

Public Document Pack

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18 November 2021

Health and Adult Social Care Scrutiny Committee

A meeting of the Committee will be held at **10.30 am** on **Friday, 26 November 2021** at **County Hall, Chichester, PO19 1RQ**.

Note: In response to the continuing public health measures, there will be limited public access to the meeting. Admission is by ticket only, bookable in advance via: democratic.services@westsussex.gov.uk).

The meeting will be available to watch live via the Internet at this address:

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

Tony Kershaw

Director of Law and Assurance

Agenda

- 10.30 am
1. **Declarations of Interest**
Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it. If in doubt please contact Democratic Services before the meeting.
 2. **Urgent Matters**
Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances, including cases where the Committee needs to be informed of budgetary or performance issues affecting matters within its terms of reference, which have emerged since the publication of the agenda.
 3. **Minutes of the last meeting of the Committee** (Pages 5 - 10)
The Committee is asked to agree the minutes of the meeting held on 15 September 2021 (cream paper).

4. **Responses to Recommendations** (Pages 11 - 12)

Response from Gillian Keegan, MP.

The Committee is asked to note the response to recommendations made at its 15 September 2021 meeting.

10.35 am 5. **Adults' Services Quality Assurance Update** (Pages 13 - 34)

Report by Executive Director of Adults and Health.

The report provides members of the Health and Adult Social Care Scrutiny Committee with details of Quality Assurance activity that has been delivered in Adults' Services since 1 April 2020.

11.05 am 6. **End of September 2021 (Quarter 2) Quarterly Performance and Resources Report** (To Follow)

A report by the Director of Law and Assurance, setting out the finance and performance position as at the end of September 2021.

The Committee is asked to examine the data and supporting commentary for the performance and resources report and make any recommendations for action to the relevant Cabinet Member.

12.05 pm 7. **West Sussex Stroke Programme** (Pages 35 - 44)

Report by the Deputy Executive Managing Director/Director of Commissioning, West Sussex Clinical Commissioning Group.

The report outlines the latest progress regarding the West Sussex Stroke Programme following the development of the Stroke Case for Change and provides the details of consultation and engagement work for the programme for the Committee to consider.

1.05 pm 8. **Work Programme Planning and Possible Items for Future Scrutiny**

The Committee is asked to review its current draft work programme taking into account the Forward Plan of Key Decisions and any suggestions from its members for possible items for future scrutiny.

(a) **Forward Plan of Key Decisions** (Pages 45 - 54)

Extract from the Forward Plan dated 1 November 2021 – attached.

An extract from any Forward Plan published between the date

of despatch of the agenda and the date of the meeting will be tabled at the meeting.

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

(b) **Work Programme** (Pages 55 - 60)

The Committee to review its draft work programme for the year ahead taking into consideration the checklist at Appendix A.

1.15 pm

9. **Business Planning Group Membership**

The Committee is asked to note the change in Labour Group representative from Cllr B Cooper to Cllr Pudaloff.

10. **Requests for Call-in**

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

11. **Date of Next Meeting**

The next meeting of the Committee will be held on 21 January 2022 at 10.30 am at County Hall, Chichester. Probable agenda items include:

- Working Age Adult Social Care Financial Assessments
- Dentistry

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 6 January 2022.

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

Webcasting

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Health and Adult Social Care Scrutiny Committee

15 September 2021 – At a meeting of the Health and Adult Social Care Scrutiny Committee held at 10.30 am at County Hall, Chichester, PO19 1RQ.

Present: Cllr Wall (Chairman)

Cllr Bence	Cllr Nagel	Katrina Broadhill
Cllr A Cooper	Cllr O'Kelly	Cllr Pendleton
Cllr B Cooper	Cllr Patel	Cllr Burgess
Cllr Forbes	Cllr Pudaloff	Cllr Cochran
Cllr McGregor	Cllr Walsh	Cllr Peacock

Apologies were received from Cllr Atkins, Cllr Bridges and Cllr Bangert

Also in attendance: Cllr A Jupp and Cllr Lanzer

9. Committee Membership

9.1 Resolved – that the Committee approves the appointment of Cllr Russ Cochran as Worthing Borough Council representative.

10. Declarations of Interest

10.1 In accordance with the code of conduct the following interests were declared: –

- Cllr A Cooper and Cllr B Cooper declared personal interests in respect of item 5, Recovery Planning, as governors of the University Hospital Sussex NHS Foundation Trust
- Cllr Pudaloff declared a personal interest in respect of item 5, Recovery Planning, as a vaccine champion and being discharged from adult social care services

11. Minutes of the last meeting of the Committee

11.1 Resolved – the minutes of the meeting held on 23 June 2021 are approved as a correct record and are signed by the Chairman.

12. Recovery Planning

12.1 The Committee considered a report by West Sussex Clinical Commissioning Group (copy appended to the signed minutes) and were told that: -

- £7.7m is being invested in primary care to support access
- The Clinical Commissioning Group is working with GP practices, GP federations and primary care networks to identify areas where support is needed
- Partnership working across all Sussex providers will help increase capacity for elective surgery

- The expected impact of planned care recovery is tracked using a dynamic system to ensure a response to surges in demand
- Frailty services are improving
- Discharge lounges are being extended
- Where clinically appropriate, at least 25% of patients continue to attend outpatient visits virtually
- Extra capacity at University Hospital Sussex and work with partners is helping deal with demand with less patients waiting 62 days or more to be seen
- Care homes and emergency care are supported
- £34m has been invested in mental health services and a Sussex-wide help line is in place
- Voluntary and community sector organisations are also helping to deliver continuing mental health care
- There is a recruitment drive to attract staff from the UK and abroad
- Work is taking place to encourage those who have not been vaccinated against Covid-19 to receive the vaccination
- It is hoped that uptake of the flu vaccination will increase again this year

12.1 Summary of responses to committee members' questions and comments: -

- The July figure of 57% for face-to-face GP consultations was higher than the national average and was expected to increase
- New telephony systems should help people contacting GP surgeries
- The digital system for GP appointments was introduced much quicker than anticipated due to the pandemic and would be improved
- There will be communication campaigns about using NHS 111 and repeat prescriptions
- More work was taking place to deal with the increase in eating disorders amongst children and young people
- Services were working towards meeting the two-week deadline for seeing cancer patients, which was not being universally met currently, including the provision of weekend clinics for dermatology in September
- The number of people waiting a year or more for elective surgery had decreased
- Programmes existed to target groups where cancer screening was low
- South Coast Ambulance Service NHS Foundation Trust was using paramedic practitioners to offer advice to their ambulance drivers to make sure that only people who need to go to hospital are conveyed to hospital
- Care/nursing home residents were treated at the scene if possible
- Plans existed to improve handover times at acute hospitals
- The Winter Plan would be finalised in October and would be very detailed and include risks and mitigations
- Vaccinations for 12 – 15-year-olds would take place in schools

- Booster vaccinations would be available to priority groups in the autumn
- The patient voice was heard through systems and processes within the NHS and Integrated Care System, with a public involvement framework in place **Actions:** West Sussex Clinical Commissioning Group to provide updates on the Post Covid Assessment and Support Service and Mental Health (including the Children & Adolescent Mental Health Service)

12.3 Resolved – that: -

- i. Democratic Services work with the Clinical Commissioning Group to ensure that further reports have a higher level of data included
- ii. The Committee raises its concerns to West Sussex MPs on the importance of ensuring that staff from overseas are able to work within the NHS
- iii. Democratic Services liaises with the NHS to ensure that the induction session on 12 November 2021 covers information on post covid support, the ambulance service and further detail on winter planning
- iv. The Committee encourages the restoration of face-to-face GP services when appropriate
- v. Future reporting includes primary care as part of the urgent care information
- vi. Future reporting highlights the patient voice
- vii. The Committee receives an update on mental health services transformation in twelve months

13. End of June 2021 (Quarter 1) Quarterly Performance and Resources Report

13.1 The Committee considered a report by the Director of Law and Assurance (copy appended to the signed minutes).

13.2 Summary of responses to committee members' questions and comments: -

- The Cabinet Member for Adults' Services has lobbied her MP with regard to the greater part of the Health and Social Care Levy being allocated to the NHS in its first three years and would continue to lobby for better social care funding
- The Council is working towards a higher occupancy rate for Shaw Homes to match the number of beds it pays for
- Key performance indicators 11 and 12 will be amended in line with the southeast Association of Directors of Adult Social Services methodology
- The low target for indicator 39 is similar to the national position, but the Council is working internally and with partners to increase work opportunities for people with learning disabilities
- Some people found alternatives to Shaw day services during the pandemic

- The savings programme aims to improve services whilst reducing costs
- The Council already works with the NHS and voluntary sector – the Integrated Care System will formalise and improve arrangements and will begin in shadow form from the autumn
- Housing is covered by the Health & Wellbeing Strategy
- The needs of people with disabilities are considered in all policies and decisions through Equalities Impact Assessments
- There were concerns over the disparity in the flu vaccine uptake and the different targets for healthy life expectancy between men and women

13.3 Resolved – that the Committee requests: -

- i. Information on Key Performance Indicator 14, to specify how many people are being deprived of liberty at present, and Key Performance Indicator 39, to specify benchmarking information on how many people with disabilities are in paid employment, in the next performance and resources report
- ii. A briefing to be provided to all members on public health (as part of 12 November Member Day, or at a separate session)
- iii. Information on what is being done to address the disparity in the flu vaccine uptake
- iv. The Cabinet Member to consider changing the target for the healthy life expectancy Key Performance Indicator, to bring men and women into alignment

14. Work Programme Planning and Possible Items for Future Scrutiny

14.1 The Committee considered its work programme taking into account the Forward Plan of Key Decisions and suggestions from members:

- Cllr Bence, Cllr B Cooper, Cllr McGregor, Cllr O’Kelly and Cllr Patel were appointed to the Task & Finish Group on Adults and Health Strategic Budget Savings 2021/22
- A proposal to hold the Task & Finish Group meeting in public was lost
- The Integrated Care System to be added to the work programme
- Dentistry to be discussed at a future Committee meeting

14.2 Resolved – that the Committee requested: -

- i. The Business Planning Group to consider the Integrated Care System following the 12 November information session
- ii. The Business Planning Group to receive an update on local transport planning and health outcomes
- iii. Democratic Services to work with NHS England to provide a paper on Dentistry to the January 2022 meeting
- iv. An update on mental health services in the west of the county from Sussex Partnership NHS Foundation Trust

15. Date of Next Meeting

17.1 The next meeting of the Committee will take place on 26 November 2021,

The meeting ended at 1.42 pm

Chairman

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Heath and Adult Social Care Scrutiny Committee

26 November 2021

Responses to Recommendations

Response by Gillian Keegan, MP

Ministers have published a revised Code of Practice for International Recruitment of Health and Social Care Personnel. This will provide international staff with the opportunity to work in the UK. The Government will work with countries all over the world to promote the best standards of ethical recruitment of health and social care. I attach a link to the code of practice for your information:

<https://www.gov.uk/government/publications/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel-in-england>

As you may be aware the Health and Care Visa was launched last summer and is making it quicker, cheaper and easier for health and care professionals to work in our NHS. International recruitment is vital to the NHS Long Term Plan to recruit more staff and it will work alongside domestic recruitment to meet the Government's manifesto commitment to employ 50,000 more nurses by 2024.

The Government has announced a £162.5 million Workforce Recruitment and Retention Fund for adult social care to bolster the capacity of the adult social care workforce over winter, and ensure care workers across the country can continue to deliver high quality care for the most vulnerable. This funding is on top of the additional £388 million infection control funding announced in September 2021.

The Workforce Recruitment and Retention Fund will enable local authorities to work closely with providers to consider innovative measures to boost adult social care workforce capacity across England. This could include investing in retention activity, such as occupational health and wellbeing schemes; recruitment activity, such as local recruitment campaigns; or activity to enhance the capacity of the existing workforce, such as the creation of shared banks of care staff, or funding overtime payments.

Looking to the future, the Government's Health and Social Care Levy will see a total of £5.4 billion invested in adult social care – including at least £500 million for training, qualifications and to support care workers' mental health and wellbeing.

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Health and Adults' Social Care Scrutiny Committee

26 November 2021

Adults' Services Quality Assurance Update

Report by: Executive Director of Adults and Health (DASS)

Summary

The purpose of this report is to provide members of the Health and Adult Social Care Scrutiny Committee with details of Quality Assurance activity that has been delivered in Adults' Services since 1 April 2020.

Focus for Scrutiny

Areas to consider are:

- Approach and reporting relating to Quality Assurance activity in Adults' Services
- Planned activity areas as set out in the Quality Assurance Annual Report 2020/21 (Appendix A)

The chairman will summarise the output of the debate for consideration by committee.

Proposal

1 Background and context

- 1.1 In the past year West Sussex County Council has implemented significant changes to the governance of Quality Assurance (QA), and the process has been amended to take into account the change to the delivery of mental health services (following the end of the Section 75 agreement with Sussex Partnership Foundation Trust, the Council has become responsible for the delivery of services by Approved Mental Health Professionals) and as a result of the Covid-19 pandemic. The latter has made provision of services more complex and has, at times, impacted the availability and capacity of key officers to undertake QA activity.
- 1.2 Despite these challenges, there has been much progress in supporting Adults' Services to continue its journey to becoming a learning organisation, where continual improvement is a normal process, embedded in practice. This will be particularly important to prepare the service for the inspection framework proposed in the Health and Social Care White Paper published in February 2021 and supports the authority with its ambitions for residents, as outlined in the Our Council Plan 2021/25.

- 1.3 Since November 2020, the basic tenet of the QA approach is the 'Plan, Do, Check, Act' cycle. This quality management model is an iterative process, which encourages continual learning to be considered in the design and delivery of activity. Ultimately, this will lead to improvement in quality and supporting the service to design and commission provision which has quality embedded at its heart.

2 Quality Assurance Framework and Core Standards

- 2.1 The principal document supporting this approach is the Adults' Services Quality Assurance Framework (QAF). This outlines how service will ensure a culture of performance and continuous improvement, which identifies the things done well, celebrates success and, where required, takes action to improve. It does this by:
- Describing the approach to quality assurance that the service will adopt
 - Outlining the governance arrangements that oversee performance and delivery, including the importance of external challenge and customer voice
 - Confirming the professional standards that staff will be expected to achieve and maintain
 - Describing how supervision and performance development will be provided to improve practice and to support individual learning and growth
 - Outlining how audits will be used to check the quality of service delivery and to identify themes for learning which can be used to drive guidance and practice development
 - Confirming the minimum standards for the use of Mosaic (Adults' Services' case management system) and case recording
- 2.2 Underpinning the QAFs, and as part of ongoing commitment to high quality and improvement, core standards for staff has been developed.
- 2.3 These standards reflect the minimum standard of quality expected and it is essential that all operational staff achieve them. The standards are not task-specific and should be applied to all activities. They cover the following areas of practice:
- Involvement
 - Equality and diversity
 - Communication
 - Advocacy
 - Mental capacity
 - Deprivation of Liberty Safeguards
 - Safeguarding
 - Risk
 - Proportionality
 - Working with other professionals
 - Recording
 - Accountability
- 2.4 All interventions must promote wellbeing, clearly evidenced throughout all activities and with practitioners using a person-centred and strengths-based approach in all their work. Working in partnership with customers, carers and communities, they will support service users to achieve the outcomes they have identified, to build on strengths and maximise wellbeing and protect their right to live in safety, free from abuse and neglect.

- 2.5 In addition to the Adults' Services QAF and to meet the specific needs of the individual service, a Quality Assurance Framework has also been developed for the Approved Mental Health Professionals. This version focuses much more on the particulars of the service area, including the specialist competencies required. A service specific version for the Combined Placement and Sourcing Team is also in development.

3 Governance policy and procedures

- 3.1 The governance of QA has developed significantly since November 2020 and now sits as a central responsibility of four key management boards, overseen by the Adults Directorate Leadership Team.
- 3.2 The Performance Quality and Practice (PQP) Board is the strategic quality board, chaired by the Executive Director of Adults and Health (DASS) and was established in March 2021. The purpose of PQP is to scrutinise the efficacy of performance and quality assurance arrangements in place across Adults' Services and the adults' social care system in West Sussex, to inform service delivery, strategic planning, and commissioning. The board also promotes a culture of continuous improvement throughout the Adults' Services workforce and will deliver and monitor structures that continue to develop a learning service.
- 3.3 The Safeguarding Steering Group is also chaired by the Executive Director of Adults and Health (DASS) and again, was established in March 2021. The purpose of the Safeguarding Practice and Performance Steering Group is to highlight key areas of learning identified through safeguarding audits, Safeguarding Adult Reviews (SARs), Serious Incident Reviews (SIRs) and any work identified by the Safeguarding Adults' Board, and to seek assurance that the recommendations have been embedded into practice. This board will report to PQP and support the activities of that strategic board.
- 3.4 The Quality Assurance Management Board (QAMB) monitors and upholds care practice and standards in Adults' Services and is chaired by the Quality Assurance Lead. QAMB will inform and be overseen by PQP and will support PQP to achieve its strategic objectives. QAMB will also promote and celebrate good and outstanding practice, and identify, discuss and mitigate against quality assurance issues across Adults' Services. QAMB will focus on responses to action plans implemented as a result of Local Government Ombudsman (LGO) or Coroner inquiries, or from Serious Incident and Learning Reviews. It will also address data quality issues and seek to identify methods of engaging with frontline practitioners to disseminate learning quickly and effectively.
- 3.5 Attendance and participation will be extended to a representative team manager and a frontline practitioner, to help connect the realities of service delivery to learning, and to practice and guidance development. Capturing the customer voice is crucial and customer and carer participation will be co-designed with the Customer and Carer Group, supported by the Adults' Engagement and Information Team.
- 3.6 The Mental Health Quality Assurance Steering (MHQA) was established to reflect the end of the Section 75 agreement with Sussex Partnership NHS Foundation Trust and the responsibility for delivery of all adult mental health services by West Sussex County Council. MHQA was formalised from November 2020 and is chaired by the Assistant Director (Adults Operations). As with the

other boards, the purpose of the MHQA is to scrutinise the efficacy of performance and quality assurance arrangements and will promote a culture of learning, specifically in relation to mental health services.

- 3.7 An audit framework has been launched, which will require two audits, per worker, per year. These will be ethical decision-making audits, which are based on the principles of the Ethical Framework for Adult Social Care, developed by the Department of Health and Social Care. and the Ethical Decision-making checklist developed within the Council. These audits measure quality across eight domains:
- Respect: Every person, their rights, choices, safety and dignity matters
 - Reasonableness: Decisions are rational, fair, practical, compliant with current national and local guidance, are evidence based, justified and defensible.
 - Minimising Risk and Harm: Though the Council is not auditing safeguarding there are elements of risk management that must be clearly documented.
 - Inclusiveness: People are given a fair opportunity to understand situations and be involved in decisions that affect them. Aim to minimise inequality.
 - Accountability: Holding the Council and people to account for decisions made. As far as appropriate and possible, be transparent about the specific decisions or actions taken relating to individuals.
 - Flexibility: Being responsive, able and willing to adapt when faced with change or new circumstances.
 - Proportionality: Ensure all care and support, written documentation and interventions are proportionate to levels of need and identified risks.
 - Community: The person's wider community assets and community-led support solutions have been considered.
- 3.8 Where there is a service specialism, such as Deprivation of Liberty Safeguards or services provided Approved Mental Health Professionals, audit tools that focus more specifically on the requirements and standards for those services have been developed and will be used.
- 3.9 Audits will be completed with the worker to enhance opportunities for learning and to promote the culture of continuous improvement. This is in line with the Performance and Development Framework and proposed changes to the Supervision Policy.
- 3.10 A new approach has been developed for the commissioning, conduct and reporting of Serious Incident Reviews and Learning Reviews. These reviews offer the opportunity to study, in detail, the background, decisions and actions taken that lead to circumstances in which a customer may have had a poor health and wellbeing outcome. This analysis will enable an understanding of where improvements can be made to how the service works and to the processes and guidance that support it.
- 3.11 Action Planning because of Serious Incident and Learning Reviews and of LGO decisions and reviews has also been developed. This approach establishes owners and deadlines for agreed actions, and these are regularly monitored and tracked by the Quality Assurance Lead. The themes of learning are also captured in an Action Plan register and a register of LGO decisions. This will enable for data to be extracted and to identify themes for learning which can be fed back to the quality governance structures as described earlier in this section.

- 3.12 Support for practitioners is being developed in line with the wider Adults' and Health Workforce Plan and this includes but is not limited to:
- Supervision Policy and Practice Guidance
 - Working with the Learning & Development Steering Group for Adults' Services
 - Wellbeing Pathway for Staff
 - Assistant Care Manager Progression Pathway
 - Support for the progression of Newly Qualified Social Workers

4 Performance framework and benchmarking

- 4.1 Adults' Services performance data is managed via three tiers of reporting:
- Monthly Service Reports
 - By service area
 - Action plans to drive continuous improvement (Plan, Do, Check, Act)
 - Quarterly Performance Reports benchmarked against:
 - South East Association of Directors of Adults' Social Services (SEADASS)
 - Sub-set of ASCOF Measures (Adult Social Care Outcomes Framework)
 - Annual Mandatory reports
 - ASCOF Measures
 - Short and Long Term (SALT) Support Data Return
 - Safeguarding Adults Collection (SAC)
 - Adult Social Care Finance Return (ASCFR)
- 4.2 Performance data is regularly reviewed by the following governance boards (each of which is described in sections 3.2 to 3.4), the results of which inform service delivery, business planning and help to inform market commissioning intentions:
- Performance, Quality and Practice Board (PQP)
 - Quality Assurance Management Board (QAMB)
 - Safeguarding Steering Group (SSG)
 - Mental Health Quality Assurance Steering Group (MHQA)
- 4.3 Performance is also reviewed at the Adults and Health Directorate Leadership Team and at the Systems, Performance and Business Insight Steering Group.
- 4.4 Reviewing data and performance via the structures described above, enables the service to ensure that plans are strategically aligned with Our Council Plan and with the Quarterly Performance Monitor (QPM). This ensures that the service remains focused on customer outcomes and the foundation of this approach is prevention and community lead support.
- 4.5 Where the data does not demonstrate that this approach is being successfully delivered, performance reviews are held to develop service action plans and to help identify where risks are being held and what improvements can be made.
- 4.6 The governance processes are dependent on the quality of data held and systems are in place to deliver 'clean' data to inform service delivery processes and plans. As well as ensuring that are systems are suitable to achieve this, a culture of quality with respect to data entry and use of data is being fostered.
- 4.7 A Task and Finish group will review the Data Validity Strategy and feed into the governance processes set out above. County Council data quality needs to be

checked and improved and due to the enormity of the task a strategic approach is required to determine areas of greatest risk and where work will provide the best dividends. Scoping is underway to prioritise and organise that work, reflecting the service, system and legislative drivers and pressures, while delivering the identified data quality improvements needed.

- 4.8 As part of the above work and in relation to the core standards (see 2.2), analysis and review of compliance to the Council's legislative duties (including the Care Act and the Mental Health Act) will be conducted and the policies and procedures that support those activities will be further reviewed and developed as required.

5 Proposal Details

- 5.1 This section is not applicable as this is an update report and does not make any proposals.

6 Other options considered (and reasons for not proposing)

- 6.1 This section is not applicable as this is an update report and does not make any proposals.

7 Consultation, engagement and advice

- 7.1 This section is not applicable as this is an update report and does not require any consultation, engagement or advice.

8 Finance

- 8.1 This section is not applicable as this is an update report and does not have any financial implications.

9 Risk implications and mitigations

- 9.1 This section is not applicable as this is an update report and does not have any risk implications.

10 Policy alignment and compliance

- 10.1 The equality duty is not applicable as this report provides background information. There are no social value, crime and disorder or human rights implications

Keith Hinkley
Executive Director of Adults' and Health

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Appendix A - Adults' Services Quality Assurance Annual Report: 2020/21

Background Papers: None.

Adults' Services Quality Assurance Annual Report: 2020/21

Version: 1.1

Report Date: August 2021

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Signed off by: Adults' DLT, 4th August 2021

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0.2	01/06/21	Assistant Director: Safeguarding, Planning & Performance	Comments and amendments.
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1.1	04/08/21	Quality Assurance Lead	Version agreed.

Feedback

We welcome feedback about our policies, procedures and practice guidance. If you have any comments about this document, please E-mail:

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Contents

Quality Assurance Annual Report, 2020-21 4

1. Context.....4

2. Approach to Quality Assurance 4

3. Governance.....4

 Performance, Quality & Practice Board (PQP) 4

 Safeguarding Steering Group (SSG) 5

 Quality Assurance Management Board (QAMB)..... 5

 Mental Health Quality Assurance Steering Group (MHQA) 5

4. Quality Assurance Frameworks (QAFs) 6

 Adults’ Services QAF 6

 Service Specific QAFs 6

5. Core Standards..... 6

6. Audit Outcomes 2020/21 7

 Care Act Assessment Audits, June 2020 7

 Safeguarding Initial Decision Making, July 2020 8

 Working Age Mental Health Safeguarding Audit, September 2020 8

 Adult CarePoint 2 Wellbeing Conversation Audits, September 2020 9

 Audits and Quality Assurance for Directly Provided Services 10

 Internal Audit 10

 Common Themes for Improvement 11

7. Audit Development and Audit Framework 11

8. Learning Opportunities 12

 Action Plans: LGO Decisions, Serious Incident Reviews & Learning Reviews 12

 Learning Bulletins 12

9. Quality Assurance Priorities 2021/22 12

Appendix A – Directly Provided Services Audit Actions..... 14

Quality Assurance Annual Report, 2020-21

1. Context

1.1. This report provides an update on Quality Assurance (QA) activity in Adults' Services from 1 April 2020 to 31 March 2021. The Quality Assurance Lead post was vacant until 1 November 2020 and so limited progress was made to that date.

1.2. During this period, West Sussex County Council has implemented significant changes to the governance of QA, and the process has been amended to take into account the change to the delivery of Mental Health Services and as a result of the Covid-19 Pandemic. The latter has made provision of services more complex and has, at times, impacted the availability and capacity of key officers to undertake QA activity.

1.3. Despite these challenges, there has been much progress in supporting Adults' Services to continue its journey to becoming a learning organisation, where continual improvement is a normal process, embedded in practice. This will be particularly important to prepare the service for the inspection framework proposed in the Health & Social Care White Paper (Feb 2021) and supports the authority with its ambitions for residents, as outlined in the County Council Reset Plan, 2021 – 2024.

2. Approach to Quality Assurance

2.1. Since November 2020, the basic tenet of the QA approach is the 'Plan, Do, Check, Act' cycle.

Plan: What do we want to achieve and how will we get there?

Do: Organise the work and deliver the plan.

Check: Measure the performance by audit, through performance and reviews. Are we meeting our aims?

Act: Analyse the data, identify the lessons, and implement the changes.

2.2. This quality management model is an iterative process, which encourages continual learning to be considered in the design and delivery of activity. Ultimately, this will lead to improvement in quality and supporting the service to design and commission provision which has quality embedded at its heart.

3. Governance

3.1. The governance of QA has developed significantly since November 2020 and now sits as a central responsibility of four key management boards, overseen by the Adults Directorate Leadership Team and connected as per the hierarchy shown here and described below:

Performance, Quality & Practice Board (PQP)

3.2. PQP is the strategic quality board, chaired by the Executive Director of Adults' Social Services and was established in March 2021. The purpose of PQP is to scrutinise the efficacy of performance and quality assurance arrangements in place across

Adults' Services and the adults' social care system in West Sussex, to inform service delivery, strategic planning, and commissioning.

3.3. The Board also promotes a culture of continuous improvement throughout the Adults' Services workforce and will deliver and monitor structures that continue to develop a learning service.

Safeguarding Steering Group (SSG)

3.4. The SSG is also chaired by the Executive Director of Adults' Social Services and, again, was established in March 2021. The purpose of the Safeguarding Practice and Performance Steering Group is to highlight key areas of learning identified through safeguarding audits, Safeguarding Adult Reviews (SARs), Serious Incident Reviews (SIRs) and any work identified by the Safeguarding Adults' Board, and to seek assurance that the recommendations have been embedded into practice. This board will report to PQP and support the activities of that strategic board.

Quality Assurance Management Board (QAMB)

3.5. Revamped and rebooted in March 2021, the purpose of the QAMB is to monitor and uphold care practice and standards in Adults' Services and is chaired by the Quality Assurance Lead. QAMB will inform and be overseen by PQP and will support PQP to achieve its strategic objectives. QAMB will also promote and celebrate good and outstanding practice, and identify, discuss and mitigate against quality assurance issues across Adults' Services.

3.6. As part of the revamping of the board, the membership has been amended to make the board more operationally focused and to enable a delineation between it and PQP.

3.7. The Board will focus on responses to action plans implemented as a result of Local Government Ombudsman (LGO) or Coroner inquiries, or from Serious Incident and Learning Reviews. It will also address data quality issues and seek to identify methods of engaging with frontline practitioners to disseminate learning quickly and effectively.

3.8. Attendance and participation will be extended to a representative Team Manager and a frontline practitioner, to help connect the realities of service delivery to learning, and to practice and guidance development.

3.9. Capturing the customer voice is crucial and customer and carer participation will be co-designed with the Customer & Carer Group, which is supported by the Adults' Engagement & Information Team.

Mental Health Quality Assurance Steering Group (MHQA)

3.10. Reflecting the end of the Section 75 agreement with Sussex Partnership NHS Foundation Trust (SPFT) and the responsibility for delivery of all adult Mental Health services by West Sussex County Council, the MHQA was formalised from November 2020 and is chaired by the Assistant Director: Operations.

3.11. As with the other boards, the purpose of the MHQA is to scrutinise the efficacy of performance and quality assurance arrangements and will promote a culture of learning, specifically in relation to Mental Health Services.

4. Quality Assurance Frameworks (QAFs)

Adults' Services QAF

4.1. A new quality assurance framework for Adults' Services was approved and uploaded to the Professional Zone in March 2021. This document outlines how we will ensure a culture of performance and continuous improvement, which identifies the things we do well, celebrates success and, where required, takes action to improve.

4.2. It does this by:

- Describing the approach to quality assurance that the service will adopt
- Outlining the governance arrangements that oversee our performance and delivery, including the importance of external challenge and customer voice
- Confirming the professional standards that staff will be expected to achieve and maintain
- Describing how supervision and performance development will be provided to improve practice and to support individual learning and growth
- Outlining how audits will be used to check the quality of service delivery and to identify themes for learning which can be used to drive guidance and practice development
- Confirming the minimum standards for the use of Mosaic and case recording

Service Specific QAFs

4.3. To meet the specific needs of individual services, a 'lite' version of the Quality Assurance Framework has been developed. This version focuses much more on the particulars of the service area, including the competencies required when related to a specialism, e.g. Mental Health services. It does, however, contain the core principles of the overall QAF in order to maintain a 'golden thread' and to enable practitioners to only refer to one version.

4.4. As of March 2021, engagement has taken place with both the Approved Mental Health Professional (AMHP) Hub and the Combined Placement & Sourcing Team to develop QAFs pertinent to their areas of service delivery. The intention is to launch both frameworks by the end of June 2021.

5. Core Standards

5.1. In addition to the QAFs, and as part of the Council's ongoing commitment to high quality and to improvement, the Council has developed core standards for its staff.

5.2. These standards reflect the minimum standard of quality expected and it is essential that all operational staff achieve them. The standards are not task-specific and should be applied to all activities. They cover the following areas of practice:

- Involvement
- Equality and diversity
- Communication
- Advocacy
- Mental capacity
- Deprivation of Liberty Safeguards (DoLS)

- Safeguarding
- Risk
- Proportionality
- Working with other professionals
- Recording
- Accountability

5.3. All interventions must promote wellbeing which must be clearly evidenced throughout all activities and practitioners will use a person-centred and strengths-based approach in all their work. Working in partnership with customers, carers and communities, they will support service users to achieve the outcomes they have identified, to build on strengths and maximise wellbeing and protect their right to live in safety, free from abuse and neglect.

6. Audit Outcomes 2020/21

6.1. The following audits took place against the backdrop of Covid-19, which caused some audit activity to be paused and impacted the capacity of senior to staff to engage with audit activity.

Care Act Assessment Audits, June 2020

6.2. In summer 2020, audits were undertaken on 26 cases with respect to the application of the Care Act in practice. This audit took place across locality teams, CarePoint 2 and the Independent Living Service at a time when the service was adapting to the realities of working during the Covid-19 pandemic.

6.3. The audit highlighted the following areas of learning:

- Practitioners to be supported to have better understanding of and to follow agreed processes on the case management system, Mosaic
- For Mosaic to be the core IT system for recording by seconded staff – currently evidence that it is being used as a tool through which to agree continued funding
- Increased use of Mosaic case notes
- Reason for surplus in personal budget / direct payment should always be checked at review
- Organisation needs to be clear on practice and recording expectations
- Increased evidence of application of strengths-based approach
- Improved timeliness of assessments and the consequent impact on financial charging
- Recognition of safeguarding issues and considering and acting upon individual concerns
- Recording of consent
- Joint working between teams and disciplines
- Weighting of risks and recording of same
- Involvement of customer and gaining their views
- Mental Capacity Assessment needs and completion
- Personalising outcomes / wellbeing write ups

6.4. Team managers were engaged in the outcomes of the audits undertaken and an action plan was developed which concluded in January 2021. This focused heavily on the engagement of the teams involved with thematic learning centred on:

- Recording of discussion and decisions
- Use of Mosaic
- Mental capacity needs

6.5. The audit tool and supporting materials described in 7 also address this and the new Audit Framework (see below) will also enable the service to monitor practice development and compliance to standards.

Safeguarding Initial Decision Making, July 2020

6.6. In order to provide assurance with respect to the new Safeguarding Hub model introduced in July 2020, an audit of 40 randomly selected cases was undertaken to test whether safeguarding decisions are being triaged robustly.

6.7. Summary of Findings:

- County Council safeguarding decision-making is robust
- Immediate risk is being addressed
- The safeguarding decision-making within the Hub is consistently good
- Customer outcomes are being recorded and adults or their representatives are being spoken to
- Feedback is being consistently provided to the referrer
- Safeguarding activity should always be recorded on the enquiry form
- A 'proportionate' response and use of the correct pathway should be promoted
- Information should be provided on how to raise a section 44 referral

6.8. Summary of Recommendations:

- Feedback to all practitioners involved (completed)
- Celebrate the outstanding cases and follow up areas of improvement (completed)
- Consider opportunities for locality staff to work in the hub on a rota (not progressed)
- Promote Safeguarding Adults' Board threshold guidance (completed)
- Present findings to QAMB (completed July 2020)

Working Age Mental Health Safeguarding Audit, September 2020

6.9. 40 audits were undertaken to gain assurance that Working Age Mental Health Safeguarding Concerns are being completed robustly.

6.10. Summary of Findings:

- The initial decision making is robust and completed in a timely way
- The quality of safeguarding practice decreases once passed for a section 42 enquiry
- Significant drift identified once a section 42 has started

- The development of Making Safeguarding Personal is required to help demonstrate adult involvement throughout the process
- Summary of Recommendations:
- Action plan produced and signed off by West Sussex County Council and Sussex Partnership Foundation Trust senior management team (completed)
- The Adult Safeguarding Hub to continue to triage working age mental health safeguarding concerns to free up capacity for the professional lead to support the Lead Enquiry Officer (LEO) role and function (this remains in place)
- Bespoke mental health safeguarding training is provided on the key areas of improvement (delivered Nov 2020)
- Individual feedback is shared with the professional leads and or the identified LEO (completed)
- A sample of the cases audited are independently moderated to validate the findings (completed)
- A further audit is undertaken in 6 months' time to assess progress (outstanding)

Adult CarePoint 2 Wellbeing Conversation Audits, September 2020

6.11. An audit of 10 wellbeing conversations completed at Adults Care Point 2 was undertaken in September 2020. The work cases were randomly selected by the service and the audits were undertaken using the ethical decision-making audit tool, developed over the last 6 months of 2020/21.

6.12. Identified strengths:

- Work was completed quickly on allocation to an assessment officer
- The recording of intervention was generally proportionate to the level of need and required intervention was provided with minimal delay
- Outcomes that could be addressed at care point only were done so, and work passed to locality teams for further intervention were generally done so with good reason and an appropriately suggested red, amber or green rating. Responsibility for meeting outcomes were passed back to the person where appropriate to do so, encouraging them to take actions forwards themselves with the relevant information and advice provided
- The record of conversation was often highly personalised, and targeted to the person or referrer's particular concerns, and sign off of work was sought appropriately and completed in a timely way

6.13. Areas for improvement:

- Involvement of the person: Some conversations did not involve the individual, and only consulted with the referrer. Consequently, outcomes were not from the person's perspective but from the carer's/referrer's instead and did not represent the person's own views and wishes limiting the ability to undertake a person-centred assessment
- Recording consent: Consent has not been recorded for any of the conversations that had taken place and would be a concern particularly for scenarios where the person has not been consulted with
- Need for support in the process: With a few exceptions, the need for support to take part in the process had not been considered to a significant extent. If the person did not need support, there was limited detail as to how we know; and where the person was identified as needing support, there was no record of what

that support may have entailed or what we are doing/have done to support that person's participation

- Exploring strengths: Personal capabilities were often explored well, determining what the person could physically or mentally engage in independently. Wider strengths however, including the person's family and friends' network, and their wider community networks, were rarely explored to a significant extent. This meant it was difficult to determine what strengths the person could draw on to support them, but also to explore where gaps in the person's current support network existed.
- Recording risks: The conversations generally explored some risks that the person may be exposed to, but rarely did not generally take a risk enablement approach to these. There were some opportunities missed to have a more robust discussion about risks and what the person wishes to do to reduce these where necessary, and particularly to document these discussions to support ongoing work with the person
- Clarity between outcomes and needs: There was some confusion between outcomes and needs, with outcomes occasionally being a service or solution, and needs tending to repeat the outcome. Further clarity between these may be warranted to ensure that it is clear to both the practitioner and the person what it is that we are aiming to address and would support reviews of intervention to determine if outcomes have now been met
- Providing copies of assessment: There was limited evidence that people had been routinely offered or sent a copy of their assessment to support them in the future or to clarify the outcome of their discussion. If this was provided to people, then there was rarely an accompanying case note to indicate as such
- Identifying carers: Where a carer was involved, there were some missed opportunities to identify those carers, and to offer support to the carer in order to sustain their caring

Audits and Quality Assurance for Directly Provided Services

6.14. The Quality Assurance team for Directly Provided Services undertake regular audit activity of its services.

6.15. In addition to this compliance monitoring, audits have taken place this year for 3 services: Ball Tree, Tozer House and Hammonds. These audits follow the Care Quality Commission framework of considering against the domains of Safe, Well- Led, Effective, Caring and Responsive. The reports do not score or rate the service but provide a list of actions / remedies which are prioritised from high to low, which have been summarised in **Appendix A**. Progress against actions is monitored via monthly performance meetings.

Internal Audit

6.16. In December 2020, Internal Audit reported on its findings from a review which focussed on safeguarding in response to the risks brought about by Covid-19 and the impact of pandemic and developments in QA. This followed an Internal Audit in May 2020 which could only provide 'Limited Assurance'.

6.17. The audit looked at depth into:

- Risk assessments, Covid secure workspaces and protective personal equipment accessibility

- Section 42 work practices developed and effective (Section 42 requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect).
- Impact of pandemic on safeguarding analysed and shared with Adults' and Health Leadership Team and the Safeguarding Adults' Board
- Input to Covid practices by Principal Social Worker and the Adults' and Health Leadership Team
- Opportunities for staff to contribute / feedback
- QAF review processes and plans to launch QA
- 'Quality Audit' approach and regular oversight

6.18. The outcome of the audit was that: 'There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited'. This resulted in a rating of 'Reasonable Assurance'.

Common Themes for Improvement

6.19. Across these audits there are common themes for practice improvement:

- Use of Mosaic and recording of discussions and details, including the recording of consent
- Consideration of a person's strengths and the networks that could also support them to achieve their outcomes
- Although the initial management of risk is well managed, the enablement of risk needs better consideration and decision-making

6.20. As well as the individual action plans that have been developed as a result of the audits, these themes will be taken to the Quality Assurance Management Board to discuss methods for addressing areas for development.

7. Audit Development and Audit Framework

7.1. An audit framework is in development which will require 2 audits, per worker, per year. These should be End to End audits unless there is a service specialism (e.g. DoLS) which overrides this.

7.2. These will be completed with the worker to enhance opportunities for learning and to promote the culture of continuous improvement. Results will be captured as per the dashboard shown below:

7.3. In addition to the above, an Ethical Decision Making, or End to End Audit Tool, was built on Mosaic, to enable consistent auditing of cases from referral to review and an audit selector tool, to enable randomised selection of cases by team managers, has been developed. Guidance in relation to completing Case File and Ethical Decision-Making Audits have also been produced, to provide staff with an indication of what constitutes what level of audit outcome. This will enable them to consider their own practice against these standards and to develop their skills in order to identify and make improvements.

7.4. Due to the delivery of these tools and because of technical issues in the Mosaic Hosting project, implementation of the framework and dashboard remain in development.

8. Learning Opportunities

8.1. Capturing, sharing and learning the lessons from practice, both good and bad, is crucial to the process of continuous improvement and is a key step in the Plan, Do, Check Act cycle.

8.2. In addition to audits, learning opportunities are provided by reviews of cases, and external challenge. When those opportunities arise, the Council must be able to quickly identify, monitor and enact the learning to improve the services that it provides.

Action Plans: LGO Decisions, Serious Incident Reviews & Learning Reviews

8.3. LGO decisions and reviews undertaken when services have not been as effective as the Council would wish, allow the Council to look in depth at the decisions, actions and outcomes resulting from its interventions.

8.4. To support this, a new template has been established for capturing the actions and learning identified as a result of LGO decisions and learning reviews. This approach establishes owners and deadlines for agreed actions, and these are regularly monitored and tracked by the Quality Assurance Lead.

8.5. The themes of learning are also captured in an Action Plan register and a register of LGO decisions. This will enable for data to be extracted and to identify themes for learning which can be fed back to the quality governance structures as described in section 3.

Learning Bulletins

8.6. In addition to practice briefings issued by the Principal Social Worker, new Learning Bulletins have been devised to enable fast dissemination of key messages and learning.

8.7. The first of these has been developed with West Sussex Fire & Rescue Service to share important learning resulting from a review of fatal fire and considerations for Adults' Services practitioners. These will also be developed and shared for Serious Incident Reviews and Learning Reviews and have been shared with partners via the Safeguarding Adults' Board.

9. Quality Assurance Priorities 2021/22

9.1. The planned work for Quality Assurance this year is to:

- Design and implement the 2021/22 Audit Schedule for audit activity across Adults' Services (not including Directly Provided Services), with identified learning captured and plans for development monitored and delivered enacted
- Complete and embed the Audit Framework, as described above, to identify areas of service and professional development, and to embed regular scrutiny of practice and performance
- Complete and embed Quality Assurance Frameworks in the Approved Mental Health Professional Hub and for the Combined Placement Sourcing Team
- Develop new processes for the undertaking of Serious Incident Reviews and Learning Reviews to promote consistency with an emphasis on improvement

- Communicate Quality Assurance activity and developments across the directorate to promote quality as a culture and to raise awareness
- Develop the Quality Assurance Management Board and secure Customer & Carer involvement so that the customer voice is captured and developments in practice can be co-designed
- Develop a quality governance board for Contracts & Commissioning in order to support that function to monitor quality, develop tools and learn from performance
- Develop a web page for Quality Assurance to connect more readily to the business and to improve visibility
- Develop a Quality Assurance Community of Practice to provide mutual support and to share practice

9.2. These plans and progress against them will be reported via the governance structures described in section 3.

Appendix A – Directly Provided Services Audit Actions

The information below highlights the actions identified as a result of the audits undertaken at Ball Tree, Tozer House and Hammonds.

Ball Tree Croft

High Priority Actions:

- Staff Member to complete Mandatory Training as required. Password training to be completed by remaining staff members
- Day Opportunity staff to continue to support over the 5 days as agreed
- Medication forms dated 2017 in medication file to be reviewed
- Updated Visit Record (embedded in risk assessment 9 to be used with visitors) as this now includes a question around travel abroad).
- Peoples intended outcomes re goals set to be recorded on support plan
- Ball Tree Croft requires Wi-Fi access and a Wi-Fi enabled tablet to support contact with family and access to additional activities. Wi-Fi access is seen as business critical.
- Primrose fire system to have permanent repair to enable temporary fix (Wire across Lounge ceiling) to be removed

Medium Priority Actions:

- Feeling Safe Audit to be reviewed, staff to sign up to feeling safe charter.
- Copy of Gas Safety, Electrical Wiring and Legionella Certificate to be obtained
- Inventory to be updated once new furniture arrives
- Team meetings to be resumed (asap).
- Appraisals to be completed (as required)
- New staff to be issued with Skills for Care Codes of Conduct
- Continue to monitor actions identified in Catering Audit.
- Access to Makaton Training to be investigated

Low Priority Actions:

- Consider nominating a member of staff to be a Safeguarding Champion and Health Champion

Tozer House

High Priority Actions:

- All broken, unwanted items of furniture and equipment (including washing machine and dishwasher) from both inside and outside the home to be removed (skip to be organised)
- Information posters to be at eye level (inside the area pertaining to the poster) and to either be laminated or covered by Perspex to support Infection Control.
- Artwork to be displayed under a wipeable surface.
- Remaining actions from Infection Control Audit to be completed

- Wi-Fi needs to be installed to support communication/connection with family and facilitate further access to activities. Wi-Fi is essential to support the electronic support planning system.
- Risk Assessments and Support Plans need updating to consider and reflect the changes to support re COVID-19 please see detail in this report (E1). Risk Assessments should look at impact of isolation, wellbeing, limited contact with family/friends change of activities, environment, support to stay safe etc.
- Health appointment information to be held within support plan.
- Annual Health Checks to be re-arranged or to discuss possibility of virtual appointments.
- Maintenance detailed in E6 is to be escalated by Service Manager (photos have been sent).
- Pedal bins to be purchased to replace open bins in all areas.
- Activity Hub needs investment Service Manager to discuss with Operations Manager.
- Asset list is updated regarding new purchases.
- Individual storage boxes to be purchased to easily identify additional medication kept in spare medication cupboard

Medium Priority Actions:

- Minutes of Team meeting to provide more detail as to what was covered/discussed and note who is responsible for further actions.
- Involving People meeting agenda and minutes to have improved Easy Read version.
- Health Check Record within the suite of generic risk assessments to be used.
- Staff Appraisals to be completed by end of October.

Low Priority Actions:

- Add dates to thank you notes on Appreciation Board
- Recommend that additional champion roles are considered and allocated to staff: for example, Equality and Diversity, Health, Safeguarding.

Hammonds

High Priority Actions:

- Safeguarding to be standard item on team meeting agenda
- Legionella Risk Assessment Actions to be followed up (actioned) and regular monitoring arranged
- Staff member administering medication to be reminded to not sign until medication has been seen to be taken.
- Staff to use Visit Record embedded in generic risk assessment to monitor visitors to the service.
- Hammonds requires Wi-Fi access to support contact with family and access to additional activities. Wi-Fi access is seen as business critical.
- Mental Capacity Assessments to be reviewed
- Concerns/complaints book to be compiled, concerns to be recorded along with the outcome and the date the outcome was relayed back to person raising concern.
- All staff to attend Infection Control Training (re COVID -19)

- People have annual health check arranged/booked

Medium Priority Actions:

- Easy read CQC rating to be displayed
- Address of Health and Safety Executive Offices to be added to Health and Safety Poster.
- Feeling Safe Audit to be reviewed and copy sent to Quality Assurance Lead.
- Deprivation of Liberty Authorisations for people using short breaks to be reviewed/renewed when service re-opens
- Health and Safety Audit Tree Assessment required
- New staff to be issued with Skills for Care Codes of Conduct
- Pictures/posters to be laminated/framed (covered with wipeable surface)
- Staff Appraisals to be completed
- Tell Us What You Think Survey to have proposed actions (what we will do) completed on poster.
- Staff to complete Mandatory Training as required (for example, Health and Safety, Mental Capacity, Equality and Diversity, Safeguarding (adults and Children).
- Staff to complete Display Screen Equipment Assessment (DSE) for this year
- Facilities to be requested to complete outstanding work

Low Priority Actions:

- Senior team to continue to undertake staff supervision to ensure they take place in line with West Sussex County Council
- Continue to monitor actions identified in Catering Audit.

Heath and Adult Social Care Scrutiny Committee

26 November 2021

West Sussex Stroke Programme

Report by Director of Law and Assurance

Summary

The Health and Adult Social Care Committee (HASC) was updated on the stroke programme in October 2020 and again in July 2021. The attached report outlines the latest progress following the development of the Stroke Case for Change and provides the details of consultation and engagement work for the programme.

The aim of the West Sussex Stroke Programme is to address gaps in service provision in the coastal area of West Sussex identified through a review in 2019. The review looked at the whole stroke pathway from prevention, acute phase to rehabilitation and life after stroke services. The aim of the programme is to ensure that local stroke services are fully compliant with national standards, achieving the highest levels of performance to deliver improved outcomes for patients.

The report describes the long list of options for the development of an Acute Stroke Centre, shares the evaluation criteria to achieve a short list, outlines the process to provide assurance that the process is robust and explains the governance that will be scrutinising the process before the short list options are finally agreed.

Focus for scrutiny

The Committee is invited to consider and comment on

- a) The progress of the work and the findings of the stroke services in West Sussex engagement report.
- b) The process that will be followed to reach a short list of options and develop a proposal suitable for public discussion and scrutiny.
- c) Plans for further engagement with HASC regarding public consultation requirements of the acute stroke model following approval by the Clinical Senate of the pre-consultation business case.

The Chairman will summarise the debate, which will then be shared with the West Sussex CCG.

Tony Kershaw

Director of Law and Assurance

Contact Officer

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Appendices - Appendix A: West Sussex Stroke Programme

Background Papers: None

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Health & Adult Social Care Scrutiny Committee

26 November 2021

West Sussex Stroke Programme

Report by: Deputy Executive Managing Director/ Director of Commissioning

Summary

Focus for Scrutiny

West Sussex Health and Adult Social Care Committee (HASC) was updated regarding the overall stroke programme at a seminar in October 2020 and a further update was provided to new council members in July 2021. This report will:

- (1) Outline the latest progress regarding the West Sussex Stroke Programme following the development of the Stroke Case for Change;
 - (2) Provide an overview of the Acute Stroke Model and provide assurance of the process being followed to develop this; specifically to:
 - describe the long list of options for the development of an Acute Stroke Centre;
 - share the evaluation criteria being used to reduce the long list to a short list;
 - outline the process we are currently taking and provide assurance that the shortlisting of options process is robust, based on evidence, clinically led and inclusive;
 - advise who is involved in this shortlisting process;
 - advise the governance that will be scrutinising the process before the short list options are finally agreed.
 - (3) Provide the details of consultation and engagement work for the programme.
-

1 Background and context

The aim of the West Sussex Stroke Programme is to address the gaps in service provision in the coastal area of West Sussex identified through an extensive review of stroke service that took place in 2019. The review looked at the whole stroke pathway from prevention, acute phase to rehabilitation and life after stroke services.

The aim of the programme is to ensure that local stroke services are fully compliant with national standards, achieving the highest levels of performance to deliver improved outcomes for patients.

(a) **Programme Governance**

The programme has well-established multi agency governance including the Stroke Executive Oversight Group (SEOG), Stroke Clinical Reference Group and Stroke Communications and Public Involvement Steering Group. These groups have representatives from health and social care, third sector partners and community ambassadors. The programme sits within the Integrated Stroke Delivery Network (ISDN) strategic development of stroke services across Sussex and wider tertiary centres for stroke provision.

(b) **Patient and public involvement**

A focus on patient and public involvement and reducing inequalities underpins the programme led by the Communications and Public Involvement Steering Group. The group was established to map out the required engagement activities and governance that needs to be undertaken to ensure stakeholders, stroke survivors and the public are involved at every stage of the programme. A comprehensive Equality Health Impact Assessment (EHIA) has been carried out to ensure that options for transformation are informed by the experience of local people, notably those with protected characteristics and other disadvantaged groups and communities, to ensure that any transformation plans promote equality and reduce inequalities. See section 3 for further details.

2 Proposal details

(c) **Four objectives**

The Case for Change outlines the requirement to deliver the following:

- **Prevention pathway:** A patient with Atrial Fibrillation (AF) has a 5-fold increase in the risk of stroke and 20–30% of all strokes are attributed to this arrhythmia. Not only is AF a major risk factor for stroke, but when strokes occur in association with AF, patients suffer increased levels of mortality, morbidity and disability with longer hospital stays compared with stroke patients without AF. A locally commissioned service (LCS) for Sussex has been developed for AF to enable primary care to manage the detection and on-going management of AF to reduce the incidence of stroke via patients' own GP practices. Locally the detection of AF meets nationally required targets in this area. However, the management of AF including initiation on appropriate anticoagulation treatment requires further development to reach national targets and improve outcomes for patients. The AF LCS has been agreed by the CCG and will roll out from April 2022.
- **An Early Supported Discharge Service (ESD)** for stroke survivors will be mobilised during 2021/22 in line with the agreed service model. This service will support 40% or more of people with mild and moderate stroke to return home from hospital at the earliest point and commence rehabilitation in their own place of residence. This will improve outcomes by reducing the risk of disability due to prolonged stays in hospital.

- **The Life After Stroke and Six Month Review Service** for stroke survivors will be mobilised during 2021/22. Once formally agreed by the Health & Wellbeing Board, sustainable funding will be through the Better Care Fund for the roll out of these services across the coastal areas. This service will be provided by the Stroke Association and aligned to the integrated service in the north of West Sussex, ensuring after stroke care is equitable for our whole population and meets national standards.
- **Acute Stroke model:** the aim is to deliver high quality stroke services 24 hours a day, seven days a week through the development of clinically sustainable, high quality Acute Stroke Centre (ASC), networked to a Comprehensive Stroke Centre (CSC) that provides thrombectomy and neuro surgery. ASCs will be staffed by specialists and will make sure that patients receive diagnosis and care within national quality standards. The ASCs will see the minimum number of patients required by national guidelines and reduce the number of deaths from stroke, reduce disability and improve quality of life for people who have had a stroke.

(d) **Acute Stroke model**

University Hospitals Sussex (UHSussex) provides acute stroke services at both Worthing Hospital and St. Richard's Hospital. Both hospitals have inpatient stroke beds and directly admit patients in hyper acute phase (first 72 hours after stroke) and offer rehabilitation on the wards. Although both stroke units (St. Richard's and Worthing) are well-performing neither unit achieves all or consistently meets the highest national standards set out for hyper-acute stroke provision. Acute Stroke Centres (ASCs) enable patients to have rapid access to specialist care over 24 hours, seven days per week as per the National Stroke Service Model, published May 2021. The programme is reviewing how to meet the national standards consistently for the population of the coastal area of West Sussex. It is a formal transformational change programme governed by the NHS England and Improvement Assurance Framework.

(e) **Long list of options**

The following long list of acute stroke centre service model options have been developed by an Acute Implementation Working Group led by UHSussex.

- **Option 1 - Do Nothing-** continue with two Acute Stroke Units at Worthing and St Richard's.
- **Option 2 – Set up Acute Stroke Centres** at both Worthing and St Richard's- upgrade the units at both Worthing and St Richard's to ASCs.
- **Option 3a – Set up ASC at Worthing, acute care at St Richard's-** upgrade the unit at Worthing to an ASC and post hyper-acute care at St Richard's.
- **Option 3b – Set up ASC at Worthing, Rehabilitation only in Chichester-** upgrade the unit at Worthing to an ASC and Rehabilitation services only for stroke patients in Chichester, whether acute, community or home-based.
- **Option 4a – Set up ASC at St Richard's, acute care at Worthing-** upgrade the unit at St Richard's to an ASC and post hyper-acute care at Worthing.

- **Option 4b – Set up ASC at St Richard’s, Rehabilitation only in Worthing-** upgrade the unit at St Richard’s to an ASC and Rehabilitation services only for stroke patients in Worthing, whether acute, community or home-based.

Further detail of the options has been reviewed by the SEOG and the Stroke Clinical Reference Group to describe the different elements of acute care and rehabilitation.

(f) **Evaluation criteria**

Evaluation criteria have been developed by the UHSussex Implementation Group to assess against the long list, to support the reaching of a consensus on what the final proposed short list options will be. The criteria have been categorised under the following headings and prompt questions developed to lead the conversation:

- Patient - Clinical
- Patient - Accessibility
- People - Workforce specification
- People- Recruitment and retention
- Quality
- Sustainability - Financial
- Sustainability - Environmental
- Systems and Partnerships

The options and evaluation criteria have been extensively reviewed both within UHSussex and with the multi-agency groups leading and participating in the stroke programme. The evaluation criteria have been compared to those used in other major transformation programmes requiring consultation.

Both long list model options and evaluation criteria documents have been reviewed by Stroke Clinical Reference Group (6 October 2021) and Stroke Communications and Public Involvement Steering Group (8 October 2021) and were further reviewed at an Extraordinary SEOG on 19 October 2021.

(g) **Short listing process**

The short listing process of assessing the long listed options against the evaluation criteria will commence on 18 November 2021 when the first shortlisting meeting will take place with information currently available. On this date a group whose membership is representative of all relevant stakeholders and chaired by the CCG Senior Responsible Officer for the Stroke Transformation Programme will meet. Members will include clinical, voluntary sector, workforce, finance, estates and quality representatives. We expect this shortlisting process will conclude early December 2021.

This review will create the short list of the acute service model options which will inform development of a Pre-Consultation Business Case (PCBC) which will set out the short-listed public consultation options for the future of the acute stroke model. The PCBC will be reviewed by the Kent, Surrey, Sussex and Hampshire Thames Valley Clinical Senate in March 2022. Following review, feedback and final approval by the

Clinical Senate the programme will be brought back to HASC for scrutiny and advice regarding public consultation requirements.

3 Consultation, engagement and advice

Communications and Public Involvement Steering Group designed and led an engagement programme (known publicly as Transforming Stroke Services in West Sussex) following learning from previous transformation projects to underpin the development of the stroke programme and inform further consultation.

The engagement programme for the stroke programme ran from June- August 2021 and gathered feedback from stroke survivors, their families, friends and carers, staff and members of the public regarding the current experience and expectations of stroke services. The methods of engagement included:

- Survey: a core survey of stroke survivors and their carers and a separate one for the public encouraging people to get further involved in giving their views.
- Online engagement: through the online platform known as EngagementHQ stories were gathered and a moderated discussion board hosted.
- Group discussions: discussions regarding stroke services with existing relevant groups.
- Semi-structured one to one interviews: more in-depth qualitative engagement with stroke survivors and/or carers/next of kin in person or virtually.

Established stroke services, stroke groups and voluntary sector partners were involved in this work.

The key themes from this engagement include:

Ambulance experience disparities

Respondents' comments on response times and the overall ambulance/paramedic experience ranged from first rate to concerning. There was a wide variety of response times and differing levels of knowledge regarding the warning signs of a potential stroke.

The need for an explicit stroke diagnosis (confirmed or suspected) shared with both stroke survivor and carers/next of kin

Respondents broadly noted that often a health professional had taken significant time before verbalising of a potential stroke diagnosis, and this was echoed by carers and next of kin. This underlines the importance of communication and dialogue throughout the stroke journey.

Levels of continuing dialogue with stroke survivors and their carers/next of kin throughout hospital stay

Following on from the previous theme, respondents were keen to emphasise the need for ongoing communication and to acknowledge that stroke survivors may need to be told repeatedly due to the effects of the initial stroke. Next of kin highlighted the need to be 'kept in the loop' as often as possible.

The need for reassurance and comprehensive care plans before leaving hospital

The most emotively charged theme to emerge from the surveys and focus groups. Many of those who had received good or excellent care to that point felt that care planning and general reassurance around 'what next' for stroke survivors was underplayed and needed more attention.

Timely transport home

The need for timely planned transport home from hospital was an area of concern and frustration and led to unintended anxiety and worry.

Patience in communicating with aphasia sufferers

Aphasia is caused by damage to parts of the brain responsible for understanding and producing language and can be caused by a stroke. It was highlighted that aphasia sufferers need time to process information and that whilst the more specialist staff are well versed in this, there are occasions in which communication is too fast for full comprehension.

Ongoing support needed to sustain local stroke clubs and drop-in groups across West Sussex

Within all the focus groups, it was made apparent how crucial locally-based stroke clubs and groups are – offering an important space for stroke survivors and carers alike. As well as strong feedback on their importance, there was collective concern around the sustainability of these clubs and groups going forward.

Ideas and solutions to increase knowledge of stroke prevention across West Sussex

There was a range of ideas and solutions to increase awareness of stroke risk factors and prevention going forward. Some strong local and asset-based ideas were shared by respondents in both surveys.

The results and insights gained from this engagement have informed the development and appraisal of options for the future of stroke services within West Sussex, most notably under the patient experience domain. It will also inform learning for the development of the public consultation.

4 Conclusion

The stroke programme is based on a comprehensive Case for Change that identifies evidence-based recommendations for improvements to the whole stroke pathway. It forms part of the wider West Sussex CCG Strategy and the Sussex ISDN developments ensuring strategic alignment across the wider regional footprint.

With established multi-agency governance and agreed timelines the programme is progressing to deliver a fully compliant stroke pathway across the prevention pathway, acute stroke model, rehabilitation and life after stroke pathways for the coastal area of West Sussex by April 2023.

The programme is underpinned by strong principle of stakeholder engagement. Detailed plans are in place informed by a comprehensive EHIA to ensure developments are informed by engagement with stroke survivors and the public including people with protected characteristics.

It is a major transformation programme, which will soon identify what the clinical model of short-listed options will be. This will be a significant step. The months of December and January will be focused on gaining opinion and agreement that the draft PCBC will be ready for the Clinical Senate review which has been set for March 2022.

Based on this report HASC is asked to:

- note the positive progress around the stroke pathways for prevention, acute stroke model and rehabilitation/ life after stroke pathways.
- note the findings of the stroke services in West Sussex engagement report.
- note the long list of options alongside the robust process that will be followed to reach a short list and develop a PCBC suitable for public discussion and scrutiny.
- HASC will provide further scrutiny and advice regarding public consultation requirements of the acute stroke model following review, feedback and final approval by the Clinical Senate.

Director Name: Jo-anne Alner

Director Title: Deputy Executive Managing Director/ Director of Commissioning, West Sussex CCG

Contact Officer: Sarah Roberts, Assistant Head of Urgent Care, West Sussex CCG, sarahroberts1@nhs.net

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Forward Plan of Key Decisions

The County Council must give at least 28 days' notice of all key decisions to be taken by councillors or officers. The Plan describes these proposals and the month in which the decisions are to be taken over a four-month period. Decisions are categorised according to [Cabinet Member](#) portfolios.

The most important decisions will be taken by the Cabinet. Due to the continuing public health measures, there will be limited public access to the meeting. Admission is by ticket only, bookable in advance via: democratic.services@westsussex.gov.uk. The meetings will be available to watch online via our [webcasting website](#). The [schedule of monthly Cabinet meetings](#) is available on the website. The Forward Plan is updated regularly and key decisions can be taken on any day in the month if they are not taken at Cabinet meetings. The [Plan](#) is available on the website. [Published decisions](#) are also available via the website.

A key decision is one which:

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

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

Decision	A summary of the proposal.
Decision By	Who will take the decision - if the Cabinet, it will be taken at a Cabinet meeting in public.
Date added	The date the proposed decision was added to the Forward Plan.
Month	The decision will be taken on any working day in the month stated. If a Cabinet decision, it will be taken at the Cabinet meeting scheduled in that month.
Consultation/ Representations	How views and representations about the proposal will be considered or the proposal scrutinised, including dates of Scrutiny Committee meetings.
Background Documents	The documents containing more information about the proposal and how to obtain them (via links on the website version of the Forward Plan). Hard copies are available on request from the decision contact.
Author	The contact details of the decision report author
Contact	Who in Democratic Services you can contact about the entry

Finance, assets, performance and risk management

Each month the Cabinet Member for Finance and Property reviews the Council's budget position and may take adjustment decisions. A similar monthly review of Council property and assets is carried out and may lead to decisions about them. These are noted in the Forward Plan as 'rolling decisions'.

Each month the Cabinet will consider the Council's performance against its planned outcomes and in connection with a register of corporate risk. Areas of particular significance may be considered at the scheduled Cabinet meetings.

Significant proposals for the management of the Council's budget and spending plans will be dealt with at a scheduled Cabinet meeting and shown in the Plan as strategic budget options.

For questions contact Katherine De La Mora on 033 022 22535, email katherine.delamora@westsussex.gov.uk.

Published: 1 November 2021

Forward Plan Summary

Summary of all forthcoming executive decisions in Cabinet Member portfolio order

Decision Maker	Subject Matter	Date
Cabinet	Residential based in-house services, Marjorie Cobby House, Selsey	November 2021
Cabinet	Shaw Healthcare Day Services Review	November 2021
Executive Director Adults and Health	Day Services (Adults with Learning Disabilities) Contracts Extension	November 2021
Executive Director Adults and Health	Winter Commissioning 2021-2022 Award of Contract(s)	November 2021
Cabinet Member for Adults Services	Grant Funding - Statutory Duty, Domestic Abuse Act 2021	December 2021
Executive Director Adults and Health	Food Supply and delivery of Meals on Wheels	March 2022
Cabinet Member for Public Health and Wellbeing	Contract arrangements for Community Advice & Support	November 2021

Adults Services

Cabinet

Residential based in-house services, Marjorie Cobby House, Selsey	
<p>In 2018 the 'Choices for the Future' transformation programme for inhouse services was approved by the Cabinet Member for Adults and Health. Within the programme there was a commitment to review the in-house residential services.</p> <p>Marjorie Cobby House in Selsey is an in house residential resource centre, providing Discharge to Assess with Reablement beds and interim beds primarily for people coming out of hospital and in particular St Richards hospital in Chichester.</p> <p>The demand for residential Discharge to Assess beds has been and is likely to further be impacted by the increase of capacity to support people on a 'Home First' pathway, the commissioning of alternative models of care during the pandemic and the increase in provision of the Community Reablement Service. Supporting people in their own home and maximising opportunities for independence remains the priority as outlined in the Adult Social Care vision and strategy.</p> <p>Proposed Savings were presented to the Health and Adults Social Care Scrutiny Committee on the 13th January 2021 and then at Cabinet on the 22nd January 2021, which included £640k in savings related to in house services and identifying in particular Marjorie Cobby House. At the scrutiny committee it was identified that this will involve a consultation and an Equalities Impact Assessment which will be presented back to Cabinet once completed. Following this, Cabinet will be asked to take a decision on the future of Marjorie Cobby and the provision of residential based in-house services at this setting.</p>	
Decision by	Cllr Urquhart, Cllr Crow, Cllr N Jupp, Cllr A Jupp, Cllr Waight, Cllr Lanzer, Cllr Marshall, Cllr J Dennis, Cllr Russell, Cllr Hunt - Cabinet
Date added	1 March 2021
Month	November 2021
Consultation/ Representations	<p>Health and Adult Social Care Scrutiny Committee on 13 January 2021</p> <p>Full consultation to undertaken prior to decision</p> <p>Representations concerning this proposed decision can be made via the officer contact by the beginning of the month in which the decision is due to be taken</p>
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 26050

Cabinet**Shaw Healthcare Day Services Review**

Shaw Healthcare Ltd hold a contract with West Sussex County Council to provide 12 Residential Care and Nursing Homes across West Sussex. Six of these services also have a Day Service offer. In May 2018, a Cabinet decision ([Report Ref: AH2 2018/19](#)) was taken which confirmed a three phased approach to making investment in the Shaw Healthcare Ltd contract, the third phase being the review of day services. In November 2020, as part of the Council's savings plans, the intention was confirmed to extend the review to assess whether all of the day services are required, whether they provide best use of public money and if not, what should change in order to deliver better outcomes for people. ([Report Ref: CAB 11 20/21](#))

As part of the review of this provision, the County Council will now undertake a 6-week public consultation on the future of the services, with consideration of the outcomes of the review to date and the identification of savings. The process of consultation will be completed by the end of July 2021. The outcomes of the review, responses from the consultation and considerations of the Equalities Impact Assessment will then be presented to Cabinet to inform the decision on the future of the day service offer within the Shaw Healthcare Ltd services.

Decision by	CLlr Lanzer, CLlr Urquhart, CLlr Marshall, CLlr Russell, CLlr J Dennis, CLlr Hunt, CLlr Waight, CLlr A Jupp, CLlr Crow, CLlr N Jupp - Cabinet
Date added	10 June 2021
Month	November 2021
Consultation/ Representations	Pre-engagement of customers and carers of services potentially affected. Full consultation to be undertaken prior to decision Health and Adult Social Care Scrutiny Committee to consider the outcome of the consultation. Representations concerning this proposed decision can be made via the officer contact by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health**Day Services (Adults with Learning Disabilities) Contracts Extension**

Learning disability day services are delivered through contracts with 8 independent organisations as well as the Councils in-house day services.

These services meet customers social care needs as defined under the Care Act 2014 by promoting independent living and wellbeing by providing a range of functions:

- Support to those that struggle to access their community independently and for those with complex physical needs - personal and/or practical care at the day centre;
- Training and skills development to support independence;
- Work based training;
- Coordination of social and recreational activities;
- Provision of a meeting place to build relationships beyond those with carers and staff, thus reducing social isolation and loneliness;
- Supported stimulating activities for people with profound multiple disabilities; and
- Carers respite.

The contracts with the independent providers were let on a 5-year term, commencing 1st April 2015, and extended for 2 years to March 2022.

In addition, service contracts to recruit volunteers to support people with a learning disability to access mainstream community services (Gig Buddies) and volunteering (Work Aid) that need to be aligned with a future day opportunities model, are also due to expire in March 2022. The Workaid contract was originally let on a 5 year term commencing 1st April 2014, and extended for 3 years (1 + 1 + 1) to March 2022. The Gig Buddies contract was let from single tender in October 2018 following a period of funding via the LD small grants programme and extended year on year to March 2022.

The procurement timetable for provision after March 2022 has been impacted by the Covid-19 pandemic, particularly for the Provider Market, where the Council acknowledges additional challenges because of responding to the ongoing emergency. The proposed model for day opportunities will need to be informed by the Adults' Services strategy that is currently in development with an expected completion date in January 2022.

To allow sufficient time to codesign a detailed model and sourcing approach and implement this, it is recommended that the County Council extends for a further 21 months until 31 December 2023 under the existing contractual terms. A revised timetable will allow the County Council and its health partners to explore future delivery models, including the potential to move away from building based services to provision which is focussed on progression, independence and forges community-based relationships with local people, activities, opportunities and employers.

Decision by	Keith Hinkley - Executive Director Adults and Health
Date added	13 October 2021
Month	November 2021
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background	None

Agenda Item 8a

Documents (via website)	
Author	Alison Nuttall Tel: 033 022 25936
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health

Winter Commissioning 2021-2022 Award of Contract(s)	
<p>The Council is developing plans to respond to seasonal pressures for the period between October 2021 and March 2022 in consultation and partnership with our NHS partners. The seasonal pressure plan will potentially include the commissioning of both Care and Support at Home and residential based service provision as well as other services that support hospital discharge or enable people to remain independent at home.</p> <p>The health and social care system face increased pressures during this period, particularly in the winter months that place increased demands on services. This year this is likely to be exacerbated by continued pressures as a result of the Covid-19 pandemic. Seasonal pressure plans are designed to ensure discharges from hospital, avoid admission to hospital or increase the flow across health and social care and access to services during pressured periods.</p> <p>Following the decision made by the Cabinet Member for Adult Services on the agreement of the Health and Social Care Seasonal Pressures Plan 2021/22 and commencement of procurement, the Executive Director, Adults and Health will be asked to approve the award of contract(s).</p>	
Decision by	Keith Hinkley - Executive Director Adults and Health
Date added	30 July 2021
Month	November 2021
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 26050

Cabinet Member for Adults Services**Grant Funding - Statutory Duty, Domestic Abuse Act 2021**

The [Domestic Abuse Act 2021](#) became law on 29 April 2021 and is designed to strengthen protections for victims and survivors of domestic abuse through the criminal justice system and via support services. The Act includes a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and includes economic abuse. As part of this definition, children will be explicitly recognised as victims in their own right.

The Act places a duty on Local Authorities in England to:

- provide support to victims of domestic abuse and their children in refuges and other safe accommodation;
- provide all eligible homeless victims of domestic abuse with an automatic 'priority need' for homelessness assistance;
- ensure that when Local Authorities rehouse victims of domestic abuse, they do not lose a secure lifetime or assured tenancy;
- provide all eligible homeless victims of domestic abuse with an automatic 'priority need' for settled housing under the homelessness legislation.

Local Authorities are required to conduct a needs assessment to fully understand their requirements relating to the new duty which is required to be submitted in October 2021. West Sussex County Council has undertaken this needs assessment in conjunction with relevant local partners and has received one off funding in the region of £1.4m from Ministry of Housing, Communities & Local Government to respond to the results of the required needs assessment.

The new legislation requires the formation of a Partnership Board, if not already set up, to advise Local Authorities on how to meet their responsibilities against the new duty. West Sussex County Council will continue to use the existing West Sussex Domestic and Sexual Violence and Abuse Steering group to review progress and activity against our local action plan. In addition, a shared action plan is being developed to deliver the Pan-Sussex Strategic Framework which will incorporate the local West Sussex and East Sussex action plans. The Sussex Partnership Board will oversee the elements of the action plan that are consistent pan-Sussex

This decision will ask the Cabinet Member for Adult Services to agree the final policy and delegate authority to the Director of Communities to approve appropriate allocations from the £1.4m of Ministry of Housing, Communities & Local Government funding in line with The Sussex Partnership Board's assessment of the needs of all victims in the local area and within the terms of the government's grant conditions.

Decision by	Cllr A Jupp - Cabinet Member for Adults Services
Date added	15 September 2021
Month	December 2021
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact. Consultation with District and Borough Councils in West Sussex, Police & Crime Commissioner and East Sussex County Council.
Background	Safer West Sussex Partnership Briefing Domestic Abuse Act 2021

Documents (via website)	
Author	Jim Bartlett Tel: Mobile: 07548 125813
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health

Food Supply and delivery of Meals on Wheels	
<p>A procurement process has been initiated by the Executive Director Adults and Health for the award of the contract for food supply and delivery of the Meals on Wheels service to customers in the community and West Sussex County Council operated Directly Provided Services (Day Centres).</p> <p>The existing contract arrangements will expire on 18th October 2022 following the current 7-year contract coming to its fully extended end. The current contract operates 365 day a year and delivers approx. 200,000 meals a year to around 700 registered customers living in the community and has an annual value of around 1.2m. In a BAU year the contract also provides around 20,000 Day Centre meals. A competitive procurement process will be undertaken for the Meals on Wheels contract to commence on 19th October 2022 for a period of 5 years initially plus any potential extensions, up to a maximum of 7 years in total.</p> <p>West Sussex County Council has carried out internal reviews and analysis of the future feasibility of the service and preferred procurement process to be used. The process has passed through the Council's Commercial and Procurement boards with representatives from legal, procurement and commercial services and the preferred procurement option is to undertake a competitive procurement process to replace the existing contract arrangement.</p> <p>The service currently runs on a cost neutral basis to the Council and the procurement and subsequent award will replicate this model.</p> <p>The Executive Director Adults and Health will be asked to award the contract to commence on 19th October 2022 for a period of 5 years initially plus any potential extensions, up to a maximum of 7 years in total.</p>	
Decision by	Keith Hinkley - Executive Director Adults and Health
Date added	13 October 2021
Month	March 2022
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 26050

Public Health and Wellbeing

Cabinet Member for Public Health and Wellbeing

Contract arrangements for Community Advice & Support

The Cabinet Member for Public Health and Wellbeing is asked to agree to the commencement of a procurement process starting in November 2021 to secure a contract relating to the provision of Community Advice & Support services in West Sussex from April 2022.

The County Council will procure a new service in partnership with, and at the request of, District & Borough partner-funders. Funding will be provided by all partners as per the contract specification with invoicing arrangements made with each individual local office.

The proposal is for the contract to run for a period of up to seven years (3+3+1 years). The total value of these contracts is approximately £1.1 million per annum.

The Cabinet Member for Public Health and Wellbeing is asked to agree to the commencement of a procurement process starting in November 2021 to secure a contract relating to the provision of Community Advice & Support services from April 2022 for a period of 3+3+1 years and to delegate the awarding of the contract and decisions about future extension of these contracts to the Executive Director Adults and Health.

Decision by	Cllr Lanzer - Cabinet Member for Public Health and Wellbeing
Date added	19 August 2021
Month	November 2021
Consultation/ Representations	<p>Consultation with District and Borough Councils.</p> <p>Representations concerning this proposed decision can be made to the Cabinet Member for Public Health and Wellbeing, via the officer contact, by the beginning of the month in which the decision is due to be taken.</p>
Background Documents (via website)	None
Author	Seth Gottesman Tel: 033 022 28706
Contact	Erica Keegan Tel: 033 022 26050

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Health and Adult Social Care Scrutiny Committee Work Programme 2021/22

Topic (including focus for scrutiny & focus)	Priorities		
	Corporate or Service Priority	Performance, Outcome or Budget	Timing
Committee Meetings			
Stroke Services <ul style="list-style-type: none"> To review the pre-engagement phase and consider plans for full consultation 	NHS	Outcome	Nov 21
Adult Social Care Quality Assurance	Service	Performance	Nov 21
Quarterly Performance Monitoring Delivery of Key Performance Indicators (KPI) set out in our Council Plan, which are relevant to the committee.	Service	Performance	Nov 21
Working Age Adult Social Care Financial Assessments <ul style="list-style-type: none"> To consider the outcome of discussions between West Sussex County Council and Healthwatch West Sussex regarding their concerns paper regarding financial assessments for working age adults in receipt of Adult Social Care. 	Service	Outcome	Jan 22
Dentistry <ul style="list-style-type: none"> To review NHS dental services in West Sussex 	NHSE	Outcomes	Jan 22
Adult Social Care Quality Assurance	Service	Performance	Jun 22
Self-Harm <ul style="list-style-type: none"> Timing and focus for scrutiny to be determined by the BPG further to consideration of discussions at previous HASC meetings 	Service	Outcome	TBC

<p>Provision of services for older people with mental health problems in the west of the county</p> <ul style="list-style-type: none"> Consider the mitigations for this particular part of the proposals further, before Orchard Ward is relocated in October 2021 (likely to be written briefing in first instance rather than agenda item) 	NHS	NHS	TBC
<p>Shaw Healthcare Contract</p> <ul style="list-style-type: none"> To review performance against planned outcomes for the main contract for the provision of residential care and consider the impact of the contract variation one year on. 	Service	Performance	TBC
Informal information sharing sessions			
<ul style="list-style-type: none"> The overarching plan of how social care fits into the Integrated Care System (All Member Session) 	Service	-	12 Nov 21
Task and Finish Groups (TFGs)			
<p>Adults and Health Strategic Budget Savings 2021/22</p> <ul style="list-style-type: none"> To consider the proposed Adults and Health strategic savings 2021/22 prior to a final decision, receiving information about those services which are receiving investment such as technology and reablement services, also considering points made by the Committee on 13 January 2021, in forming its terms of reference. To include decisions published in the Forward Plan regarding residential based in-house services, Marjory Cobby House, Selsey and Shaw Healthcare Day Services Reviews. 	Service	Outcomes	Prior to Nov 2021
Business Planning Group			
<p>Work Programme Planning</p> <ul style="list-style-type: none"> To consider updates from the services and stakeholders and consider whether any issues should be subject to formal scrutiny by HASC. 	-	-	Sept 21
<p>Adults and Health Directorate Plan 2020/21</p> <ul style="list-style-type: none"> To consider how elements of the Adults and Health Directorate Plan and the development of possible additional KPIs i.e. the 	Service	Performance	Sept 21

importance of value for money, mid-life health and obesity, Black, Asian, and Minority Ethnic life expectancy, staff retention should be considered by the formal committee			
Items raised by the committee in the previous council term			
<ul style="list-style-type: none"> • Long Covid – To investigate the impact/treatment of long Covid • The award of block contracts for residential care and support services 	-	-	N/A
Integration and Governance			N/A
Low Vision Services (To monitor – discuss when required)			
<ul style="list-style-type: none"> • To consider the outcome of the consultation and confirm whether the item should be subject to further formal scrutiny by HASC, following a Joint Strategic Needs Assessment of services 	-	Outcome	N/A
The interface between the Local Transport Plan, which was subject to public consultation and public health outcomes with a focus on eliminating carbon			
Committee Suggestions			
A review of Care Point capacity			

Appendix A - Checklist

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Scrutiny Business Planning Checklist

Priorities - Is the topic

- a corporate or service priority? In what way?
- an area where performance, outcomes or budget are a concern? How?
- one that matters to residents? Why?

What is being scrutinised and Why?

- What should the scrutiny focus be?
- Where can the committee add value?
- What is the desired outcome from scrutiny?

When and how to scrutinise?

- When can the committee have most influence?
- What is the best approach - committee, TFG, one-off small group?
- What research, visits or other activities are needed?
- Would scrutiny benefit from external witnesses or evidence?

Is the work programme focused and achievable?

- Have priorities changed – should any work be stopped or put back?
- Can there be fewer items for more in-depth consideration?
- Has sufficient capacity been retained for future work?

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