

Public Document Pack

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19 November 2021

Dear Member,

Health and Adult Social Care Scrutiny Committee - Friday, 26 November 2021

Please find enclosed the following documents for consideration at the meeting of the Health and Adult Social Care Scrutiny Committee on Friday, 26 November 2021 which were unavailable when the agenda was published.

- | Agenda No | Item |
|------------------|--|
| 4. | Responses to Recommendations (Pages 3 - 4) |
| 6. | End of September 2021 (Quarter 2) Quarterly Performance and Resources Report (Pages 5 - 32) |

Yours sincerely

Tony Kershaw
Director of Law and Assurance

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

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Cllr Bob Lanzer

Cabinet Member for Public Health and Wellbeing

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FAO: Cllr Garry Wall,
Chairman of the Health and Adult
Social Care Scrutiny Committee

Via Email

18 November 2021

Dear Cllr Garry Wall,

Thank you for your letter of 28 September about the recommendations from the Health and Adult Social Care Scrutiny Committee on 15 September in relation to the End of June 2021 (Quarter 1) Quarterly Performance and Resources Report.

I am pleased to provide the response below to the Committee's recommendations.

1. For a briefing to be provided to all members on public health (as part of 12 November session, or at a separate session)

Led by Alison Challenger, Director of Public Health, a two-hour Member Development Session on Public Health will take place on Wednesday, 8 December 2021 via Microsoft Teams. This session will be a great opportunity for members to meet some of the team, and become more familiar with the role of local authority Public Health and our whole systems approach for West Sussex focused on improving health outcomes and reducing inequalities throughout our local population.

The event will explain public health statutory duties and functions, outline the context of the Public Health ring-fenced Grant, describe how the grant is spent in West Sussex, and highlight how the Public Health team work with national level organisations including the newly formed UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID), and key partners across the local health and social care system.

This session is encouraged for all members.

2. For the Committee to be provided information on what is being done to address the disparity in the flu vaccine uptake

Local authority Public Health has an assurance role regarding all vaccination programmes.

The Sussex Health and Care Partnership (SHCP) continues to deliver the annual flu vaccination programme this year. West Sussex Public Health provide support by promoting the uptake among all eligible cohorts, supporting the NHS winter vaccination campaign locally, via social media, press releases/articles, and in partnership with district and borough council communication teams. Furthermore, they work collaboratively with internal and external partners across the county, such as libraries, meals on wheels, and the West Sussex Fire and Rescue Service. The Council are also offering and promoting free flu vaccination via a voucher scheme to all WSCC staff who are not eligible for the free NHS flu vaccine, including school staff, teachers, Capita staff, and foster carers.

The SHCP have identified a number of areas of focus for activity to address the disparity in the flu vaccine uptake. This comprises extensive vaccine access across the area, including via GP's and pharmacies with some sites offering co-administration of COVID-19 and Influenza vaccination, delivery in care homes and schools, roving services for those housebound, and localised data to show where targeting is needed. A coordinated communications plan is in place to ensure vaccine equity and increase uptake. This includes focus on specific eligible cohorts including clinical at-risk groups, pregnant people, and people aged 50-64, using a wide range of communication channels. Activity will also take place at West Sussex population level and at local community level to provide place based information to specific communities. Data will be monitored to ensure the plan is responding to need and directed in the right areas.

3. For the Cabinet Member to consider changing the target for the healthy life expectancy KPI, to bring men and women into alignment

It is my understanding that the Committee agreed for the Cabinet Member to keep the target under review rather than to consider changing it.

For both measures (ref. 31 and 32) the values shown for the target are the latest available data published for the period 2017-2019 for Healthy Life Expectancy for men and women. It's important to emphasise that this data does not take into account any impact from COVID-19 on health, which may have worsened the position. The Council and local partners work hard to focus on reducing inequalities in the wider health system, however some drivers cannot be controlled, different elements impact on male and female life expectancy, and targets need to be realistic. As such, because this latest data shows a difference in healthy life expectancy for men and women, it would not be realistic to set a single target for all residents. The Healthy Life Expectancy figures for the final year of the Council's Plan (2024/25) will relate to published data for 2021-2023; the target is to reverse the decline.

I hope this information is a helpful update for the Committee.

Yours sincerely,



Cabinet Member for Public Health and Wellbeing

Report to Health and Adult Social Care Scrutiny Committee

26 November 2021

End of September 2021 (Quarter 2) Quarterly Performance and Resources Report – Focus for Scrutiny

Report by Director of Law and Assurance

Summary

The Quarterly Performance and Resources Report (PRR) is the Council's reporting mechanism for corporate performance, finance, savings delivery and business performance. It has been re-designed to reflect the new priorities, outcomes and measures included in Our Council Plan. It will be available to each scrutiny committee on a quarterly basis. Each committee will consider how it wishes to monitor and scrutinise performance relevant to their area of business.

The report (Appendices A and B) reflects the position at the end of September 2021 and is the second in the new style.

The Adults Services Portfolio has a number of performance highlights to report this quarter, set out in Appendix A, which includes an approach to maximise independence in a personalised and meaningful way through early intervention and prevention approaches, enabling more people to live independently for longer and thereby reducing need for long term services. Also, over the quarter, the County Council has facilitated the timely discharge of 2,424 patients from hospital. This evidences the success of innovative joint hospital discharge pathways between the County Council and health partners, which includes Discharge to Assess (D2A) and a Combined Placement and Sourcing Team.

The Public Health and Wellbeing Portfolio, set out in Appendix B, highlights the Local Authority Public Health Covid-19 Response, the Events Research Programme (Goodwood Festival of Speed), the West Sussex Wellbeing Programme. Future arrangements for the West Sussex Wellbeing Programme and the Smoking Cessation Services.

The current Risk Register is included to give a holistic understanding of the Council's current performance reflecting the need to manage risk proactively.

Focus for scrutiny

The Committee is asked to consider the PRR (Appendices A and B). Areas for scrutiny include:

- 1) The effectiveness of measures taken to manage the Council's financial position and expectations;

- 2) The particular performance indicators and measures identified as most critical to the focus of the Committee and whether the narrative provides assurance about the position presented and likely outcomes;
- 3) The on-going impact of the Covid-19 emergency situation on the Council's financial resilience and performance;
- 4) Any areas of concern in relation to the management of corporate risk;
- 5) Whether the report indicates any issues needing further scrutiny relevant to the Committee's portfolio area and, if so, the timing of this and what further data or information may be required; and
- 6) Identification of any specific areas for action or response by the relevant Cabinet Member.

The Chairman will summarise the output of the debate for consideration by the Committee.

1. Background and context

- 1.1 The Performance and Resources Report (PRR) replaces the Quarterly Performance Report (QPM). The PRR is designed to be used by all Scrutiny Committees as the main source of the County Council's performance information.
- 1.2 The current report has two changes in the presentation of the information:
 - Capital performance within the Portfolio Sections has been moved to the start of each capital section to enable the reader to focus on the performance of projects; this is complimented by the financial aspect of the capital programme and links the areas together. In addition, explanations of the capital finance movements (including additions to the programme) have been included for completeness and governance reasons.
 - The arrows on the KPI measures have been updated. A green upward arrow indicates that performance is improving, a downward red arrow indicates performance is worsening, and a horizontal amber arrow indicates no change to performance.
- 1.3 Appendix C – How to Read the Performance and Resources Report, provides some key highlights on the structure, content and a detailed matrix of the sections of the report which are expected to be reviewed by the different scrutiny committees.
- 1.4 The background and context to this item for scrutiny are set out in the attached appendices (listed below). As it is a report dealing with internal or procedural matters only the Equality, Human Rights, Social Value, Sustainability, and Crime and Disorder Reduction Assessments are not required.

Tony Kershaw

Director of Law and Assurance

Contact Officer

Rachel Allan, Senior Advisor (Democratic Services), 0330 222 8966

Appendices

Section 1 – Adults Services

Section 9 – Public Health and Wellbeing

Appendix 5 – Corporate Risk Register

Annex A – How to read the report

Background Papers

None

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Adults Services Portfolio – Summary

Performance Summary

1. The Portfolio has a number of performance highlights to report this quarter:

- In line with our corporate priority to maximise independence in a personalised and meaningful way through early intervention and prevention approaches, enabling more people to live independently for longer and thereby reducing need for long term services, the target to reduce admissions to residential and nursing homes for working age adults and older people is on track. The current trajectory indicates a reduction from 2020/21 admissions and puts West Sussex in line with regional local authority peers.
- Over the quarter, the County Council has facilitated the timely discharge of 2,424 patients from hospital. This evidences the success of innovative joint hospital discharge pathways between the County Council and health partners, which includes Discharge to Assess (D2A) and a Combined Placement and Sourcing Team. The County Council will continue to support health partners with the flow of patients through hospital settings, which is especially important as we approach the winter months.

Our Council Performance Measures

Adults Services		2021/22 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis	Actions	Year End Forecast
11	Percentage of contacts to adult social care that progress to a social care assessment Reporting Frequency: Quarterly	20-30%	Mar-21	Jun-21	Sep-21		Whilst there has been a slight improvement in performance this quarter, demand and complexity of customer needs has remained high, which is continuing to impact our ability to resolve people's needs through universal, low level or preventative services at the front door.	Ongoing monitoring of Covid-19 impact on demand and complexity of need.	A
			44.4%	41.6%	40.9%	↗			
12	Percentage of adult social care assessments that result in a support plan Reporting Frequency: Quarterly	65-75%	Mar-21	Jun-21	Sep-21		The last quarter data will be subject to change as the outcome of the assessment and the need for a support plan or not will not yet have been determined. However performance for quarter 1, which has now been updated (48.7%), confirms that whilst demand for formal social care assessment has been high, this has not always led to the need for the provision of a Council funded service and development of a support plan. Peoples needs are being met through alternative service provision including preventative services such as reablement.	Ongoing monitoring of Covid-19 impact on demand and complexity of need.	A
			54.2%	48.7%	30.7%	↘			
13	Percentage of safeguarding concerns that become a Section 42 enquiry Reporting Frequency: Quarterly	56.3%	Mar-21	Jun-21	Sep-21		The WSCC conversion rate (58.20%) continues to be above the 2019-20 national average (37%).	Further assurance of the referral threshold decision making being undertaken through audit. The outcomes and any recommendations will be presented to the internal officer Safeguarding Adult Steering Group meeting in December 2021.	A
			63.5%	63.3%	58.2%	↗			
14	Time to complete outstanding 'deprivation of liberty' cases Reporting Frequency: Quarterly	4.4 Months	Mar-21	Jun-21	Sep-21		Further small increase which indicates that the volume of incomplete DoLS Assessments has continued to rise. However, it is still well below the target which is to keep the backlog to under 4.4 months.	Not applicable.	A
			4.4 Months	2.2 Months	2.9 Months	↘			

Agenda Item 6

Section 1

36	Percentage of adults that did not receive long term support after a period of reablement support Reporting Frequency: Quarterly	85.5%	Mar-21 85.5%	Jun-21 85.4%	Sep-21 81.3%	Increasing complexity in the service has led to a slight dip in performance in the last quarter of customers going fully self-caring, however good reductions in their ongoing needs for support have been delivered. A high level of demand continues to support hospital discharge and a greater proportion of the service capacity continues to be deployed to support this pathway.	Ongoing contract management and oversight.	G
37	Percentage of adults that purchase their service using a direct payment Reporting Frequency: Quarterly	27.4%	Mar-21 27.4%	Jun-21 27.1%	Sep-21 27.9%	Performance is marginally above target, so intervention not required at this stage. Will continue to be monitored.	Ongoing monitoring.	A
38	Percentage of users of adult services and their carers that are reviewed and/or assessed in the last 12 months Reporting Frequency: Quarterly	73.2%	Mar-21 69.9%	Jun-21 69.4%	Sep-21 67.1%	Performance has been impacted due to increased demand for assessments and hospital discharge, which have diverted resource. Targets have been put in place for individual teams, including mental health and lifelong services which have been significantly impacted by Covid-19.	This measure is being monitored closely by the Adults Directorate Leadership Team and via the Performance, Quality and Practice Board, both chaired by the Executive Director for Adults and Health. A review of the process is also part of the Adults and Health Directorate Business Plan 2021/22, with a dedicated officer in place to progress the work in lifelong services.	A
39	The percentage of adults with a learning disability in paid employment Reporting Frequency: Quarterly	3.6%	Mar-21 2.1%	Jun-21 0.4%	Sep-21 0.4%	2020-2022 is an unusual period because of the impact of Covid-19 on new referrals to supported employment due to restrictions, impact on people's health and well-being that has reduced people's confidence to try new things; potential under reporting of people in paid employment due to changes in Mosaic; and importantly a shortfall in annual reviews in lifelong services social work team - as only those with an annual review can be counted in the performance figure.	Work is progressing to identify employment opportunities within the County Council for working age adults with a learning disability and there has been an increase in referrals to the service and contact made with new employers to increase job opportunities. Additional resources have been deployed to complete annual reviews in the lifelong services social work team which is expected to improve reported performance in quarters 3 and 4 and deliver the agreed target.	G
40	The percentage of adults in contact with secondary mental health services living independently with or without support Reporting Frequency: Quarterly, Reported a quarter in arrears.	71.0%	Dec-20 73.0%	Mar-21 71.0%	Jun-21 52.0%	Q2 results due in December 2021 This is an NHS led measure and is dependant upon the number of customers open to the SPFT mental health Trust. Current performance has dropped, this is likely to be due increased complexity within mental health services and the pressure to discharge people quickly from acute mental health hospitals.	Work is on-going with social work staff who have returned to WSCC direct management, to ensure they are using a strength-based approach and hospital discharge pathways are being jointly developed with WSCC and SPFT.	G
44	Percentage of people affected by domestic violence and abuse who feel safe upon leaving the service Reporting Frequency: Quarterly	80.0%	New Measure - No Data	Jun-21 91.0%	Sep-21 89.1%	Post lockdown, WORTH services has seen a consistently high number of referrals and increased demand for the service. WORTH service has been, and continues to be, operational throughout the pandemic, meeting 100% of requests for service when the remit has been met and providing signposting and one off advice where the remit has not. Whilst the longer term effects of lockdown remain to be seen on those that have experienced domestic abuse throughout this time, the immediate impact has been seen in clients requiring far higher levels of emotional support, and cases being more complex and challenging for practitioners. Throughout this quarter, service users received on average 29 contacts and the average length of support provided was 3 months.	To capture a full picture of service users experiences, it has been agreed that the following steps will be taken to maximise data capture: •Early Help service manager with operational lead responsibility for the IDVA service to speak to senior staff, reiterating the importance of full completion for dissemination to staff team/s •Community Safety DSVAs lead to join IDVA service team meeting to discuss key performance indicator reporting and why a 'full picture' is required •Senior IDVA service staff have been upskilled in accessing the data capture forms to monitor recording compliance	G

[Website link to Our Council Performance Measures here.](#)

Finance Summary

Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Covid-19 pandemic forecast expenditure/ allocations to third parties	£12.587m	Assumed funding from Covid-19 grant	(£12.587m)	
Pressure within the Older People budget – delays in delivering 2021/22 savings (£5.251m) and additional costs (£1.222m) due to rising cost of care packages and the need to buy additional beds in the market because of the under-utilisation of the Shaw contract.	£6.473m	Further funding from Covid-19 grants, the Improved Better Care Fund (iBCF) and Adults and Health Reserve.	(£10.300m)	
Pressures within Learning Disability budget – delays to delivery of savings 2020/21 & 2021/22	£2.827m			
Pressures within Learning Disability budget – expenditure risk relating to disputed residence cases	£1.000m			
Adults Services Portfolio - Total	£22.887m		(£22.887m)	£0.000m

Significant Financial Issues and Risks Arising

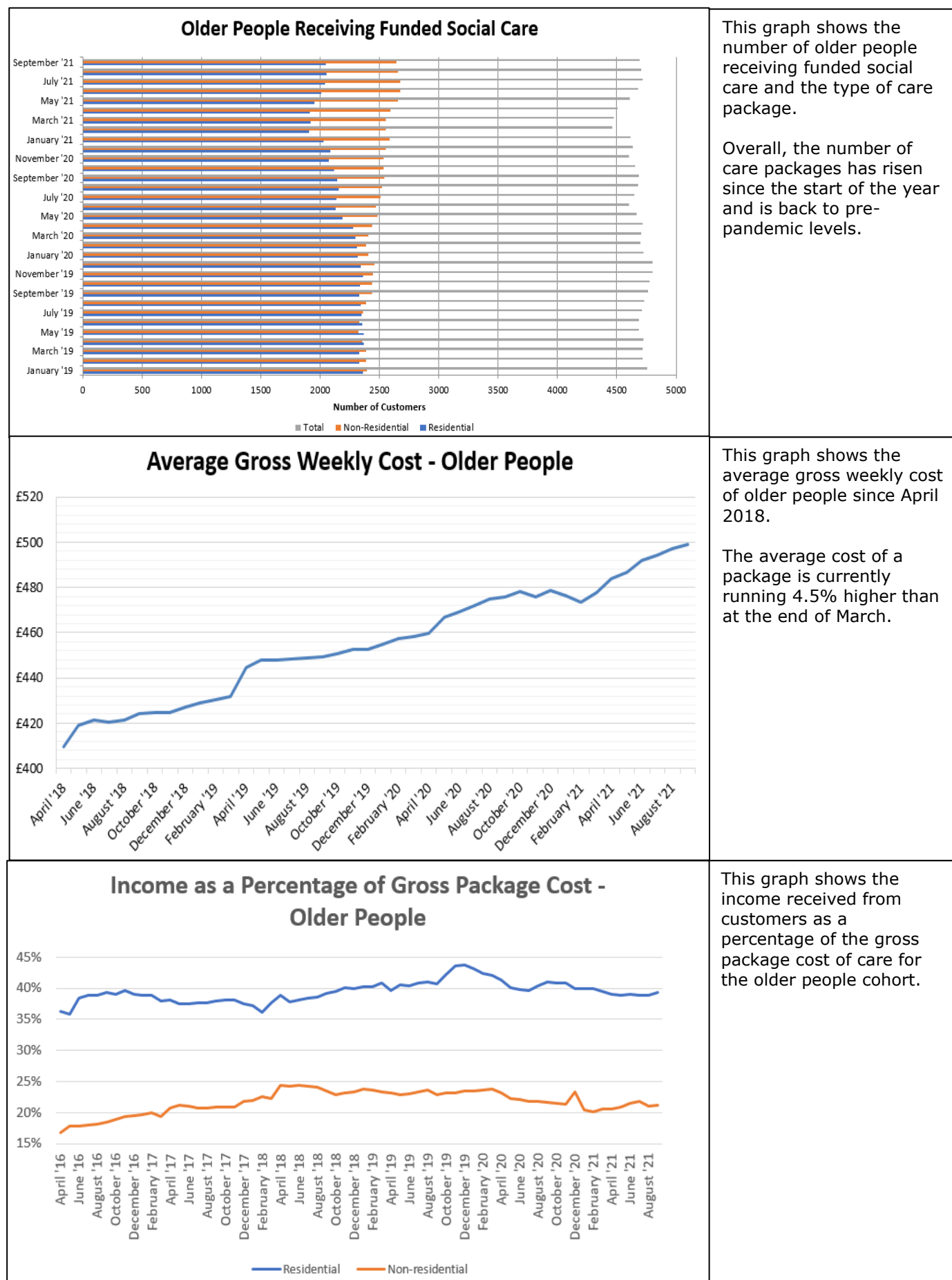
Key Financial Issues and Risks Arising		Narrative	Cost Driver	Q1		Q2		Action	Trajectory
ADULTS 1	Older People's Care Budget	Key cost driver data influencing the trajectory of the older people's care budget	No. of older people with a care package	4,681	↗	4,694	↔	Customer numbers have returned to pre-Covid levels, though this may not represent a plateauing of demand. Care costs are currently the biggest risk facing the budget. These are being driven by market-related factors. At the end of quarter two, the real terms rate of price increase is 2.75% if the 1.75% inflationary uplift agreed for 2021/22 is excluded.	↗
			% increase in the average gross weekly cost of a care package for older people	3.0%	↗	4.5%	↗		
			% increase in the average net weekly cost of a care package for older people	2.8%	↗	4.1%	↗		

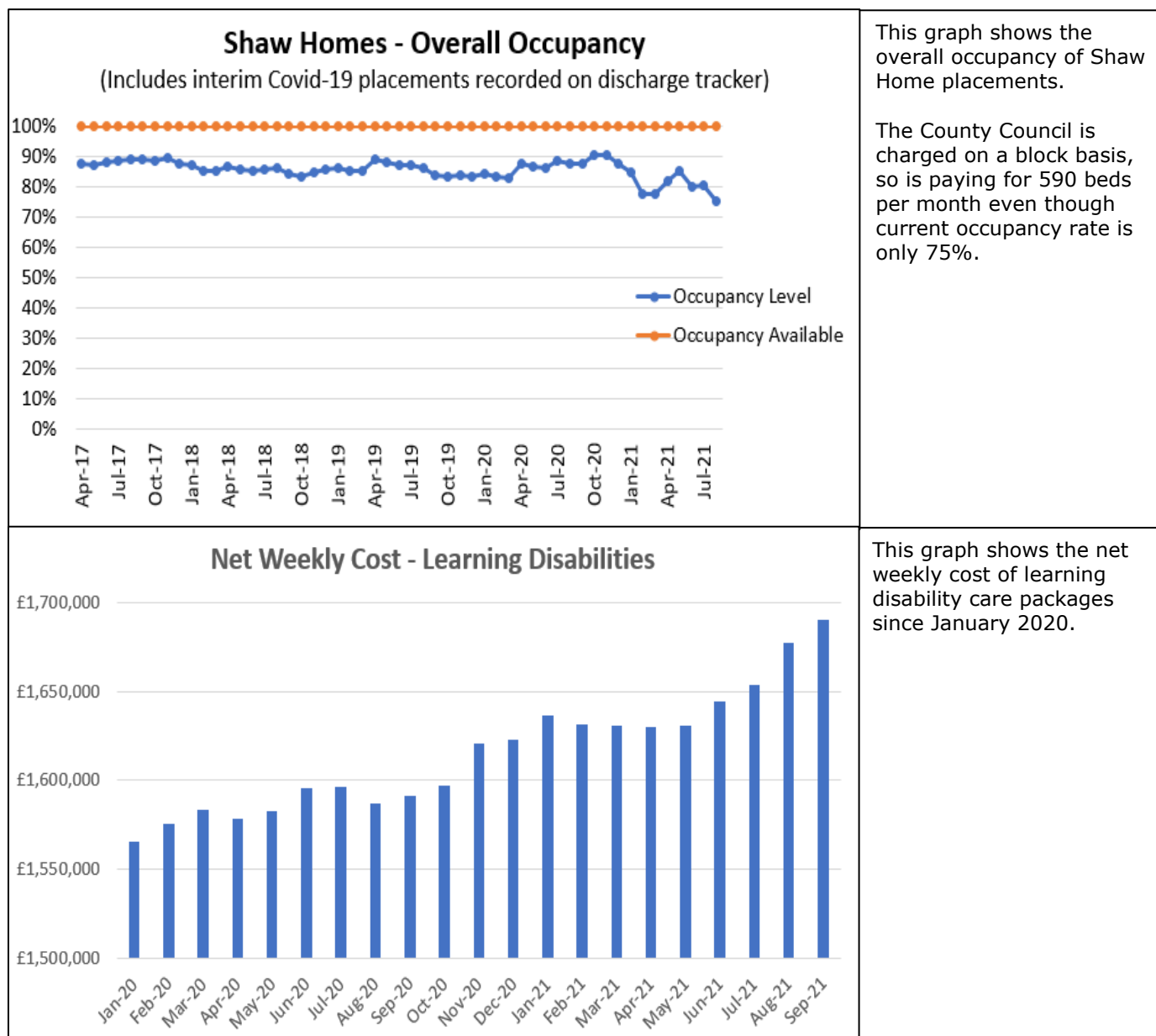
Financial Narrative on the Portfolio's Position

- The Adults Services Portfolio is projecting a balanced budget at this time, however, the main financial issues affecting the budget are described below.
- Demand from older people.** The aggregate number of older people receiving funded social care increased by 13 during the second quarter. Although this is a relatively small increase; the overall number of customers remains close to pre Covid-19 levels. If lead indicators like initial contacts and assessment volumes are brought into account, it does not seem likely that demand has yet plateaued, especially as supply shortages within domiciliary care are resulting in an increasing number of new customers having to wait before a care package can be put in place.
- Cost of older people's care packages.** This cost continues to be the dominant influence on the budget. The average gross cost of a care package has risen every month since April and is now approximately £500 per week. Moreover, the rate of that increase is increasing and is now 4.5% greater than at the start of the financial year. This represents a pressure of 2.75% after allowing for the 1.75% inflationary uplift agreed by the County Council. Whilst part of that growth is a reflection of rising complexity of needs, market-related factors have become an equally strong influence. In light of economic conditions, many providers are reporting difficulties with the recruitment and retention of care workers which, alongside cost pressures in areas such as energy, fuel and insurance, is causing prices to rise.
- The impact of this also continues to be compounded by the under-utilisation of the Shaw contract, which currently stands at 75%. Although there are a series of explanations for this, mostly bound up in contractual considerations, the result is that up to an additional 100 beds are being bought in the wider market at the same time as the County Council is paying in full for all of the 590 beds that it has available. When the budget was approved in February, it was anticipated that demand pressure would be manageable within the limits of existing resources, principally from the benefits enabled by the County Council's increasing investment in preventative services during the recent past. The combination of these factors is leading to a very different outlook with overspending of £6.5m now forecast for the older people's budget.

6. **Customer contributions towards care costs.** The current exercise to financially reassess approximately 3,750 non-residential customers for 2020/21 is almost complete. There are just over 250 customers who have not responded and who will be targeted in October; another 120 customers have outstanding queries which will also be addressed in October. Nearly all other customers (including residential customers) have financial assessments in place for the 2020/21 financial year. Proposals on financial reassessments for the 2021/22 financial year for customers whose care package began before 1st April 2021 have not yet been agreed, though the budget is based on the assumption that these will rise by an average of 2.5% in line with the increase in the pension triple lock.
7. **Learning Disabilities.** – As a relatively static customer group, the primary risk is the delivery of savings. £2.8m of savings related to this service area are judged as to be at significant risk and will not be met in 2021/22; partly as the Covid-19 pandemic continues to act as a constraint on customer contact and in part, due to its effects on the market in those cases where the release of savings will require new services to be commissioned.
8. Compounding the situation is the likelihood that there will be an increase in cost as a result of two cases which involves disputed residence. Both of these cases relate to customers with complex needs, who require expensive packages of care. Although final decisions have still to be reached, if confirmed it will translate into additional expenditure of £1m of the County Council's share of the pooled budget. While the majority of this additional cost (circa £0.6m) would be payment of historic arrears and thus would be one-off, the overall outcome on the learning disabilities budget is an estimated overspending £3.8m.
9. **Summary Position.** Despite these pressures, the Adults Portfolio will not overspend in 2021/22, so a balanced budget is being forecast. This is because it would be appropriate to fund the deficit from any one of the following areas:
 - **Covid-19 funding.** Whether directly or indirectly because of its impact on the economy as a whole, Covid-19 remains the dominant influence on the Adults budget.
 - **Improved Better Care Fund (iBCF).** Around £10m is currently uncommitted against the combination of this year's £20m allocation and the underspend carried from 2020/21 (£12.4m).
 - The **Adults and Health Reserve** of £4.7m that was created at the end of 2020/21 to meet Covid-19 recovery expenditure.
10. Between these sources, there will be capacity to manage overspending even if some of the current risks intensify and if the impact of winter is different to its normal pattern. Since those funding sources are all time-limited funding, equally important to note is that a plan is being developed as part of budget preparation for 2022/23 which will aim to ensure that those elements of the overspend which will endure into next year do not become recurring pressures.

Cost Driver Information





Savings Delivery Update

11. The portfolio has a number of 2021/22 savings and one saving outstanding from the 2021/22 financial year. Details of these savings are included in the table below:

Saving Activity	2020/21 Savings £000	September 2021		Narrative	2022/23
Lifelong Services (<i>Learning Disabilities</i>)	1,900	800	G		G
		1,100	R Covid19	Plans being reviewed as part of service budget preparation for 2022/23 with a view to mitigating actions being put in place.	A

Saving Activity	2021/22 Savings £000	September 2021		Narrative	2022/23
Review of in-house residential services (<i>Older People</i>).	640	640	R	A Cabinet decision on the future of Marjorie Cobby House is scheduled for 16th November. If the recommendation is approved, it will result in the saving being delivered in full in 2022/23. The shortfall in 2021/22 is partially mitigated from savings relating to the closure of in-house day services during the pandemic.	G
Review of Shaw day services (<i>Older People</i>).	250	250	R	A Cabinet decision on the future of Shaw Day Services is scheduled for 16th November. If the recommendation is approved, it is expected to result in the saving being delivered in full in 2022/23.	G
Absorption of demand growth for adult social care from older people through demand management (<i>Older People</i>).	4,361	4,361	R Covid19	This is a saving which was planned to be delivered from the benefit of actions previously taken, e.g. the Home First contract. Due to the constant turnover in the older people's customer group, it can only be measured in context of the overall budget position for that group. The impact of Covid-19 and market-related factors mean that the older people's budget will overspend significantly in 2021/22, so the saving cannot be evidenced as having been met. Plans for 2022/23 are being prepared with the aim of avoiding this becoming a recurring pressure.	A
Non-residential customers to remain at home with reduced package (<i>Older People</i>).	890	100	G	Savings to date from the additional capacity available in the Reablement contract.	G
		790	A	The increase in capacity is at a lower level than the County Council had sought. In addition, the actual level of delivery is currently below planned due to provider staff shortages. Additional benefits will arise over the remainder of the financial year, but these will depend on factors that are outside the County Council's control.	G
Increase supply and use of shared lives carers (<i>Learning Disabilities</i>).	448	448	R Covid19	Recruitment and training of additional shared lives carers is taking place. Although this should allow some new placements to be made before 31st March, the part-year impact will mean limited financial benefit at most in 2021/22.	G
Supported Living - transfer of customers from residential provision (<i>Learning Disabilities</i>).	1,059	1,059	R Covid19	Plans being reviewed as part of service budget preparation for 2022/23 with a view to mitigating actions being put in place.	A
Increase number of customers supported by live-in care (<i>Learning Disabilities</i>).	106	106	R Covid19	Plans being reviewed as part of service budget preparation for 2022/23 with a view to mitigating actions being put in place.	A
Reduce use of single person services for customers where shared services may be suitable (<i>Learning Disabilities</i>).	114	114	R Covid19	Plans being reviewed as part of service budget preparation for 2022/23 with a view to mitigating actions being put in place.	A
Review of Agency Staffing	108	108	B		B

Savings Key:

R Significant Risk
 A At Risk
 G On Track
 B Delivered

Capital Programme

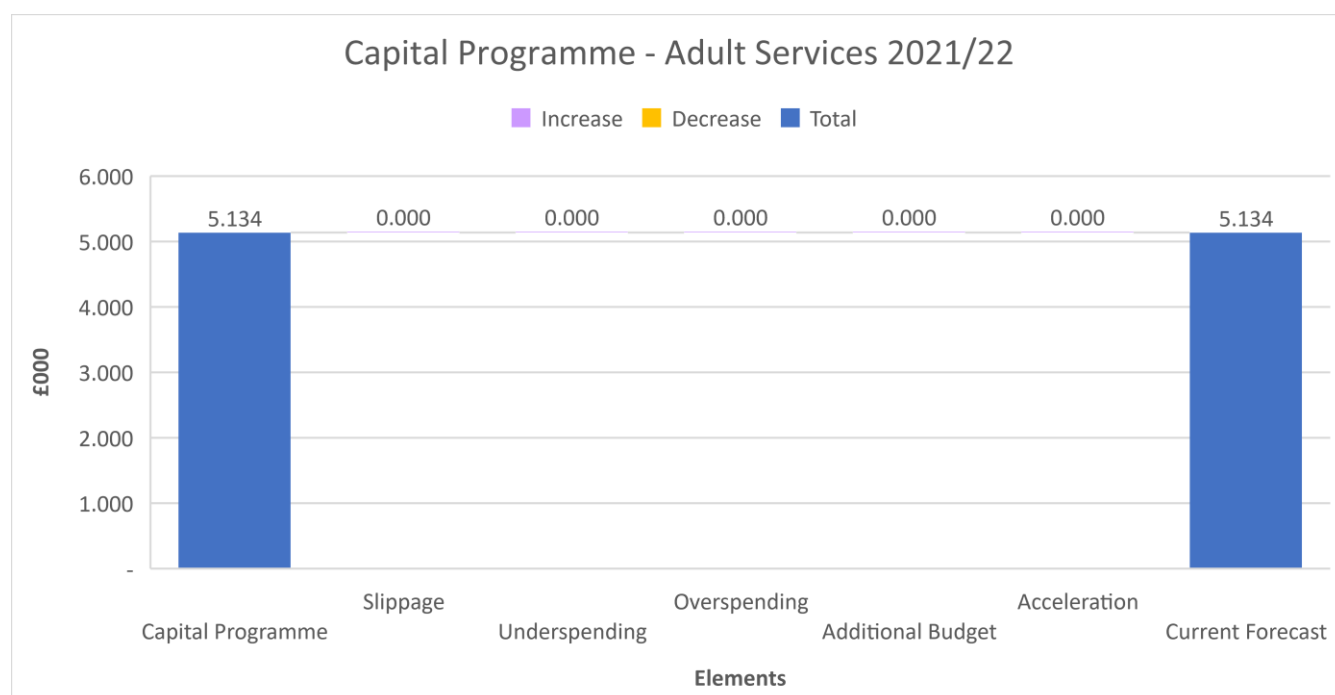
Performance Summary - Capital

12. There are three schemes within this portfolio; one of the schemes in delivery is rated green, indicating that the project is reporting to plan. There are two rated amber, indicating that there is an issue, but that it can be dealt with by the project manager or project delivery team. An update on the progress of schemes not rated green are detailed in the table below:

Scheme	RAG Status at 30th September	Reason	RAG Status at 13th October	Updated Position
Adults In-House Day Services Part A	AMBER	Both sites have been handed back to the Service, but additional works required at Judith Adams.	GREEN	Completed works have been reviewed and signed off.
Adults In-House Day Services Part B	AMBER	All three sites have been completed and handed back to Service. Awaiting final account report from Contractor.	AMBER	Report expected from Contractor on 22/10/2021.

Finance Summary - Capital

13. The capital programme; as approved by County Council in February 2021, agreed a programme totalling £2.039m for 2021/22. £3.095m of expenditure, originally profiled to spend in 2020/21, was slipped into 2021/22, revising the capital programme to £5.134m.
14. Since this time, the profiled spend has remained the same resulting in a current year end projection for 2021/22 of £5.134m.



15. The largest project included in the capital programme expenditure plan is:

- Choices for the Future Programme – in-house social care provision.

Risk

16. The following table summarises the risks on the corporate risk register that would have a direct impact on the portfolio. Risks to other portfolios are specified within the respective appendices to this report.

Risk No.	Risk Description	Previous Quarter Score	Current Score
CR58	The care market is experiencing an unprecedented period of fragility, particularly due to staff shortages and increasing demand. This has been further exacerbated by Covid-19, including the mandatory requirement for care staff to have a vaccination; however, this also extends to WSCC staff requiring access to these facilities (i.e. Social Workers, OT), and contractors. If the current and future commercial/economic viability of providers is not identified and supported, there is a risk of failure of social care provision which will result in funded and self-funded residents of West Sussex left without suitable care.	25	25

17. Further details on all risks can be found in **Appendix 5** - Corporate Risk Register.

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Public Health and Wellbeing Portfolio - Summary

Performance Summary

1. The Portfolio has a number of performance highlights to report this quarter:
 - **Local Authority Public Health Covid-19 Response.** Led by the Director of Public Health, management of the Council's pandemic response and recovery remains vitally important and is regularly assessed and reviewed to ensure ongoing, robust preparedness, flexing to the demands of the pandemic as it evolves. To control and manage the virus, mitigating risk, public health activity continues across many areas, including surveillance/intelligence, outbreak control/management, providing specialist public health advice, and tackling inequalities including access to testing and vaccination. As such, significant resource remains allocated to the Covid-19 response and is likely to continue into the winter and possibly beyond, depending on how the pandemic progresses.
 - **Events Research Programme – Goodwood Festival of Speed.** West Sussex Public Health worked in collaboration with the Goodwood Estate and key partners including Chichester District Council Environmental Health, Public Health England, and the Department for Digital, Culture, Media and Sport (DCMS), contributing to arrangements for the Goodwood Festival of Speed (8-11 July), a pilot event in Phase Three of the government's Events Research Programme. Goodwood has continued to implement many of the good practice measures, used as part of the pilot event, in the planning and delivery of their subsequent events such as Glorious Goodwood and Revival.
 - **West Sussex Wellbeing Programme.** [Future arrangements for the West Sussex Wellbeing Programme; an adult focussed prevention programme, have been agreed by the Cabinet Member for Public Health and Wellbeing as a Key Decision.](#) The continuation of the programme with a new partnership agreement between West Sussex County Council and district and borough councils across West Sussex, will be effective from 1 April 2022 for five years. This new agreement is an opportunity to review the current programme and to ensure future arrangements best meet the needs of our local communities, whilst continuing to follow national best practice and evidence. This will particularly address the impact of the Covid-19 pandemic on the health of our residents, their healthy life expectancy and health inequalities.
 - **Smoking Cessation Services.** Following the announcement of additional funding linked to the NHS Long Term Plan from NHS England to Integrated Care Systems (ICSs) in June 2021, WSCC Public Health Directorate team members have collaborated with managers in University Hospitals Sussex NHS Foundation Trust over the summer to further develop plans to implement inpatient and maternity smoking cessation services.

Our Council Performance Measures

Public Health and Wellbeing		2021/22 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis	Actions	Year End Forecast
5a	Uptake of flu vaccine in over 65s or at risk Reporting Frequency: Annually	75.0%	2017/18	2018/19	2019/20		2020/21 results due in August 2022. Eligible cohorts for 2021/22 increased to include over 50s and 4 additional cohorts in secondary school - all those from years 7 to year 11 will be offered vaccination.	Local NHS, Sussex Health and Care Partnership, are delivering the programme, which WSCC Public Health are supporting by promoting the uptake of the flu vaccination among all eligible cohorts by supporting the NHS Winter vaccination campaign locally via a wide range of communication channels with internal and external partners. WSCC is offering and promoting free flu vaccination to all WSCC staff who are not eligible for the free NHS flu vaccine, including school staff, teachers, Capita staff, and foster carers. Director of Public Health is member of Sussex wide COVID-19 and Flu Vaccination Board to support and promote uptake across the system including and bringing in local authority involvement and support. Consultant in Public Health is member of Sussex Vaccine Inequalities Group working across the system and for West Sussex to promote uptake in most vulnerable groups.	A
			72.9%	73.4%	74.2%	↑			
5b	Update of flu vaccine in 'at risk' groups Reporting Frequency: Annually	47.0%	2017/18	2018/19	2019/20		2020/21 results due in August 2022. Eligible cohorts for 2021/22 increased to include over 50s and 4 additional cohorts in secondary school - all those from years 7 to year 11 will be offered vaccination.	Local NHS, Sussex Health and Care Partnership, are delivering the programme, which WSCC Public Health are supporting by promoting the uptake of the flu vaccination among all eligible cohorts by supporting the NHS Winter vaccination campaign locally via a wide range of communication channels with internal and external partners. WSCC is offering and promoting free flu vaccination to all WSCC staff who are not eligible for the free NHS flu vaccine, including school staff, teachers, Capita staff, and foster carers. Director of Public Health is member of Sussex wide COVID-19 and Flu Vaccination Board to support and promote uptake across the system including and bringing in local authority involvement and support. Consultant in Public Health is member of Sussex Vaccine Inequalities Group working across the system and for West Sussex to promote uptake in most vulnerable groups.	A
			48.5%	49.1%	45.8%	↓			
6	Healthy weight of 10-11 year olds Reporting Frequency: Annually	69.8%	2018/19	2019/20	2020/21		The National Child Measurement Programme (NCMP) was delivered to Year 6 pupils during the Summer term 2021. The Office for Health Improvement and Disparities (OHID) will collate and publish national data - expected in December 2021.	Obesity is a complex issue affecting all ages, which emphasises the importance of the need for a family targeted approach, working across all age groups. WSCC Public Health are working in partnership with district and borough councils across West Sussex to maintain and develop services to support the populations' needs. NCMP took place only for Year 6 this year, but good uptake so will provide a good basis for ongoing and developing obesity work and is on schedule for both Reception and Year 6 next year.	G
			70.2%	70.4%	69.8%	↓			
31	Healthy life expectancy for men Reporting Frequency: Annually	66 (2018/19 Baseline Data)	2016/17	2017/18	2018/19		Next updates due February 2022 for 2019/20 results. Currently the values shown are the published data for the period 2017-2019, this does not take into account any impact from Covid-19, which may have worsened the position. The Council and local partners work hard to focus on reducing inequalities in the wider health system, however some drivers cannot be controlled, different elements impact on male and female life expectancy, and targets need to be realistic. As such, because the latest data (2017-2019) shows a difference in healthy life expectancy for men and women, it would not be realistic to set a single target for all residents. The Healthy Life Expectancy figures for the final year of the Council's Plan (2024/25) will relate to published data for 2021-2023; the target is to reverse the decline.	Nationally, women's Healthy Life Expectancy is worse than men and often for different reasons e.g. cancer type. We are looking to address this inequality in the county as with other approaches to inequality e.g. disadvantaged communities and minority groups. Work has been undertaken locally to detail the main causes of ill health, disability and death, and also the underlying risk factors, such as smoking, diet (including those high in salt, low in fibre and fruit and vegetables) and obesity. This work is informing a population level approach, agreed at West Sussex Health and Wellbeing Board and with local partners.	G
			65.8 Years	64.6 Years	66.0 Years	↑			
32	Healthy life expectancy for women Reporting Frequency: Annually	64.8 (2018/19 Baseline Data)	2016/17	2017/18	2018/19		Next updates due February 2022 for 2019/20 results. Currently the values shown are the published data for the period 2017-2019, this does not take into account any impact from Covid-19, which may have worsened the position. The Council and local partners work hard to focus on reducing inequalities in the wider health system, however some drivers cannot be controlled, different elements impact on male and female life expectancy, and targets need to be realistic. As such, because the latest data (2017-2019) shows a difference in healthy life expectancy for men and women, it would not be realistic to set a single target for all residents. The Healthy Life Expectancy figures for the final year of the Council's Plan	Nationally, women's Healthy Life Expectancy is worse than men and often for different reasons e.g. cancer type. We are looking to address this inequality in the county as with other approaches to inequality e.g. disadvantaged communities and minority groups. Work has been undertaken locally to detail the main causes of ill health, disability and death, and also the underlying risk factors, such as smoking, diet (including those high in salt, low in fibre and fruit and vegetables) and obesity. This work is informing a population level approach, agreed at West Sussex Health and Wellbeing Board and with local partners.	G
			63.6 Years	64.3 Years	64.8 Years	↑			
35	Number of people completing evidence-based falls prevention programmes Reporting Frequency: Quarterly, Accumulative	TBC					Q2 results will be available in November 2021 This is a new measure and as a result no previous data or baseline is available. Data will be provided by Districts and Boroughs. Once data is available targets for the next 4 years can be determined.	This is an important area, which has been impacted by Covid-19 since March 2020. It is likely that due to lockdowns and the need for the Clinically Extremely Vulnerable to shield, individual's mobility may have reduced, resulting in a change in need for this area. There is therefore a need to assess and review current falls prevention programmes, working with community and NHS partners to set a target for the next 6-12 months.	A
			New Measure - No Data	New Measure - No Data	New Measure - No Data				

[Website link to Our Council Performance Measures here.](#)

Finance Summary

Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Covid-19 pandemic forecast expenditure	£24.634m	Assumed funding from Covid-19 grant	(£24.634m)	
Public Health and Wellbeing Portfolio - Total	£24.634m		(£24.634m)	£0.000m

Significant Financial Issues and Risks Arising

- There are no significant issues to raise within this section.

Financial Narrative on the Portfolio's Position

- The Public Health and Wellbeing Portfolio is continuing to project a balanced budget due to the expectation that any underspending within the ring-fenced Public Health Grant will be carried forward into 2022/23.
- The budget continues to be impacted heavily by the consequences of the Covid-19 pandemic. This is resulting in some underspending in areas of the service where expenditure is based on activity, such as health checks and sexual health. In addition, timing has not made it appropriate to plan to spend the £0.2m increase in this year's Public Health Grant that was announced in March.
- Whilst the outturn will depend on the level of service delivered in those areas which are demand-led, it is not unreasonable to expect underspending in the region of £2m. As ring-fenced funding, this will transfer into 2022/23 where it will add to the underspending of £1.2m brought forward from 2020/21.

Savings Delivery Update

- The portfolio has no named savings target for 2021/22, however it should be noted that there is a direct link to the Support Services and Economic Development saving – Use of Public Health Grant. Expenditure within the Support Services and Economic Development Portfolio that supports delivery of Public Health activities has been recharged against the Public Health Grant, therefore enabling the saving to be realised. This £1.2m saving is reported as on track 'green'.

Capital Programme

7. There are currently no capital projects for the Public Health and Wellbeing Portfolio.

Risk

8. There are no corporate risks assigned to this portfolio. Risks allocated to other portfolios are specified within the respective appendices of this report. Further detail on all risks can be found in **Appendix 5** - Corporate Risk Register.

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date
					Impact	Likelihood	Score		Impact	Likelihood	Score					Impact	Likelihood	Score	
CR68	The government have placed restrictions and imposed requirements on Local Authorities to support in the management of the COVID-19 pandemic. If local (county or district) responsibilities are prolonged or additional measures imposed, there is a risk services will fail to deliver existing work plans due to staff responding to the impact of the pandemic, or staff shortages due to sickness.	Chief Executive	1. Failing to deliver statutory duties.	Mar-20	5	5	25	Treat	5	2	10	Review and update business continuity and service critical plans.	CLT	ongoing	Business continuity plans periodically reviewed. To date there is sufficient resource to deal with challenges.	5	3	15	Oct-21
			2. Negative reputational impact.									Regular engagement with MHCLG and ensure information and direction is discussed and implemented through the Strategic Coordinating Group (SCG-Gold) and Tactical Coordination Group (TCG-Silver).	Chief Executive	ongoing	Outcomes to inform Tactical Management Group (TMG), Strategic Management Group (SMG), and Local Health Resilience Partnership (LARP) for action/info.				
			3. Residents don't receive support required.									Develop communications when required to manage expectations of staff and residents on WSCC response position.	Head of Communications	ongoing	Collaboration and agreement on services provision messages with directorates and ELT through current COVID-19 mechanisms (TMG and SMG).				
			4. Insufficient budget/budget exceeded.									To continue to lobby government groups to influence funding decisions.	Chief Executive	Ongoing	Sufficient funding received to date to deal with the cost.				
			5. Increase risk to life.									IA to conduct review of lessons learned and communicate.	Director of Finance & Support Services	Sep-21	Work is in progress				
			6. Information not shared appropriately.									Services to consider impacts should government impose restrictions (via tier system) at a district level as opposed to county.	CLT	ongoing	To be captured in business continuity plans.				
CR70	There is an increasing demand placed on the senior officers due to the ongoing threat of COVID19 and additional burdens due to devolved responsibilities. This may lead to a continued lack of capacity to deal with strategic/organisational issues , leading to poor decision making.	Chief Executive	1. Outcomes for residents not delivered	Aug-20	4	3	12	Tolerate	4	3	12	Continue to monitor service resource impact.	ELT	ongoing	Concerns raised through ELT	4	3	12	Dec-21
			2. Residents don't receive support needed.									Provision of support to services when required.	SMG	ongoing	Support requests raised through TMG and escalated to SMG if required.				
			3. Failing to deliver statutory duties																
CR71	As part of the 'new normal' WSCC staff will be expected to continue to work from home (current exceptions being areas of critical business that cannot function in this way and staff unable to work in a safe environment at home). This may adversely effect the mental and physical wellbeing (and emotional resilience) of staff which will lead to an increase in absences and poor service delivery to residents.	Director of Human Resources & Org Dev	1. Increase in poor physical health of staff.	Aug-20	4	4	16	Tolerate	4	2	8	Mental health training and support (particularly for managers).	Health and Safety Manager	ongoing	Stress Management corporate guidance, mental health for managers e-learning series, adoption of mental health first aiders across the council and the employee assistance programme (EAP). Organisational drive to ensure managers undertake training.	4	2	8	Nov-21
			2. Increase in poor mental health of staff.									DSE assessments carried out and regularly reviewed.	Health and Safety Manager	ongoing	Directorates responsible for completion of staff assessments. Comms to communicated the requirement to complete the DSE self-assessment and home working assessment.				
			3. Increase in staff absence.									Appropriate comms to ensure officers are equipped to support staff.	Health and Safety Manager	ongoing	HSW messages being published regularly via One Voice and newsroom articles.				
			4. Poor service delivery to residents.																
			5. Increase in number of claims and premiums.																

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date
					Impact	Likelihood	Score		Impact	Likelihood	Score					Impact	Likelihood	Score	
CR7	There are governance systems which inhibit effective performance and a culture of non-compliance and also a lack of standardisation in some systems and processes . Skills and knowledge of systems inadequate and excessive effort required for sound decisions and outcomes.	Director of Law & Assurance	1. Delayed decisions impede service delivery.	Dec-19	4	4	16	Treat	2	2	4	Data on areas of non-compliance used to inform Directors to enforce compliance with standards.	Director of Law & Assurance	Ongoing	AGS actions approved November 2020 - updated and sent to RAAC March 21. 21/22 AGS actions approved and underway.	4	2	8	Oct-20
			2. Service improvement effort impeded.									Regular compliance monitoring and active corporate support when non-compliance happens to establish better practice.	Director of Law & Assurance	Ongoing	Audit plan settled and activity in progress				
			3. Resources misapplied - poor VFM.									Audit plan focussing reviews on key corporate support systems to identify areas in need of improvement.	Director of Law & Assurance	Ongoing	Actions underway as per agreed audit plan				
			4. Complaints and claims.																
			5. Censure by external inspection.																
CR11	There is a risk that the Council will not be seen as an attractive place to work by current and potential employees. This will result in problems recruiting and retaining staff in key skills areas.	Director of Human Resources & Org Dev	1. Over-reliance on interim and agency staff.	Mar-17	4	5	20	Treat	4	2	8	Application of policy and provisions for various hard to fill posts.	Head of HR Bus Ptr & Org Dev	Ongoing	Use of R&R package to recruit children's social workers. Relocation support for hard to fill roles awaiting sign off by ELT. Use of apprenticeships to build talent pipelines e.g. social worker, occupational therapist, management programmes.	4	3	12	Nov-21
			2. Lack of corporate memory.									Produce Directorate Workforce Strategies to identify skills, capacity and capability requirements.	Head of HR Bus Ptr & Org Dev	Dec-21	Reward & Retention package for Children's Social Workers produced. Development of Workforce Plan being carried out as part of Children First Improvement Plan.				
			3. Inadequate pace/speed of delivery.									Development of comprehensive employee value proposition.	Head of Res Org Dev & Talent	Feb-22	Part of People Framework Action Plan, will be progressed once initial kick start projects are delivered.				
			4. Low staff morale and performance.									Longer term strategies for addressing recruitment issues e.g. apprenticeships, growing our own.	Head of Res Org Dev & Talent	Ongoing	3 year plans in place for apprenticeships (currently being refreshed). LGA consultancy engaged with; recommendations received. Continuing programme of marketing and awareness raising, e.g. National Apprenticeships Week.				

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date
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CR22	The financial sustainability of council services is at risk due to uncertain funding from central government and/or failure to make the required decisions to ensure the budget is balanced. This has been compounded further with the COVID-19 crisis, and the recent Ofsted and HMIC FRS reports.	Director of Finance & Support Services	1. Insufficient government funding to deliver services.	Mar-17	4	4	16	Tolerate	4	3	12	Pursue additional savings options to help close the budget gap.	Director of Finance & Support Services	Ongoing	Savings developed as part of the budget process for 2021/22. A balanced budget was approved by Full Council in Feb 21 although ongoing pressures for future years remain. Preparations are being made to begin the process to develop a balanced budget for 2022/23. Good progress has been made with further discussions planned for September, ahead of Members Discussion in the autumn. Work has begun to link budget preparation with business plan updates.	4	3	12	Sep-21
			2. Adverse effect on reserves/balanced budget.									Monitor the use of additional funds made available to improve service delivery.			Ongoing	Improvement is monitored through the relevant service boards			
			3. Reputational impact through reduction of service quality									Financial impacts arising from the Covid-19 national emergency need to be reflected and addressed within the PRR and MTFS as appropriate.			ongoing	The PRR report now reflects the impact of Covid-19 and sets out how this impacts specific services and WSCC as a whole. This is underpinned by a bespoke recording approach within SAP, which clearly accounts for the costs incurred and funding received from Government, alongside the Delta return made to MHCLG on a monthly basis. The MTFS planning framework also reflects the potential impact of Covid-19, both from the potential funding and budget pressures perspectives.			
			4. Increased liability of service delivery, transferred by external partners due to funding restrictions i.e. supporting homelessness.																
			5. Additional unexpected service and cost pressures from savings decisions.																
			6. Financial implications for both 2022/23 and the medium term arising from the national emergency circumstances associated with Covid-19.																
CR39a	As a result of failing to maintain and ensure the correct use of our security systems and protocols, there is a risk of a successful cyber attack directly from external threats; or indirectly as a consequence of staff accessing unsafe links from external sources and unauthorised/insecure website browsing. This will lead to significant service disruption and possible data loss.	Director of Finance & Support Services	1. The Council suffers significant financial loss or cost.	Mar-17	4	5	20	Treat	4	4	16	Improve staff awareness of personal & business information security practices & identification of cyber-security issues. Continued actions due to evolving threats.	Head of IT	Ongoing	Regular comms distributed to all staff. Continuing to drive employees to undertake mandatory annual Information Security and Data Protection education and certification. Adhoc actions taken (as appropriate) in response to level of cyber threat.	5	5	25	Dec-21
			2. The Council's reputation is damaged.									Maintain IG Toolkit (NHS) & Public Service Network security accreditations.			Ongoing	Ongoing works to ensure appropriate connectivity/accreditation for applicable public sector/government networks/system connectivity.			
			3. Resident's trust in the Council is undermined.									Conduct tests including penetration, DR and social engineering. (conducted 6 monthly)			Ongoing	2021 testing schedule defined and in delivery.			
			4. Partners will not share data or information with the Council.									Ensure that cyber-attack is identified early, that reporting & monitoring is effective, and recovery can be prompt.			Ongoing	Proactive stance implemented to ensure a watching brief for threats/updated guidance notes. WSCC has formally joined SE Warning Advice and Reporting Point (WARP).			
			5. Punitive penalties are made on the Council.									Provide capacity & capability to align with National Cyber-Security centre recommendations.			Ongoing	Training needs assessment regularly undertaken, programme of education developed to ensure IS resources are appropriately skilled and corporate practices followed align to NCSC guidance's.			
												Transition to a controlled framework for process and practice.			Ongoing	IT service redesign to be carried out due to early return of ITO.			

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date
					Impact	Likelihood	Score		Impact	Likelihood	Score					Impact	Likelihood	Score	
CR39b	Data protection responsibilities. The Council is a Data Controller and has obligations and responsibilities arising from that role. Council needs resources, skills, knowledge, systems and procedures to ensure obligations are met.	Director of Law & Assurance	1. Individuals or groups come to harm.	Mar-17	4	5	20	Tolerate	3	3	9	Test the effectiveness of DPIA	Head of Data Protection	Ongoing	Annual business process review via DPIA to confirm compliance or to reflect update/risk assessment if business process elements have shifted since last review.	3	3	9	Oct-18
			2. The Council's reputation is damaged.									Maintain IG Toolkit (NHS) & Public Service Network security accreditations.	Head of IT	Ongoing	Ongoing works to ensure appropriate connectivity/accreditation for applicable public sector/government networks/system connectivity.				
			3. Resident's trust in the Council is undermined.									Undertake Data Privacy Impact Assessments (DPIA) when systems or processes change and carry out resulting actions.	Director of Law & Assurance	Ongoing	Processes settled. Most impact assessments completed. DPIA to be conducted as required.				
			4. Partners will not share data or information with the Council.									Enable safe data sharing, including using appropriate data standards & appropriate anonymization techniques.	Head of IT	Ongoing	Mandatory training implemented to ensure employees are aware of obligations and support available. Data sharing agreements / contractual terms to cover provision of effectively managed DP obligations between WSCC/Suppliers/third parties.				
			5. Punitive penalties are made on the Council.									Ensure the skills and knowledge is available to support Caldicott Guardian in ASC.	Head of Data Protection	Ongoing	Head of IT and DP Team leader to liaise with DASS by end March 21 to settle actions				
												Adopt ISO27001 (Information Security Management) aligned process & practices.	Head of IT	Ongoing	Adoption of ISO27001 is being considered as part of a wider assurance framework being evaluated for implementation to support operation of the Council's internal IT function post the end of the existing IT outsource				
												Review IT systems implemented prior to 25 May 2018 to confirm compliance with updated regulations.	Director of Law & Assurance	Ongoing	Further DPIA review assessment (for pre May 2018 deployed systems) to coincide with review/novation/transformation (to Cloud) of specific IT systems resultant from the return of the Council's IT outsource contract.				
CR50	WSCC are responsible for ensuring the HS&W of its staff and residents. There is a risk that if there is a lack of H&S awareness and accountability by directorates to capture and communicate in accordance with Council governance arrangements, it will lead to a serious health & safety incident occurring.	Director of Human Resources & Org Dev	1. Increase risk of harm to employees, public and contractors.	Mar-17	4	5	20	Treat	3	2	6	Purchase, develop and introduce an interactive online H&S service led audit tool.	Health and Safety Manager	ongoing	Site monitoring inspection templates and audit templates to be created in Firmstep.	3	3	9	Nov-21
			2. Increase number of claims and premiums.									Conduct a training needs analysis, produce gap analysis to understand requirements and produce suitable courses as a consequence.	Health and Safety Manager	ongoing	Work on the TNA has been paused. H&S e-learning modules bespoke to the council H&S arrangements are being developed with L&D development colleagues (completion date estimated for end-Sep 21). Course content will be owned by the council instead of off the shelf course material.				
			3. Adverse reputational impact to Council.									Incorporate HS&W information into current performance dashboard.	Health and Safety Manager	ongoing	Dashboard to capture details on sickness, absence and H&S. H&S data currently collated relates to RIDDOR and NON-RIDDOR incidents. Data from inspections and audits once the templates are developed in Firmstep will be linked to PowerBI dashboard.				
			4. Increase in staff absence.									Regular engagement with other LA's on best practice and lessons learned.	Health and Safety Manager	Ongoing					
												Develop and introduce a more comprehensive risk profile approach and front line service based audits.	Health and Safety Manager	Ongoing	HSW risk profiling template created and being launched in some Directorates. C-19 has prevented full launch across the council.				

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date
					Impact	Likelihood	Score		Impact	Likelihood	Score					Impact	Likelihood	Score	
CR58	The care market is experiencing an unprecedented period of fragility, particularly due to staff shortages and increasing demand. This has been further exacerbated by COVID19, including the mandatory requirement for care staff to have a vaccination; however this also extends to WSCC staff requiring access to these facilities (i.e. Social Workers, OT), and contractors. If the current and future commercial/economic viability of providers is not identified and supported, there is a risk of failure of social care provision which will result in funded and self-funded residents of West Sussex left without suitable care.	Executive Director of Adults and Health	1. Potential that people will come to harm and Council will be unable to ensure statutory safeguarding duty.	Sep-18	5	5	25	Treat	3	3	9	Collection of market information on Firefly. Analysis of information and appropriate level of quality assurance response.	Head of Contracts & Performance	ongoing	Due to the implications of COVID19 and service resource constraints, the ability to conduct face to face quality assurance checks has reduced. There is now an increased focus on supporting/improving infection control and closer working with the CCG to ensure the right level of support to care homes is delivered.	5	5	25	Nov-21
			2. CQC action against service provider which could lead to establishment closure at short notice									Provision of regular support and communication to care homes to monitor financial sustainability (increased engagement during COVID-19 pandemic to monitor Infection Control Grant).			Regular communication (with a COVID19 focus) with care homes to identify risk areas early and support collation of financial information for government. Monitoring of deaths and Covid outbreaks in care homes. This action is reviewed and discussed weekly at WSCC IMT.				
			3. Financial implication of cost of reprovision following closure of services.									Financial analysis of high risk provision - due diligence checks.			Working with strategic contracts to identify key providers for more regular financial checks. Commissioning of sustainability blocks to deliver a level of financial stability.				
			4. Reduced capacity in the market as a result of failure of provision.									In the event of an incident, ensure the consistent implementation of Emergency Response Plans, including a full de-brief and lessons learned.			Emergency plans in place for residential services and Domiciliary Care provision. Continue to work with RET to ensure process is robust and reflects learning from incidences.				
			5. Delay for those residents who are Medically Ready to Discharge (MRD).									Review capacity of residential and non-residential services to ensure service availability and to support identification of contingencies if needed.			Regular contact with registered residential care providers enquiring about vacancies, and the Shaw bed booking system enables information on capacity for the Combined Placement and Sourcing team to utilise to support placements. Information on numbers of packages and placements being sourced is updated weekly and issues with capacity which are escalated to the weekly Capacity Oversight Group meeting. In times of capacity shortages action plans are developed to support improvements.				
			6. Non-compliance with Care Act.									Administration of central government funding to provide financial support to the sector.			Total payments of £43.3million in 20/21 made to the care sector through Department of Health and Social Care (DHSC) Grants, payments to Council commissioned provision and uplifts to Council rates. For 21/22 an uplift to commissioned provision of 1.75% has been decided and implemented. Further DHSC Infection Control and testing funds have been made available until end September 2021.				
			7. Reputational impact. Public perception of the council being willing to accept poor standards of care. Low public confidence in social care.									Regular review of care homes business continuity arrangements to address government vaccination directive.			Engagement to include supply chains/contractors requiring access to ensure maintenance schedules are reviewed and adjusted if necessary.				
			8. Adverse impact on Health and Social Care system.																

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date
					Impact	Likelihood	Score		Impact	Likelihood	Score					Impact	Likelihood	Score	
CR60	There is a risk of failing to deliver the HMIC FRS improvement plan , leading to an adverse affect on service delivery; which may result in failing any subsequent inspection.	Chief Fire Officer	1. Reputational damage 2. Corporate Governance Inspection 3. Legal implications of not delivering statutory services 4. Increased risk harm	Apr-19	5	4	20	Treat	5	2	10	Ensure robust project and programme governance in place and monitor delivery.	Chief Fire Officer	ongoing	The FRS has received a further Inspectorate Causes of Concern revisit. This revisit is the first time that the HMICFRS has specifically focussed on reviewing progress against all the causes of concern. The subsequent report from the Inspectorate, which have been shared with the FRS Scrutiny Committee at it's June meeting, highlights that the governance and scrutiny arrangements are now more effective than the last time that the service had a revisit and that significant progress has been made on the causes of concerns. It was made clear that that in the next inspection, which is planned for September 2021, further assessment of progress will be undertaken against these recommendations.	5	3	15	Nov-21
CR61	A 'serious incident' occurs resulting in the death or serious injury of a child where the Council is found to have failed in their duty to safeguard, prevent or protect the child from harm.	Executive Director of Children, Young People and Learning	1. The Council would have let children down and as a result our reputation and credibility would be significantly damaged.	Jun-19	5	5	25	Treat	5	2	10	Implement Practice Improvement Plan (PIP). Improvement Plans include management development and HCC intervention.	Executive Director of Children, Young People and Learning	Ongoing	Improvement activity continues to be embedded within the social work teams. The management assessment programme is now being implemented with all Service Leads being assessed by the end of January. The full programme of assessments will be completed by mid-May 2021. Statutory performance continues to improve but there is still inconsistency across the service. The service continues to work with our improvement partners (HCC) to deliver ongoing improvement activity across children's social care. The service remains under close scrutiny from the independent Improvement Board and the statutory regulator, Ofsted.	5	3	15	Sep-21
			2. Subject to investigation and further legal action taken against the Council.									Provide proactive improvement support to services to assure effective safeguarding practices.	Executive Director of Children, Young People and Learning	ongoing	All improvement activity is overseen and supported by the dedicated Practice Improvement team who report regularly to DLT and the Improvement Board. We continue to revise and improve practice guidance, policy and practice on an ongoing basis. Areas of further development have been identified from the latest Ofsted focused visit and they form a focus for the next phase of the improvement work.				
			3. Immediate inspection and Government intervention.																
CR65	The review of corporate leadership, governance and culture recommended in the Children's Commissioner's report is not fully undertaken or effectively implemented leading to a lack of necessary improvement and further service failures or external intervention.	Chief Executive	1. Service failure	Dec-19	5	4	20	Tolerate	3	2	6	Develop plan to stabilise senior leadership team.	Chief Executive	ongoing	Stable team - some tasks ongoing to maintain and to address limited interim roles in place	3	2	6	Nov-21
			2. External intervention									Engage with external partners (including LGA) to scope and deliver Leadership development for Cabinet and Senior Officers.	Director of Law & Assurance	ongoing	Plan completed and approved. For implementation with LGA post election as part of induction programme				
			3. Poor value for money									Implementation of governance changes as approved by Council (17.12.19)	Director of Law & Assurance	ongoing	Completed those for immediate or approved implementation to meet Council's decision. Further review post election.				

Risk No	Risk Description	Risk Owner	Risk Impact	Date Risk Raised	Initial Risk			Risk Strategy	Target Risk			Risk Control/Action	Action Owner	Action Target Date	Risk Update	Current Risk			Next Risk Review Date
					Impact	Likelihood	Score		Impact	Likelihood	Score					Impact	Likelihood	Score	
CR69	If the council fail to make the necessary improvements to progress from the previous ‘inadequate’ rating, there is a risk that children’s services will fail to deliver an acceptable provision to the community.	Executive Director of Children, Young People and Learning	1. A child is exposed to dangers which could cause harm.	Mar-20	5	5	25	Treat	5	3	15	Deliver Children First Improvement Plan.	Senior Improvement Lead	ongoing	The Children First Improvement Plan has been developed to incorporate three key pillars to ensure an improved level of service: Pillar 1 - Everyone knows ‘what good looks like’; Pillar 2: Creating the right environment for good social work to flourish; Pillar 3 : Deliver an Improved Service Model. The programme is being implemented and is on target as outlined in the Transformation Programme summary.	5	4	20	Sep-21
			2. Significant reputational damage.									Continue to work with Hants CC as a partner in practice to improve the breadth of children's service.			The phase 2 workstream improvement action plan, which is jointly developed by WSCC and HCC is being progressed. Regular steering group to track and monitor progress and report into the into Improvement Board.				
			3. Reduced confidence by residents in the Councils ability to run children's services.									Implement the Children First Service transformation model			Family Safeguarding model redesign to ensure practice improvements are sustainable and embedded to provide a good level of service is being progressed and is meeting its milestones for implementation.				
			4. Legal implications through non-compliance or negligence.																
CR72	The government have stipulated that from 9 Sep 2021 children in care under 16 will not be allowed to be accommodated in unregulated placements. This has strengthened existing regulations that stipulate that all children and young people who require residential care must be placed within registered children's homes. Due to a local and nationwide shortage of registered provision there is a risk that these children and young people will not be cared for in settings that best meet their needs, which could lead to safeguarding concerns and enforcement action against the providers of unregistered homes and local authorities.	Executive Director of Children, Young People and Learning	1. Unable to meet primary needs of children we care for.	Aug-21	4	5	20	Treat	4	2	8	Develop and publish a market position statement to be sent out to care providers and other LA's to engage them in placements and requirements, in line with the needs of children.	Assistant Director – Corporate Parenting	Mar-22		4	4	16	Dec-21
			2. Not fulfilling statutory duties to place children in appropriate care settings.									Conduct an annual review and update of the placement sufficiency and commissioning strategy, in line with the market position statement.							
			3. Adverse media coverage.									Escalate to Assistant Directors and Exec Director any situation where a child or young person is at risk of being without a registered provision when they require one.							
			4. Damage to the reputation and credibility of the council.																
			5. Children experience a lack of security, stability and support.																
			6. Critical findings by regulators i.e. impact on Children First Improvement Plan.																
			7. Legal action taken against the Council resulting in punitive penalties.																


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How to Read the Performance and Resources Report

The Performance and Resources Report is separated into three sections:




- a. **Summary Report** – This is an overall summary of the County Council's performance for the latest quarter, including:
 - Performance highlights of the County Council's priorities,
 - Overview of the revenue and capital financial outlook across the organisation,
 - Key corporate risks with a severity graded above the set tolerance level,
 - The latest workforce overview.
- b. **Sections by Portfolio (Sections 1-10)** – There is a separate section for each Portfolio:
 - Section 1 – Adults Services
 - Section 2 – Children's and Young People
 - Section 3 – Learning and Skills
 - Section 4 – Community Support, Fire and Rescue
 - Section 5 – Environment and Climate Change
 - Section 6 – Finance and Property
 - Section 7 – Highways and Transport
 - Section 8 – Leader
 - Section 9 – Public Health and Wellbeing
 - Section 10 – Support Services and Economic Development

Each Portfolio covers the following aspects in detail which enables the Section to be viewed as a 'standalone' report:

- Updates of the performance KPIs agreed in Our Council Plan and the action taking place, including Climate Change  performance measures.

The KPI measures compare the last three periods - this may be quarterly, annually or other time periods (depending on how regularly data is released); however, each measure will explain the reporting period.

The arrows on the KPI measures represent the direction of travel compared to the previous quarter:

- A green upward arrow  shows that performance is improving,
 - A red downward arrow  shows performance is worsening, and,
 - An amber horizontal arrow  shows no change to performance.
- Overview of the revenue financial position, risks and issues and savings update.
 - Overview of the capital financial position and latest capital performance.

- Details of the corporate risks which have a direct impact on the specific Portfolio.

c. **Supporting Appendices** – Other documents within the report include:

- Appendix 1 – Revenue Budget Monitor and Reserves
- Appendix 2 – Covid-19 Summary
- Appendix 3 – Service Transformation
- Appendix 4 – Capital Monitor
- Appendix 5 – Corporate Risk Register
- Appendix 6 – Workforce

Scrutiny Committee Documents

The relevant appendices will be made available to Scrutiny Committees prior to being considered by Public Cabinet. The complete reporting pack, including the Cabinet cover report, will be considered by the Performance and Finance Scrutiny Committee.

A detailed matrix of the Performance and Resources Report's sections and appendices by Scrutiny Committee responsibility is shown below. The areas in dark green indicate the Scrutiny Committees areas of responsibility and the areas in light green denote areas of the report which should be included in the Committee papers for context and consideration where appropriate.

PRR Matrix – Documents for Scrutiny Committees

Scrutiny Committee Elements of Performance and Resources Report

		CYPSSC	HASC	CHESC	FRSSC	PFSC
Summary Report						✓
Section 1	Adults Services Portfolio		✓			✓
Section 2	Children and Young People Portfolio	✓				✓
Section 3	Learning and Skills Portfolio	✓				✓
Section 4	Community Support, Fire and Rescue Portfolio			✓	✓	✓
Section 5	Environment and Climate Change Portfolio			✓		✓
Section 6	Finance and Property Portfolio					✓
Section 7	Highways and Transport Portfolio			✓		✓
Section 8	Leader Portfolio					✓
Section 9	Public Health and Wellbeing Portfolio		✓			✓
Section 10	Support Services and Economic Development Portfolio					✓
Appendix 1	Revenue Budget Monitor and Reserves					✓
Appendix 2	Covid-19 Summary					✓
Appendix 3	Service Transformation					✓
Appendix 4	Capital Monitor					✓
Appendix 5	Corporate Risk Register	✓	✓	✓	✓	✓
Appendix 6	Workforce					✓

KEY:

Specific Committee Responsibility
To Be Included In Committee Papers