval of the Vision and Strategy for Adult Social Care	March 2019
 A Council that works for the Community		
Cabinet Member for Adults and Health	Procurement of Mortuary Services for West Sussex	May 2019

A Strong, Safe and Sustainable Place

Cabinet Member for Adults and Health

Procurement of Integrated Sexual Health Services

Local Authorities are mandated to provide comprehensive sexual health services for the population, these include;

- a full range of contraceptive services and advice on preventing pregnancy
- sexually transmitted infections testing and treatment, including the provision of Chlamydia testing services for young people under the age of 25 years
- sexual health aspects of psychosexual counselling
- outreach, HIV prevention and sexual health promotion
- provision of services in schools and colleges

The contract will run for three (3) years with the possibility of a further extension for up to two (2) years built in to the terms of the contract. The total value of the contract to WSCC, funded through the public health grant, is approximately £12.6M (including extension period but not HIV Services).

The Cabinet Member is asked to agree to the commencement of a joint procurement process, with NHS England, to secure the provision of Integrated Sexual Health Services and HIV Treatment Services for the population of West Sussex. A new service will be effective from 1st February 2020.

The Cabinet Member is also asked to delegate contract award and decisions about future extension of this contract to the Director of Public Health in consultation with the Cabinet Member.

Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Strong, Safe and Sustainable Place
Date added to Forward Plan	15 January 2019
Decision Month	March 2019
Consultation/ Representations	Initial Scrutiny and Consultation was undertaken via the Health and Adult Social Care Select Committee on 30 th November 2018. 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 (via website)	None
Author	Paul Woodcock Tel: 033 022 28701
Contact	Erica Keegan Tel: 033 022 26050

Cabinet Member for Adults and Health

Procurement of Technology Enabled Care

Technology Enabled Care, at its very best, offers a modern and innovative way of supporting people to stay in their homes and live as independently as possible for as long as possible. It can reduce, delay and prevent the need for costly care packages and placements in care homes, not only improving outcomes for residents but providing significant financial benefits to the council. Technology is moving at a rapid pace with new apps, wireless sensors and smart appliances appearing every week. New devices and apps can help people communicate with experts, seek urgent help, reduce social isolation, control the home environment as well as maintaining health, fitness and wellbeing.

In line with West Sussex’s vision and strategy to help people to help themselves, it is the Council’s ambition to use technology to transform the way people are supported to remain independent in their own homes for longer.

To do this, the Council wants to work with a development partner or partners to deliver innovate and cutting edge technology enabled health and social care support.

The Cabinet Member for Adults and Health will be asked to agree to:

1. continue the procurement of a development lead partner or partners to support the delivery of Technology Enabled Care. This will significantly expand the offer to new and current social care customers, bringing payment for Telecare services in line with current charging arrangements for social care; and
2. in consultation with the Cabinet Member, contract award and future contract extension decisions be delegated to the Executive Director Children, Adults, Families, Health and Education.

Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Strong, Safe and Sustainable Place
Date added to Forward Plan	18 February 2019
Decision Month	March 2019
Consultation/ Representations	<p>Previous Market Testing Event held in February 2017. Health and Social Care professionals, teams and managers. Telecare Champions involved in peer review exercise Nov/Dec 2018</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	Avril Mayhew Tel: 07936 339250

Contact	Erica Keegan Tel: 0330 022 26050
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Cabinet Member for Adults and Health

Community Based Social Support

The County Council has a statutory responsibility under the Care Act 2014 to promote individual well-being, prevent needs for care and support, provide information and advice and meet needs through information and advice and inclusive of less intensive or service-focused options.

For adults with a lifelong disability and/or autism and for family and friend carers the County Council has contracted services from the external market, largely from the local voluntary sector to fulfil this duty on our behalf. Most of the support contracted has been for adults with a learning disability although not exclusively. An evaluation involving customers and other key stakeholders has concluded that this support has been highly valued particularly for people who do not have a personal budget or eligible needs. However gaps in the offer have been identified through this engagement which include the need for more integration with mainstream activities and services, further support for disabled people from the LBGQT community and those with autism, more paid work opportunities, travel training and more focus on developing independence skills.

The current contracts end in March 2020. The council spend is in the region of £1.25 million per annum. The provision includes help to find or retain paid work, increasing people's physical or social activity, help with issues relating to autism, practical assistance for people with a learning disability and autism to continue to live in their own homes and keep well (for instance help with tenancies, budgeting, life-skills and emotional support), benefit claims as well as connecting people into other community activities and support by helping, where necessary, those services to meet the needs of these people.

The Council will be extending the tender and the sources to be included are still being considered. People will be eligible for this support if they do not have a personal budget or they could step-down from a personal budget with the right support. An example of the latter is where support to find paid employment leads to the person moving on from day services. The support will aim to help people to stay well and independent in their own homes and will be delivered close to where they live.

The Council is also looking at the option of including in this tender the transfer of some of the prevention functions it currently provides as well as how some individuals currently supported by a very small Personal Budget would be better supported via prevention services. This could involve a substantial increase in both the scale and value of the service tender. The finer detail of this future expansion is being worked through, including the funding that would be required for this transferral. By the time of tendering this detail will be known.

Approval will be sought to award new contracts for 3 years with the option to extend up to a maximum of 7 years. Once the proposals are fully prepared by April 2019, the Cabinet Member is asked to agree to the commencement of a competitive procurement exercise and to delegate responsibility to award the contract to the Executive Director Children's Adults Families Health and Education.

Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Safe Strong Sustainable Place

Agenda Item 4

Date added to Forward Plan	1 February 2019
Decision Month	April 2019
Consultation/ Representations	<p>Consulted Operational Team Managers May 2018; Engagement with Stakeholders including an online survey and face-to-face events June-August 2018.</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	Lisa Loveman Tel: 033 022 23430
Contact	Erica Keegan Tel: 033 022 26050

Cabinet Member for Adults and Health

West Sussex Joint Health and Wellbeing Strategy	
<p>The West Sussex Health and Wellbeing Board (HWB) is a statutory partnership providing shared strategic leadership and coordination of local action to deliver health, care and wellbeing services based on the best evidence of local needs. The West Sussex HWB includes representation from key organisations in West Sussex with major responsibilities for social care services, public health, health and wellbeing services. The HWB's responsibilities include developing a Joint Health and Wellbeing Strategy (JHWS) which identifies priorities and sets out how local needs will be met.</p> <p>The current 2015-2018 West Sussex Joint Health and Wellbeing Strategy is under review. The new strategy, due in April 2019, will be used to inform local commissioning and delivery plans and determine what actions West Sussex County Council, NHS, and other partners need to take to meet health and social care needs, and to address health inequalities.</p> <p>The Cabinet Member for Adults and Health Chairman for the Health and Wellbeing Board is requested to agree that the West Sussex Joint Health and Wellbeing Strategy (JHWS) 2019 – 2024 is in alignment with the West Sussex Plan and is asked to endorse the Joint Health and Wellbeing Board's Strategy on behalf of the County Council.</p>	
Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Strong, Safe and Sustainable Place
Date added to Forward Plan	15 January 2019
Decision Month	April 2019
Consultation/ Representations	

	<p>A public consultation requesting feedback and comments on the draft strategy from members of the public, councillors, workforce, partners and other stakeholders.</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	Anna Raleigh Tel: 033 022 22654
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

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.

The Cabinet Member for Adults and Health will be asked to endorse the vision and strategy for Adult Social Care.

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	March 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> <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.</p>
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

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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Sussex Community
NHS Foundation Trust

Cllr Bryan Turner
Chairman
HASC
West Sussex County Council
County Hall
Chichester
PO19 1RG

Special Care Dentistry
Head Office
Haywards Heath Health Centre
Heath Road
Haywards Heath
RH16 3BB

30 January 2019

Dear Cllr Bryan Turner

Proposal to relocate Special Care Dentistry from Littlehampton Health Centre

Thank you for the opportunity to attend the HASC Select Committee on the 15th November 2018 to discuss the option of relocating the Special Care Dentistry Service delivered in Littlehampton to other sites, to mitigate a number of risks and challenges. As requested, we are writing to report on the outcome following completion of the consultation.

The closure was suggested as a possibility following staffing capacity issues, decontamination failing to meet national standards, and lack of access and treatment options for vulnerable patients. Consultation papers highlighted the issues and the options available to service users (as presented to the HASC Select Committee on 15th November 2018).

The consultation included a number of stakeholders: staff, patients, carers, organisations supporting clients who may access the service, as well as local NHS dentists. The stages of the engagement plan and consultation are detailed below:

- 22nd October 2018 – Consultation paper and covering letter sent to service users (patients, parents and carers) and stakeholders including West Sussex HASC, NHS England, West Sussex Healthwatch, Local Dental Committee, Local Professional Network and local MP's. Email (including consultation papers) sent to all Dental staff.
- Throughout this period clinical staff from Littlehampton had face to face or telephone conversations with retained patients with specific vulnerabilities, and those with concerns, to discuss options for their on-going care.
- 2nd November 2018 – Care groups and organisations supporting special needs patients contacted, details of consultation sent to 'Independent Lives'. Messages left for other groups to invite comment including My Network, Worthing & Littlehampton, Supporting Independence, Carers Support, Egalite, Enable Me project and Grace Eyre Foundation.
- 13th November – Article regarding the proposed closure appeared in the Littlehampton Gazette, notifying local residents.
- 15th November 2018 – Senior Service Managers invited to attend HASC Select Committee.
- 12th December 2018 – Staff meeting held with staff involved in the change and Service Management team members.



Excellent care at the heart of the community

Agenda Item 5

- 24th December 2018 – Consultation paper and accompanying letter sent to Littlehampton dental practices.
- 16th January 2019 – Consultation closed.

Feedback from the consultation

Out of the 92 service users accessing this clinic for their dental care, only 7 contacted service managers with their concerns or preferred alternative dental clinic from the options provided (Central Clinic, Worthing or Jubilee Dental Centre (JDC), Chichester). Of these 7 service users, 4 wanted to express their preference for Worthing or Chichester as an alternative dental clinic.

One parent of a child with severe learning disabilities expressed concern about the additional journey time and mentioned transferring care to their family General Dental Practitioner (GDP). We offered a shared care arrangement or domiciliary visits depending on the best interest of the patient. They chose to relocate to Central Clinic, Worthing under the care of Special Care Dental Service (SCDS).

Another patient had support from the Grace Eyre Foundation to express their concern about further travel as they currently use public transport to get to Littlehampton. The dental team felt this patient could be maintained by their local GDP with more complex treatment being shared with the SCDS team and this was offered to the patient. They chose to register with their local GDP.

Another parent of an autistic child expressed disappointment at having to adjust their child to a new setting, especially if this was a hospital setting (JDC is situated within St. Richard Hospital in a separate unit). He was reassured that care could be transferred to the Central Clinic, Worthing (another health centre) with the same staff initially on hand to support his child to the new setting.

NHS England have expressed a preference for moving away from single surgery clinics and they have required assurance from us that services can be maintained at the alternative locations, which currently they can.

Decision

Following extensive discussion, addressing all raised concerns and agreeing mutually acceptable outcomes, as well as final approval from NHS England at a meeting held on 23 January 2019, a decision has been made to move the existing 92 patients currently seen at Littlehampton to either Central Clinic, Worthing or Jubilee Dental Centre, Chichester, depending on their home location and preferred option (where applicable) from the first week of February 2019.

Additional provision has been made with dentists, increasing their clinics at both new locations to support patients transferred from Littlehampton.

Please feel free to contact myself if you have any further queries.

Yours sincerely



Lloyd Barker

Area Director – Children's, Wellbeing, and Dental Services

Telephone: 07793 269605

Email: lloydbarker@nhs.net

Amanda Jupp
Cabinet Member for Adults and Health

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Cabinet Office
West Wing
County Hall
Chichester
PO19 1RQ



Bryan Turner
Chairman, Health & Adult Social Care
Select Committee

20 February 2019

Dear Bryan

West Sussex Joint Health and Wellbeing Strategy 2019-2024

I would like to express my gratitude, on behalf of the West Sussex Health and Wellbeing Board, for the feedback and recommendations from the Health and Adult Social Care Select Committee meeting on 16th January 2019 in regards to the draft Joint Health and Wellbeing Strategy (JWHS).

Following the consultation, all responses are being reviewed and changes will be made to the final strategy.

The aim of the strategy is to be concise and purposeful; therefore it does not give details of the action plans for delivery. The intention is that a Place Plan will be developed as the delivery mechanism for the strategy. It will include details of the actions on how the strategic goals and priorities will be delivered.

Responses to specific comments are as follows:

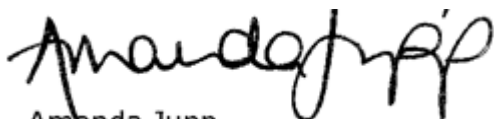
a) **Sugar reduction be emphasised with action plans across the strategy:**

This is noted and sugar reduction will be added as one of the initiatives in Starting Well, following through to both the Living and Working Well and Aging Well themes too.

- b) **More is included in regard to children's mental health:** Children's mental health is included as a key priority in the strategy and the intention is that the Place Plan will have more details and action plans relating to children's mental health. The children's public health team are committed to working with other organisations and teams in prioritising emotional health and wellbeing and progress is being made.

- c) **Action plans are included for those with long-term conditions who do not feel supported:** The Place Plan will include more details and action plans on supporting those with long term conditions.
- d) **A reference to digital media is included regarding its impact on health and wellbeing and the benefits it can bring:** The draft strategy will be reviewed and a Place Plan will be developed to set out the action plans, including reference to digital media.
- e) **Other addictions, including gambling, are included:** This is noted, and will be included in the revised strategy.
- f) **More is added regarding the benefits of walking and cycling:** The draft will be reviewed and clear links with other strategies, such as the West Sussex Walking and Cycling Strategy 2016-2026 will be highlighted.
- g) **The importance of smoking cessation, particularly for pregnant women, is emphasised:** The draft strategy includes the goal to reduce smoking in pregnancy and as an indicator. Some of the consultation responses indicated that inequalities were not sufficiently addressed. As this is related to inequalities, the draft strategy will be reviewed to ensure that issues such as maternal smoking are highlighted.

Yours sincerely,



Amanda Jupp
Cabinet Member for Adults and Health



Mr Bryan Turner
Chairman
Health and Adult Social Care Select Committee

Trust Headquarters
Nexus House
Gatwick Road
Crawley
West Sussex
RH10 9BG

Tel: 0300 123 0999
www.secamb.nhs.uk

Sent via email

21 February 2019

Dear Bryan

Thank-you for providing the trust with the opportunity to attend and present to the Health and Adult Social Care (HASC) Select Committee on the 16th January 2019.

In response to the committee's recommendations.

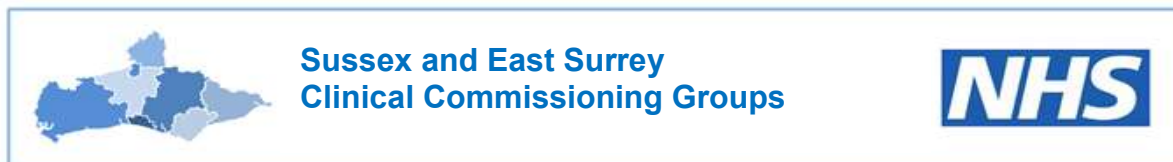
- i. We would be delighted to attend a future HASC to provide an update on our Care Quality Commission (CQC) Improvement Plan and the various actions and initiatives being undertaken based on the CQC inspection report and its recommendations.
- ii. As we discussed during our attendance at the meeting on the 16th January, providing performance information on its own can lead to misinterpretation particularly when this is not at a level for which the trust is commissioned. Could I suggest that we attend a future HASC and present performance information for the West Sussex area. We would then be able to explain this to the committee and answer any specific questions they may have?
- iii. The committee were updated on falls initiatives being undertaken across the trust area including one in partnership with Coastal West Sussex. These pilots will run until the middle of the year when they will be evaluated to help inform future commissioning intentions. We would be very happy to either return to the committee and update on the outcomes or provide the committee with the evaluation report once completed. Maybe you could confirm which the committee would prefer.
- iv. Again, we would be very happy to return to the committee in the future to update on progress of our Sustainability and Transformation Programme (STAD).

I look forward to hearing from you to arrange future attendance at the committee.

Your sincerely

A handwritten signature in black ink that reads "Daren Mochrie". The signature is written in a cursive style with a small flourish at the end.

Daren Mochrie, QAM
Chief Executive Officer



Bryan Turner
Chairman Health and Adult Social Care
Select Committee
West Sussex County Council

Sussex and East Surrey Clinical
Commissioning Groups
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BY EMAIL ONLY

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27 February 2019

Dear Bryan,

Re Community Hospitals

Thank you for your letter dated the 25 January 2019, regarding the Secretary of State for Health and Social Care, Matt Hancock's statement, at the Conservative Party Conference last October that "the era of moving all activity into fewer, larger hospitals and blindly, invariably closing community hospitals is over".

You asked me to clarify the position following the response received by HASC from Sussex Community Foundation NHS Trust (SCFT), which you found somewhat confusing.

I have now read the SCFT response that you kindly shared, and I am pleased to clarify that our view is as follows;

The Five Year Forward View and the NHS Long Term Plan both describe, as we have locally in West Sussex and across the Sussex and East Surrey STP, a strong desire to see services provided as locally as possible where it is clinically safe and appropriate to do so. These plans also describe significant investments in digital services, and in workforce, and in care pathways and diagnostic capacity, which are intended to improve patients' experience, and help reduce reliance on more traditional bed-based services, which are not always the best and safest form of care. In hospitals of any size, and particularly in very small hospitals, it can be very difficult to attract, recruit and retain the staffing that is required to make sure these bed-based services are safe.

We therefore believe that whilst the broad definition in the Secretary of State's statement would include all smaller hospitals, i.e. both District General Hospitals and Community (or Cottage) Hospitals, we share the underlying principle in SCFT's response that an ongoing cycle of reviewing services offered within these hospitals to ensure they are safe is appropriate.

If it would be helpful our Executive Director of Health, Well-Being and Care Strategy, Amanda Philpott, would be happy to meet with you and Siobhan Melia to discuss further.

Yours sincerely,



Adam Doyle
Chief Executive Officer
Sussex and East Surrey Clinical Commissioning Groups

c.c. Siobhan Melia - Chief Executive, Sussex Community NHS Foundation Trust
Amanda Philpott - Executive Director of Health, Well-Being and Care Strategy

Radiotherapy services: New Service Specifications and implications for West Sussex provision

Fiona Mackison,
Service Specialist
NHS England South East

February 2019

Radiotherapy services: New Service Specifications and implication for West Sussex provision

Version number: final draft

First published:

Updated: (only if this is applicable)

Prepared by: Fiona Mackison, Service Specialist, NHS England South East

Classification:

1 Context

1.1 Radiotherapy services are commissioned by NHS England (NHSE) as a prescribed service in line with NHSE Service Specifications.

1.2 Radiotherapy is delivered by Linear Accelerators (linacs). Linac is a generic term for all megavoltage radiotherapy equipment.

1.3 NHSE published the final Service specifications for Radiotherapy services in England in January 2019. A key requirement of the Service Specifications is for the development of Operational Delivery Networks (ODN's). During 2019, 11 Radiotherapy ODN's will be established in England. The role of each Network is to coordinate the development and improvement of Radiotherapy services at pace and scale.

1.4 The published NHSE Service Specifications follow a three month national public online consultation which received 11,542 responses as well as 675 responses submitted in other formats (such as email or letter).

1.5 A national public consultation exercise was conducted by NHSE on the proposed Radiotherapy Service Specification between October 2017 and January 2018. The consultation was initially planned to last for 60 days but was extended by one month due to the high level of interest. The main vehicle used for the consultation was an online survey. The majority (90%) of the online survey responses were from the South West region, followed by the North West region (5%) and South East region (2%).

1.6 West Sussex Health & Adult Social Care Select Committee (HASC) requested that NHSE Specialised Commissioning South East provide an update to the Committee on publication of the new Service Specifications to enable members to have a clear narrative of the key themes from the consultation responses and what the subsequent Service Specifications mean for West Sussex residents, particularly to understand if there will be any impact on the Committee's previous recommendation which supported the siting of linacs at St Richard's Hospital, Chichester.

2 Key themes from the consultation

2.1 NHSE published a key themes document alongside the new Service Specifications in January 2019; this included the thematic feedback table below from the consultation exercise.

Key Themes	NHSE response
<p>1. Travel – distance / travel time</p> <p>Travel was by far the largest theme to emerge from the consultation responses, particularly in the South West region.</p> <p>Concerns were around people having to travel greater distances for their</p>	<p>As a result of the concerns expressed that many more people would need to travel further for radiotherapy treatment, NHSE has made a number of significant changes to the proposals (see bullet points below).</p> <p>The changes place emphasis on securing improvements through greater</p>

<p>radiotherapy treatment. Transport was raised as an issue, particularly in more rural areas where it would take longer or be more difficult to travel to and from treatment centres.</p>	<p>collaboration and care protocol standardisation between centres and clinical teams.</p> <p>Taken together, these changes mean that:</p> <ul style="list-style-type: none"> • People requiring radical radiotherapy for the treatment of a less common cancer can continue to be treated locally; • Clinical teams will be able to maintain their involvement in a broad range of subspecialist cancer treatments, therefore maintaining skillset and expertise; • Local clinical teams within the Network will be empowered to improve services. <p>The proposals do not impact on any existing care pathways that may be in place, particularly for rarer cancers.</p>
<p>2. Travel – cost</p> <p>Concerns were raised about the cost of travelling further for radiotherapy treatment, and the impact that this would have – particularly for lower income families, families without a car, elderly.</p> <p>Some references were made to the charity sector and concerns that they would be relied upon to pick up the cost of travel and accommodation.</p> <p>If people are required to travel and stay away from home for their treatment, this could mean patients and/or families will have to take time off work and may mean loss of earnings.</p>	<p>The changes outlined and contained within the Service Specifications mitigate against the risks of the proposals having any unintended consequences on additional travel and associated costs.</p> <p>It is important to emphasise that some treatments are currently not offered in every centre.</p> <p>Whilst it is the case that the service specifications do not require any change to existing and agreed patient pathways, the NHS does have arrangements in place to provide assistance with travel costs for people on low incomes –</p> <p>https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs</p>
<p>3. Patient experience and outcomes</p>	<p>It has never been NHSE’s intention to close any centres as part of this review</p>

<p>If patients are required to travel further for treatment / it is made more difficult for patients to access treatment, there is a danger that patients will refuse treatment.</p> <p>Increase in travel time may also have more of an impact on patients both physically and mentally. It would also put a bigger burden on carer/family members.</p> <p>It was felt that this could lead to greater health inequalities, and some regions would be more affected by this than others e.g. rural geographical areas.</p>	<p>and so the impact on patient travel should be low.</p> <p>The additional changes made to the service specification (set out above) as a result of the consultation should provide additional assurance that there is no requirement to alter the current patient pathways for radiotherapy. Therefore, there will be no impact on travel arrangements.</p> <p>To ensure a consistent level of treatment quality from all providers, the new Service Specifications contain robust Quality Dashboards which will be reviewed and monitored through NHSE’s Quality Surveillance Team.</p> <p>In addition, Radiotherapy Networks will be required to develop a process of clinical audit and peer review of treatment plans to underpin the new partnership arrangements between providers. This process will drive improvements in patient care and reduce variation in clinical practice.</p>
<p>4. Funding</p> <p>There is a lack of clarity in NHSE’s proposals on funding - to enable collaborative working, for governance and IT, patient travel and accommodation.</p> <p>It was felt implementation of these proposals do not appear cost neutral.</p>	<p>As part of the development of new Service Specifications, a separate Impact Assessment was developed and which formed part of the consultation materials. This identified that the proposals were cost neutral overall because there was no impact on the overall level of radiotherapy activity in England. This position remains unchanged.</p> <p>However, the scale of implementation associated with the proposals is acknowledged. As a result, NHSE has committed to providing additional resources over a three year period to support Networks to establish. The funding will be tied to the delivery of a Network work programme.</p>
<p>5. Workforce – recruitment / retention / deskillling of staff</p>	<p>The proposals no longer require the centralisation of radical radiotherapy</p>

<p>There are concerns that centralising radiotherapy services could lead to problems in recruitment / retention of staff, with more advanced centres attracting staff from smaller centres. Centralisation could also lead to de-skilling of staff in local centres, which could have an impact on the treatment of more common cancers.</p>	<p>treatments for the less common cancers.</p> <p>However, the model does require collaboration and partnership working between clinical teams within Networks (see '1. Travel – distance / travel time' above). This approach offers far reaching opportunities for joint working as well as providing learning and sharing platforms to enable rapid roll-out of new technologies and techniques.</p> <p>It also provides for greater workforce resilience and sustainability, at a time of significant workforce challenges.</p> <p>In addition, the changes (set out in '1. Travel – distance / travel time' above) ensure that current scope of clinical practice is likely to be unaffected, which will also help to address any issues of staff retention.</p>
<p>6. Governance / implementation</p> <p>The proposals rely on effective collaborative working, however responses stressed that NHSE's proposals do not present in sufficient detail how that would look, how it would be led, funded, maintained and audited for service delivery.</p> <p>The proposals do not address additional funding to cover implementation costs for governance. Some responses saw the proposal as administrative burden – putting an extra layer of management and administration in place with a Radiotherapy Network Board across the larger geography.</p>	<p>The Service Specifications describe amended governance arrangements which radiotherapy providers are expected to put in place, specifically:</p> <ul style="list-style-type: none"> • Each Network will be hosted by a provided member of the Network who will be contractually accountable to NHSE, through its local Specialised Commissioning team, for the delivery of the national requirements set out in the Service Specification. • Each Network Oversight Group will be chaired by a Chief Executive Officer or Executive Director drawn from the Board of one of the Cancer Alliances covered by the Network, representing the wider cancer system. • Each Network Oversight Group will be operationally responsible to the Cancer Alliance(s) for the development and delivery of an annual programme of work to deliver the Service Specification requirements. The

	<p>programme of work must be signed off by the Cancer Alliance(s) and the arrangements for regular reporting to the Cancer Alliances must be agreed and documented within a Memorandum of Understanding.</p> <p>For detail about the implementation support available to Networks (see '4. Funding' above).</p>
<p>7. IT infrastructure</p> <p>Mainly NHS providers, commissioning organisations, Cancer Alliances, Cancer and Radiotherapy Boards mentioned this as an issue of importance.</p> <p>Clinicians raised this as a concern highlighting their experience with current systems and often poor integration between clinical systems.</p>	<p>It is acknowledged that, in some areas, Networks may need to invest in IT infrastructure to reap all the benefits of greater partnership working. NHSE is committed to supporting Networks achieve this.</p>

2.2 Following the publication of the Service Specifications, NHSE will commence implementation, which will be phased to allow ODN's to mature over a period of 2-3 years. There will be opportunities for clinicians, patients groups and members of the public to get involved in the development of this work through membership of Cancer Alliances and NHSE's Specialised Commissioning Clinical Reference Groups (CRGs). To keep up to date on progress interested parties can register as a Radiotherapy Clinical Reference Group stakeholders <https://www.england.nhs.uk/commissioning/spec-services/get-involved/crg-stake-reg/>

3. New Service Specifications

170091S Adult External Beam Radiotherapy Services Delivered as Part of a Radiotherapy Network

3.1 The Service Specification sets out the clinical, service and quality requirements and standards for the delivery of external beam radiotherapy to which all providers of Radiotherapy must comply. It also establishes that Radiotherapy services will be delivered on a network basis and that each of the current fifty-two providers of Radiotherapy services must be a member of a designated network.

3.2 The specification states that not all providers will deliver all sub-specialties of Radiotherapy but must work in a partnership arrangement with other organisations through a Radiotherapy Network.

3.3 Each provider within the Network will be required to contribute to the development of and agree a Memorandum of Understanding (MOU), or equivalent written agreement. This will set out how the Network and required

Network Oversight Group will function, including how it will develop and agree its annual work programme, audit and benchmarking arrangements and how the Network Oversight Group fits into existing and established provider and commissioner governance arrangements.

3.4 There must be Network-wide standard tumour specific treatment protocols in place.

3.5 The Service Specification, as the previous version (2013), requires linacs to be replaced once they reach 10 years old and requires all providers to contribute to national datasets.

3.6 The Service Specification does not state the maximum time a patient should travel to access radiotherapy.

3.7 Equipment utilisation must increase to at least 5 days a week working.

3.8 Access to clinical trials is also highlighted and patients must be offered relevant clinical trials even if the trial is not available locally, but at another centre within the Network.

3.9 Satellite centres are mentioned specifically with a requirement that *there is a single integrated and coordinated treatment planning team that is electronically connected for planning activities for image capture, treatment planning, radiotherapy prescription and clinical record and treatment delivery quality assurance.*

3.10 The new specification is explicit about the roles of the Network Oversight Group, Cancer Alliances and Specialised Commissioning. *The Network Oversight Group, in conjunction with the relevant specialised commissioning team and the Cancer Alliance(s), is required to review service provision on a regular basis to ensure optimal access arrangements are in place across the Network. This applies to proposals relating to sub-specialisation or the expansion and / or re-provision of an existing service or the development of satellite service facilities, because such facilities will need to demonstrate effective equipment utilisation and financial viability.*

3.11 *Changes may have an impact on overall Network activity flows, and, potentially, cross network flows, service sustainability and workforce. Therefore, any proposals to alter access must be approved by individual providers, Cancer Alliance and Specialised Commissioners and may be subject to public involvement duties.*

3.12 All Radiotherapy Networks in England are listed in the specification.

West Sussex will be part of the network below:

RADIOTHERAPY NETWORK PARTNERSHIP

Brighton and Sussex University Hospitals NHS Trust
Imperial College Healthcare NHS Trust

CANCER ALLIANCES

North West and South West London
Surrey and Sussex

Royal Surrey County Hospital NHS
Foundation Trust
The Royal Marsden NHS Foundation Trust

3.13 Both Royal Surrey County Hospital NHS Trust and Brighton and Sussex University Hospitals NHS Trust have existing clinical pathways to both The Royal Marsden NHS Foundation trust and Imperial College Healthcare NHS Trust for very rare cancers.

4. 170092S Operational Delivery Networks for Adult External Beam Radiotherapy Services

4.1 In support, a new Service Specification describing how the Radiotherapy Operational Delivery Networks (ODNs) will work, has been developed. The networks must be hosted by one provider within the Network. The Networks must deliver an annual work plan with aims described in the specification and produce an annual report.

4.2 The Network Oversight Group, in conjunction with the relevant specialised commissioning team and the Cancer Alliance(s), is required to review service provision on a regular basis to ensure optimal access arrangements for service users are in place across the Network. This applies to proposals relating to sub-specialisation, expansion or re-provision of a service and also the development of satellite service facilities, because such facilities will need to demonstrate effective equipment utilisation and financial viability.

5. Implications for Radiotherapy in West Sussex

5.1 In 2018 the Surrey/Sussex Cancer Alliance carried out a demand and capacity Radiotherapy exercise and recommended that the population of Sussex would require 2 linacs to meet demand. The optimum site for the 2 linacs was at Chichester.

5.2 This recommendation was shared with both NHS England and the West Sussex HASC. The HASC supported this recommendation.

5.3 The new Service Specifications have not fundamentally altered this position although issues have been raised about workforce challenges, utilisation of linacs, electronic networking and Network Oversight Groups which must be worked thorough.

5.4 The Service Specification states:
The development of any new service locations, i.e., satellite services, requires the development of a provider business case which demonstrates an existing differential access rate to radiotherapy for the relevant population, the capacity required to meet current activity levels for that population, machine utilisation and proposed efficiencies, together with an assessment of the impact of this re-provision on existing cancer pathways, both within and outside the Network geography.

5.5 *The impact of changes in clinical practice, efficient technology and greater flexibility in service availability will significantly affect radiotherapy capacity*

requirements over the next 5 years. This is particularly important as in general, the average number of fractions associated with an episode of care is likely to reduce

5.6 NHSE Specialised Commissioning will work with the Surrey/Sussex Cancer Alliance and providers and consider any business cases developed by a provider in the Cancer Alliance.

Health and Adult Social Care Select Committee
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15 March 2019

Adult Social Care Improvement Programme
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Information Report by Executive Director for Children's, Adults, Families, Health and Education (CAFHE) and Director of Adults' Services (DASS)
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Summary

At its meeting on 15 November 2018, the Health and Adult Social Care Select Committee (HASC) considered the Adult Social Care Improvement Programme following the Local Government Association Peer Challenge in Adults' Services, in particular the proposed plan for the three year improvement programme and draft vision and strategy for adult social care.

The HASC asked that it be provided with additional information, which was subsequently attached to papers for the HASC to consider on 16 January 2019. Information provided included:

- A copy of the latest Safe Indicators Performance information setting out the backlog and the progress in these areas
- The evaluation of the innovation sites
- A copy of a report on the recruitment and retention of social workers and occupational therapists to the end of November 2018, which provided trend data for the previous twelve months.

HASC requested more time to discuss the Adults' Services Improvement Programme and it was agreed that this would form the basis of a substantive item on the Committee's next agenda; this would also be timely to receive additional information on the next 100 days of the Adult Social Care Improvement Programme, which had been agreed at the HASC's 15 November 2018 meeting.

The focus for scrutiny

The Committee is asked to consider the progress of the programme in the last 100 days which is contained in the attachment to this report. To comment on areas of development and innovation, and seek assurance that, where appropriate, effective action is being taken to address any issues of performance or service provision within Adult Social Care, and whether there are any further issues, as result of the HASC's discussions, that should be the subject of further scrutiny by the Committee.

Proposal

1. Background and Context

- 1.1 At its meeting on 15 November 2018, the Health and Adult Social Care Select Committee (HASC) considered the Adult Social Care Improvement

Programme following the Local Government Association Peer Challenge in Adults' Services, in particular the proposed plan for the three year improvement programme and draft vision and strategy for adult social care. The HASC supported the outline of the proposed plan (3 year improvement plan underpinned by the vision and strategy) and highlighted the importance of resourcing the project appropriately and pursuing joint commissioning as part of health and social care integration. Members also asked that there be an emphasis on preventing social isolation and the importance of social prescribing projects.

- 1.2 In addition, members asked that they be provided with further information, which was subsequently attached to papers for the HASC to consider on 16 January 2019. Information provided included:
 - A copy of the latest Safe Indicators Performance information setting out the backlog and the progress in these areas
 - The evaluation of the innovation sites
 - A copy of a report on the recruitment and retention for social workers and occupational therapists to the end of November 2018, which provided trend data for the previous twelve months.
- 1.3 It was agreed that this information should form the basis of a substantive item on the HASC's 15 March 2019 meeting agenda; this would also be timely to receive additional information on the next 100 days of the improvement programme, which had been agreed at the HASC's 15 November 2018 meeting. Therefore, the purpose of the attachment is to provide the HASC with the information, updated where necessary, as set out above.
- 1.4 Additional information is also included within the attachments to this report, which is considered to be useful to present to the HASC at this time.
- 1.5 The report is accompanied by a presentation and spreadsheets.

Factors taken into account

2. Issues for consideration by the Select Committee

- 2.1 The HASC is asked consider the information attached to this report. Issues members may wish to explore include;
 - a) The effectiveness of plans put in place to address performance issues in regard to Safe Indicators Performance;
 - b) What the evaluation of the innovation sites has told us and how this has informed plans for future developments in Adult Social Care;
 - c) The effectiveness of plans put in place to address the recruitment and retention for social workers and occupational therapists;
 - d) What is the impact of these changes on the County Council's customers;
 - e) Whether there has been any impact on the County Council's ability to carry out its statutory duties.

3. Consultation

- 3.1 The presentation attached to this report does not require consultation as it is an internal document.

4. Risk Management Implications/Other Options Considered/Equality Duty/Social Value/Crime Disorder Implications/Human Rights Implications

- 4.1 These sub headings are not applicable as this report is for information purposes only.

Kim Curry

Executive Director Children, Adults,
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Paul McKay

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The Adult Social Care Improvement Programme 100 day update

Health and Adult Social Care Committee 15th March 2019
Deborah Robinson & Chris Merchant

Purpose of the session

- To provide a high level update on the three year improvement programme at the end of 100 days
- to provide members with an opportunity to understand some of “the detail” in relation to the improvement programme



Highlights last 100 days

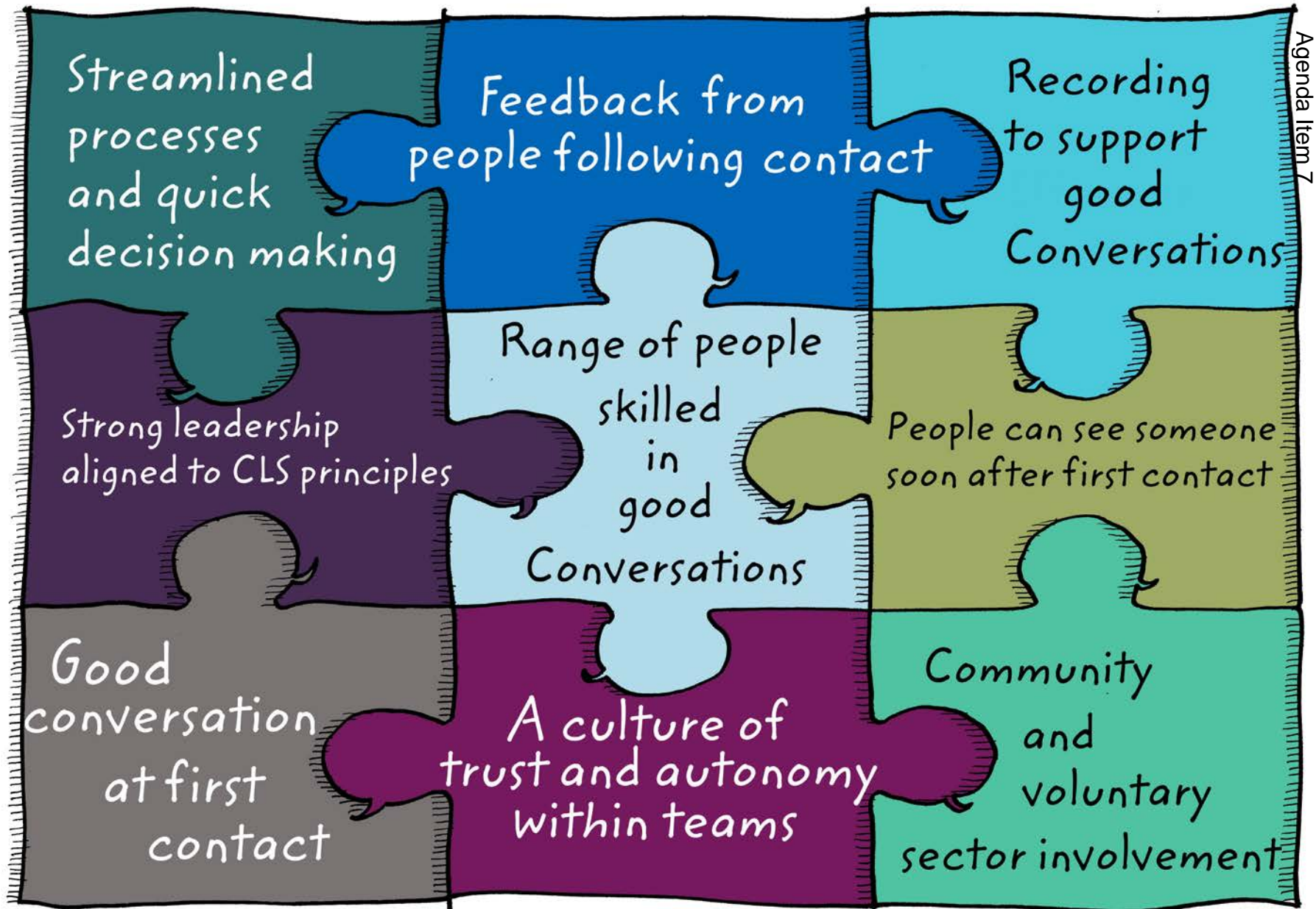
What we have done

- ✓ Consulted on the vision & strategy
- ✓ Developed plans for roll out of community led support, starting in the coastal area
- ✓ reviewed our mental health and "out of hours" offer
- ✓ Rolled out performance management support to team managers

What changes we have seen

- ✓ Improvement in safe indicators
- ✓ Filled social work vacancies (hospital)
- ✓ Developed a better engagement process with customers

Learning from the Innovation Sites - Community Led Support



Rolling Out Community Led Support

- ✓ Co-production brings people and organisations together around a shared vision
- ✓ There is a focus on communities and each will be different
- ✓ People can get support and advice when they need it so that crises are prevented
- ✓ The culture becomes based on trust and empowerment
- ✓ People are treated as equals, their strengths and gifts built on
- ✓ Bureaucracy is the absolute minimum it has to be
- ✓ The system is responsive, proportionate and delivers good outcomes

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What we want to achieve

- ✓ Better reported outcomes for individuals
- ✓ Less waiting times
- ✓ Reduced bureaucracy
- ✓ Reduced waiting lists
- ✓ Better and more efficient use of resources
- ✓ A different conversation with our customer
- ✓ A new and simpler way of working with people, partners and communities
- ✓ Staff feeling confident and empowered to embrace new ways of working

The Safe Indicators


- Four “safe indicators” – developed specifically for the programme

- Safeguarding
- Assessments
- Reviews
- Deprivation of Liberty Safeguards (DOLS)



AMBER

Target: 100%
Aim High

Direction of Travel: 

Performance:

- **Weekly performance:** 188 Safeguarding concerns received in the week ending 27-Jan, of which 174 (92.6%) had an assurance decision within 5 working days.
 - Increase of 3.2% from previous week.
- **Monthly Performance:** 869 Safeguarding concerns received in January, of which 774 (89.1%) had an assurance decision within 5 working days.
 - Increase of 1.1% from previous month.

Definition:

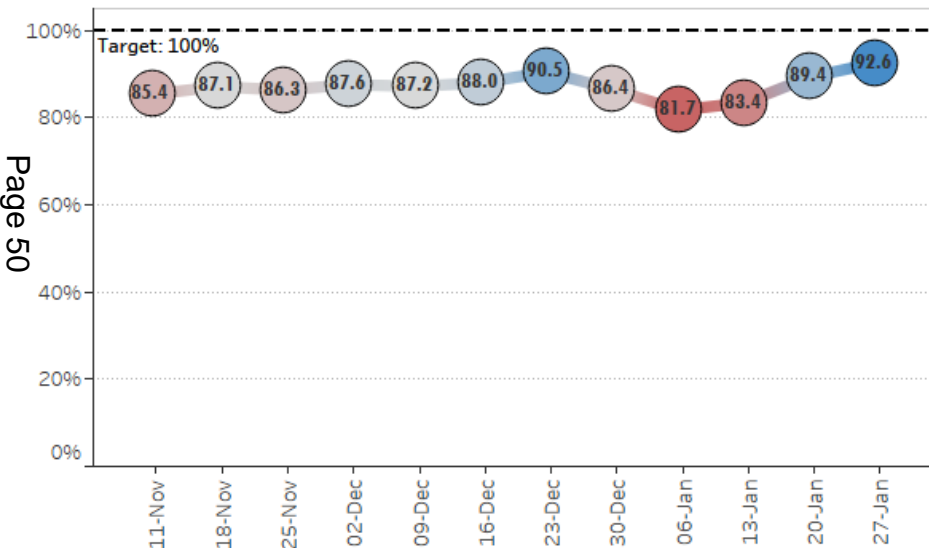
The proportion of new Safeguarding concerns received in each week with an Assurance Decision made within 5 working days.

Number of days calculated from the date the concern is received (or if this is not provided, the date it is input to Mosaic) to the date the Assurance Decision is taken and the concern stage is completed. For the latest period, only those concerns older than 5 working days are shown.

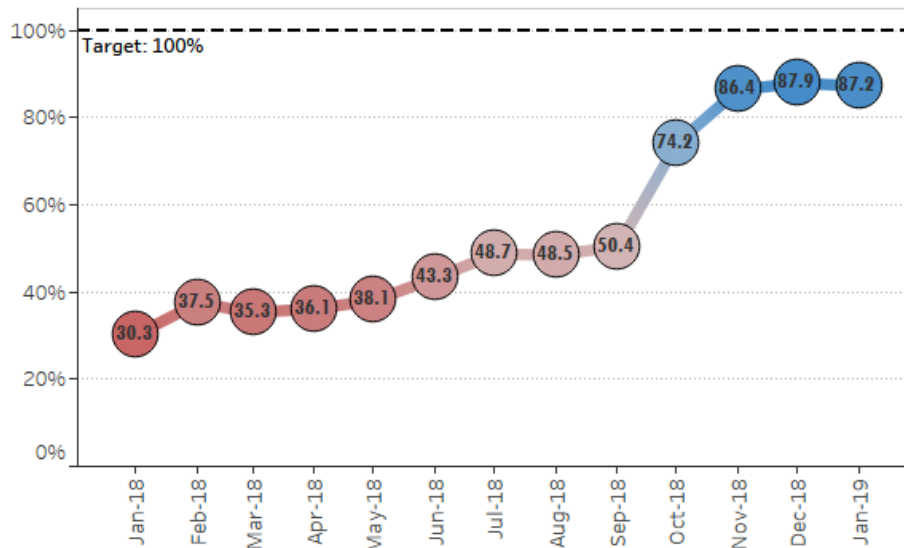
Safeguarding report run date: **04-Feb-2019**

Agenda Item 7

12 week performance:



13 month performance:



Service commentary and actions:

Performance in this area continues to be strong showing 92.6% in January 2019. In February 2018 this figure was only 37.5% which illustrates the significant improvement we have made since we introduced a new streamlined safeguarding form and supporting safeguarding dashboard.

To help mitigate the risk of unnecessary delay, we have implemented a new quality control system, to help address any safeguarding concerns where no decision has been made outside the 5 working day timescale. Using the Safeguarding Dashboard, the Adult Safeguarding Advisors now contact the allocated worker or the Team Manager of the open safeguarding concern and support them to progress and outcome the concern raised. The interim Head of Safeguarding receives a weekly report on the number of cases where the decision has yet to be made. In July 2018 there was a total of 602 safeguarding concerns which were open longer than 5 working days and without an assurance decision. As of 5/02/2019 there is now only 19 cases where no decision has been made. These cases are being closely monitored and the completion rates tracked. A small number of these safeguarding concerns are data entry issues which are being resolved. Any safeguarding concern which continues to remain open, and where there is identified risk, will be appropriately escalated to the Service Manager to action.

New Assessments started in 7 working days

SAFE INDICATOR 2

RED

Performance:

- **Weekly performance:** 480 Assessments requested in the week ending 20-Jan, of which 193 (40.2%) were started in 7 working days.
- Decrease of 11.1% from the previous week.
- **Monthly performance:** 1247 Assessments requested in Dec-18, of which 796 (63.8%) were started in 7 working days.
- Decrease of 1.9% from the previous month.

Definition:

The proportion of assessments requested in each week that were started within 7 working days.

Excludes known customers in receipt of long-term services or transitioning from Children's Social Care. Includes all Initial Assessment, Assessment and Conversation steps. Days are calculated from the trigger date of the initial assessment, assessment or conversation step to the date the step is started.

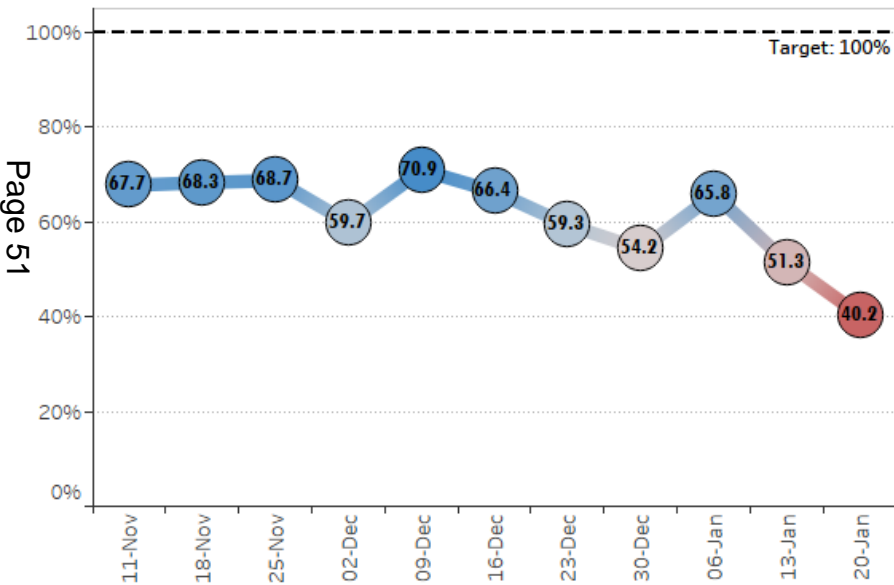
Assessments report run date: **04-Feb-2019**

Target: 100%
Aim High

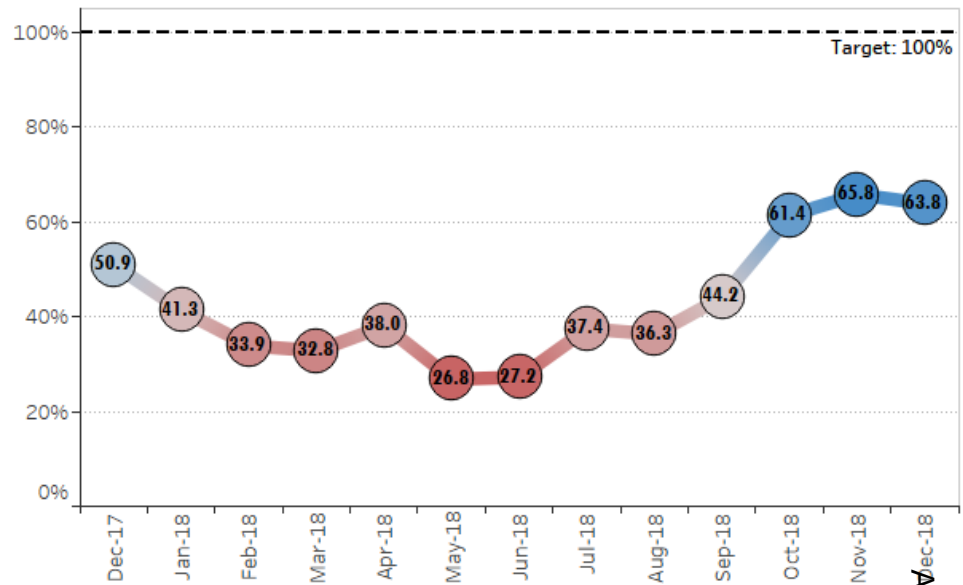
Direction of Travel:



12 week performance:



13 month performance:



Service commentary and actions:

Performance has dipped slightly this month due to the impact of the Christmas closedown on the front door and the provider failure in the early part of January that consumed locality resources; 40-50 staff were taken off BAU work to deal with the provider failure. The volume of demand in CarePoint 2 also peaked in January, with 1,746 pieces of work received compared to an average of 1,200-1,400 pieces of work received per month.

The Tableau performance dashboard has now been rolled out to Team Managers in SW and is being rolled out to TMs in ILS over the next two weeks. This provides managers with the opportunity to drill down to case level detail and identify where there are pinch points, issues with adhering to process and an ability to track performance. Analysis is being undertaken utilising data from the dashboards and action plans are being developed at Team and service level to drive improvement. Some significant improvement is anticipated through ensuring adherence to process and monitoring. However the remaining gap once this is achieved, is only likely to be addressed through the delivery of new ways of working and the revised workflow being introduced with the launch of SLCP.

Agenda Item 7

RED

Target: 100%
Aim High

Direction of Travel:



Performance:

- **Weekly performance:** 6638 customers in continuous long-term services for 12 months in the week ending 3-Feb, of which 4348 (65.5%) were reviewed in the last 12 months.
 - Increase of 0.1% from the previous week.
- **Monthly performance:** 6631 customers in continuous long-term services for 12 months at the end of Jan-19, of which 4349 (65.6%) were reviewed in the last 12 months.
 - Increase of 1.2% from the previous month.

Definition:

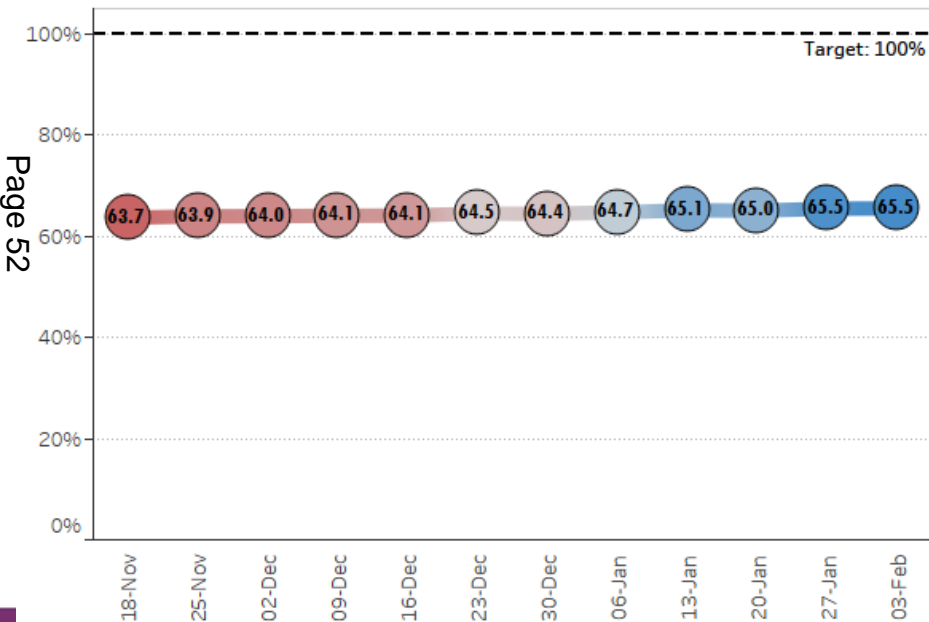
The proportion of long-term customers who had a planned or unplanned Review/Reassessment completed in the last year.

Cohort includes only those customers who have been continuously in long-term services for at least 12 months as at the reported date. This can include short breaks (e.g. hospital) of under a month. Mental Health customers are only included where they have a purchased service.

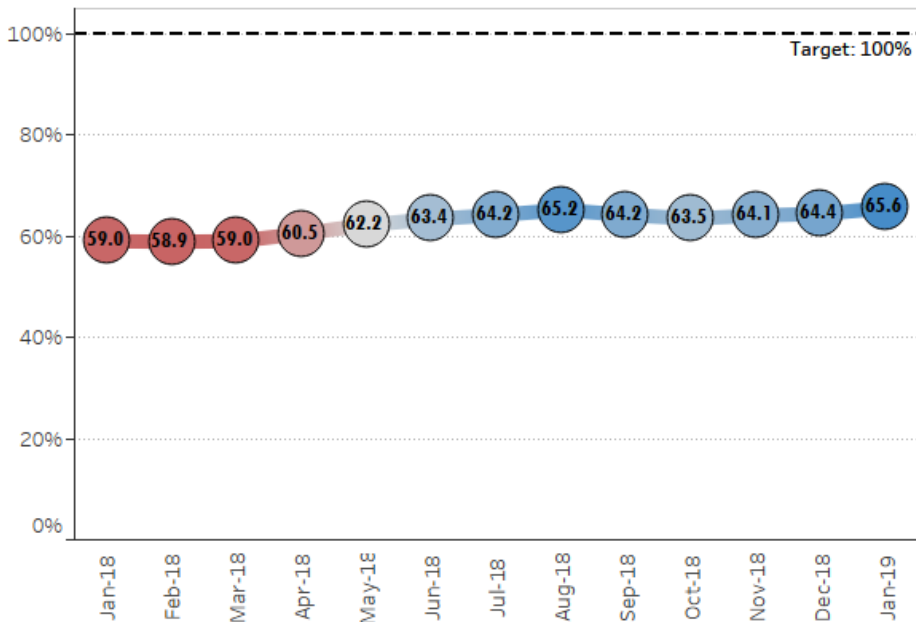
Reviews report run date: **04-Feb-2019**

Agenda Item 7

12 week performance:



13 month performance:




Service commentary and actions:

A specific cohort of customers who have physical disabilities and are in high cost placements have been identified and a focussed plan has been developed, with the intention to complete reviews and ensure best value. Operational managers continue to oversee the allocation of reviews and improvements can be seen this month.

RED

Target: 350 Assessments/42 days Aim Low

Direction of Travel: 

Performance:

- 572 open DoLS Assessments (Priority 1, 2, Short stay hospital & no priority) open in the week ending 3-Feb, a decrease of 28 from the previous week.
- DoLS Assessments open at the end of 3-Feb were open for an average of 83.0 days, a decrease of 9.5 days from the previous week.

Definition:

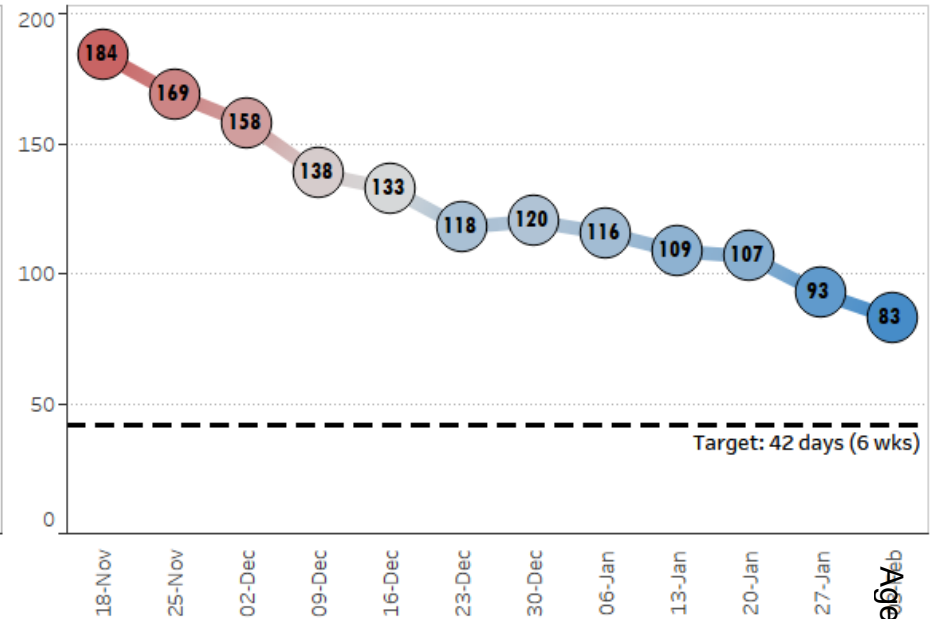
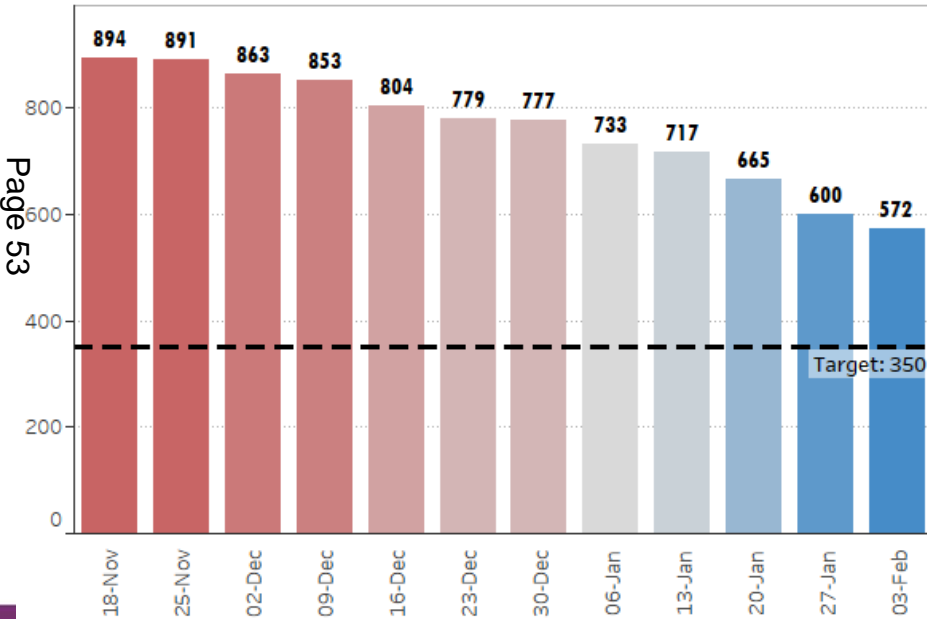
The volume and average days open for all open DoLS Assessments that were originally triaged as Priority 1, Priority 2 and Short Stay Respite Hospital, as well as any cases which were not triaged (no priority given). Priority 3, 4 and 5 assessments are excluded as the risk has been assessed as low.

Days are calculated from the date the assessment is first incoming, which follows immediately after triaging of the DoLS Request.

Demand (DHA) report run date: **04-Feb-2019**

Open DoLS Assessments (Priority 1, 2, Short stay hospital & No priority):

Average Days open (Priority 1, 2, Short stay hospital & No priority):



Service commentary and actions:

Safe indicator to be changed from 42 days (local indicator) to 21 days to meet statutory alignment of performance recording. DoLS triage arrangements are being reviewed to reflect the ADASS guidance, and a dedicated worker has been assigned to scrutinise untriated requests to provide effective risk management.

The managed service (P2) commenced work on 28th January 2019. Contract to assess 352 Priority 2 requests. Priority 1 requests are managed as requested – none outstanding. DoLS remains a high risk area for West Sussex as it is for the majority of LAs. A detailed management strategy is now in place and active to mitigate risk effectively.

Social Work & OT recruitment and retention



- Focused plan to “convert” agency staff to permanent in key areas (East Surrey Hospital)
- Signed off OT apprenticeship routes
- Targeted adverts for ASYE social workers

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Health and Adult Social Care Select Committee
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15 March 2019

Dementia Framework West Sussex 2014-19 – Review & Refresh
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Report by Executive Director Children, Adults, Families, Health and Education and Director of Adults' Services

Summary

In 2014, West Sussex County Council in partnership with all three clinical commissioning groups (CCGs); Crawley, Horsham & Mid Sussex and Coastal West Sussex, launched its first joint strategy for dementia; the Dementia Framework West Sussex 2014-19. In order to prepare for a refreshed Framework 2020-2025, a full review has been undertaken, which is the subject of this report.

The focus for scrutiny

The Health and Adult Social Care Select Committee (HASC) is asked to consider the review of the Dementia Framework West Sussex 2014-19 as set out in the report and attached at Appendix i in addition to the detail included in the presentation attached at Appendix ii; identify further gaps or issues to be addressed and consider whether the HASC should consider the draft of the full refresh of the Framework in autumn 2019.

Proposal

1. Background and Context

- 1.1 In 2014, West Sussex County Council in partnership with all three clinical commissioning groups (CCGs); Crawley, Horsham & Mid Sussex and Coastal West Sussex, launched its first joint strategy for dementia; the Dementia Framework West Sussex 2014-19. The Framework set out a vision that by 2019:
- people would receive a timely diagnosis,
 - people with dementia would be supported to maintain their independence for longer,
 - they and their families and carers would have access to high quality compassionate support together with access to good information and advice, and
 - all those affected by dementia would live in supportive communities without stigma.
- 1.2 The Dementia Framework was scrutinised by a Health & Adults Social Care Select Committee (HASC) Task and Finish Group on 23 May 2014 and signed-off by the then Joint Executive of the Crawley and Horsham & Mid Sussex CCGs, the Coastal West Sussex CCG Clinical Commissioning Executive and the Joint Commissioning Steering Group.

- 1.3 On 5 February 2018, the HASC Business Planning Group agreed that HASC should have the opportunity to consider the full review of the Dementia Framework and a refreshed Framework to be published in autumn 2019. It was necessary to ensure there was a robust review of the Framework and that there should be a local approach to the consultation. This exercise was extensive and the launch of the refreshed Dementia Framework is now scheduled to happen in spring 2020.
- 1.4 The review was based on health and social care performance data and on findings from an extensive stakeholder engagement exercise. The engagement comprised focus groups, interviews and on-line surveys. In total, 366 family carers, people living with dementia and health and social care staff took part in the engagement. The review was led by a task and finish group made up of leads from health and social care and voluntary and community sector organisations.
- 1.5 The findings and recommendations are set out in the attached appendices (i) and (ii). These findings are due to be shared with the Joint Commissioning Steering Group (JCSG), and have been presented to the CCGs North Joint Clinical Strategy Committee and Coastal Leadership Management Team.
- 1.6 These findings, together with new legislation, policies and guidance, both local and national, will be used to inform a full refresh of the Dementia Framework.
- 1.7 The refreshed Framework will be developed jointly between the County Council and all three clinical commissioning groups. Outcomes to be agreed and supported by local people, health and social care leads, community providers and local Dementia Action Alliances.
- 1.8 The refreshed Dementia Framework will be launched in spring 2020 and will run for five years. A first draft of the document will be ready for scrutiny in autumn 2019.
- 1.9 A robust joint implementation/delivery plan will be developed and a plan agreed for how the outcomes will be reviewed and monitored.
- 1.10 There was a lack of governance and leadership around delivery of the 2014-19 Dementia Framework which made it difficult to deliver on the outcomes effectively. Robust monitoring, leadership and governance will therefore be necessary for the refreshed Framework together with a clear delivery plan and a Delivery Board to oversee progress. It could be the Health & Wellbeing Board can fulfil this role and this is being explored.

2. Resources

- 2.1 Not applicable for this report.

Factors taken into account

3. Issues for consideration by the Select Committee

3.1 As detailed in the background and context section of this report and appendices i the executive summary and appendix ii setting out the presentation of the findings from the review.

4. Consultation

4.1 Consultation was extensive, as described in section 1.4.

5. Risk Management Implications

5.1 A Risk Assessment will be completed for the refresh of the Framework and will be attached to any future reports.

6. Other Options Considered

6.1 There are no other options as a refreshed Dementia Framework will help the County Council to set clearly defined goals and objectives that help the County Council to target resources effectively and encourage stakeholders to work more cohesively together.

7. Equality Duty

7.1 An equality impact report will be completed for the refresh of the Framework and will be attached to any future reports.

8. Social Value

8.1 None - as this report is for information purposes only.

9. Crime and Disorder Implications

9.1 None - as this report is for information purposes only.

10 Human Rights Implications

10.1 None - as this report is for information purposes only.

Kim Curry

Executive Director Children, Adults,
Families, Health & Education

Paul McKay

Director of Adults' Services

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Appendices

Appendix i - Dementia Framework West Sussex 2014-19 Review Executive Summary

Appendix ii - Presentation of the Findings from the Dementia Framework Review

Appendix E – Dementia Framework Survey Findings

Appendix F – Dementia Framework Review – Summary of Stakeholder Engagement

Appendix G – Updates from the West Sussex Local Dementia Action Alliances

**Review of the
Dementia Framework
West Sussex 2014-19
EXECUTIVE SUMMARY**

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1.0 INTRODUCTION & METHODOLOGY

2.0 KEY SUCCESSES

- 2.1 Prevention, health and wellbeing
- 2.2 Dementia diagnosis
- 2.3 Post-diagnostic support
- 2.4 Dementia friendly communities
- 2.5 Family and friend carers
- 2.6 Hospital care
- 2.7 Care Provider Market
- 2.8 Training & education
- 2.9 End of life care

3.0 WHAT STILL NEEDS TO BE ACHIEVED

4.0 CONCLUSION & RECOMMENDATIONS

Background Papers

A to D - Stakeholder Engagement Feedback Reports available at [www.](#)

Appendices

Appendix E - Dementia framework survey findings

Appendix F - Summary of Stakeholder Engagement

Appendix G - Summary of the work of the Local Dementia Action Alliances

1.0 INTRODUCTION & METHODOLOGY

Launched in 2014, our five year strategy for Dementia, the Dementia Framework West Sussex set out joint priorities for commissioning care and support for people affected by dementia. It was based on the views of a whole range of different people and organisations and was informed by national and local guidance, policies and data. The Framework was scrutinised by a Health & Social Care Committee (HASC) Task and Finish Group and signed off by the Joint Executive of the Crawley and the Horsham and Mid Sussex CCGs, the Coastal West Sussex CCG Clinical Commissioning Executive and the Joint Commissioning Steering Group.

A Joint Implementation Group (JIG) worked together to energise and influence commissioning and provision and to share information on plans being taken forward in the various provider areas across county. Apart from the JIG which disbanded relatively early in the Framework, there was no requirement for any ongoing governance.

As the Dementia Framework covered the period to 2019, approval was given by the HASC Business Planning Group to conduct a full review of the progress made and identify where the gaps remain.

The review was led by the County Council and all three Clinical Commissioning Groups and overseen by a task and finish group comprising representatives from health and social care and voluntary and community sector organisations. Recommendations were based on contract performance data and on findings from an extensive stakeholder engagement exercise that took place during summer 2018. The engagement consisted of two on-line surveys, and focus groups and interviews with a whole range of different people and organisations. Approximately 400 people from across the county took part in the engagement. A summary of the findings from the engagement can be found in Appendices A to E.

2.0 KEY SUCCESSES

The dementia prevalence rate has continued to rise in line with the ageing population since the start of the Framework in 2014 and prevalence is expected to grow year on year. This, together with national and local policies, guidance and legislation has helped shape the way dementia care is delivered locally and impacted on the outcomes of the Dementia Framework.

2.1 Prevention, health and wellbeing

'Prevention' outcomes within the Framework were aligned around Public Health's plans but also included outcomes around Communications and Annual Health Checks for people with learning disabilities.

- Public Health have run regular campaigns since the start of the Framework to promote smoking cessation, physical activity, alcohol reduction and NHS Health Checks with a degree of success. The NHS Health Check has sought to educate people about the risks of dementia and there are ongoing campaigns and work with Public Health to further promote the Check.
- The West Sussex Wellbeing programme and Hubs have helped to promote health and wellbeing for all including people with dementia. Since the start of the Framework, they have supported around 9,000 adults a year to improve their health and wellbeing.
- Information about the health risks around dementia have been communicated to residents through the Council's website, articles in town and Parish newsletters, West Sussex Connections and radio interviews.

2.2 Dementia diagnosis

- The Clinical Commissioning Groups (CCGs) have committed considerable time to improving local diagnosing rates and have training and processes in place to support the identification of the early signs of dementia. The national target set for diagnosing dementia has stood at 66.7%, and in the four years since the start of the Framework the diagnosis rate in West Sussex increased from 46% in 2014 to 58% in 2017. As of October 2018, the diagnosis rate for Crawley was 68.4%, Horsham & Mid Sussex 71.39% and Coastal West Sussex 66.14%. The number of people registered with GP's has risen in line with this.
- Sussex Partnership NHS Foundation Trust in partnership with Alzheimer's Society is commissioned to deliver a Memory Assessment Service (MAS) which provides a diagnosis and time limited treatments for all groups of people and family carers.

Referrals into the service have increased exponentially since the start of the Framework and although 60 to 70% of all people receiving a diagnosis have a memory related condition (dementia + mild cognitive impairment), an average of only 39% of all people referred have a final dementia-related diagnosis.

- In the last four years, there has been a 7% increase in the number of people receiving a diagnosis of dementia from MAS and a rise of 90% of family carers accessing support from a Dementia Adviser which can be attributable to the renewed focus on family carers.
- The service has seen a slight increase in referrals from non-white British people but there continues to be an under-representation from these communities.
- The level of referrals into the MAS from people with learning disabilities has been consistently low with an average of just 4 people being referred to the MAS annually from the Learning Disabilities Community Mental Health team.

2.3 Post-diagnostic support

- Once people have had a diagnosis of dementia, Dementia Advisers and Dementia Support Workers, jointly commissioned through Alzheimer's Society, offer information, advice and support to the person and their family carers. The Dementia Support Service covers the whole of West Sussex and sees around 100 people with dementia and family carers each month.
- The Living Well With Dementia (LWWD) and Dementia Crisis Services (DCS) support people with complex and behavioural issues. The DCS provides more intensive interventions and has a particular remit to prevent immediate unscheduled admissions to hospital, inpatient care or nursing or residential care. The DCS has helped avoid an average of 4,000 admissions in total in the last four years.
- Proactive Care Teams provide ongoing support to people with long term conditions including dementia. They are multi-disciplinary teams where health and social care staff work together to coordinate care in order to shift the balance away from reactive crisis intervention and unplanned care/hospital towards independent health and wellbeing.
- Communities of Practice (COPs) in the north of the county provide a new way of working by integrating Proactive Care and District Nursing teams. Local Community Networks (LCNs) in Coastal West Sussex aim to deliver joined up care within local communities. Bringing together multi-disciplinary staff who work as one team with people and carers to provide holistic care and support.

The proactive approach, integrated coordination and service delivery organised by the above services is undoubtedly making a significant positive difference to patients and family carers.

2.4 Dementia friendly communities

- There is now a Local Dementia Action Alliance (LDAA) in almost every major town in West Sussex. Each LDAA has worked hard to make its community a welcoming, accessible place for people living with dementia and there have been some good examples of this work. See Appendix G for more information.

Many public sector organisations such as; the County Council, CCGs, Local District and Borough Councils and LCNs, actively support the work of the LDAAs but unfortunately there is no universal approach and this support varies from district to district.

- The County Council has made a public ongoing commitment to becoming a dementia friendly organisation and carer friendly employer. 250 members of staff to date have become dementia friends and a carers staff policy and 'passport' has been introduced.
- The Police and Fire and Rescue services have gone a long way to ensuring their Officers are suitably equipped to help people with dementia and many have become Dementia Friends and Champions. In 2018, the Police Service launched the Herbert Protocol. This is a tool for assisting a search if someone should go missing.
- The library service has been instrumental in providing welcoming and supportive places for people with dementia. It hosts dementia drop-in sessions in partnership with Alzheimer's Society; holds reminiscence collections; operates memory management library cards and runs Reading Well Books on Prescription for Dementia.

2.5 Family and friend Carers

- Carers Support West Sussex is the preferred provider for statutory Carer Assessments, these assessments can help identify a carer's needs and provide access to direct payments for eligible customers.
- Carers Support West Sussex is also jointly commissioned to support all family carers across the whole of West Sussex as a universal Carer 'Front Door' for carers who have not necessarily come into contact with other services.

Carers Support West Sussex provides support via the generic Carer Response Line, a small specialist dementia support team and carer groups, information, signposting and; free counselling; free therapy taster sessions; a Carer Equipment Service; Carer Learning and Wellbeing programme; and light-touch Carer Wellbeing Reviews. Carers have access to a Carer Health and Wellbeing Fund which is a non-means tested pot of funding that can provide a one-off payment to meet an assessed need in the carer's life.

An estimated 4,782 carers of people with dementia are being supported through Carers Support West Sussex.

- Alzheimer's Society's Dementia Advisers and Dementia Support Workers are commissioned to provide information and support to people with dementia and their carers at the point of diagnosis and later in a person's journey. Alzheimer's Society also deliver training for carers through their Carer Information and Support Programmes (CrISP).
- Short breaks and respite opportunities (some dementia specific) designed to give carers a break from their caring role are jointly commissioned through a range of voluntary and community sector organisations. These services can either be in the person's own home or through group activities, day services and dementia cafes. They are delivered county-wide through a variety of providers.

- Sussex Community NHS Foundation Trust's (SCFT) Carer Health Team is a clinical team jointly commissioned to work proactively with the carer to ensure they are considering their own health and wellbeing. Although not dementia specific, in the last quarter of 2016/17 there were approximately 300 referrals into the service of which 30% were from people caring for someone with dementia.
- In 2015, an Admiral Nurse service was commissioned in the north of the county by Horsham & Mid Sussex and Crawley CCGs to support family carers of people with dementia. It works with around 24 referrals a month and a 2017 evaluation of the service pilot reported 90% of family carers have reported receiving better support in their caring role.
- Dementia mainly affects older people but for some, dementia can develop at a younger age. There is estimated to be over 200 people under the age of 65 predicted to have dementia in West Sussex. Three discrete groups running in different areas of the county are jointly commissioned to meet the needs of younger people with dementia.

In response to an identified need, a service aimed at providing a meaningful overnight short break for family carers of younger people was launched in 2017. The break is designed to provide age appropriate activities in a mainstream setting. A total of 60 people to date have been reached through this service.

- The Council commissions a thirteen week free telecare service and a universal offer of assistive technologies that enables people with dementia to live independently at home for longer. There are around 400 telecare installations taking place each month, of which an average of 15% are for people with dementia. These customers are sign-posted to additional support. Dementia has also been identified as a priority area in the newly launched Technology Enabled Lives Strategy (TELS).
- A pilot to test a Shared Lives Service for people with dementia was commissioned early in the Framework. Some success was identified with recruiting host carers but there were few successful placements. The pilot has now ended but Shared Lives placements can still be offered to people with dementia if a suitable host carer is available.

2.6 Hospital care

- A 2017 National Audit of Dementia Care in General Hospitals¹ reported improvements in the care provided by all acute hospitals in West Sussex. All scored 80% on nutrition and hydration; two thirds of carers felt the care their loved one received was good; and almost all staff reported the training they had received made them better prepared to care for someone with dementia.
- The following are some good examples of dementia care taking place in our acute and community hospitals:
 - The 'Butterfly scheme' at East Surrey Hospital is designed to help all staff to better support people with dementia or memory difficulties. The hospital also has dementia leads in every ward and a dedicated Admiral Nurse supporting carers to cope with their caring role. The Admiral Nurse also facilitates music projects, dementia cafes etc.
 - In 2016, SCFT launched a 'Connect with Dementia' service supported by volunteers at Crawley Hospital and Zachary Merton. This service is ongoing and seeks to support people with dementia whilst in hospital.

¹(Audit commissioned by the Healthcare Quality Improvement Partnership (HQIP). report is produced and published by the Royal College of Psychiatrists' Centre for Quality Improvement.)

- Acute hospitals mostly now have open visiting hours. This offers family and friend carers more flexibility plus the reassurance of being able to be alongside the person they normally care for at a critical time.
- Carers Support West Sussex Carer Wellbeing Workers work with integrated hospital teams in all acute hospitals seven days a week and are available to support carers in all the community hospitals too. They provide a direct single point of access, contributing to reduction in admission, length of stay and re-admission and better outcomes for patients and carers.
- Information tools such as 'This is About Me' and 'Knowing Me' are being used in all the hospitals to enable ward staff to provide care individual to the needs of the patient.
- SCFT's Dementia Community Matrons support people with dementia and memory loss in Adur, Arun and Worthing either in their own homes or a residential care setting. They work to avoid admissions and support early discharge from hospital.
- The Relative Support and Home from Hospital services work across all West Sussex hospitals to offer support to carers, whether it is they or the person they are caring for who is the patient.
- Three dementia acute wards in Horsham, Chichester and Worthing provide intensive multi-disciplinary treatment and interventions for people of any age who are diagnosed with dementia and experiencing severe behavioural and psychological distress. A review and reconfiguration of this service is currently taking place with the aim of achieving a centre of excellence.
- Dementia is a national priority for the Ambulance Service and the South East Coast Ambulance Service (Secamb) now has a dementia lead in place and a wish to see paramedics receiving mandatory dementia awareness training.
- The county-wide Dementia Crisis Service supports the person at risk of an unplanned admission to keep them out of hospital.
- The CCG's and County Council are actively working to reduce the time people spend in hospital by increasing quality and supply within the care market and reducing the time people wait for assessment of their needs and funding decisions.

2.7 Care Provider Market

- There are currently around 72 care agencies in West Sussex registered by the Care Quality Commission (CQC) as accepting referrals from people with dementia, 64% are rated 'Good' with 9 agencies being rated as 'Outstanding'. 33% of all agencies are based in Horsham and Mid Sussex, 59% in Coastal West Sussex of which 20% are in Chichester and Bognor area and just 8% in Crawley.
- There are around 128 nursing and residential care homes registered in West Sussex that support people with dementia. Around 92 have been rated 'Good' or 'Outstanding' by the Care Quality Commission (CQC). Of the 128 homes, 66% are based in Coastal West Sussex of which 27% are in the Chichester and Bognor area, 30% in Horsham and Mid Sussex and just 5% in Crawley.
- The County Council commissions two care provider frameworks which are used by health and social care professionals for spot purchasing placements and packages of care. Providers on the framework work towards quality standards which include ensuring staff receive the necessary training in dementia and person-centred care.
- The Council and NHS support the care sector to improve quality and supply and workforce retention and recruitment.

2.8 Training and education

- There are a variety of training programmes in dementia care being rolled out to the Local Community Networks, Communities of Practice, care providers, Secamb and hospitals. And the new Care Certificate, mandatory for all care staff, includes modules in person-centred care and dementia awareness.
- Launched in 2017, the West Sussex Dementia Care Learning and Development Framework provides a single point of access to training and information for all people and organisations supporting someone with dementia. It was designed in partnership with a whole range of people and organisations including family carers.
- An innovative training programme, Time for Dementia, has been particularly well received by many of the people consulted as part of this review. This programme provides undergraduate healthcare professionals with ongoing, regular contact with people affected by dementia as part of their curriculum.
- Coastal West Sussex CCG directly commissions End of Life Education with the local hospices and specialist palliative care providers that is open to partners and includes end of life care for people with dementia.

2.9 End of Life Care & Advance Care Planning

- Work is being undertaken across West Sussex to encourage and support individuals to plan for their end of life care and there is a whole systems commitment to an Advance Care Plan entitled 'Planning Future Care' that is in the process of being implemented across West Sussex.
- Secamb has the practice of holding Advance Directives on their systems to inform them of a person's wishes about their healthcare if they are no longer able to make decisions for themselves. There are issues around ensuring the service has the most up-to-date version of the Directive and sharing it with other services.
- The End of Life Care Hub for Coastal West Sussex (ECHO) helps to improve identification of people in the last year of their life and provides a more responsive proactive approach. It provides a register of people accessible to clinicians, a website and a 24 hour telephone line. It reacts to patients' changing needs by co-ordinating access to services. An evaluation of the service is currently being completed but eighteen months into the service, early indications are that ECHO is working well.

3.0 WHAT STILL NEEDS TO BE ACHIEVED

- 3.1 There are a few good examples of **services working together** but issues around referral pathways and sharing information between services. Communities of Practice in the north of the County represent a true integrated approach to care and support with co-location of health and social care staff. It will be important to explore how this approach can work with other areas of the county so that people can benefit from joined up care and support that is individual to their needs.
- 3.2 People wait a **long time for diagnosis** from MAS, often more than 4 weeks from referral to first assessment. Long waits can make people anxious and often people referred into the service drop off the waiting list or go into crisis.

The MAS is currently testing a new diagnostic pathway in Worthing that looks to reduce waiting times and early results are proving promising. If the pilot is successful it will be rolled out to the rest of the county during 2019. The new model will need to be monitored carefully to ensure waiting times reduce sufficiently and at pace.

Consideration also needs to be given to how people access **support whilst they await their diagnosis**. There will need to be robust referral mechanisms put in

place to services such as Carers Support West Sussex. However the small Carers Support West Sussex dementia team is over-stretched and at full capacity.

Ongoing investment in the diagnostic pathway will be necessary to ensure people do not experience long waits to diagnosis and have access to support while they wait.

- 3.3 For people from **diverse backgrounds** such as BAME, Gypsy and Travellers and LGBT communities and people with **Alcohol Related Dementia**, more needs to be done to ensure there is a clear and robust pathway to diagnosis and support that is person-centred and sensitive to the needs of all groups of people. Services designed to provide care and support for people with dementia need to be inclusive and understanding of different needs.
- 3.4 For **people with learning disabilities**, improvements need to be made with the diagnostic and post-diagnostic pathway to ensure people receive an early diagnosis and ongoing support from care providers skilled in caring for both dementia and learning disabilities. Annual Health Checks make it easier for a diagnosis of dementia to be made at an early stage. However, the number of people receiving this health check is low with around only 26% of people with learning disabilities on GP registers taking up the offer. This represents only half the number of people eligible to take part. More needs to be done to ensure the signs of dementia are spotted as early as possible so that the person with learning disabilities can receive an early diagnosis.
- 3.5 For **people with sensory loss**, the MAS is equipped to provide a good quality diagnosis but people also need to be able to receive accessible information and communications and they and their family carers should be able to participate in meaningful activities that are appropriate to them. There are currently no groups or activities designed to meet the needs of people with dementia and sensory loss.
- 3.6 There have been issues with the uncoordinated way **information and advice** is provided. People affected by memory loss and others may rightly seek information and advice from any number of touch points across the county throughout their journey. There is however no co-ordinated approach to how information and advice is accessed or any joined-up communications to achieve system-wide consistency of easy-access information and commonality of language used.

It will be important to look at different examples of best practice when developing any future refresh of the Dementia Framework, for example, Sage House at Tangmere. This service seeks to bring services under one roof with easy access to information and advice through its innovative Wayfinding service.

- 3.7 **Care planning including end of life care** - People affected by dementia told us that there was a lack of clarity about what they could expect in the future and how they could access support when their needs changed. Care Plans and Advance Care Plans need to be produced as early as possible in the person's journey.

The plans should not just be medical but take a holistic approach and should be developed in conjunction with the person and their family carer. The plans need to be re-visited on a regular basis to ensure they are up-to-date and, where consent is given, shared with all professionals involved in the person's care. A named co-ordinator should be identified who will keep the person and their family at the centre of any decisions that affect them but this is not currently taking place.

- 3.8 Health and social care workers have told us of the challenges they face with **supporting people with complex and challenging behaviour**. There is

support available from Dementia Matrons, Admiral Nurses, the Living Well and the Dementia Crisis Service but these services are at capacity and struggle to meet the increasing demand. It will be necessary to continue to ensure there is sufficient investment in services that help prevent unnecessary admissions to hospital and long term care.

- 3.9 The **demand for care** continues to grow but there is lack of capacity within the local care market particularly for people with complex and challenging behaviour. Investment in the work taking place to facilitate the local care provider market needs to continue in order to meet the increasing demand.
- 3.10 People affected by dementia need to be able to **participate in their communities and pursue meaningful activities** that help them to live well with the condition. Access to the right level of support for the person as their dementia progresses can help them stay in their own homes for longer. Day services, clubs and groups are commissioned to provide a meaningful break for older people including people living with dementia. These run throughout the county through a range of different organisations. However, carers say that there are few services that will provide care for the person once their dementia progresses, for example; personal care.
- 3.11 **Family and friend carers** need to have access to the right kind of local support that is appropriate to them to enable them to continue in their caring role. However, 25% of respondents to the on-line survey reported not having had a break from their caring role. This is critical to keep people with dementia living in their own home for longer thus reducing the impact on capacity within the care market and other services. The review also identified family carers feeling they were not always being identified as 'partners' in their loved ones care by agencies providing care and support for their loved one.
- 3.12 Supportive **dementia friendly communities** are key to ensuring people affected by dementia can fully access their local area and any support and activities available to them but only 20% of respondents to our on-line survey felt their community was dementia friendly. This could be an indication of the amount of work still left to do and investment in this area will be key. This will call for some robust joint working between the Local Authority, CCG's, Local District, Borough and Parish Councils and community and voluntary sector providers to help identify solutions, resources and funding. A whole community approach providing cross-generational awareness is required. Properly commissioned Dementia Alliances and local Dementia Wellbeing Programmes could be the core elements of a future framework.

Public sector organisations are well placed to lead by example by establishing dementia friendly and carer friendly staff policies and guidance for their employees, supporting the roll-out of dementia friends training in their workplaces and ensuring their public facing buildings are dementia friendly environments.

4.0 CONCLUSION & RECOMMENDATIONS

There has been some good progress made since the launch of the Dementia Framework in 2014 but there is still more to do. The rise in the prevalence of dementia together with complexity has impacted greatly on capacity within services and it will be important to ensure future investment can continue to meet the rise in demand. 'Ring-fenced funding' for post diagnostic support and co-ordinated systems between health and social care to support joint commissioning will be crucial to support the needs of this population.

It is recommended that the 2014-19 Dementia Framework is refreshed to reflect findings from this review and recent national and local policies, guidance and legislation. New priorities for 2020 to 2025 should be set and a joint delivery plan developed and agreed with a plan for coordinated local implementation.

There was a lack of governance around delivery of the 2014-19 Dementia Framework which made it difficult to deliver on the outcomes effectively. Robust monitoring, governance and leadership will therefore be necessary for the refreshed Framework and it is recommended that a Delivery Board oversees the work to ensure there is sustained progress. The Delivery Board will need to have a status to be in a position to influence commissioning in context of increasing demand elsewhere across the health and social care economy. The Board will need access to social value and health economics information to build a business case for any future investment opportunities.

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Review of the Dementia Framework West Sussex 2014-19

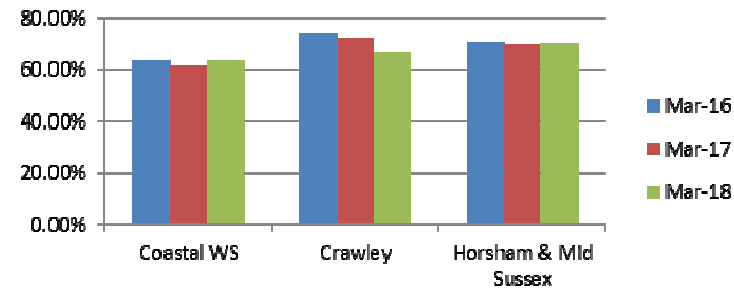
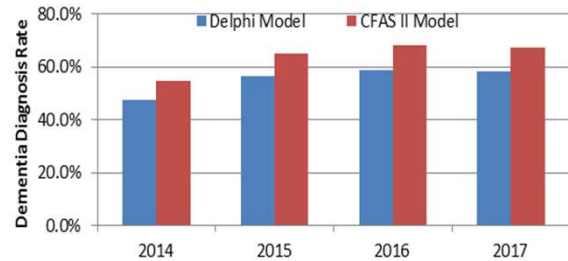
Irene Loft, Senior Commissioning Officer (WSCC Adults) &
Julie Whittingham, Manager Mental Health and Dementia,
Horsham and Mid Sussex CCG, Crawley CCG and Coastal West Sussex CCG

Background

- Joint Dementia Framework launched 2014
- Joint priorities and objectives.
- Framework scrutinised by a HASC Task & Finish Group and signed off by CCG governance boards.
- HASC BPG briefed that a full review of Framework led by WSCC and all 3 CCGs would be undertaken.
- Multi-agency task & finish group oversaw review.
- Approx 400 people from across county took part in engagement.

Key Successes

- Communications.
- Increase in diagnosis rates.



- Dementia services.
- Crisis prevention – DCS, Dementia Matrons, Proactive care.
- Work of the Local Dementia Action Alliances.
- Support for family and friend carers.

Key successes continued

- Examples of good practice in hospitals.
- 64% care agencies accepting people with dementia rated 'Good', 9 'Outstanding'.
- 72% of dementia nursing and residential homes rated 'Good' or 'Outstanding'.
- West Sussex Dementia Care Learning & Development Framework.
- Initiatives to improve advance care planning.
- End of Life Care Hub (ECHO) in Coastal West Sussex.

What still needs to be achieved

- Clearer referral pathways and sharing patient/customer information.
- Reduced waiting times to diagnosis.
- Increase in diagnoses of people from BAME communities.
- Clearer pathway to diagnosis and support for people with Learning Disabilities.

What still needs to be achieved (continued)

- A more coordinated approach to information and advice.
- Care planning including end of life care.
- Increased capacity within the care market especially for people with complex and challenging behaviour.
- Support for family and friend carers including respite.
- Dementia friendly communities.

Conclusion & Recommendations

- Findings from the review shared with JCSG, North Joint Clinical Strategy Committee, Coastal LMT.
- Good progress but still gaps.
- Rise in ageing population/prevalence impacting on capacity.
- Ongoing investment required to ensure capacity meets rising demand.
- New 2020-25 strategy developed to be launched spring 2020 to include robust implementation and delivery plan.
- Delivery Board appointed to provide ongoing governance and leadership.

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Dementia framework survey findings

Introduction

In total 149 people completed the survey. Of those 41% (61) were a family or friend carer for someone with dementia, whilst 57% (85) were not. 3 per cent (6) people had dementia themselves.

Location

Table 1 provides a breakdown of the town nearest to the person a family or friend carer was providing care for. The data has been organised by Clinical Commissioning Group boundary. Respondents who were not carers were not asked to give their location.

Table 1: Nearest town to person caring for, by CCG Boundary

Coastal		Crawley		Horsham and Mid Sussex	
Arundel	0	Crawley	13	Burgess Hill	1
Billingshurst	1			East Grinstead	3
Bognor Regis	6			Hassocks	0
Chichester	6			Haywards Heath	2
Henfield	0			Horsham	11
Lancing	0				
Littlehampton	7				
Midhurst	0				
Petworth	0				
Pulborough	1				
Selsey	0				
Shoreham	4				
Steyning	1				
Storrington	2				
Worthing	5				
Total	33		13		17

Owing to the low number of responses from Crawley and Horsham & Mid Sussex CCG areas it is not possible to breakdown the findings by CCG area.

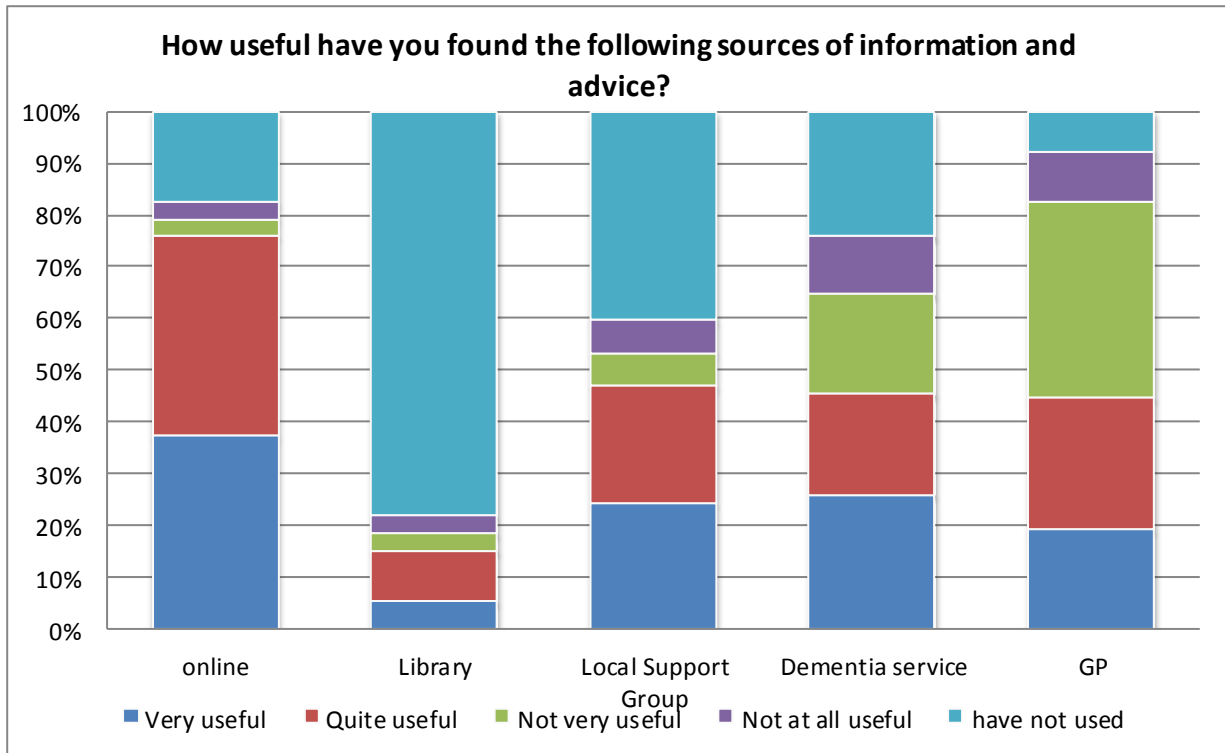
Diagnosis

- 61% of respondents were caring for someone who had received their diagnosis within the previous four years, whilst 34% had received it more than four years ago and 5% did not know.
- 83% had received their diagnosis aged 65 and over, whilst 16% had received it aged under 65.
- 30% of people respondents were caring for lived in permanent residential or nursing care, while 70% did not.
- 87% of respondents knew what dementia was before the person they were caring for received a diagnosis and 73% knew what the symptoms were before diagnosis.
- 73% knew where to get information about dementia and 60% knew where to get a diagnosis for dementia.

Sources of information and advice

As Fig (i) shows, the two most commonly used sources of information and advice were online and GP consultation. Whilst 80% of respondents found online a useful source (very/quite useful) this fell to only 44% for the GP, whilst 45% felt it was not a useful source.

Fig (i): How useful have you found the following sources of information and advice for helping people live well with dementia?

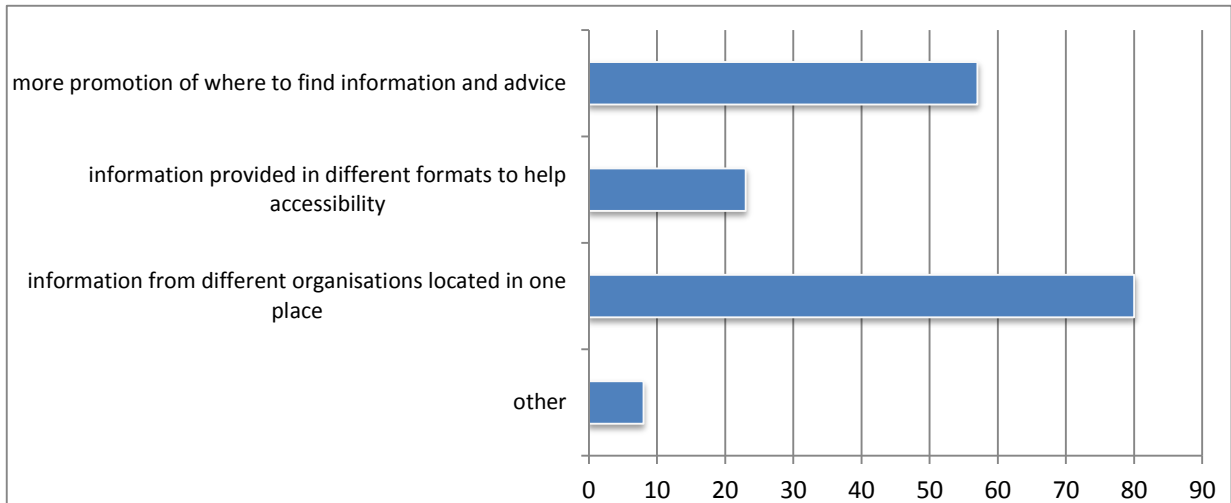


As Fig (i) shows the most commonly used source for information and advice was the GP, used by 92% of people. 88% of people had used online sources. As Fig (i) illustrates, online sources were viewed as considerably more useful than the GP.

Only 22% of respondents had used the library as a source of information and advice, whilst 60% had used a local support group and 76% a dementia service.

As per Fig (ii), 76% of respondents agreed that a 'one stop shop' for information and advice, where it was all located in one place, would make it easier to find information advice and information, whilst 63% agreed that more promotion of where to locate information would be beneficial.

Fig (ii): What things would make it easier to find information and advice? (% , select all that apply)



Health and Social Care Staff

Carers’ experiences of health and social care staff were very evenly split, as shown in Fig (iii). 41% of respondents had positive personal experiences (very/somewhat positive) whilst 41% had negative (very/somewhat negative).

Fig (iii): Thinking about your own experiences as a carer for someone with dementia, how positive or negative do you feel about the care and support you received from health and social care staff? (%)

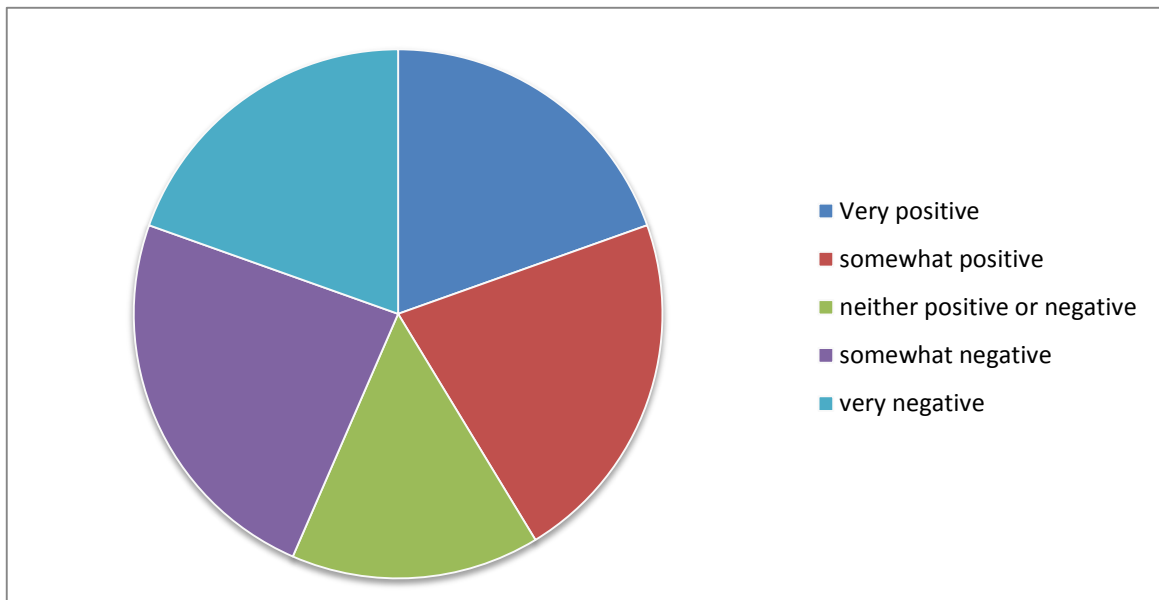
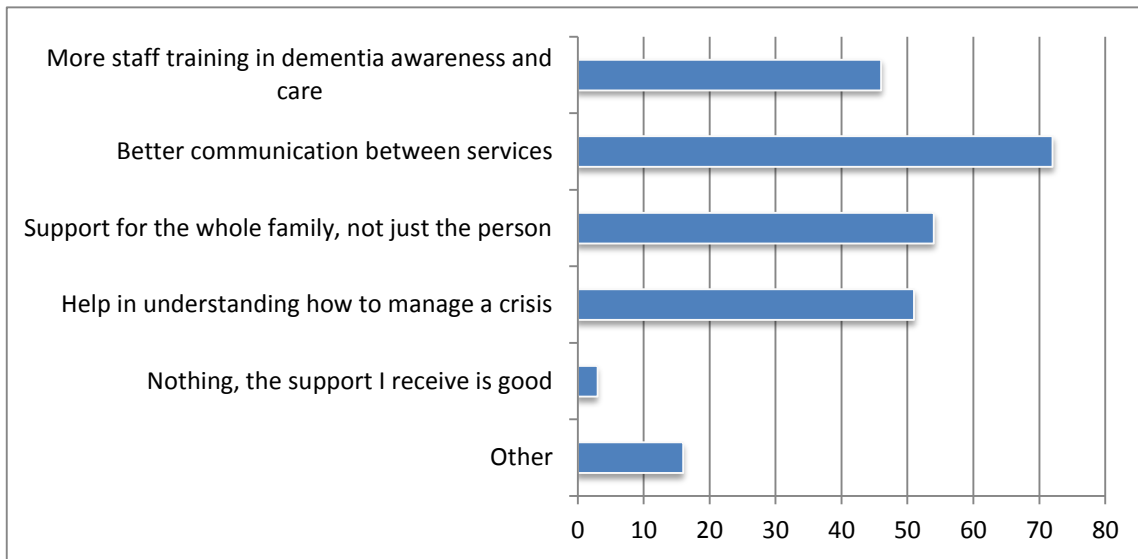


Fig (iv): What things could improve the care and support provided by health and social care staff? (% , select all that apply).



As Fig (iv) shows, only 3% of respondents felt that there was nothing needed to improve the support they received from health and social care staff. 72% of respondents felt that better communication between services would improve care and support, while 54% felt that support for the whole family and not just the person with dementia was important. 51% would benefit from help in understanding how to manage a crisis.

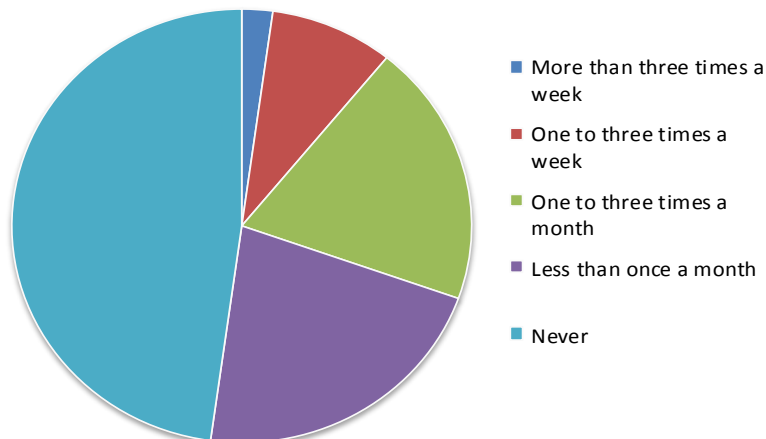
Additional comments included:

- Information and advice should give a realistic idea of the challenges of providing care – a ‘gritty and practical approach’ would be of greater value.
- To not just rely on leaflets, but also to provide someone to talk to.
- More staff training on how to support people with learning disabilities who develop dementia and their families.
- A lack of consistency in approach and attitude towards patients and their families and carers between different NHS services, for example Horsham CAMHS and Neurology at the Princess Royal hospital.
- More support for people with dementia to be continue to attend GP appointments independently and for the surgery to support them if they miss appointments or turn up on the wrong day.
- Simplifying the process for accessing proactive care, as the system can be slow and lack coordination.

Carers Groups and Leisure Activities

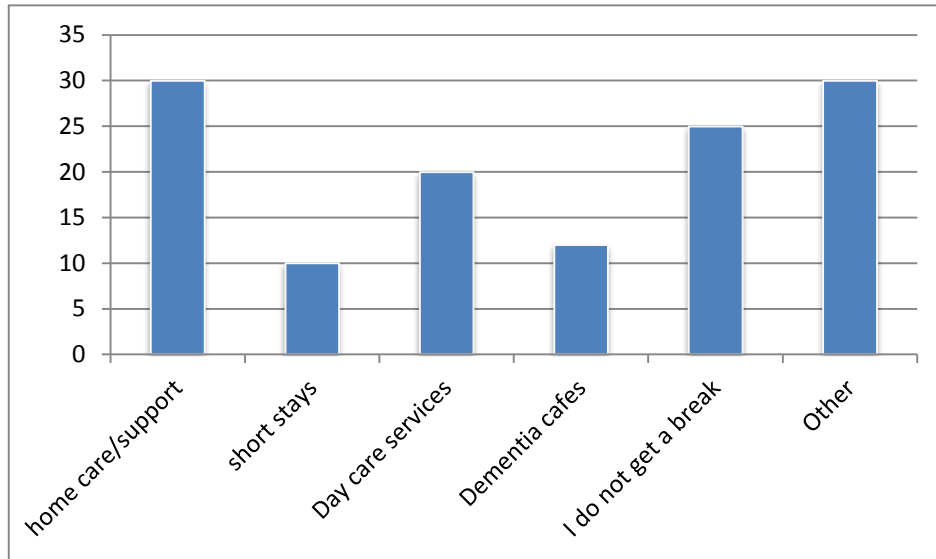
Just under half of respondents (48%) never attended carers groups or leisure activities, with 44% attending on a less than weekly basis. Only 9% attended once a week or more.

Fig (v): How often do you take part in carers groups, or leisure activities in your community? (%)



Respondents were also asked what stopped them attending groups and activities. Whilst a third (33%) of respondents were able to attend groups and leisure activities, a further third (33%) were unable to attend as they had no one to look after the person they cared for, whilst 9% could not afford an agency to provide care while they attended. 14% cited a lack of suitable activities and, possibly linked, 14% cited transport issues. Of the 23% who selected 'other', work and other family commitments were frequently cited reasons.

Fig (vi): What do you and the person you care for use to help give you a break from your caring role? (% , select all that apply)



30% of respondents used home care/support to get a break, whilst 20% used day care services. 25% of respondents did not get a break from their caring role. 'Other' options included, leaving the person with dementia at home alone for several hours, when in early stage or with mild dementia; informal arrangements with other family members; and the person with dementia now living in residential care.

Respondents were also asked what things stopped them getting a break from their caring roles. 24% said that there were no suitable respite opportunities, whilst cost was an issue for 9%. Some respondents were not happy leaving the person they cared for in a care or activity group setting, or the person would only agree to attend if their carer was with them. Others stated that the person they cared for did not recognise that their carer needed respite.

80% of respondents used their own car as the main form of transport for their caring role, whilst 7% walked, 3% of respondents used the train, whilst a further 3% used taxis. Only 2% made use of community transport.

Dementia Friendly Communities

This section was answered by all people completing the survey. 65% of people had heard of dementia friendly communities, whilst 35% had not.

Respondents were given a definition of dementia friendly communities and asked how far they agreed or disagreed that their local community was dementia friendly.

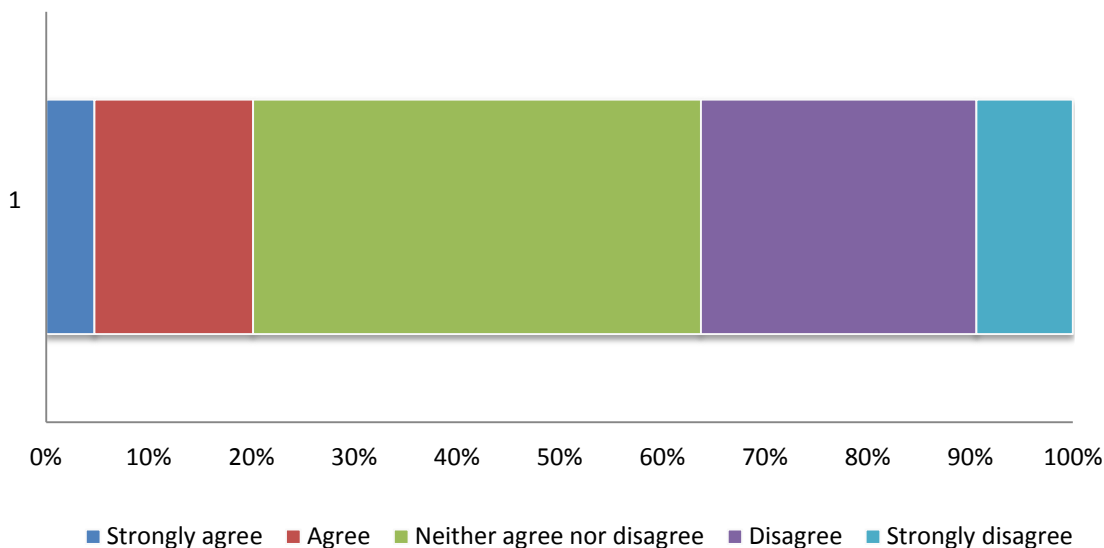
Definition:

People with dementia have described a dementia friendly community as one that enables them to:

- find their way around and be safe
- access the local facilities that they are used to and where they are known (such as banks, shops, cafes, cinemas and post offices)
- maintain their social networks so they feel they continue to belong.

Dementia friendly communities are those in which people with dementia have the best possible opportunities to live well.

Fig (vii): Thinking about your own local area, how far do you agree or disagree that your community is dementia friendly? (%)



Only 20% of respondents agreed that their local community was dementia friendly (strongly agree/agree), whilst more than one third (36%) disagreed (strongly disagree/disagree).

Respondents were also asked what things they thought could make their communities more dementia friendly.

Acceptance and understanding

“For it to be something we are not ashamed to admit to – we always end up making excuses for their behaviour and trying to hide it”

Respondents frequently noted that many people did not understand dementia or were unwilling to engage with the subject. Several respondents contrasted the

general perception of dementia with cancer, with the latter being widely understood and socially accepted. For some, there was a sense of frustration that dementia was not understood properly as an *illness* and that this was a significant barrier to broader social acceptance.

Divergent views as to people wearing visible signs, as some felt this could be helpful for people to be more aware of additional support needs and also public safety, whilst others felt that labelling people ran against the principles of an open society and that greater education and training for people and communities was a more suitable approach.

Public Awareness

Linked to wider understanding and acceptance, the need for information and campaigns was frequently cited including dementia information 'roadshows' to provide information in local communities and local poster and publicity campaigns. It was acknowledged that to be effective, local activity should ideally be supported by national campaigns.

Schools were also viewed as another suitable venue, particularly as some children may have relatives with dementia. Options for greater intergenerational contact, between younger children and people with dementia, should also be explored.

It was also viewed as important that communities who were dementia friendly actively promoted this locally, so that people were aware of this and had greater understanding of dementia and how to support people with dementia and their carers.

Local Community

The introduction of local schemes for shops and community facilities to indicate that they were a supportive space for people with dementia were frequently cited by respondents. This would require staff training to ensure that they were able to do this and this would likely have to be refreshed on a semi-regular basis.

Similarly, facilities such as libraries could act as local 'hubs' in the community for people with dementia and their carers; and these could provide a 'port of call' for information and advice.

Town maps and signage could be used to provide simple information to people, including where they could find shops and services that understood dementia. The potential for working with Business Investment Districts (BIDs) on such schemes could be explored.

Ongoing, high levels of change in town centres, which included the closure of banks and post offices, as well as the loss of facilities such as public toilets, was viewed as problematic for people with dementia.

Local authorities could provide information and support for services tailored to people with dementia, for example to assist people with dementia to remember which bin to use and collection days.

Information

Respondents were divided as to whether not enough information was available, or that people were 'drowning' in it. There was however broad recognition that information was frequently uncoordinated and fragmented and it could be time-consuming to piece it all together.

"It has taken me the best part of two years through word-of-mouth, internet searches, local newspaper and magazines...to get to a stage where Mum can be properly cared for"

One way of providing better coordination and tailored information could be through more effective and creative use of technology, including apps. These could also be used to support people with dementia and be designed to provide reminders of 'experiences, places and people visited'.

Some respondents felt that information leaflets were not the real issue in their role as carers and that support to help manage caring for someone was required.

Diagnosis and early-stage support

Diagnosis was viewed as a problematic process. It could be lengthy, sometimes taking over a year. It could also be challenging to get people to acknowledge that they needed a diagnosis and this potentially lengthy period could be very difficult for relatives.

Support and advice, available before formal assessments had been completed, would help people who were assuming new or additional caring responsibilities as a result of dementia.

Need for more staff training in talking with family members who are caring for people with dementia, particularly at the earliest stage, immediately following diagnosis, to help people come to terms with the situation and understand how to access support.

Respondents noted that often services did not communicate effectively and that messages could be inconsistent or contradictory. This could be addressed by a single nominated point of contact for each person who could coordinate care and communicate with the family.

Groups and Activities

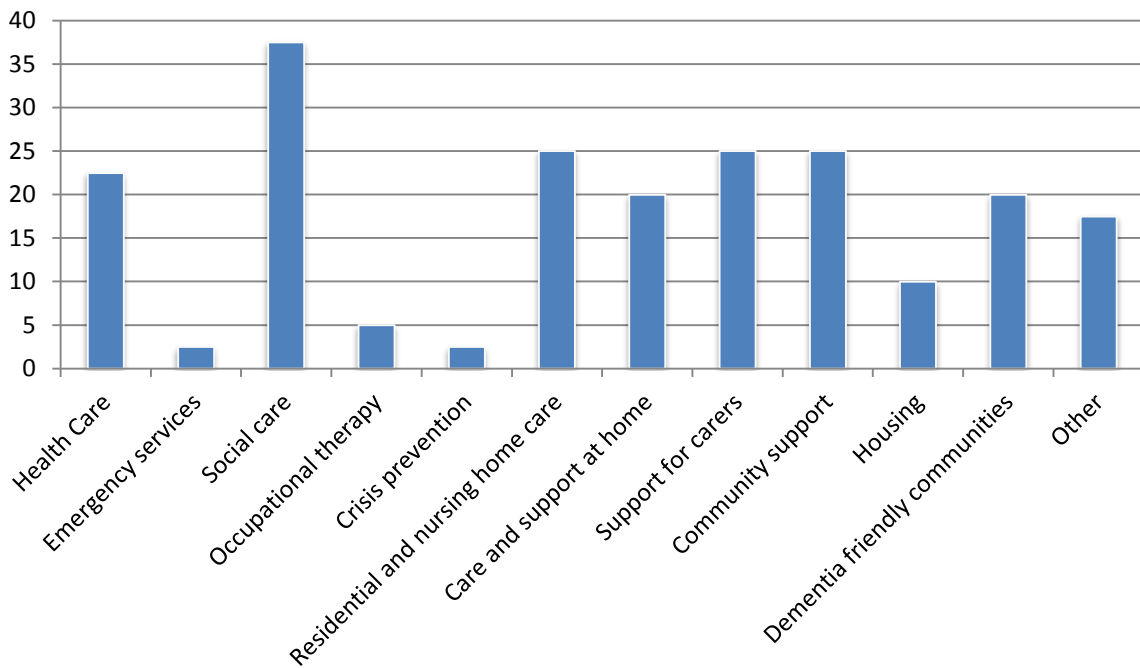
Carers groups should be tailored around different stages of the progression of dementia, such as early-stage/new diagnosis, to ensure that they are helpful for people.

Some respondents felt that there was a need to ensure that support groups and activities were accessible for people from different cultural backgrounds, and that content used in games and tasks was broad and inclusive.

Provider Survey

41 responses were received from a range of providers across West Sussex. Fig (viii) shows the range of services provided by respondents.

Fig (viii): What services or support do you provide? (please tick all that apply)



Respondents recorded providing a wide range of services to people with dementia, as illustrated by Fig (ix). Only 'end of life care' was provided by less than half of respondents (47%), whilst 'support to live well' (74%), 'health and wellbeing' (76%) and 'reduced isolation' (84%) were provided by over 70%.

Fig (ix): How do people with dementia benefit from using your service? (tick all that apply)

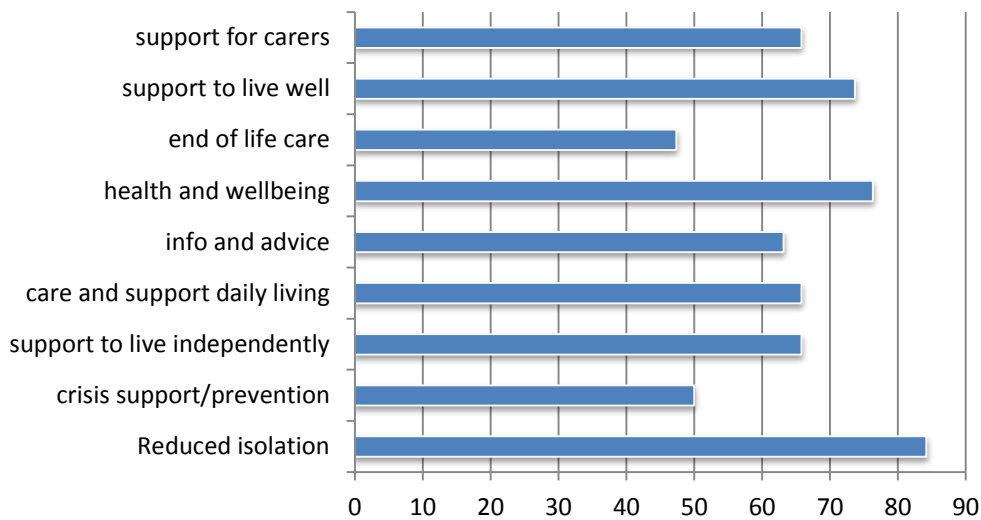
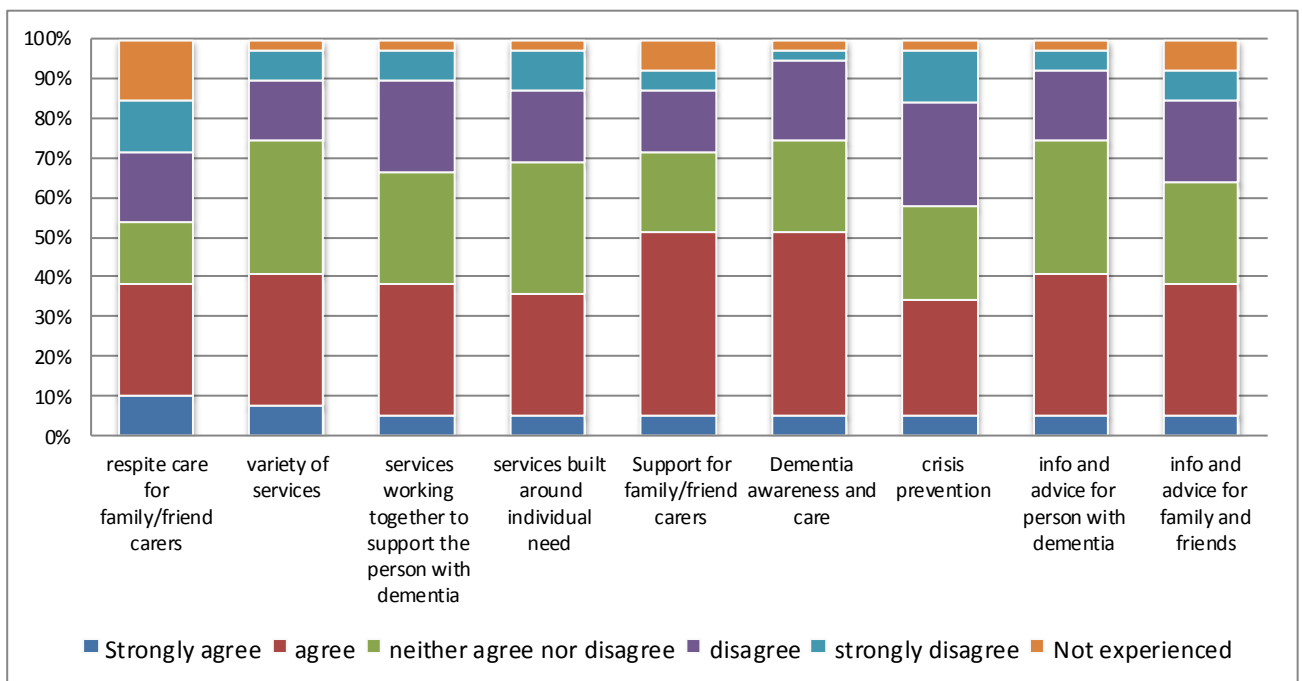


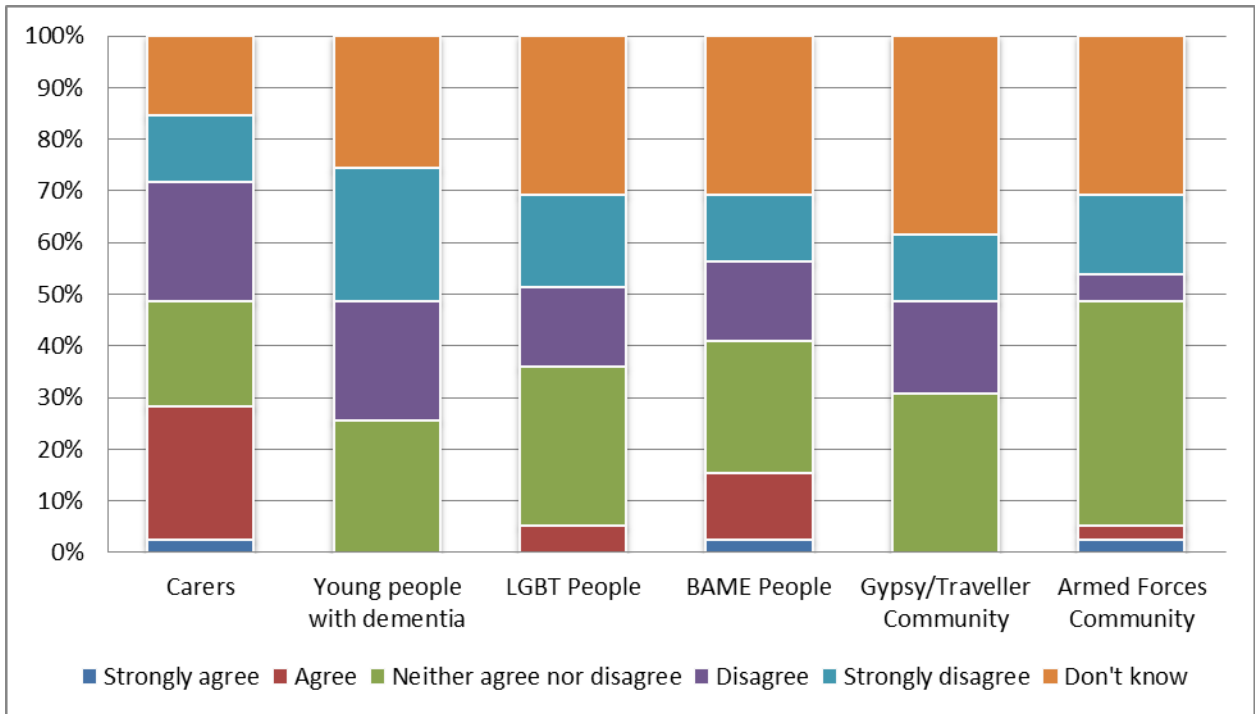
Fig (x) Thinking about the support available for people with dementia in West Sussex, in your experience how far do you agree or disagree that the following things are working well?



Respondents reported a mixed picture when asked about the things that worked well in West Sussex. As Fig (x) indicates only two elements – support for family/friend carers and dementia awareness and care’ – were felt to work well

by 50% of respondents (strongly agree/agree). Crisis prevention (34%) and the provision of services built around individual need (36%) were the lowest rated.

Fig (xi): How far do you agree or disagree that enough support is available in West Sussex for people with dementia from the following groups:



Respondents uniformly felt that there was not enough support for people with dementia from any of the groups listed in Fig (xi). For both Young People and Gypsy and Traveller Community, no respondents agreed that there was enough support.

Unmet needs

Respondents offered a range of views on the unmet needs in West Sussex, including the following common themes:

- Carers – a general lack of services to support carers in their difficult roles, including the provision of respite opportunities and easily accessible information and advice. The affordability of support, particular for home-care/respite was frequently cited as was supporting carers through the transition for the person with dementia from living at home to residential care.

- Funding – general issue impacting all areas of service coverage and the type and range of services that could be provided.
- Effective coordination of information and advice – this should be brought together and accessed through a single portal. A directory of support should also be prioritised
- Support for people with learning disabilities with dementia.
- Accessible, affordable transport – this was a particular issue for carers and people living in rural communities.
- Services and support for diverse communities

Making communities in West Sussex more dementia friendly

Respondents highlighted the following common themes:

- Awareness and education was the most frequently cited, with an emphasis on whole-community and cross-generational awareness to help people understand the condition and how they can support people with dementia to remain connected to their local communities.
- Promotion of dementia friendly communities – continue to promote the scheme, to encourage communities, shops and leisure facilities to become more accessible and dementia friendly. Many respondents felt that local awareness was low, even in places that were already dementia friendly communities.
- Expansion of dementia friendly communities - to increase the number of participating areas, particularly more isolated, rural communities. Working with key local partners such as parish councils to raise local awareness. Additional resources and volunteers would be required and the County Council should consider its role in providing support and funding for this.
- Greater coordination of information about the services available to people and how to access support. Network opportunities for different groups, including carers and people with learning disabilities and their families were also cited.

Background Papers

Stakeholder Engagement Report Horsham and Mid Sussex - available at <http://www2.westsussex.gov.uk/ds/cttee/hasc/hasc150319i8backA.pdf>

Stakeholder Engagement Report Crawley - available at <http://www2.westsussex.gov.uk/ds/cttee/hasc/hasc150319i8backB.pdf>

Stakeholder Engagement Report Southern - available at <http://www2.westsussex.gov.uk/ds/cttee/hasc/hasc150319i8backC.pdf>

Stakeholder Engagement Report Western - available at <http://www2.westsussex.gov.uk/ds/cttee/hasc/hasc150319i8backD.pdf>

Dementia Framework Review - Summary of Stakeholder Engagement

10 Carers groups hosted by Alzheimer's Society and Carers Support West Sussex - Lancing, Shoreham, Broadfield, Rustington, Horsham, Crawley, Pulborough, Chichester, Felpham/Bognor, Burgess Hill. (approx. 128 family and friend carers)

4 service user groups led by Alzheimer's Society at Worthing, Chichester, Haywards Heath, Horsham and Crawley. (approx. 50 people with dementia)

Interviews with leads from Fire Service, Police, Community Hospitals, Western Sussex Hospitals, Park Surgery (Littlehampton), WSCC Senior Commissioner, Adult Social Care, WSCC Learning Disabilities Commissioner, CCG Clinical leads.

Community Dementia Matrons North of the county (Viking Ward).

Staff Focus Groups – SPFT Dementia services in southern, western and northern areas of the County, WSCC Adults Services in western, northern and southern areas of the County.

Learning Disabilities Provider Forum, Henfield Haven, Mental Health Providers Forum in Crawley, Carers Provider Forum, Short Breaks Provider Forum, End of Life Stakeholders Group.

Local Dementia Action Alliances – Selsey, Chichester, Crawley, Worthing, Horsham, Haywards Heath.

Two on-line surveys on the WSCC 'Have Your Say' website. (190 responses)

Hard copies of the survey handed out at library drop-ins in Horsham and Bognor, and at various events during Dementia Action Week, for example Waitrose in Haywards Heath.

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Appendix G

Updates from the West Sussex Local Dementia Action Alliances

Worthing Dementia Action Alliance - 42 member organisations

The Worthing Dementia Alliance has been in existence for 5 years since its first conception in 2013, when the social action group was formed by several different national and Worthing based charities and has been led on a voluntary basis by likeminded people who want to make a difference for people living with dementia and their carers who live in and around the Worthing area.

The Alliance has bi-monthly open community meetings in different public spaces across the area. Anyone interested in making changes for people affected by dementia can attend. The matters and actions that are raised by this group meeting are then transferred to the alliance steering group which consists of a group of people affected by dementia, carers and health and social care professionals from third sector, statutory services and the local private sector. These actions will then be addressed and reported back to the alliance meetings at the following meeting. However, all the members of the steering group are volunteers, and some have full time jobs which leaves actions required, at times, difficult to follow through.

Some of the things achieved over the past 5 years have been:

- A website as well as social media (Facebook, Twitter and Instagram)
- Stagecoach buses becoming dementia friendly
- Southdown leisure hosting dementia friendly events
- Over 40 businesses and organisations have joined the Alliance and are actively working towards becoming dementia friendly

Within the last 12 months the Alliance has been lucky enough to tender for and receive a small amount of money to pay for a part time WDAA co-ordinator for 1 year, this money will run out by May 2019. The money was given to us from a pot of WSCC money that now no longer exists, therefore we cannot re-apply.

This post has proved invaluable to ensure that the plans from the public meetings are transferred to the steering group and that they are in turn translated into the tangible and deliverable objectives that are needed in order to make Worthing and district more dementia friendly. Some examples of changes achieved over the last few months have been:

- Dementia Friendly parking spaces in the shopping centre
- Dementia friendly cinema and theatre productions and showings
- Over 1200 dementia friend sessions with over 2000 dementia friends made
- Informal drop in information events that are based in local public areas, such as the library
- Pop up hubs across the locality
- Assisting businesses to join the alliance and become part of the local social action movement
- Assistance for businesses and public places on how to become more dementia friendly
- Dementia friendly dentists and GP surgeries
- Being able to support PABD through the various transitions of the disease.

The impact this post has had on the community is enormous considering the small amount of money received and within a short space of time to make these changes.

Crawley Dementia Action Alliance - 23 organisation members.

Dementia Friendly Crawley was launched in 2012 as part of the Prime Ministers Dementia Challenge and was one of 12 early adopters of dementia friendly communities. Crawley Borough Council support the work by funding a dedicated officer for the dementia work in the town, with wide and varied partnership support from Crawley CCG as well as public and voluntary sector organisations as well as commercial and businesses, such as Metrobus and K2 Crawley. Crawley Dementia Alliance has around 50 members and meets on a monthly basis.

Crawley regularly holds Living Well days for people with dementia at libraries and the local K2 Crawley Leisure Centre, the support the Harvest Festival and Carol Concerts led by the Forward Thinking Group – a group of people living with dementia.

Dementia Friendly Crawley is developing a referral led community based Cognitive Stimulation Therapy (CST) programme to launch in 2019, as well as managing Crawley Men's Shed, which welcomes members with a mild to moderate dementia diagnosis.

Crawley has over 2,000 Dementia Friends, and continues to have a strong focus on raising awareness of the condition across the town.

Selsey Dementia Action Alliance - 11 member organisations

Expanding Selsey Dementia Action Alliance activities into Manhood Peninsula, Alliance is looking at a name change - Selsey Dementia Action working in partnerships across the Manhood Peninsula.

On the 28th September the Alliance won a funding grant of £5,000 from the Dementia Care Improvement Network (DCIN). Funding to be used for a recruit a support worker in addition to the Co-ordinator post.

Selsey Care Shop now open in Selsey high street, Selsey Carers and Selsey Community Watch, Dementia drop ins and Dementia Friend Sessions at the Care Shop. 'Shoptalk' in 'The Shop' is held twice monthly in a safe and friendly café environment for those with dementia and their carers.

Selsey Dementia Action Alliance has a good working relationship with all local churches in Selsey. There is strong partnership working with Carers Support West Sussex, Alzheimer's Society and Crossroads Care South Central.

Arun Dementia Action Alliance - 13 member organisations

- Abbeyfield Ferring has secured 2 years of funding from the Big Lottery fund to provide 2 respite days per week. These will be called 'Stay Active' and 'Stay Social' and will commence on 7th January 2019.
- Care UK at Darlington Court held an event about Dementia which 10 local people attended who are not in contact with the Alzheimer's Society or

Abbeyfield or any other support or care agency. We felt this was because Care UK was a neutral ground, without stigma.

- The Samuel Wilkins Community Centre was approached to become dementia friendly but did not receive a positive response. The centre is connected to Rustington Parish Council who facilitates the information centre there. Next step is to follow up Rustington Parish Council.
- Dementia Friends sessions have been held for Abbeyfield staff, community workers and residential care workers.
- The Traders Association of Angmering have all watched the online dementia friends sessions (3 x 5 minute sessions)

Bognor and Chichester Dementia Action Alliance - Bognor has 24 organisation members and Chichester has 34 organisation members

The Alliance is proud of:

- Attracting new members to the Chichester & Bognor DAA especially Tangmere Primary School joining us
- Enhanced communication and sharing between local DAAs
- The Community Calendar set up by WSCC but soon to be managed by the Administrator of Chichester & Bognor DAA.

Challenges:

- Not being able to establish Dementia Friendly Parking Bays within the Chichester District area. Research and details provided to Chichester District Council but this item has not yet been discussed by committee
- The apparent lack of interest in joining our DAA despite being proactive in contacting organisations
- The lack of support for people living with dementia on different forms of transport including some taxi companies, hospital transport, buses.

Horsham District Dementia Action Alliance - 35 member organisations

- Horsham District has achieved Dementia Friendly Community status.
- Horsham Capitol Theatre is having their first autism and dementia friendly cinema screenings on Friday 26th October. It will be interesting to receive the feedback from people with autism and dementia as to whether the joint screening is a success.
- A successful memory walk was held by The Horsham Rusty Brains on Friday 21st September.
- Horsham steering group will be conducting a High Street Blitz in Horsham town centre including Swan Walk. Using the guidance provided by the Alzheimer's Society the steering group will approach as many shops, cafes, restaurants, pubs, hairdressers/barbers etc.
- Over the 6 months they will aim to establish and develop the right contact with the retailer, presenting the needs and benefits of becoming more dementia friendly, requesting them to agree to 3 positive actions in return for a sticker to show their commitment.
- Dementia Friends sessions will be planned during the 6 months for the high street staff to attend. A review will be taken at the end of the 6 months.

East Grinstead Dementia Action Alliance - 28 organisation members.

East Grinstead is thrilled to have been accredited as Dementia Friendly Community in October 2018. It has increased its membership and continue

with the drive to spread awareness and gain commitment from businesses and organisations in the town.

The DAA have supported action week by having pop up café's, we are thrilled that our churches are starting to offer regular dementia friendly café's and support in their congregations, and as part of their outreach.

The DAA is involved in a Town Council initiative to create a network of safe places which will be helpful to those living with dementia as a safety net in the town. The Alliance is planning a carers day to give advice information and some relaxation next year during carers week.

Haywards Heath Dementia Action Alliance - 23 member organisations.

The administrator and key motivator for Haywards Heath DAA has left her role with the Town Council and is no longer working or living the area so has had to step down from her commitment to the Haywards Heath DAA. The Chair has also stepped down but remains an active member of the group. There is now a new Chair who will be applying to be a Recognised Community.

Burgess Hill Dementia Action Alliance - 21 member organisations

The Burgess Hill Dementia Action Alliance has raised the profile of dementia in the town. It has produced its own guide as to what services are available and have run several awareness events in the town. It has championed the use of special pre-programmed headphones for persons living with dementia and has run several dementia awareness events.

However, the organisation has relied too heavily on one or two individuals without significant operational and financial support who have now given their all and have stepped down. It now has a new chair person and is currently having a strategic pause whilst it regroups and the new chair person seeks expert help to reform the Alliance to make it fit for the future and the town of Burgess Hill.

Adur Dementia Action Alliance

There is not currently an Adur Dementia Action Alliance running and there appears to be no appetite at the moment to establish one, the previous Adur Alliance had 22 members. Adur Town Council are making becoming a dementia friendly organisation a focus project in their Public Health Strategy and have held a workshop for council staff to develop a delivery plan.

Health and Adult Social Care Select Committee

15 March 2019

Business Planning Group Report

Report by Chairman, Business Planning Group

Executive Summary

Each Select Committee has a Business Planning Group (BPG) to oversee the Committee's work programme and prioritise issues for consideration by the Committee. This report provides an update to the Committee of the BPG meeting held on 4 February 2019 setting out the key issues discussed.

Recommendation

The Health and Adult Social Care Select Committee (HASC) is asked to endorse the contents of the report in particular the Committee's Work Programme revised to reflect the Business Planning Group's (BPG's) discussions (attached at Appendix A).

1. Background

- 1.1 The Business Planning Group (BPG) met by video conference on 4 February, members in attendance: Mrs Arculus and Dr Walsh (Chichester) and Mr Petts (Horsham). Also present were: - Anna Raleigh (Director of Public Health), Laura Robertson (Head of Communications and Engagement, Coastal West Sussex Clinical Commissioning Group), Simon Starns and Jo Braine (Adults' Services), Chris Salt (Strategic Finance Manager), Helena Cox (Democratic Services).
- 1.2 Apologies were received from Mr Turner (Chairman) and Mrs Smith.

2. HASC Work Programme Planning 2018-20

a) Adults in-house social care provision – 'Choices for the Future'

- The Council was working to maximise services available within local communities following the reviews carried out by Essex Cares Limited
- 20% of service users had Personal Assistants (PAs) to go out and do things with
- The service was working with self-funders to establish a change plan for individuals
- Some Council funded service users were already using respite at Shaw Homes
- The numbers of new service users had decreased due to a preference to receive direct payments
- Revisions to the Judith Adams Centre and The Chestnuts would be completed in November and there would be robust stakeholder engagement over the next 2/3 months - the Wrenford Centre would be used in the interim whilst those changes were made. Service users and families would all be engaged during the transition.

Resolved – that the BPG should receive further updates as the program progressed - 20 November meeting TBC.

b) Health and wellbeing of detainees at detention centres – Brook House

Points covered in discussion: -

- Members to have sight of the outcome of the Home Affairs Select Committee inquiry into Brook Houser to decide whether there was any future role for HASC in this issue
- NHS England has a role for the health and wellbeing of detainees at detention centres and therefore it was agreed that a letter be drafted to ask for sight of what health and wellbeing needs assessments have been undertaken and commissioning plans are in place
- It was agreed that the issue would not be included in the Committee's work programme at this stage.

c) Director of Public Health – verbal updates

- Public Health was challenged around outcomes regarding substance misuse contracts
- There were gaps in prevention for the alcohol pathway where outcomes were poor and there will be reinvestment in this area
- There was a new national plan regarding suicide prevention and work was being undertaken at Sustainable Transformation Partnership level. This will be reviewed alongside Public Health's existing Suicide Prevention Strategy
- The Health Protection Annual Report was due to be published in September, which included details of immunisation, screening and communicable diseases

Resolved - it was agreed that the Chairman of the Environment, Communities and Fire Select Committee and the Cabinet Member for Safer, Stronger Communities would be invited to HASC when outcomes regarding the substance misuse contracts were considered by the Committee, recognising the cross cutting nature of the issue

d) Clinical Commissioning Groups

- The NHS Long-term Plan has been published, and across the Sustainable Transformation Partnership there is a series of engagement events to share it
- Clinical commissioning groups would be responding to the national NHS Long-term Plan in August 2019 and the engagement activity will help to shape this response
- HASC members would receive feedback in the autumn, including the outcome from the engagement activity and subsequent plan
- Flu vaccine take-up would be recorded in the Health Protection Annual Report
- Concern was raised about support for vulnerable patients when the Lawns Surgery in Rustington closed in the summer
- Members asked that purdah was not used as a reason to slow down progress with the Midhurst Community Hospital discussions
- Regarding GP numbers it was agreed that BPG could receive a further update on work across the county at a future meeting

e) Forward Plan of Key Decisions

- BPG considered the Forward Plan, but decided not to add any items to the work programme

f) Total Performance Monitor and Risk Register

- The underlying £1½m pressure was closer to £1m due to an underlying pressure regarding the learning disability budget - it was anticipated that benefit would be realised in 2019/20
- Delayed contract negotiations with a provider was also a factor with benefits likely to be realised later in 2019/20 rather than the current financial year
- Pressure would be managed through improved Better Care Fund money which had been given to local authorities in order to maintain services

g) Work Programme Changes

Agenda Item 9

- Substance misuse contracts, suicide prevention strategy and Health Protection Annual Report to be considered at the September meeting of the committee
- The care market and the challenge for the health and social care workforce should remain on the work programme and that the Committee could consider what was being done at an Sustainability and Transformation Partnership level

3. Planning for the next meeting

- Members agreed that the next Committee meeting should be webcast in the Council Chamber due to discussions around radiotherapy

4. Liaison Meeting Updates

- The BPG noted the update.

5. Dates of next BPG meeting

- Members noted that the next BPG meeting will be held at 10.30 on 27 June 2019.

6. Implications

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

Bryan Turner

Chairman, Health and Adult Social Care Select Committee

Contact: Rob Castle, 033022-22546; rob.castle@westsussex.gov.uk

Appendices - Appendix A - HASC Work Programme

Background Papers - None

**Health and Adult Social Care Select Committee Work Programme
January 2018 – December 2020**

Topic/Issue	Purpose of scrutinising this issue	Timing
HASC		
Dementia Framework 2014-19 Update	To review the refreshed Dementia Framework and consider the progress of recommendations from the last time the committee scrutinised the Dementia Framework	March 2019
Adults' Services Performance Update	As agreed at HASC on 16 January – to consider current performance figures in regard to Adult Social Care	March 2019
Radiotherapy in West Sussex	To consider the outcome of the national NHS England consultation regarding radiotherapy services and receive a presentation from the Sussex and Surrey Cancer Alliance	March 2019
Proposals to improve mental health services in West Sussex	To consider the proposals put forward by SPFT prior to any public consultation	June 2019
Housing Related Support	To consider progress further to the Cabinet Member decision in December 2018.	June 2019
Safeguarding Adults Board Annual Report	To consider the annual report of the Safeguarding Adults Board	June 2019
Contract arrangements for Social Support Services	Further to a proposed Cabinet Member decision in March 2018, to award interim contracts for the provision of social support services, the committee will consider proposals prior to a formal procurement process.	June 2019 - date to be confirmed
Improved Better Care Fund (iBCF)	Further to consideration in June 2018, to review the improved Better Care Fund Plan (iBCF) for the financial year 2018/19 in terms of outcomes achieved, scheme suitability and priority.	June 2019 - date to be confirmed
Substance Misuse – Drugs and Alcohol	Further to a referral from the Environmental Communities & Fire Select Committee regarding the performance of these contracts, BPG agreed for HASC to consider at a	September 2019

Topic/Issue	Purpose of scrutinising this issue	Timing
HASC		
	future meeting, as separate items	
Suicide Prevention Strategy	To consider and comment on the current West Sussex Suicide Prevention Strategy	September 2019
Health Protection Annual Report	To consider the detail of the Health Protection Annual Report and whether any particular aspects require any further scrutiny	September 2019
Care Market including Residential Care	HASC on 17/1/18 agreed that this item, especially the issue of workforce recruitment and retention is considered by the Committee again at a future meeting	Item for a future meeting – date to be confirmed
Bailey Unit, Midhurst Community Hospital	HASC 22/6/18 would like to consider the outcome of the plans for community provision as they develop and the impact of the upcoming winter period	Item for a future meeting – date to be confirmed
Adults' Services 100 Day Programme	HASC 15/11/18 welcomed a further item on the next 100 days of the improvement programme, to include an update on the adults operating model	Item for a future meeting – date to be confirmed
Inpatient Paediatric Burns	Update on proposals to move this service from QVH to the specialised children's hospital in Brighton.	Item for a future meeting – date to be confirmed
Clinically Effective Commissioning	To consider any proposals from West Sussex Clinical Commissioning Groups, in relation to ongoing work to ensure that commissioning arrangements are both clinically and cost effective (further to HASC 29/9/17). Potential for consideration at JHOSC if consultation with East Sussex, Brighton & Hove HOSCs required.	Item for a future meeting – date to be confirmed
Sustainability and Transformation Partnerships (STPs)	To consider any proposals from NHS partners in terms of the Sussex and East Surrey Sustainability and	Item for a future meeting –

Topic/Issue	Purpose of scrutinising this issue	Timing
HASC		
	Transformation Partnership (STP)	date to be confirmed
Capital Programme	As part of the new governance arrangements in relation to the Capital Programme each Select Committee will scrutinise the Business Cases for capital schemes within the Select Committee's portfolio areas as appropriate.	TBC
Primary Care (General Practitioners)	To consider action being taken across the NHS to include GP surgery provision across the county.	Future project day/member day/meeting – date to be confirmed
Business Planning Group		
Maidenbower/Glen Vue Update (Adults In-House Social Care Services 'Choices for the Future')	Update following customers reviews by Essex Cares Limited (ECL)	BPG February 2019
Reablement	HASC on 8/3/18 agreed that an update be provided to the Business Planning Group or virtually to the Committee after one year of operation of the new service	BPG June 2019
GP Numbers	BPG on 4/2/19 asked for an update in June	BPG June 2019
Adults In-House Social Care Services 'Choices for the Future'	At its meeting on 22/6/18 the Committee requested updates at the end of each year of the five year programme to ensure that the Committee's comments to the Cabinet Member are being addressed and in light of this, decide whether any further formal scrutiny is required	TBC – BPG to determine whether formal scrutiny is required
Glen Vue, Maidenbower, Wrenford Centre and the Judith Adams Centre	Update as requested at BPG on 4/2/19	20/11 BPG
Public Health Contracts (including Smoking Cessation)	To include: It is understood that the contract has been underperforming therefore BPG to be updated on areas of underperformance and mitigating actions being taken. Consider whether formal scrutiny is	TBC - BPG

Topic/Issue	Purpose of scrutinising this issue	Timing
HASC		
	required.	
Community Advice Service	The HASC PrAM 3/1/19 discussed the forward plan entry regarding the Community Advice service. The entry mentions that funding levels have been agreed for the first year of the contract but will be subject to a performance review for year two and the further one year extension. They asked that the HASC BPG receive an update on the outcome of the performance review, especially if funding levels are going to be altered	TBC – poss 2020
Member Days		
Mental Health (HASC/CYPSSC)	<p>Topics for potential inclusion:</p> <ul style="list-style-type: none"> • children/adolescents – self harming • what is being done in West Sussex schools • Front-line service provision for adults • How long to get a first appointment, timescales, waiting list • Skills/capacity of the service <p><i>Members should also note Sustainability and Transformation Partnership (STP) work on Mental Health which could inform any potential scrutiny.</i></p>	Future project day/member day – date to be confirmed
Task & Finish Groups		
Voluntary Sector (All)	<p>To consider how the County Council works with the voluntary sector at the moment, what could be done better and how can we encourage more interaction.</p> <p><i>N.B. PFSC BPG have asked that the Director of Communities is asked to attend their next BPG to outline the work Communities is doing with the voluntary sector in order to develop terms of reference.</i></p>	Cross Cutting (Scrutiny across Select Committees) – dates to be confirmed
Integrated Transport System (All)	This is an over-arching issue which affects the remit of all select committees: - access to services	Cross Cutting (Scrutiny)

Topic/Issue	Purpose of scrutinising this issue	Timing
HASC		
	<p>(transport and parking).</p> <p><i>N.B. ECSSC BPG to consider how this could be taken forward taking into consideration current related items on ECSSC work programme.</i></p>	<p>across Select Committees) – dates to be confirmed</p>
<p>Domestic Violence (HASC/CYPSSC/ECSSC)</p>	<p>To seek assurance that all services are working together.</p> <p><i>N.B Methodology to be confirmed.</i></p>	<p>Cross Cutting (Scrutiny across Select Committees) – dates to be confirmed</p>

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