



DATED: _____ 2024

WEST SUSSEX COUNTY COUNCIL

and

NHS SUSSEX INTEGRATED CARE BOARD

**DEED OF EXTENSION & VARIATION
TO THE FRAMEWORK PARTNERSHIP AGREEMENT
RELATING TO THE COMMISSIONING OF HEALTH
AND SOCIAL CARE SERVICES THROUGH
THE BETTER CARE FUND**

Legal Services
County Hall
Chichester
PO19 1RQ
Legal Services File Ref: AC801.5564.CH1

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THIS DEED IS DATED.....day of..... 2024

PARTIES

- 1 **WEST SUSSEX COUNTY COUNCIL** of County Hall, West Street, Chichester, West Sussex, PO19 1RQ (the “**Council**”); and
- 2 **NHS SUSSEX INTEGRATED CARE BOARD** of Sackville House, Brooks Close, Lewes BN7 2FZ (the “**ICB**”)

BACKGROUND

- (A) The ICB is an integrated care board established in accordance with the National Health Service Act 2006. The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.
- (B) The Council is a local authority established under the Local Government Act 1972 (as amended) and has a health and social care department responsible for various services commissioned by the Council e.g. the protection and support of vulnerable adults and children. The Council commissions such services for the relevant client group.
- (C) The ICB and the Council have duties and powers to provide care to the relevant client group and section 82 of the 2006 Act requires both local authorities and NHS bodies when exercising their respective functions to co-operate to secure and advance the health and welfare of the people of England and Wales. Furthermore, under relevant guidance, local authorities and NHS bodies are encouraged to consider partnership working, including Lead Commissioning and pooled funding under the Act Section 75 of the 2006 Act, and the Regulations, allow for local authorities and NHS Bodies to set up joint working arrangements.
- (D) The Council and the ICB are party to a Framework Partnership Agreement Relating to the Commissioning of Health and Social Care Services Through the Better Care Fund dated 28th November 2023 (the “**Agreement**”).
- (E) At clause 2.2 of the Agreement, the period of the Agreement was shown as one (1) year from 1st April 2023 to 31st March 2024 with a right for the parties to extend the Agreement at their discretion for a period of one (1) year.
- (F) The parties now wish to vary this Agreement to extend the Agreement for one further year from 1st April 2024 to 31st March 2025 (the “**Extension Period**”).
- (G) Consequently, the Parties wish to extend and vary the Agreement as set out in this deed with effect from the date of this deed.

AGREED TERMS

1. Terms defined in the Agreement

1.1 In this deed, expressions defined in the Agreement and used in this deed have the meaning set out in the Agreement. The rules of interpretation set out in the Agreement apply to this deed.

2. Variation

2.1 With effect from the Variation Date the Parties agree the following amendments to the Agreement:

a)	Clause 2.2 to be amended to read as follows:	2.2 No later than 3 (three) Months before the end of the initial term set out in clause 2.1 above, unless otherwise agreed, the Partners may extend the term by a further period or periods by agreement in writing up to a maximum of 2 (two) years beyond the term set out in 2.1. Unless otherwise agreed, any such extension will be on the same terms as this Agreement.
a)	Schedule 2 - Pooled Fund to be Amended	Schedule 2 – Pooled Fund will be amended to include the addition of the funding arrangements for 2024/25. The Funding Arrangements for 2024/25 are appended to this Deed at Annex 1.
b)	Schedule 3 – Committed Funding to be Amended	Schedule 3 – Committed Funding will be amended to include the addition of the committed funding arrangements for 2024/25. The Committed Funding Arrangements for 2024/25 are appended to this Deed at Annex 2.

3. Extension

3.1 The Council is exercising the right in clause 2.2 of the Agreement (as varied above) to extend the existing Agreement by the Extension Period so that the Agreement shall now automatically expire on 31st March 2025 (the “**Extension Period**”).

3.2 Apart from the changes set out in this deed the parties agree the Agreement will remain on the same terms and conditions as set out in the Agreement.

4. Continuing Obligations

4.1 The Agreement shall continue in full force and effect and, subject to express provision to the contrary in this Deed, nothing in this Deed shall reduce, rescind or otherwise impact upon the parties’ existing obligations under the Agreement.

5. Governing law

5.1 This deed and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the law of England and Wales.

6. Jurisdiction

6.1 Each party irrevocably agrees that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim arising out of or in connection with this deed or its subject matter or formation (including non-contractual disputes or claims).

This document has been executed as a deed and is delivered and takes effect on the date stated at the beginning of it.

EXECUTED as a DEED

by the affixing of the **COMMON SEAL of**

WEST SUSSEX COUNTY COUNCIL

in the presence of:

Authorised Signatory

EXECUTED as a DEED

by **NHS SUSSEX INTEGRATED CARE BOARD**

acting by and under the signature of:

Name: _____ Signature: _____

Authorised Signatory

In the presence of:

Witness Signature: _____

Witness name: _____

Witness Address: _____

ANNEX 1

SCHEDULE 2 - POOLED FUND

NHS Sussex Integrated Care Board and West Sussex County Council agree to pool the following funding streams.

Better Care Fund Contributions 2024/25:

Capital Funding	Committed Funding
Disabled Facilities Grant	£10,269,385
Total Capital Funding	£10,269,385
Revenue Funding	
NHS Minimum Contribution – NHS Sussex Integrated Care Board	£75,398,228
NHS Minimum Contribution – Carried forward from 2024/25	£1,642,871
Improved Better Care Fund	£20,612,666
Additional Discharge Fund: ICB Allocation	£7,521,311
Additional Discharge Fund: Local Authority Grant:	£4,816,440
Total Revenue Funding	£109,991,516
Total Better Care Fund Budget	£120,260,901

ANNEX 2

SCHEDULE 3 – COMMITTED FUNDING

Table One:

The table below shows the Committed Funding Contribution of the ICB and the Council to the Pooled Fund in 2024/25.

Scheme Number	Committed Funding Scheme	NHS Sussex Integrated Care Board	West Sussex County Council	TOTAL
1	Disabled Facilities Grant	£0	£10,269,385	£10,269,385
2	Maintaining (Protecting) Social Care	£20,335,984	£0	£20,335,984
3a	iBCF: meeting adult social care needs	£0	£6,006,666	£6,006,666
3b	iBCF: reducing pressures on the NHS, including seasonal winter pressures	£0	£5,652,000	£5,652,000
3c	iBCF: ensuring that the social care provider market is supported	£0	£6,392,000	£6,392,000
3d	iBCF: supporting more people to be discharged from hospital when they are ready	£0	£2,562,000	£2,562,000
4	Integrated Community Teams	£12,644,964	£0	£12,644,964
5	Urgent Community Response	£21,706,223	£0	£21,706,223
6	BCF Programme Supt	£330,237	£0	£330,237
7	Hospital Discharge – Social Workers in Hospitals	£320,000	£0	£320,000
8	Social Prescribing	£486,851	£0	£486,851
9	Hospital Discharge - Technology Enabled Care Hospital Assessors	£280,000	£0	£280,000
10	Combined Placement and Sourcing Team (ICB contribution)	£814,595	£0	£814,595
11	Community EOL Admission Avoidance	£688,872	£0	£688,872
12	Care Act Initiatives	£1,019,000	£0	£1,019,000
13	Carers Services	£4,588,000	£0	£4,588,000
14	Technology Enabled Care	£1,216,000	£0	£1,216,000
15a	Community Equipment	£4,548,000	£0	£4,548,000
15b	Community Equipment (Health)	£6,115,622	£0	£6,115,622
15c	Community Equipment (Additional c/f)	£1,642,871	£0	£1,642,871
16	Health Independent Domestic Violence Advisors	£100,000	£0	£100,000
17	High Intensity Use Service	£120,000	£0	£120,000
18	In-year Contingency	£83,879	£0	£83,879
19	Discharge Fund LA Grant funded schemes	£0	£4,816,440	£4,816,440
20	Discharge Fund ICB Allocation funded schemes	£7,521,311	£0	£7,521,311
		£84,562,409	£35,698,491	£120,260,900

Table Two:

The table below shows the Commissioning Partner for each scheme in 2024/25.

Scheme Number	Committed Funding Scheme	Committed Funding	Commissioning Partner
1	Disabled Facilities Grant	£10,269,385	West Sussex County Council
2	Maintaining (Protecting) Social Care	£20,335,984	West Sussex County Council
3a	iBCF: meeting adult social care needs	£6,006,666	West Sussex County Council
3b	iBCF: reducing pressures on the NHS, including seasonal winter pressures	£5,652,000	West Sussex County Council
3c	iBCF: ensuring that the social care provider market is supported	£6,392,000	West Sussex County Council
3d	iBCF: supporting more people to be discharged from hospital when they are ready	£2,562,000	West Sussex County Council
4	Integrated Community Teams	£12,644,964	NHS Sussex Integrated Care Board
5	Urgent Community Response	£21,706,223	NHS Sussex Integrated Care Board
6	BCF Programme Supt	£330,237	NHS Sussex Integrated Care Board
7	Hospital Discharge – Social Workers in Hospitals	£320,000	West Sussex County Council
8	Social Prescribing	£486,851	NHS Sussex Integrated Care Board
9	Hospital Discharge - Technology Enabled Care Hospital Assessors	£280,000	West Sussex County Council
10	Combined Placement and Sourcing Team (ICB contribution)	£814,595	NHS Sussex Integrated Care Board
11	Community EOL Admission Avoidance	£688,872	NHS Sussex Integrated Care Board
12	Care Act Initiatives	£1,019,000	West Sussex County Council
13	Carers Services	£4,588,000	West Sussex County Council
14	Technology Enabled Care	£1,216,000	West Sussex County Council
15a	Community Equipment	£4,548,000	West Sussex County Council
15b	Community Equipment (Health)	£6,115,622	West Sussex County Council
15c	Community Equipment (Additional c/f)	£1,642,871	West Sussex County Council
16	Health Independent Domestic Violence Advisors	£100,000	West Sussex County Council
17	High Intensity Use Service	£120,000	NHS Sussex Integrated Care Board
18	In-year Contingency	£83,879	NHS Sussex Integrated Care Board
19	Discharge Fund LA Grant funded schemes	£4,816,440	West Sussex County Council
20	Discharge Fund ICB Allocation funded schemes	£7,521,311	NHS Sussex Integrated Care Board
		£120,260,900	

The Schemes.

For each Scheme further summary detail is contained below. In accordance with the clauses contained in this agreement, the Partners and/or Joint Commissioning Strategy Group can request the provision of further information, including performance and other monitoring information, on Schemes from the Commissioning Partner of those schemes. The Commissioning Partner for each scheme, will provide a summary of expenditure and the outcomes that have been achieved, and meet such other monitoring requirements as agreed, and as may be subsequently required, by the Joint Commissioning Strategy Group.

This reporting will be coordinated, collated and reported by the Better Care Fund Manager as required, and where agreed by the Partners and/or Joint Commissioning Strategy Group, will form part of the ongoing monitoring of the Approved Better Care Fund Plan.

Scheme 1: DISABLED FACILITIES GRANT

To provide for adaptations to a disabled person's property that are both necessary and appropriate for the needs of the disabled person and reasonable and practicable in relation to the property to support individuals across West Sussex to remain independent in their own homes.

A fundamental aim of a DFG is to assist people to remain independent in their own home for longer and therefore this scheme will have a positive impact on the national BCF outcomes as a preventative measure.

Home adaptations play a key role in enabling people of all ages with functional or cognitive disabilities and frailty to live safe, healthy, independent living within their own home through helping to reduce the risk of injury preventing hospital admissions, enabling faster hospital discharges, delaying onset of admission to residential care and reducing on-going health and care costs.

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Committed Funding:

£10,269,385.

Scheme 2: MAINTAINING (PROTECTING) SOCIAL CARE SERVICES

To ensure adults who have eligible needs, who are at risk of harm, abuse or neglect and/or who want to live independently for as long as possible are able to receive the person centred social care and support they need in the place they wish to receive it. Without protecting social care services, there will be consequences on people's health and wellbeing and increasing pressures on health services.

The social care services that are protected through this funding need to be seen as part of an integrated whole rather than as a series of disparate activities. Being demand-led, expenditure is influenced by factors that will change over time and thus it is subject to inherent variation. As a result, the funding that the Council receives is effectively equivalent to a block contract, where the services delivered will include, but are not limited to:

- Reablement services
- Domiciliary Care

The arrangements include both external sourcing / contracting of services and the provision of services through Adult Services.

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Committed Funding:

£20,335,984.

Scheme 3: IMPROVED BETTER CARE FUND

The Improved Better Care Fund will be spent in accordance with the grant conditions that specify the funding may only be used for the purposes of:

- Meeting adult social care needs
- Reducing pressures on the NHS, including seasonal winter pressures
- Supporting more people to be discharged from hospital when they are ready
- Ensuring that the social care provider market is supported

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Committed Funding:

Meeting adult social care needs	£6,006,666
Reducing pressures on the NHS, including seasonal winter pressures	£5,652,000
Supporting more people to be discharged from hospital when they are ready	£2,562,000
Ensuring that the social care provider market is supported	£6,392,000
Total:	£20,612,666

Scheme 4: INTEGRATED COMMUNITY TEAMS

Combination of the former Proactive Care and Communities of Practice schemes as specified in the 2023-25 BCF planning submission - For review during in 2024-25 as a baseline for the ongoing development of Integrated Community Teams.

Proactive Care:

Proactive Care+ is being transformed in order to help ameliorate the strategic challenges faced by health and social care services in Coastal West Sussex. These challenges are being exacerbated by both the growth in the frail elderly population and the limitations of the current model of care within primary and community care services for the frail elderly

These limitations are evidenced by increasing growth in the use of urgent and emergency care services for this patient cohort and the consequent disproportionate use of financial resources. The limitations are intensified by the lack of integrated working between Primary and community services – a result of both traditional organizational structures and a patchwork of unaligned commissioning incentives.

The aim of this work is to develop and deliver a new model of Proactive Care+ for the frail, elderly population of Coastal West Sussex by commissioning Primary Care and SCFT (and its subcontractors) to integrate around a defined target population of all of those who fall into any of the following:

- Severe frailty
- Dementia
- Residing in a nursing home
- In the last year of life

Communities of Practice:

Communities of Practice are central to delivery of a new model of care and are intended to help tackle the challenges in workload and capacity being experienced in general practice and community based services – creating a more coordinated service to improve patient experience and outcomes; and improving the value we get from the investment we make with greater efficiencies and patients seeing the right person first time rather than having multiple assessments and appointments associated with multiple 'hand-offs' of care.

Communities of Practice are the core element of a wider system of care working in concert with the two responsive services teams and specialist nursing teams in Crawley, Horsham, and Mid Sussex. Communities of Practice are the key ongoing coordinators for patient care for those patients on their caseload, with responsive services providing short term crisis intervention support to both avoid an admission and facilitate early discharge from hospital if admitted.

Specialist nursing provides specialist rapid response working with responsive services when a patient has an exacerbation of their condition to support rapid assessment and treatment with the aim of avoiding a hospital admission. The specialist nursing teams will also work with Community of Practice teams post discharge from hospital to reduce length of stay and optimize the transition from hospital to home and prevent further readmission to hospital. Communities of Practice are extended community teams based around groups of general practice, bringing together the care resources of community and mental health services, social care, and increasingly community pharmacy, third sector and paramedics focused around a registered population, the delivery of shared outcomes and care organised around individuals, rather than the current position of uncoordinated and inefficient provision of multiple different services to patients through individual patient contacts. This funding also includes Integrated Response Teams supporting care homes in the region, improving the quality of care for care homes residents and reducing A&E attendances and unplanned admissions from care homes residents into acute care.

Commissioning Arrangements:

The Commissioning Partner will be NHS Sussex Integrated Care Board

Committed Funding:

£12,644,964.

Scheme 5: URGENT COMMUNITY RESPONSE

This scheme funds various services provided by Sussex Community NHS Foundation Trust (SCFT). This service supports a range of Home First responsive services e.g., admission avoidance teams and early supported discharge working closely with providers including the local authority, acute hospitals with services integrated Primary Care Networks. The target model of care includes admission avoidance and Discharge to Assess (D2A) philosophies focussed on the management of risk, integrated health and social care teams, personalised, person and family centred approaches, and data sharing and single care records. Under this scheme, capacity will be matched to demand 24/7 for 365 days of the year, and step-up (admission avoidance) will be accessed through a Joint Call Centre / Single Point of Access (SPoA).

Services include but are not limited to:

- Community Nursing Teams
- One Call
- Urgent Community Response
- Community Neuro Rehab
- Overnight Service
- Hospital Rapid Discharge Team

Commissioning Arrangements:

The Commissioning Partner will be NHS Sussex Integrated Care Board.

Committed Funding:

£21,706,223.

Scheme 6: BETTER CARE FUND PROGRAMME SUPPORT

The scheme supports the Joint Commissioning Strategy Group. This Scheme funds the Better Care Fund (BCF) Coordination Team and other joint posts, who shall be deployed on behalf of the Partners in respect of:

- Coordinating and supporting the development of the West Sussex BCF Plan and its ongoing delivery
- The monitoring and reporting of the BCF plan and the individual BCF schemes
- Provision of the interface with the MHCLG and NHSE Better Care Support Team in respect of BCF planning, metrics trajectories, and quarterly reporting
- Provision of administrative support and reporting to the Joint Commissioning Strategy Group in respect of the Better Care Fund and wider joint commissioning portfolio
- Reporting in respect of the Better Care Fund to the West Sussex Health and Wellbeing Board via the Joint Commissioning Strategy Group
- Programme delivery expertise for specific transformation programmes being delivered within the BCF programme

Commissioning Arrangements:

The Commissioning Partner will be NHS Sussex Integrated Care Board.

Committed Funding:

£330,237.

Scheme 7: HOSPITAL DISCHARGE – SOCIAL WORKERS IN HOSPITALS

Locum social workers will assist with social care assessments in the acute hospitals, as well as home first, and flow from community hospital discharge services. This additional capacity will be managed flexibly, in line with seasonal demands, providing the required additionality over periods of peak demand including winter.

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Committed Funding:

£320,000.

Scheme 8: SOCIAL PRESCRIBING

Social Prescribing: Empowering the individuals within the target cohort to improve their health and wellbeing and social welfare by connecting them to non-medical and community services. This intervention supports the proactive and rapid response approach across work streams working closely with the voluntary sector. This will reduce direct GP contacts, A&E attendances, emergency admissions and specialist outpatient care. The Link workers providing the service also allow statutory resources to be targeted in a more effective way.

This scheme funds 15 baseline link workers across West Sussex in the addition to those funded under the Additional Roles Reimbursement Scheme through the Primary Care Networks.

Commissioning Arrangements:

The Commissioning Partner will be NHS Sussex Integrated Care board.

Committed Funding:

£486,851.

Scheme 9: HOSPITAL DISCHARGE - TECHNOLOGY ENABLED CARE HOSPITAL ASSESSORS

This scheme provides on-site Technology Enabled Care (TEC) assessors across 10 hospital sites and, for 2024/25, will be further developed to facilitate faster discharge via remote TEC equipment activation rather than necessarily relying on the presence of an assessor. This will provide hospital staff with additional opportunity to discharge patients swiftly.

Hospital staff refer patients who are medically fit for discharge to the on-site assessor by a simplified referral process. The assessor will liaise with the patient, discuss arrangements and provide advice and guidance. Where appropriate the assessor will issue a pack of TEC equipment including Ownfone, Footprints, lifeline & pendant and falls sensor which is all then self-installed on return home by the patient or family and friends. The equipment is provided free of charge for 6 weeks whereby the provider will collect and recycle the equipment with options for the person to continue the service on a privately funded basis.

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Committed Funding:

£280,000.

Scheme 10: COMBINED PLACEMENT AND SOURCING TEAM (ICB contribution)

The Combined Placement and Sourcing Team (CPST) forms a single point of referral, triage and tracking teams for all patients leaving hospital on pathways 1-3 for Health and Social Care. This is accessed through the 'IDT/Discharge Hub' at each acute hospital. CPST also supports community referrals and will act as the central referral point for the wider Community Response and Reablement service supporting both discharge and admissions avoidance.

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Committed Funding:

£814,595.

Scheme 11: COMMUNITY END OF LIFE ADMISSION AVOIDANCE

This scheme supports a demonstrable increase in the numbers of patients at the end of life who require an urgent community response when the patient's wish is to remain at home, to ensure a timely and personalised holistic approach to prevent avoidable admissions.

Initiated following criteria assessment, it supports an up to 48 hour package of care provided by the hospices MDT (includes nurses, allied health professionals, advanced nurse practitioners and access to specialist medical advice and support) tailored to the situation. The scheme provides additional funding to the hospices for activity and support of patients above their core bed capacity/ baseline services. It also contributes to keeping hospices as part of the wider strategic system.

Commissioning Arrangements:

The Commissioning Partner will be NHS Sussex Integrated Care Board.

Committed Funding:

£688,872.

Scheme 12: CARE ACT INITIATIVES

Demographic demand coupled with increasing numbers and complexity of customers is placing increased pressures on Adult Social Care services. The financial consequences of this for the Council have been considerable with the result that the proportion of its budget which is spent on adult social care has increased from less than 32% in 2015/16 to over 36% in 2023/24. Despite that growth the budget remains in a very challenging position. The main reason for this is that approximately 95% of spending relates to the cost of the care needs of people who have been assessed as meeting the eligibility criteria laid down in the Care Act.

The funding will be used by the Council to help fund its duties under the Care Act 2014. These include:

- Wellbeing principle for all citizens of West Sussex
- The provision of services to support Prevention
- National eligibility criteria
- Information and advice to enable people to access and plan care, including the right to advocacy
- Enhanced rights for carers, e.g., the legal right for assessment and support
- Stabilising, strengthening and growing the social care market
- Integration and Co-operation with other public bodies
- Making Safeguarding Personal
- Providing social care services in the prison

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Committed Funding:

£1,019,000.

Scheme 13: CARERS SERVICES

This scheme is comprised of services that:

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

There is clear evidence that investing in Carers Services improves health and wellbeing outcomes for patients and recipients of care and improves health and wellbeing outcomes for carers, who suffer disproportionately high levels of ill-health.

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Committed Funding:

£4,588,000.

Scheme 14: TECHNOLOGY ENABLED CARE

The Technology Enabled Care services include the use of convenient, accessible and cost-effective products or services that allow people of all ages to monitor their own (or someone else's) health and wellbeing, so they may better manage long term conditions, maintain their independence through performing tasks they would otherwise be unable to do, or increase the ease or safety with which tasks can be performed so that they can stay in their own home in their own community.

Technology Enabled Care services are also used as a valuable proactive tool in preventing people from entering the health and social care system.

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Committed Funding:

£1,216,000.

Scheme 15: COMMUNITY EQUIPMENT

Community equipment enables people with a wide range of needs, including those with increasingly complex needs to remain in their own home and to support new models of community-based health care.

Community equipment services are provided as a fundamental part of the health and social care system. Effective equipment provision results in good clinical and financial outcomes and is vital in supporting policies and strategies for keeping more people safe, independent and able to self-care in their own home.

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Note that this is a joint service with the NHS, with West Sussex County Council managing the health element of the budget on behalf of NHS Sussex Integrated Care Board.

Committed Funding:

£12,306,493 as follows:

- LA element of budget: £4,548,000
- Health element of budget: £6,115,622
- NHS minimum contribution carried forward from 2023/24: £1,642,871

Scheme 16: HEALTH INDEPENDENT DOMESTIC VIOLENCE ADVISORS

Independent Domestic Violence Advisors (IDVAs) are part of the Community Safety and Wellbeing team within the Communities directorate. These key roles identify, assess and assist victims and survivors of domestic and sexual violence and abuse, increasing their safety and the safety of their families.

The two funded postholders will provide immediate safety advice and support to assist with the safeguarding of victims of abuse, and consultation and training to hospital staff, to support the identification and response to domestic and sexual violence and abuse.

Commissioning Arrangements:

The Commissioning Partner will be West Sussex County Council.

Committed Funding:

£100,000.

Scheme 17: HIGH INTENSITY USE SERVICE

The main aim of the service is to improve quality of life and outcomes for service users. This will be done by identifying those most likely to attend ED and associated NEL admissions and proactively manage their needs using a truly personalised approach.

The expected outcomes from the service from the service include:

- Reduced ED attendance for this cohort.
- Reduced NEL admissions for this cohort.
- Reduced ambulance conveyance rate for this cohort.
- Service users feel less lonely at the end of their time with the service.
- Service users experience improved personal well-being at the end of their time with the service.

Commissioning Arrangements:

The Commissioning Partner will be NHS Sussex Integrated Care Board.

Committed Funding:

£120,000.

Scheme 18: IN-YEAR CONTINGENCY

To be allocated in-year reserve.

Commissioning Arrangements:

The Commissioning Partner will be NHS Sussex Integrated Care Board.

Committed Funding:

£83,879.

Scheme 19: ADDITIONAL DISCHARGE FUND: LA GRANT (Scheme 16 in the 2023/24 s75 agreement)

Additional Discharge Fund schemes for 2024/25 to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care.

The following services will be commissioned under this scheme:

Service	Planned Expenditure
WSDS-MH-01 - MH Discharge Hub- Social Workers and CPST	£1,260,000
WSDS-MH-02 - AMHP in ED (SRH / WGH / PRH)	£345,000
WSDS-AC-01 - Additional Social Work Capacity	£1,428,440
WSDS-AC-03 - Capacity to support spot bed commissioning	£90,000
WSDS-HF-01 - Domiciliary Care Rounds	£1,670,000
Sussex Discharge Programme Support	£23,000
	£4,816,440

Commissioning Arrangements:

The Commissioning Manager will be West Sussex County Council.

Committed Funding:

£4,816,440.

Scheme 20: ADDITIONAL DISCHARGE FUND: ICB ALLOCATION (Scheme 17 in the 2023/24 s75 agreement)

Additional Discharge Fund schemes for 2024/25 to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care.

The following services will be commissioned under this scheme:

Service	Planned Expenditure
WSDS-MH-03 - Mental Health D2A and Home First	£960,000
WSDS-AD-01 - Same Day Discharge Front Door Practitioner	£222,000
WSDS-AD-02 - DISCO (Admin & Additional Hours)	£200,000
WSDS-AD-04 - SDEC Discharge Team (SaSH)	£100,000
WSDS-AD-05 - TOCH Manager	£90,000
WSDS-AD-06 - Tail Costs	£129,000
WSDS-AC-02 - Self-Funder Placement Support	£345,000
WSDS-BC-01 - Additional Beds	£1,085,000
WSDS-HF-02 - Home First UCR+ and Support Discharge	£1,952,000
Discharge Transformation	£2,231,311
Sussex Discharge Programme Support	£207,000
	£7,521,311

Commissioning Arrangements:

The Commissioning Partner will be NHS Sussex Integrated Care Board.

Committed Funding:

£7,521,311.

ANNEX 3

SCHEDULE 4 – BCF METRICS

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

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

Residential Admissions West Sussex Plan 2024-25:

Annual Rate:	550.3
Numerator:	1,194
Denominator:	216,956

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

Numerator: The sum of the number of council-supported older people (aged 65 and over) whose long term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care). Following the cessation of the adult social care Short and Long Term(SALT) return after 2023 to 2024, this will be derived from client level data (CLD).

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

(B) Metric 2: Unplanned hospitalisation for chronic ambulatory care sensitive conditions

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

Avoidable Admissions West Sussex Plan 2024-25:

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Indicator Value:	140.0	117.9	115.4	117.8

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

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

(C) Metric 3: Improving the proportion of people discharged home using data on discharge to their usual place of residence.

This is an important marker of the effective joint working of local partners and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. There is evidence that recovery and independence for people who have been admitted to hospital are improved if they are discharged to their own home.

Discharge to Usual Place of Residence West Sussex Plan 2024-25:

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Quarter %:	92.5%	92.5%	92.5%	92.5%
Numerator:	17,135	17,200	16,450	16,700
Denominator:	18,518	18,595	17,792	18,061

Denominator: The proportion of discharges that are to a person's usual place of residence.

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

(D) Metric 4: Reducing the number of emergency hospital admissions due to falls in people over 65.

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes. This indicator is an important measure around joint working between adult social care and health partners (e.g., urgent community response services) to prevent hospital admissions and reduce falls which will improve outcomes for older people and support independence.

Reducing the number of emergency hospital admissions due to falls in people over 65.

Falls West Sussex Plan 2024-25:

Indicator Value:	2,195.2
Count:	4,855
Population:	202,708

Numerator: Emergency admissions for falls injuries for people over the age of 65, classified by primary diagnosis code (ICD10 code S00 to T98) and external cause (ICD10 code W00 to W19) and an emergency admission code (episode order number equals 1, admission method starts with 2).

Denominator: Local Authority level estimates of resident