

# Public Document Pack

**Tony Kershaw**

Director of Law and Assurance

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13 January 2022

## Health and Adult Social Care Scrutiny Committee

A virtual meeting of the Committee will be held at **10.30 am** on **Friday, 21 January 2022**.

**Note:** In response to the continuing public health measures, this meeting will be held virtually with members in remote attendance. Public access is via webcasting.

**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 26 November 2021 (cream paper).

4. **Responses to Recommendations**

The Committee is asked to note the responses to recommendations made at the 26 November 2021 meeting from the Cabinet Member for Adults' Services and the Executive Managing Director, NHS West Sussex Clinical Commissioning Group.

(a) **Response from the Cabinet Member for Adults' Services**  
(Pages 11 - 12)

(b) **Response from the Executive Managing Director, NHS West Sussex Clinical Commissioning Group** (Pages 13 - 14)

10.35 am 5. **The Impact of COVID-19 on Access to Dental Services**  
(Pages 15 - 26)

Report by the Director of Law and Assurance.

The Committee is asked to consider the reports by NHS England and Healthwatch on access to dentistry services.

11.25 am 6. **Financial Assessments Improvement Programme** (Pages 27 - 48)

Report by the Director of Law and Assurance.

The Committee is asked to consider the reports by West Sussex County Council and Healthwatch on the improvement programme put in place to develop the quality of customer service provided as part of the financial assessment for people in receipt of adult social care and support.

12.15 pm 7. **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 49 - 54)

Extract from the Forward Plan dated 7 January 2022 – 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.

12.25 pm 8. **Requests for Call-in** (Pages 61 - 64)

There has been one request for call-in to the Scrutiny Committee within its constitutional remit since the date of the last meeting. A report on the call-in is attached.

The Director of Law and Assurance will report any further requests since the publication of the agenda papers.

9. **Date of Next Meeting**

The next meeting of the Committee will be held on 7 March at 10.30 am at County Hall, Chichester. Probable agenda items include:

- An update on the West Sussex Stroke Programme
- Adult Social Care Quality Assurance

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 18 February 2022.

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

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## Health and Adult Social Care Scrutiny Committee

26 November 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 Atkins	Cllr Nagel	Katrina Broadhill
Cllr A Cooper	Cllr O'Kelly	Cllr Pendleton
Cllr B Cooper	Cllr Patel	Cllr Bangert
Cllr Forbes	Cllr Pudaloff	Cllr Bevis
Cllr McGregor	Cllr Walsh	Cllr Peacock

Apologies were received from Cllr Bence, Cllr Lanzer and Cllr Burgess

Also in attendance: Cllr A Jupp

### 16. Declarations of Interest

- 16.1 In accordance with the code of conduct, Cllr A Cooper declared a personal interest in item 7, West Sussex Stroke Programme, as a governor of University Hospitals Sussex NHS Foundation Trust.

### 17. Minutes of the last meeting of the Committee

- 17.1 Resolved – that the minutes of the meeting held on 15 September 2021 are approved as a correct record and are signed by the Chairman.

### 18. Responses to Recommendations

- 18.1 Resolved – that the Committee notes the responses to recommendations made at its 15 September 2021 meeting.

### 19. Adults' Services Quality Assurance Update

- 19.1 The Committee scrutinised a report by the Executive Director of Adults and Health (copy appended to the signed minutes).
- 19.2 Summary of responses to committee members' questions and comments: -
- The Quality Assurance Framework (QAF) is a new consistent way of examining the quality of social work provided by the Council
  - Both qualitative and quantitative data are important and need to be up to date and accurate – **Action:** Keith Hinkley to provide further details of quantitative data used to manage performance

- The Care Quality Commission inspections of care services regulate the market, but have reduced due to the pandemic, so the Council's internal processes have become more important
- Adults' Services regulators will look at assurance processes on quality as well as performance data, with a strong focus on the Council's role as a commissioner of services
- The QAF will help improve quality of staff and in turn, services
- The Council takes account of feedback on customer satisfaction from national and local surveys when developing and running its services
- Customer and carer groups have been involved in the development of the QAF
- New cases are triaged so high risk, complex and safeguarding are prioritised
- The governance structure needed a Performance Quality & Practice (PQP) Board and a Safeguarding Steering Group – the Quality Assurance Management Board and the Mental Health Quality Assurance Steering Group would eventually be subsumed by the PQP
- Financial assessments are not part of the QAF
- Under the Care Act, the Council assesses people's needs involving family and friends to find the best solution – this may not be entirely by funded care services

19.3 Resolved – that the Committee requests that

- i. future reporting includes more qualitative data, Quality Assurance Framework on Commissioned Services and the governance structure
- ii. it receives an update on this report in March 2022
- iii. it be provided with examples of audits

## **20. End of September 2021 (Quarter 2) Quarterly Performance and Resources Report**

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

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

- A triage system was in place to action the care packages of the neediest first, but people may have to wait longer than expected due to a lack of home care available – **Action:** Keith Hinkley to provide the Committee with information on the average length of stay of social care customers in hospital
- Lack of homecare was a national problem – the Council was using a Government grant to help recruitment and retention in the care sector – cabinet members and local MPs were also meeting local providers to discuss the issue

- The Council was paying for unoccupied beds at Shaw residential homes as these were not the dementia or nursing care beds it needed, hence those bed places had to be purchased from other providers – work is planned with Shaw Homes to develop a different service offer to include dementia/ nursing beds under the existing contract with the Council
- The Adults’ Services budget was constantly monitored and the council has a statutory duty to balance its budget – the Council will continue to receive Better Care Fund money and money from the Integrated Care System for hospital discharge, as well as looking for ways to make better use of its resources
- The Adults’ Services budget for next year would allow for increases in demand and the national living wage
- The council is working on a whole council approach with the support of the voluntary sector
- Any underspend in the Public Health & Wellbeing portfolio would be spent in that area, including as part of the Covid response
- The Council needed to reconfigure services and work with partners to improve its employment service for people with learning difficulties
- The Council worked with Carers Sussex on its Carers’ Strategy that aimed to help carers with many aspects of their roles
- Socio-economic factors influencing health inequalities/ life expectancy were a core part of Public Health work through the Health & Wellbeing Board and Place plans
- Covid vaccination rates were high in the care sector in West Sussex – those not wishing to be vaccinated within the Council are being redeployed if at all possible - there was no negative impact on services

20.3 Resolved – that the Committee requests that: -

- i. the Shaw Homes contract be placed on the Committee’s Work Programme for June 2022
- ii. the recommendations from the Task and Finish Group concerning Marjorie Cobby House and Shaw Day Service and the impact of closure are placed on the Committee’s Work Programme
- iii. that Democratic Services work with officers to determine how the Committee could receive further information on health inequalities

## **21. West Sussex Stroke Programme**

21.1 The Committee scrutinised a report by the Deputy Executive Managing Director/Director of Commissioning, West Sussex Clinical Commissioning Group (copy appended to the signed minutes).

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

- Follow-up consultations for patients with Atrial Fibrillation take place, and from January a new anti-coagulant drug will be available for them
- A business case for Early Supported Discharge (ESD) was created in 2019 with input from University Hospitals Sussex NHS Foundation Trust and Sussex Partnership NHS Foundation Trust
- A multi-disciplinary team including psychologists and clinicians is needed to deliver ESD – the service will not commence without the correct staff in place
- South East Coast Ambulance NHS Foundation Trust has been involved in the case for change to stroke services especially around travel times and number of journeys – it is also looking at a scheme in Kent where information is gathered on patients in ambulances to make sure they are taken to the hospital that can provide them with the best treatment
- Public and patient involvement in developing stroke services had been through online surveys, group and individual meetings – **Action:** Joanne Alner to share a report on public and patient involvement with the Committee
- The case for change focusses on areas where improvement can be made, but it is recognised that hypertension lifestyle is also important
- The minimum number of patients required for an acute stroke centre is 600, but ideally 1,000 plus is better and would help attract the specialist staff required to run it
- A request was made to see the Equality Impact Assessment for the Case for Change

21.3 Resolved – that the Committee asks West Sussex Clinical Commissioning Group to: -

- i. provide more information on costings around the Better Care Fund when available
- ii. provide an update on Stroke Services to the 7 March Committee meeting
- iii. share the Case for Change Equalities Impact Assessment with the Committee

**22. Work Programme Planning and Possible Items for Future Scrutiny**

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

22.2 Resolved – that the Business Planning Group consider midwifery as a topic for future scrutiny.

**23. Business Planning Group Membership**



- 23.1 The Committee noted the change in Labour Group representation on the Business Planning Group from Cllr B Cooper to Cllr Pudaloff.

**24. Requests for Call-in**

- 24.1 There was a request to call-in the decision on Residential based in-house services - Marjorie Cobby House, Selsey (CAB07\_21/22). The request was rejected by Monitoring Officer.

**25. Date of Next Meeting**

- 25.1 The next meeting of the Committee will take place on 21 January 2022.

The meeting ended at 12.56 pm

Chairman

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**Amanda Jupp**  
Cabinet Member for Adults and Health

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County Hall  
Chichester  
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CLlr Garry Wall  
Via Email

22 December 2021

Dear Chairman

**Recommendations from Health & Adult Social Care Scrutiny Committee  
26 November 2021**

Thank you for your letter dated 15 December 2021 regarding the Health & Adult Social Care Scrutiny Committee's discussions at its meeting on 26 November 2021 on the Adult Social Care Quality Assurance Framework.

I confirm that HASC will receive an update on this work at its meeting on 7 March 2022, which will include additional qualitative data, Quality Assurance Framework on Commissioned Services, governance structure and some examples of audits that have been undertaken, as requested by the committee.

Yours sincerely,

A handwritten signature in black ink that reads 'Amanda Jupp'.

Cabinet Member for Adults and Health

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FAO Cllr Garry Wall

By email to  
[rob.castle@westsussex.gov.uk](mailto:rob.castle@westsussex.gov.uk)

[www.westsussexccg.nhs.uk](http://www.westsussexccg.nhs.uk)

13 January 2022

Dear Cllr Wall,

Thank you for your email setting out the recommendations of the 26 November 2021 Health & Adult Social Care Scrutiny Committee, where we discussed the West Sussex Stroke Programme.

Firstly, I want to thank the Committee for the very helpful and supportive discussion we had in relation to the West Sussex Stroke programme. This is an important transformation programme for the population of West Sussex, in particular those who reside in the coastal area, and will ensure that we can provide a comprehensive stroke pathway which enables the best outcomes for patients in the near future. The comments and questions from members were very insightful and the encouragement we received for the programme was very much welcomed.

I believe the BCF reference was the ask to update the committee on the outcome of the plan to allocate BCF funding to providing a Life after Stroke and six month review service. I am pleased to advise that the BCF spending plan was recently agreed and we are therefore hoping to commission Stroke Association to provide this. It is hoped these services will be mobilised during March 2022, once recruitment and a number of contractual processes have concluded.

We will plan to come back to the Committee 7 March 2022 to update on progress. It is important to note we would have seen the Clinical Senate on the 2 March 2022 and therefore by the 7th we would not have had their formal feedback, but if agreeable to you, I will discuss with your officers what would be useful to share.

Given the size of the documents, we will separately send the two reports which we offered to share through the Committee officers:

- Report of the findings from the Engagement Exercise conducted during the summer of 2021
- The Equality Health Impact Assessment

I hope this adequately answers the recommendations made and the reports are positively received.

Yours sincerely,

Pennie Ford

Executive Managing Director, West Sussex Clinical Commissioning Group

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## **Heath and Adult Social Care Scrutiny Committee**

**21 January 2022**

### **The Impact of COVID-19 on Access to Dental Services**

**Report by Director of Law and Assurance**

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#### **Summary**

In September 2021, the Health and Adult Social Care Scrutiny Committee (HASC) identified access to dentistry services in West Sussex as a key issue for scrutiny, in light of the pressures resulting from the pandemic.

NHS England (NHSE) South East is responsible for commissioning NHS dental services in Sussex, Surrey, Kent, Oxfordshire, Hampshire, Buckinghamshire, Berkshire, and the Isle of Wight. It has provided an update on the current situation, as set out at the Appendix and representatives of NHSE will be at the meeting to assist the Committee's scrutiny of this matter. A report has also been produced by Healthwatch, who are the independent statutory body which acts as the health and social care champion, at Appendix B which sets out concerns from residents on access to dentistry across West Sussex.

#### **Focus for scrutiny**

Key areas of focus for scrutiny include:

- 1) What issues were affecting access to dentistry in West Sussex prior to the pandemic and how the pandemic has impacted on this
- 2) The effectiveness of temporary measures introduced in response to the pandemic, and what more permanent solutions are being planned to improve future capacity and access
- 3) How the current backlog in dentistry care in West Sussex will be addressed
- 4) Whether lack of access to NHS dentistry has had an impact on other NHS services in West Sussex (e.g. General Practice, Accident and Emergency)
- 5) Whether there are any specific issues requiring further scrutiny or monitoring
- 6) Whether the issues and concerns raised by Healthwatch (and others) have been adequately addressed

The Chairman will summarise the debate, which will then be shared with NHS England.

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**1. Background and context**

- 1.1 The background and context to this item for scrutiny are set out in the attached report. There are no resource or risk implications directly affecting West Sussex County Council, as this is a report by the NHS, relating to NHS services.

**Tony Kershaw**

Director of Law and Assurance

**Contact Officer**

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

**Appendices**

**Appendix A:** The Impact of COVID-19 on Access to Dental Services, Report by NHS England.

**Appendix B:** Dentistry Briefing, Report by Healthwatch

**Background Papers:** None



## **The Impact of COVID-19 on Access to Dental Services**

1. COVID-19 has had a greater impact on dentistry than some services due to the close proximity dental teams are in when treating patients with an open mouth in a confined space. Social distancing in waiting rooms and additional infection, prevention, control measures (IPC) within surgeries must be adhered to in order to reduce the risk to dental teams, patients and the wider population. IPC guidelines include specific requirements when undertaking Aerosol Generated Procedures (AGPs) which are used for treatment including fillings, scale and polish, root treatment and crown preparation. This requires a fallow time after treatment to allow aerosols to settle before an enhanced clean can be carried out. Fallow time was initially 1 hour but reduced to 30 minutes in many cases by the end of 2020 and in December 2021 the need for fallow time was removed in certain clinical circumstances. As most dental procedures involve the use of AGPs this has had a significant impact on capacity and the number of patients that can safely be seen.
2. While access to dental care is limited across the country due to COVID-19, practices are concentrating on the provision of urgent care and treatment for patients with the greatest clinical need.

### **Background**

3. During the first wave of the pandemic all dental practices were required to close for face-to-face care from 25 March 2020 until at least 8 June 2020. This was in the interests of patient and dental team safety. Although closed, practices provided remote advice, analgesia (to help to relieve pain) and anti-microbials (to treat infection) where appropriate, this is known as AAA. Following clinical assessment where this did not address a patient's needs, dental practices were then able to refer patients to Urgent Dental Care (UDC) Hubs that were set up to treat patients with the most urgent need.
4. In the second phase of the pandemic as infection rates dropped, there was a phased reopening of practices for face-to-face care, with all open by 20 July 2020 at the latest. All practices with an NHS contract are required to deliver a set amount of treatment in any one year. For dentists and their teams to see as many patients as possible, but in a safe manner, NHS England and NHS Improvement (NHSE/I) worked closely with Ministers and determined for the period 20 July to 31 December 2020 this would be a minimum of 20% of historic levels of NHS activity in recognition of the 1 hour fallow time and enhanced clean required. For the period 1 January to 31 March 2021 practices were required to deliver 45% of their contracted activity (70% for orthodontics) which reflected fallow time reducing to 30 minutes in many practices followed by the enhanced clean. From 1 April 2021 practices were required to deliver 60% of their contracted activity (80% for orthodontics) and this increased to 65% (85% for orthodontics) on 1 October 2021. From 1 January 2022 practices are required to deliver 85% of their contracted activity (90% for orthodontics) to reflect that fallow time is only required in some clinical circumstances.

5. Practices may have to temporarily close if members of the dental team or their household are required to self-isolate in line with Government guidelines. Practices may also have to temporarily stop provision of treatment involving AGPs where they have been unable to obtain their usual make of respirator mask and need to be fit tested to a new model. In both of these instances, where patients require face-to-face urgent care before they are able to reopen, if the practice does not have a "buddy" arrangement with another practice they are able to refer patients to UDC Hubs which remained open when practices resumed face-to-face care for this reason.

### **Current situation**

6. Although this gradual increase in activity has improved access to urgent dental care and is starting to deliver routine care for those with the greatest clinical need, it is still not 100% of usual activity. It has also not addressed the backlog of care that built up during 2020/21 when practices were closed during the first quarter, when 20% of historic activity was delivered during quarters 2 and 3 and 45% of contracted activity during quarter 4, nor when practices have been required to deliver 60% during the first half of 2021/22 and 65% in quarter 3. The resulting backlog is going to take some considerable time to address and will continue to be carried out on a risk based approach focussing on patients with the greatest clinical need.
7. The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Although many patients have historically had a dental check-up on a 6 monthly basis, NICE guidance states this is not clinically necessary in many instances and clinically appropriate recall intervals may be between 3 to 24 months dependent upon a patient's oral health, dietary and lifestyle choices. Therefore, many patients who have attempted to have a dental check-up may not have clinically needed this at that time. While practices continue to prioritise patients with an urgent need, where they have the capacity to provide more than urgent care they will prioritise according to clinical need such as patients that require dental treatment before they undergo medical or surgical procedures, those that were part way through a course of treatment when practices closed, those that have received temporary urgent treatment and require completion of this, looked after children and those identified as being in a high risk category and so have been advised they should have more frequent recall intervals.
8. Although practices have been asked to prioritise patients with an urgent need, it may be necessary for patients with an urgent need to contact more than one practice as each practice's capacity will change on a daily basis dependent upon the number of patients seeking care and staffing levels. Where a practice has the capacity to do so, they will assess patients over the telephone to establish whether the patient requires AAA. If it is established a patient requires a face-to-face appointment, the practice can arrange for them to attend an urgent appointment at the practice or in some instances refer the patient to a UDC Hub.

## **NHS and private dental care**

9. Whilst most practices provide both NHS and private care, we have made it very clear to all practices that they must spend an equal amount of time on NHS care now as they have historically, albeit some of their surgery time will not be spent on face-to-face care due to fallow time. A common misconception is that practices are attempting to convince patients to be seen privately rather than on the NHS, this is because practices are contracted to provide a set amount of NHS dentistry per year and so are unable to increase the number of NHS appointments they can offer. However, some are able to increase their private hours and number of private appointments available. In some instances, practices may have filled their NHS appointments but still have private appointments available and this is why sometimes patients may only be offered a private appointment when they contact practices. As capacity may change due to the number of patients who contact the practice with an urgent need, patients may need to contact several practices over a varied timescale to obtain an appointment.

## **Finding a dentist**

10. Patients are not registered with a dentist in the same way as they are with a GP. A practice is only responsible for a patient's care while in treatment, but many will maintain a list of regular patients and will only take on new patients where they have capacity to do so, such as when patients do not return for scheduled check-ups or advise they are moving from the area. The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Details of practices providing NHS dental care can be found on: <https://www.nhs.uk/service-search/find-a-dentist> or by ringing the Sussex Dental Helpline on 0300 123 1663 who will provide details of local dental practices providing NHS care. However, for the reasons outlined above, at the current time it is unlikely that they will be able to accept patients for non-urgent care or those people not considered as having greater clinical need.

## **Improving access**

11. Funding has been offered to all practices across the South East region to increase access by providing additional sessions outside of their normal contracted hours, for example in the evening or at weekends. These sessions are for patients who do not have a regular dentist and have an urgent need but have experienced difficulty accessing this or have only been able to receive temporary care (such as AAA, a temporary filling or first stage root treatment) and require further treatment. Unfortunately, no practices in West Sussex currently have the capacity or staffing levels to be able to undertake these additional sessions, however the offer remains open so that should any practice subsequently determine they have the staffing levels to safely deliver additional sessions, these will be established.
12. Since April 2020 there have been seven practices in West Sussex which have decided to cease providing NHS dentistry for a variety of reasons. High Street dental practices are independent contractors and therefore free to

make such business decisions, NHSE/I has no authority or influence over this.

13. We have commissioned seven practices to provide temporary increases in activity levels across West Sussex which will run until the permanent services are in place. One of the seven contracts handed back is due to end on 31 March 2022 so we are currently working with local providers to secure additional temporary activity from that date.
14. Where an NHS contract terminates, the funding associated with it returns to NHSE/I to be reinvested in dentistry; in the short term the funding is used for the temporary increases outlined above, and in the longer term it is reinvested in permanent replacement services. Our Consultant in Dental Public Health is currently compiling oral health profiles which will determine the priority for future commissioning of services across the whole of Sussex which we anticipate may identify a need for further increased dental services in the area.
15. A previous round of procurement has resulted in an increase to an existing NHS practice in Haywards Heath which is expected to come online in the new year.

### **West Sussex statistics**

Units of dental activity (UDA) commissioned	1.23m
Approximate whole time equivalent (WTE) dentists	175
Number of dental practices	112
UDAs per head of population	1.42 (South East region average: 1.38)
UDAs from contracts handed back	52,938 (16,055 of these end on 31/03/22)
Temporary UDAs commissioned	30,352
Units of orthodontic activity (UOAs) commissioned	71,479
Number of patients per year	3,404
Number of orthodontic practices	8

N.B. UDAs and UOAs (units of dental activity and units of orthodontic activity) are the activity measure for most High Street dental contracts. Each contract must provide a set number of UDAs/UOAs per year in return for a set annual payment. Checks are carried out each year to ensure that all practices are delivering the contracted activity; money is recovered where activity falls short of that agreed.

# NHS DENTISTRY BRIEFING

January 2022

## Introduction

Lack of access to NHS dentistry has intensified, nationally and locally, as an issue for people over the last 18 months. Healthwatch England latest research (informed by West Sussex insight) is a stark reminder that it is an issue decision-makers must react to now, to protect our health.

Not only have we seen a large increase in the volume of feedback and a huge increase in the amount of negative sentiment in our evidence, but, more strikingly, we have noted a continuation of this trend over time. This briefing shares common themes and examples of this insight.

These issues are not occurring in isolated pockets. People in every corner of West Sussex are struggling to get the dental treatment they need when they need it. That is why Healthwatch is again calling on the Government and NHS England to speed up dental contract reform and provide significant and sustained funding to tackle the underlying problems of dental access and affordability.

It is not just Healthwatch witnessing these concerns. Reports from bodies across the health sector tell the same story.

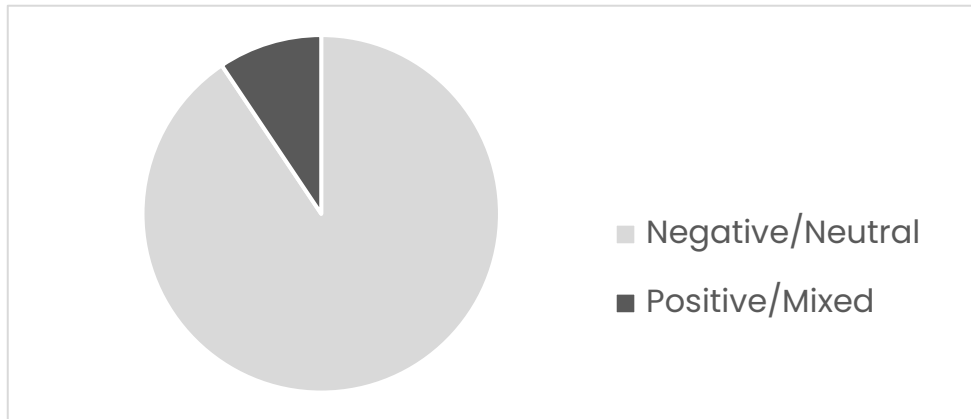
In October, the Care Quality Commission, in the annual 'State of health care and social care' [report](#), also highlighted problems that children and young people had in accessing routine dental care during the pandemic.

[https://www.cqc.org.uk/sites/default/files/20211021\\_stateofcare2021\\_print.pdf](https://www.cqc.org.uk/sites/default/files/20211021_stateofcare2021_print.pdf)

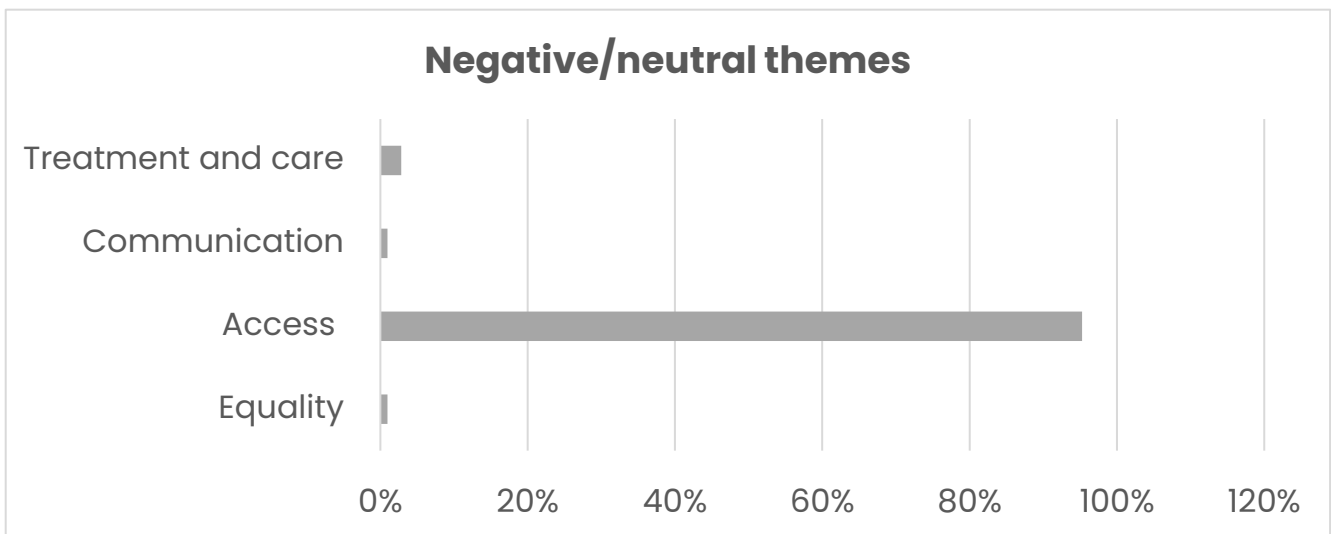
## Appendix B What does our recent insight show?

Here we detail the experience-based insight gathered by from August to 2 December 2021. This insight was shared with us directly, rather than resulting from a project or survey. This is from a total of 110 themed records.

Sentiment has remained roughly similar to previous briefings.



(Graph shows insight is 97% negative and only 3% positive.)



(Graph shows the themes of the negative insight. Equality 1%, Access 95%, Communication 1%, Treatment and Care 3%.)

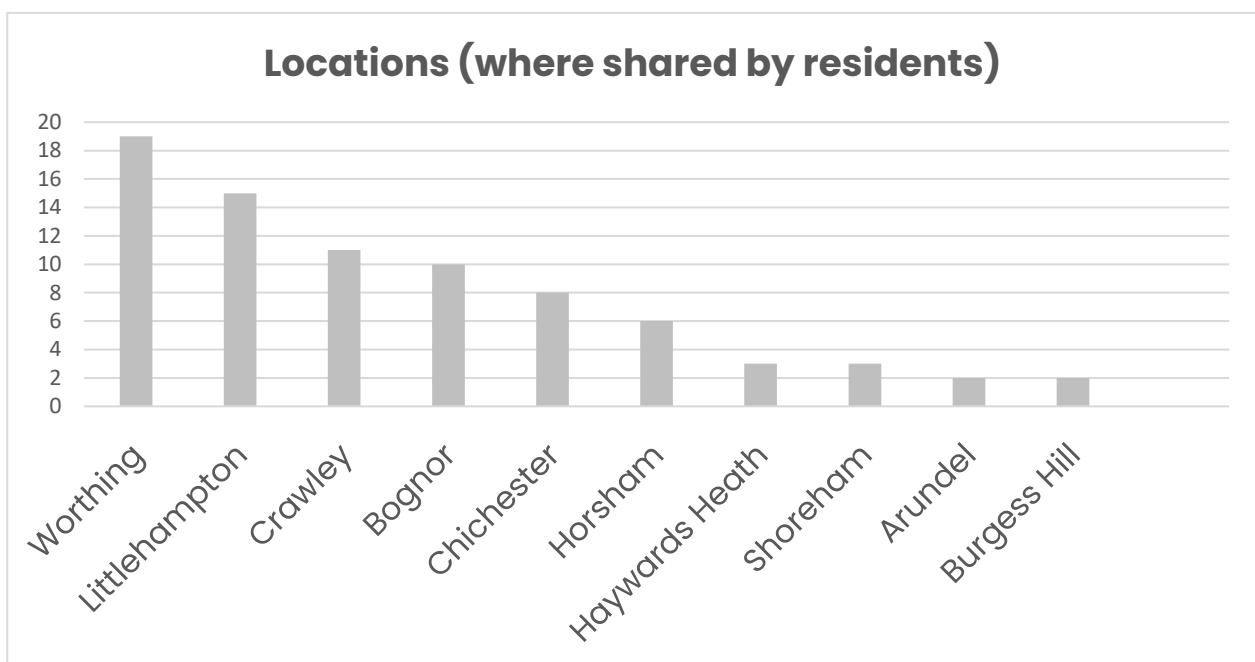
Access to NHS dental care remains the key theme.

I have a terrible pain which combined with a headache and ear pain. I'm taking 6-8 painkillers daily and I've tried to book an appointment calling all the emergency phones. Finally, I couldn't succeed because no one answered!

(Horsham District Resident, September 2021 – 00158987)

I've called about 50 dentists this morning and no one seems to be taking on new NHS patients. I'm happy to travel, just urgently need an appointment.

(West Sussex Resident, October 2021 – 00159900)



(Graph shows the top ten locations where people have struggled to get access to NHS dental care. From highest to lowest: Worthing, Littlehampton, Crawley, Bognor, Chichester, Horsham, Haywards Heath, Shoreham, Arundel and Burgess Hill.)

We are pleased to note that Dentaid has recently been commissioned to support Littlehampton residents access dental care.

We are also pleased to note that the Operating Standard for Quarter 4 of 2021-2022 requires NHS contracted dental practices to deliver 85% of the *units of dental activities* to maintain funding.

Pregnant women continue not getting access to the dental support they need on the NHS, instead some are having to pay when they believed they would receive free treatment.

I was 18 weeks pregnant when I had dentist treatment. I have obtained a maternity exemption certificate for free NHS prescriptions and treatments. I was scheduled for treatment in August at (Crawley) dental practice, it was agreed that I would require a root canal and was charged £494.

I was told by a midwife prior to claiming that the exemption card covered dental treatment as well as free prescriptions. However, when speaking to the practice they explained their practice is small, the NHS funding they receive is a very small proportion for the whole surgery, so they were unable to claim using my exemption certificate. And I would have to pay for the treatment.

(Crawley resident, August 2021 – 00158416)

**Children are missing out on dental treatment;** we have seen an increase in parents making enquiries as they are struggling to access check-ups or NHS dental care for their child/children.

I am trying to find a dentist – ideally in Horsham as that’s where my children are at school, who take on NHS child patients could you please help me find one as everyone I contact either ignores me or tells me no it’s £50 per child!

(Horsham resident, October 2021 – 00159760)

My 17 year old needs a root canal filling in his front tooth after visiting an emergency dentist, but I have phoned every dentist in West Sussex, but no one will see him, how do I get his teeth sorted out.

(West Sussex resident, November 2021 – 00160678)

**People continue to find themselves being ‘deregistered’** (as they perceive it or have been told by the dental practice).



People are also reporting that **children are being disassociated from practices**

The caller rang as her partner is struggling to find an NHS dentist. He was previously a patient at (name given) Dental Practice but was removed as he hadn't attended in 3 years. (1 appointment cancelled by him and the other cancelled by the practice, both due to Covid). He has spoken to the practice manager, but the caller reported they were not interested. She said her partner needs treatment.

(Horsham District Resident, August 2021 – 00157901)

The **cost of accessing dental care remains an issue** for people who have contacted us.

I have been with the same dentist on NHS my whole life, but this practice is only reachable by car, so have relied on my mum to get me there. I moved away from home and was unsuccessful in finding a new dentist near me which would accept NHS patients.

I have recently moved back home temporarily, and my mum booked me an appointment at the dentist I have visited since childhood. I was not informed that I was now taken off the NHS list and was charged £87 rather than £23.30 and on top of this £5 PPE fee!!

I am a low paid teaching assistant and cannot get any other dental treatment. The experience reduced me to tears. Could you let me know what are my rights in this situation?

(West Sussex Resident, August 2021 – 00158500)

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## **Heath and Adult Social Care Scrutiny Committee**

**21 January 2022**

### **Financial Assessments Improvement Programme**

#### **Report by Director of Law and Assurance**

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### **Summary**

Following a review of the financial assessment process for people in receipt of adult social care and support in 2021, this Committee identified scrutiny of the resulting improvement programme as a priority. The review process generated a number of issues and concerns, including representations made on behalf of individuals and families by councillors, Healthwatch (the independent statutory body which acts as the health and social care champion), advocacy organisations and MPs.

The Committee is invited to consider the information provided by Healthwatch (at Appendix B) and the overview of the improvement programme put in place by the Council, including progress in responding to the issues and concerns raised (at Appendix A).

### **Focus for scrutiny**

Key areas for scrutiny include:

1. Assessment of the effectiveness of the Financial Assessments Improvement Programme and future plans for improvement, including any feedback from customers and their families/carers
2. Whether the priorities of the Improvement Programme are appropriate? (see Appendix A, para 2.2)
3. Whether the issues and concerns raised by Healthwatch (and others) have been adequately addressed
4. To identify and comment upon any areas the Committee wishes to highlight to the Cabinet Member for Adults' Services on the current progress and the plans for improvement.
5. To consider any further scrutiny or monitoring required by this Committee

The Chairman will summarise the debate, which will then be shared with the Cabinet Member for Adults' Services.

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**1. Background and context**

- 1.1 The background and context to this item for scrutiny are set out in the attached report including resource and risk implications and all factors taken into account.

**Tony Kershaw**

Director of Law and Assurance

**Contact Officer**

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

**Appendices**

**Appendix A:** Financial Assessments Improvement Programme, Report by West Sussex County Council

**Appendix B:** Report on Financial Assessment Process by Healthwatch West Sussex

**Background Papers:** None

## **Report to Health and Adult Social Care Scrutiny Committee**

**21 January 2022**

### **Financial Assessments Improvement Programme**

#### **Report by Interim Deputy Director of Finance**

**Electoral division(s): All**

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#### **Summary**

This report provides an overview of the improvement programme put in place to develop the quality of customer service provided as part of the financial assessment for people in receipt of adult social care and support. The report details progress in responding to the issues and concerns arising from the financial assessment review process undertaken during 2021, as well as further details about the themes identified contributing to these issues, the actions taken to date and the plans for further development in the future.

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#### **1 Background and context**

- 1.1. In 2018/19 as part of the Adults' Services medium-term financial savings plan it was agreed to increase client contributions (income) by reviewing the level of Minimum Income Guarantee (MIG), used in the financial assessment of working age customers' contribution towards the cost of the social care and support package. At the time the Council provided a more generous MIG amount than the statutory minimum for this cohort of customers, as a discretionary local decision allowed under the national regulations. The proposal was to reduce to the MIG amount defined as the statutory minimum in the Local Authority Circular (LAC), bringing this group of customers into line with the pensioners who were already being assessed at this rate.
- 1.2. Following public consultation, Member scrutiny and a Cabinet Member decision, it was agreed that, as from April 2019, all new working age customers would be assessed using the statutory minimum MIG amount. A subsequent officer decision was taken in June 2019 to delay the implementation of the new rate until October 2019 to prevent steep increases in customer contributions and a transitional cap was applied for all current customers at their annual reassessment (£5 for a single person and £8 for couples). This cap was due for review in March 2020.
- 1.3. The reassessment of all customers and the review of the cap did not occur in March 2020 for two reasons, firstly the Covid19 national emergency restricted the opportunity to undertake financial assessments and secondly, as a

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consequence of the decision to insource Service Finance; which was completed in August 2020.

- 1.4. A working group involving both Adult Social Care and Finance officers met in November 2020 to consider how to progress with completing the implementation of the decision made by Members. The group considered the risks posed to the service and it was agreed that the lifting of the cap and full rate charging of customers for 2020/2021 would commence with any change to the charge being with effect from January 2021.
- 1.5. As the reassessment programme took place the following issues were identified:
  - Not all non-residential customers had been fully financially reassessed for the period 2019/20.
  - Many had only had a percentage increase applied to their financial assessment, based on the national welfare benefit rates increase, for a number of years.
  - Many reassessments identified that there had been changes in the financial circumstances of individuals which had not been reflected within the financial assessment, for example increases in income arising from receiving additional benefits or pensions.
  - Between April and August 2020, the point that Service Finance was insourced, no customers had been financially reassessed.

The consequence of the change in the value of the MIG and the identified issues highlighted above in relation to the reassessed financial assessments led to a significant number of complaints being raised, including representations being made on behalf of individuals and families by councillors, Healthwatch, advocacy organisations and MPs.

## 2 Details

- 2.1. As a consequence of the findings from the officer working group, addressing the issues raised by individuals and/or their representatives and the initial review of business processes upon the insourcing of Service Finance, it was clear that there was a need for an improvement programme to be implemented.
- 2.2. A number of priorities were set to be addressed by the improvement plan, as follows: -
- Addressing and resolving the complaints received as a consequence of the reassessment process.
  - Improving communications and documentation supporting the financial assessment process.
  - Contribute proactively to the review of the Charging Policy, led by Adult Social Care, with particular focus upon the practice and process of approving Disability Related Expenses and Housing Related Expenses.
  - Review and develop the processes underpinning the accessibility and attractiveness of Direct Payments with a pre-paid card, with a view to promoting independence, safeguarding the security of individuals, their care and support funds and payments, minimising bureaucracy and increasing transparency.
  - Review Debt Recovery processes to support more timely communication with individuals or their representatives, joining-up previously isolated services prior to the in-sourcing of Service Finance.
  - Review business processes underpinning financial assessments to deliver improved efficiency and release capacity for more effective communication and interaction with customers.
- 2.3. Addressing and Resolving Issues Arising from the Reassessment Process.
- 2.3.1. The implications arising from the change to the value of the MIG were added to by the need to manually update financial assessments to reflect annual increases in welfare benefit rates. In recognition of the size of these tasks and the impact of the pandemic upon workloads, additional resource was procured from Civica to supplement the assessment team resources, with the aim of all customer re-assessments being completed by March 2021.
- 2.3.2. A nominated Welfare Benefits Advisor (WBA) and the newly appointed WBA team manager worked alongside Civica to set up the project and manage communications both with customers who had queries, internal colleagues impacted by the reassessments and the Contact Centre who would initially be the recipients of any calls. A WBA duty telephone line was set up for customers to be referred to for more detailed enquiries about specific aspects of the financial assessment calculation, whilst a set of FAQs (Annex 1) was produced.
- 2.3.3. Of the total non-residential working age cohort of approximately 3,750 people there were approximately 750 issues or appeals raised following the reassessment process, equating to 20%. The number of outstanding issues now stands at 174, which relate to either matters which are the subject of

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on-going discussion between the Council and the individual or where the Council has been unable to make contact with, or get a response from, the individual or their representative.

- 2.3.4. To address this situation for the future, an additional six new team leader posts were recruited in July 2021 to increase the capacity available and to provide additional senior experience, knowledge and leadership. The insourced staff and teams were brought within a more joined-up Operational Finance function, including a new Operational Finance Manager being appointed in October 2021 to lead and deliver the transformational change required, who reports directly into the Deputy Chief Finance Officer to ensure strategic oversight.
- 2.4. Improving Communications & Documentation of the Financial Assessment Process.
- 2.4.1. It was clearly recognised that the communication of what is a highly complex financial assessment process, reflecting national Care Act (2014) guidance and policies, the national welfare benefit system which is still in transition to the universal credit system, the local charging policy and the individual financial circumstances of each individual, including disability related and housing related expenses needed to be improved significantly. This is not a project that will be completed overnight but will need to be a continuous process, working with individuals, their representatives and other interested stakeholders, including Healthwatch, Independent Lives and similar organisations.
- 2.4.2. This improvement journey has begun, with a series of regular, scheduled collaborative discussions underway with Healthwatch, whereby there will be the opportunity for the Council to benefit from the feedback and comments provided by Healthwatch during the production of communications and public information. This has already borne some initial progress, whereby the Council took part in a Healthwatch webinar and the subsequent collation of a published Question and Answer document about the Financial Assessment process. The webinar featured short presentations by the Council, the Equalities & Human Rights Commission and Citizens Advice on the subject of
- What to do if you have concerns over what you have been asked to pay.
  - How to gain the confidence to discuss the process and disability costs you have.
  - What resources and communication are needed to make sure your individual circumstances are understood.
- 2.4.3. The presentations were followed by an extensive Question and Answer session, with the questions raised by members of the public. The Council shared a summary diagram of the financial assessment process and details of who to contact at different stages within the process, which can be seen at Annex 2. The vast majority of questions were directed towards the Council and were answered comprehensively, with the full details subsequently shared with all attendees by Healthwatch.
- 2.5. Review of the Charging Policy



- 2.5.1. Adult Social Care is leading on a review of the current Charging Policy ahead of March 2022. Operational Finance has already provided input into this review and will continue to work collaboratively with Adult Social Care to support this piece of work, including in relation to decisions and communications relating to disability related and housing related expenses.
  - 2.5.2. Clearly there are also significant changes on the horizon, arising from the Government's recent People at the Heart of Care White Paper. Operational Finance will be at the heart of the implementation of these reforms within West Sussex, recognising the clear links between different aspects of the proposed reforms including financial contributions, access to information and advice and workforce development.
- 2.6. Accessibility of Direct Payments via a Pre-Paid Card
- 2.6.1. Operational Finance has established a project to develop the information and awareness of the potential benefits arising from direct payments utilising a pre-paid card. A direct payment can be used by an individual to maximise their choice and control over the provision of the care and support procured to meet their assessed care needs. In addition, if the direct payment is funded via a pre-paid card there can be additional benefits, for example in safeguarding an individual's control and access to the funds whilst maximising the flexibility available to them in accessing those funds, whether in cash, cashless, online, over the telephone or face to face. This also supports an individual's ability to remain within their community without any possibility of stigmatising them as a consequence of receiving funding from the local authority. This approach also reduces the administrative burden on individuals, since the need for receipts and statements to underpin the use of direct payments is largely, if not completely, possible from within the pre-paid card system.
  - 2.6.2. The Council will also benefit from more people utilising pre-paid cards, uploading payments online is a more efficient, timely and secure means of making payments to individuals, whilst simultaneously providing a potential additional safeguard against individuals experiencing difficulties with care and support, i.e. it would be possible to identify where activity was significantly different from the care plan, which could potentially indicate the need for further contact from social work teams.
- 2.7. Review of Debt Recovery Processes
- 2.7.1. The objective with this aspect of the improvement plan is to introduce more joined-up working across the Finance functions and with Adult Social Care, ensuring that there is a more proactive approach to managing the debt arising from Adult Social Care financial contributions, both in the interests of the Council but also the individual, recognising that it is in nobody's interest for debts to accumulate in an uncontrolled manner. This will ensure that there is more effective and coordinated communication and action when there is a challenge raised against a financial assessment and/or the need to investigate the specific circumstances impacting upon the affordability of an assessed financial contribution.
- 2.8. Review Business Processes to Improve Communication & Interaction

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- 2.8.1. The Operational Finance Manager is working collaboratively with colleagues within Adult Social Care to deliver improvements designed to:
- Create a standard operating model governed by a set of standard procedures
  - Review the councils charging policy and practice
  - Update business processes and client information recording
  - Initiate clear monitoring and reporting practices
  - Improve customer letters and communications.
- 2.8.2. Financial assessments need to be updated annually to reflect changes in welfare benefit rates, currently this is a manual process which takes considerable resource, both in terms of staff capacity and time. Automation of this system will remove the issue of customers receiving backdated charges (a long-standing complaint) and consequently improve the transparency, communication and relationship with individuals whilst supporting better financial planning and cashflow.
- 2.8.3. Subject to further upgrading and development of the Adult Social Care database, it is anticipated that a customer portal can be implemented that will facilitate further improvements in communication channels.
- 2.8.4. All of the improvements identified above will support the releasing of capacity within the existing staff group to support workforce development, thus underpinning a more sophisticated customer service relationship, ensuring that signposting individuals towards good quality information and advice in a timely manner based upon an informed and up to date understanding of the individual's financial circumstances is at the heart of the service delivered.
- 2.8.5. In time, it is also an aspiration to introduce more engagement with service users and advocacy organisations to gain more timely feedback and reviews of customer service, including via mystery shopping, reflecting the need for improvement to become a continuous process.

### **3 Other options considered (and reasons for not proposing)**

- 3.1. It was clear that there was a need for improvement in the services delivered, therefore the focus was upon what could be improved and where priorities should be relative to one another, as opposed to whether there should be an improvement programme or not.
- 3.2. The prioritisation reflected above seeks to achieve an appropriate balance between short-term and longer-term improvements. The programme also needs to dovetail with related development projects within Adult Social Care and Finance, for example developments of the MOSAIC database, the replacement of the Council's financial management system and the Government's White Paper Reforms.

### **4 Consultation, engagement and advice**

- 4.1. Consultation, engagement and advice will be sought on an on-going basis across Finance and Adult Social Care internally and Healthwatch and Independent Lives externally. As the improvement plan develops and capacity

permits, this engagement and consultation will be expanded to engage directly with individuals and their representatives with the aspiration to introduce mystery shopping to support on-going improvement and feedback.

## 5 Finance

5.1. The improvement programme is being delivered from within existing budgets and resources, therefore there are no financial implications arising from this proposal.

5.2. The effect of the programme:

### (a) How the cost represents good value

The improvements will deliver an enhanced quality of service to the public, whilst also improving the efficiency and effectiveness of business processes within the Council. This will release staff capacity to continue the improvement and provide better engagement, information and signposting to appropriate advice and support.

### (b) Future savings/efficiencies being delivered

There will be efficiencies gained in terms of improved business processes and effectiveness in delivery of the service, but these are likely to be non-cashable efficiencies which will not produce savings against the existing budget.

### (c) Human Resources, IT and Assets Impact

Workforce development will be part of the improvement journey, capacity for which will be, in part, released by more effective use of IT in automating some of the existing business processes.

## 6 Risk implications and mitigations

Risk	Mitigating Action (in place or planned)
The on-going pandemic could impact upon the staff capacity to support the improvement journey.	The Operational Finance Manager is a member of the Finance Senior Management Team and also has scheduled, regular improvement meetings in place with Adult Social Care and Healthwatch to monitor progress.
Staffing vacancies within Operational Finance could impact upon the capacity to deliver improvements as quickly as desired.	The Operational Finance Manager is engaged in a number of recruitment campaigns currently to address the vacancy situation with the support of the HR Recruitment Team. The potential use of interim resources to address specific skill gaps is being kept under review.
Some of the improvements are dependent upon other developments within Finance or Adult Social Care.	The Operational Finance Manager is a member of the Finance Senior Management Team and meets regularly with Adult Social Care colleagues to ensure that the projects are effectively coordinated.

## **7 Policy alignment and compliance**

- 7.1. The improvement programme will complement and support the development of a revised charging policy by Adult Social Care and the implementation of the Government's planned Adult Social Care reforms. In the meantime, the improvements will support the delivery of services in line with the existing statutory duties set out within the Care Act 2014.

Katharine Eberhart

**Director of Finance and Support Services**

**Contact Officer:** Alistair Rush, Interim Deputy Director of Finance, 0330 222 7116  
and [alistair.rush@westsussex.gov.uk](mailto:alistair.rush@westsussex.gov.uk)

### **Appendices**

Annex 1 – Frequently Asked Questions

Annex 2 – Financial Assessment Customer Journey

**Background papers** - None

## FREQUENTLY ASKED QUESTIONS

**Q1. I have received a letter from the Executive Director of Adults' and Health – what is this letter about?**

A1. We have not yet completed the annual reassessment of your financial contribution towards your social care for 2020/2021. The letter is an explanation and as the financial re assessment is much later than usual the new charge will only be applied from 24/1/2021.

**Q2. Why was this letter sent directly to the customer, I am their representative and I deal with their finances?**

Q2. The letter was sent to the current address held on file. If the record needs updating, we are happy to do so

**Q3. Can you send me a copy of the letter?**

A3. Yes. This can be emailed or posted to the customer. Any duplicate letter request details should be sent to [FSWBASupportTeam@westsussex.gov.uk](mailto:FSWBASupportTeam@westsussex.gov.uk)

**Q4. When will I be contacted about my non-residential 2020/2021 financial re assessment?**

A4. We expect to have all the reassessments done in the next 4-6 weeks so we should be in touch before the end of March 2021. We will write to you to explain how we have calculated your financial reassessment and what we expect you to pay.

**Q5. What happens if I don't agree with the charge?**

A5. We calculate the financial assessment and subsequent charge in accordance with the Care Act and the council's charging policy. If you feel we have not done this properly then you can make a complaint by contacting the Customer Relations Team:

- Customer Relations Team County Hall, Chichester West Sussex, PO19 1RQ
- Phone: 01243 777100 (ask for the Customer Relations Team)
- Typetalk: 18001 01243 777100
- Email: [feedback@westsussex.gov.uk](mailto:feedback@westsussex.gov.uk)
- Website: [www.westsussex.gov.uk/complaints](http://www.westsussex.gov.uk/complaints)

**Q6. What happens if I cannot afford the charge?**

A6. Calls to come through CP1 and then CP1 pass across to an allocated social worker and then the duty teams if there is no allocated social worker.

Your local Citizens Advice may be able to assist with budgeting or if you have access to the internet then the Money Advice Service has some helpful information:

<https://www.moneyadviceservice.org.uk/en/categories/budgeting-and-managing-money>

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# Financial Assessment Customer Journey

First Contact With Council	Care Assessment & Support Plan	Financial Assessment Appointment Booking	Financial Assessment	Charge Setup & collection	Ongoing Collection
<p>Contact Details  <a href="mailto:socialcare@westsussex.gov.uk">socialcare@westsussex.gov.uk</a>            Tel: 01243 642121</p>	<p>Contact Details</p>	<p>Contact Details  <a href="mailto:fswbasupportteam@westsussex.gov.uk">fswbasupportteam@westsussex.gov.uk</a>            Tel: 01243 642117</p>	<p>Contact Details  <a href="mailto:fiancialreassessments@westsussex.gov.uk">fiancialreassessments@westsussex.gov.uk</a>            Tel: 0330 222 5220</p>	<p>Contact Details  <a href="mailto:fsnonresidential@westsussex.gov.uk">fsnonresidential@westsussex.gov.uk</a>            Tel: 0330 222 8880  <a href="mailto:fsdirectpayments@westsussex.gov.uk">fsdirectpayments@westsussex.gov.uk</a>            Tel: 0330 222 8884</p>	<p>Contact Details  <a href="mailto:Debt.recovery@westsussex.gov.uk">Debt.recovery@westsussex.gov.uk</a>            Tel: 0330 222 5004</p>

Initial customer contact via WSCC website (online enquiry form), email, phone, or post.

Website includes additional contact advice for emergencies and info. for people with hearing or sight impairment. Financial assessment web page includes link to financial self-assessment.

Referred to relevant social care team for assessment.

Customer contacted by team via email or phone. Contact details provided to the customer.

Explanation of process and information provided, noting all leaflets and access to care guide available on website. Appointment(s) agreed.

Needs assessment and care and support plan completed and issued.

Referred for financial assessment.

- Initial customer contact via phone
- Explanation of process provided
- Share list of documents that might be requested
- Appointment booked with Financial Assessment Officer

- Financial assessment undertaken via-
  - Home visit, or
  - Telephone, or
  - Posted form
- Financial contribution notified to customer in writing by e mail or post

- Assessed contribution set up for collection
- Customer or financial representative advised of invoicing schedule or amount to pay into Direct Payment account

- Ongoing collection of contribution via regular invoice or via Direct Payment
- Invoice adjustments where required
- Invoice reminders where required
- Debt management where required







# Health and Social Care Scrutiny Committee Paper FINANCIAL ASSESSMENT PROCESS

January 2022

## Introduction

Healthwatch West Sussex has previously submitted evidence and information to the committee on this topic. We ask the committee, as a matter of urgency, to scrutinise the processes employed by West Sussex County Council for amending adult social care customer's financial contribution to cost of care from January 2021.

Since raising this matter, our insight has increased and now sits at over 150 personal accounts and experiences. This evidence demonstrates that local people have been adversely impacted by the process and outcome of the changes that were implemented at the beginning of last year. As a result, people have expressed to us their experiences, including suicidal feelings, declining mental and physical health and numerous examples of financial hardship, which includes getting into debt. Others have said they have stopped accessing support as they can no longer afford care. Also worrying is the impact this has had on carers, who have described themselves as now feeling 'broken' and 'unable to cope', which suggests a heightened risk of carer breakdown.

We appreciate the financial challenge facing the Council and that this must be tackled in order to meet statutory duties and remain solvent. However, this can

and does not excuse harmful practice, as evidenced through peoples' accounts) and the need for an improvement plan.

We have met with the Council to understand and provide support on this improvement journey and to emphasise the need for timeliness given the urgency expressed by individuals and families contacting us. Our supporting works has included holding a public webinar in November 2021 to provide people with clearer information and an opportunity to ask questions. A resulting question and answers document has since been published.

<https://www.healthwatchwestsussex.co.uk/sites/healthwatchwestsussex.co.uk/files/West%20Sussex%20Financial%20Assessment%20Webinar%20-%20%20Questions%20and%20Responses%20%2811.11.21%29%20Final.pdf>

The conclusion from attendees of the webinar is that even the Council defines the financial assessment process as complex and there remains a lack of transparency that would help people understand what is needed to demonstrate their financial position and support needs.

We ask the committee to consider making the following recommendations to West Sussex County Council to implement

- An external audit of any assessments (care and financial) carried out since January 2021 where an individual's assessed contribution has increased by over £10 per week and to remedy any findings.
- Adjust the re-assessed contribution effect date from January 2021 to the date the Council supplied a written breakdown of calculation of the contribution to the individual (as required in the Care Act)
- Mandatory disability awareness training for all financial assessment staff by the end of the first quarter of 2022/23 that provides learning to improvement practice and communication
- The Council Quality Assurance process is extended to include the end of the customer journey for Adult Social Care, including case audits of staff twice yearly.
- Community organisations that support people who may or receive adult social care are given an appropriate level of information/training so they can support people going forward.

- Communication and written resources are co-produced with Healthwatch relevant community partners and people who may need adult social care in the future by the end of this financial year.

## Summary of concerns

1. Concerns about the financial assessment process were formally escalated and reported to the Council in 2018.

<https://www.healthwatchwestsussex.co.uk/sites/healthwatchwestsussex.co.uk/files/Financial-Assessments-Report-August-2018.pdf>

Following several meetings, assurance was given by the Council that staff would receive disability awareness training, communication around the financial assessment will be introduced and including in letters about the assessment.

Peoples' experiences demonstrate there is still a lack of disability awareness by those carrying out the assessments and this has led to some inappropriate conversations and upset customers and their carers.

At the November 2021 HASC meeting the Council's Quality Assurance Framework was scrutinised. It was stated that financial assessment staff were excluded from the staff audit process. However, Council communication shows this is part of the customer journey for adult social care and therefore it is hard to understand the rationale for this exclusion.

<https://www.healthwatchwestsussex.co.uk/sites/healthwatchwestsussex.co.uk/files/Financial%20Assessment%20Customer%20Journey%20-%20November%202021.pdf>

2. In 2019, the Council's responsible Cabinet Member agreed a reduction to the Minimum Income Guarantee for working age adults in receipt of social care funding, meaning that people were likely to be asked to pay more towards the cost of care. At consultation meetings (in 2018) which included Healthwatch, the Council suggested an average increase of under £10 per week and that people would be reassessed before changes were made to their payments.

Accompanying this decision the Council published an Equality Impact Assessment,

<https://westsussex.moderngov.co.uk/documents/s6213/Appendix%201%20Equality%20Impact%20Report.pdf>

which stated: *'An equality impact report is needed due to the potential financial and emotional impact of the proposal on people who use our services and on their families and carers and because it has the potential to have a disproportionate impact on people with protected characteristics – in particular people with a learning and/or physical disability or mental health issues. It is also required because of the need to ensure any other potential impact is understood and taken into account in terms of how these proposals fit in the wider context.'*

It detailed several actions (shown in *italic*) to reduce the risk of inequality for people who may be affected by the decision.

- *To ensure that the information and advice regarding budgeting and managing money are widely available and easily accessible.*

Our information audit and other evidence shared with us suggests that this has not yet been achieved at a population level.

The publication of the questions and answers from the November 2021 webinar on the process has helped but still has not provided people with all of the information they need to understand the process, according to feedback.



I feel the answers are generally inadequate, and sometimes woefully so  
...[questions] have been entirely avoided.



The Council has confirmed its Policy, which was due for review at the end of September 2021 needs to be improved.

[https://www.westsussexconnecttosupport.org/Resources/FileStorage/EventAdditionalFieldsFiles/2abdf75-0316-46bf-aab4-a1f600f4882f/41a38f0e-ba18-4764-98b5-a8ffe1c271eb\\_Charging\\_policy\\_v2.8.pdf](https://www.westsussexconnecttosupport.org/Resources/FileStorage/EventAdditionalFieldsFiles/2abdf75-0316-46bf-aab4-a1f600f4882f/41a38f0e-ba18-4764-98b5-a8ffe1c271eb_Charging_policy_v2.8.pdf)

The pandemic meant planned changes were deferred. We do not know if this has been explained to people who would have expected a change in payment from April 2020. This could mean people may have wrongly assumed that the letter dated January 2021 did not affect

them as they had not experienced an increase in their contribution from 2020 and that any subsequent increase would be manageable.

- *Information to be made available to all in the wider health and social care system who provide advice and support to people affected. This would include voluntary and community sector organisations and also local social prescribing teams as this would assist GPs in advising patients with associated stress and anxiety.*

This has happened to a small extent through the Healthwatch webinar and follow-up questions and answers, but the lack of transparency continues to mean that support organisations are not meaningfully able to support people.

- *The financial assessment services to ensure the Welfare Benefit Advisers are available to ensure all benefits are maximised.*

The Council has shared that the advisers were needed for other pandemic work, so it is unclear how much support was available from Welfare Benefit Advisers at the time the Council issued letter and when a lot of the assessment work was carried out.

- *The financial assessment service to clarify how Disability Related Expenses (DREs) are allowed, what information is required to support the expenses claimed in advance, (this has an impact on the financial assessment), and how much a customer [the person in receipt of care and support funding] has to contribute to their care.*

Both individuals and the Council have told us that historical Disability Related Expenses (DRE) and care assessment information have been used in the reassessments that have happened since January 2021.

**When individuals or families/advocates have queried this, the Council has retrospectively reassessed the DREs. However, this is not happening routinely, with the onus being on those receiving care (or their families/advocates) to rectify rather than the Council.**

This has a significant impact on those who had previously been assessed when they received the highest level of care component for Disability Living Allowance (DLA), but who have had their benefits transferred to a Personal Independence Payment (PIP).

- o WSCC to work with local communities to increase access to online information, advice and resources.

Evidence suggests that the online self-assessment form does not enable people to input their national insurance number (only accepting numeric entry) and therefore people cannot use this format to support the process of financial assessment.

The Council has suggested it is not promoting this resource currently, yet this remains on the website<sup>1</sup> (the Council’s shop window) and accessible.

- o WSCC to approach local businesses in relation to their social responsibility ethos to strengthen/increase opportunities for people of working age with disabilities to move into employment.

The latest Council Performance Report (page 24) shows only 0.4% against a low target of 3.6% of adults with a learning disability in paid employment.

<https://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/paying-for-social-care-support/financial-assessment/>

39	The percentage of adults with a learning disability in paid employment  Reporting Frequency: Quarterly	3.6%	Dec-20	Mar-21	Jun-21	Performance for quarter 1 should be in the region 0.9%. The employment market for people with a learning disability has been impacted by Covid. Whilst there are some sectors beginning to offer opportunities (hospitality and cleaning) our supported employment service expects the impact will continue until Spring 2022.	Commissioners are working with supported employment provider to develop ideas and what further support is needed to re-launch the service post Covid, new ideas to support people to gain work experience, build confidence and to consider employment in order to increase paid work outcomes.	G
			1.8%	2.1%	0.4%			

3. Since April 2021 Healthwatch has received a steady stream of enquiries from individuals and carers, as well as feedback from community groups, regarding unexpected invoices back-dating an additional charge to January 2021. Others told us they just noticed a reduction in the amount of direct payment paid into their account without explanatory communication.

People told us they did not receive information as to why an invoice had been sent. In many cases, people stated they had no written information about how the amount had been calculated.

We have had examples shared where this has been sent as late as November 2021, with the amount being backdated 10 months.

People have told us that they simply do not have the money to pay the invoices or for care from their direct payments. Some people have borrowed money and are extremely anxious about how they will pay it back. One person used their rent money, putting their housing at risk.

It is clear people do not have the money, not through irresponsibility, but because their needs and expenses will have increased through the effects of the pandemic. As a result, peoples' expectation would be to pay less of a contribution not more. Furthermore, the delays between the January letter and any further information mean many people would have worked on the basis that there was no change in their contribution and therefore not budgeted for an increase.

4. The Council has explained that historical information has been used to reassess people. Of particular concern, is for people who have changed benefits from DLA to PIP.

Under the DLA rule the night-care element must be 'disregarded' as income but as the PIP does not have this specific detailed; all benefits get taken as income. Using historical assessments may mean that needs and expenses have not been appropriately identified, resulting in people suffering financial hardship.

The Council's **current process means that it is up to people to come forward and complain about the assessment retrospectively.**

**Peoples' ability to challenge such decisions is often compromised by the demands from extra caring, changes in behaviour (through enforced isolation) and for some, lower income.** We believe the Council has a responsibility to ensure it has appropriate systems in place to make sure the right information is used, and that people have access to an appropriate assessment before an increased charge is applied.

5. Vulnerable people have been asked to contribute to care that has ceased, either because of shielding under the extremely vulnerable measures or through a lack of available support arising from the pandemic. People feel this is unfair, particular given the impact isolation will have had on them and those that care for them.

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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](mailto: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:

<b>Decision</b>	A summary of the proposal.
<b>Decision By</b>	Who will take the decision - if the Cabinet, it will be taken at a Cabinet meeting in public.
<b>Date added</b>	The date the proposed decision was added to the Forward Plan.
<b>Month</b>	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.
<b>Consultation/ Representations</b>	How views and representations about the proposal will be considered or the proposal scrutinised, including dates of Scrutiny Committee meetings.
<b>Background Documents</b>	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.
<b>Author</b>	The contact details of the decision report author
<b>Contact</b>	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](mailto:katherine.delamora@westsussex.gov.uk).

**Published: 7 January 2022**

## Adults Services

### Cabinet

<b>Strategy for Adult Social Care in West Sussex</b>	
<p>A new strategy for adult social care has been co-designed, with priorities developed from what people have told us is important to them. The strategy will:</p> <ul style="list-style-type: none"> <li>• Reflect the voices of the people who access care and their carers, as well as staff, providers and partners.</li> <li>• Set out the overarching priorities to support people accessing care and their carers in West Sussex over the next three years.</li> <li>• Act as a framework to plan how the County Council will invest its adult social care budget going forward.</li> </ul> <p>The strategy has been co-designed with County Council staff, customers, carers, providers and other partners, to ensure the voices of service users and carers are at the heart of the future of adult social care in West Sussex. The Cabinet will be asked to endorse the strategy at its meeting on 1 February 2022.</p>	
<b>Decision by</b>	Cllr Hunt, Cllr A Jupp, Cllr Marshall, Cllr Waight, Cllr Crow, Cllr Lanzer, Cllr Urquhart, Cllr Russell, Cllr J Dennis, Cllr N Jupp - Cabinet
<b>Date added</b>	8 December 2021
<b>Month</b>	February 2022
<b>Consultation/ Representations</b>	<p>Consultation:</p> <ul style="list-style-type: none"> <li>• Partner workshops based around social care customer groups – x 8</li> <li>• Focus groups with local people and their carers – x 15</li> <li>• 1-1 interviews with people accessing care and/or their carers – x 6</li> <li>• Survey for individuals, organisations, and staff – with 1079 responses in total.</li> <li>• A 'Sounding Board' with VCS partner organisations has been held throughout the co-design process.</li> <li>• County Councillor engagement session – 20 December 2021.</li> </ul> <p>People with existing care needs across a wide range of conditions and stages in their journey, self-funders and people without any current care needs were all involved.</p> <p>Representations concerning this proposed decision can be made to the Cabinet, via the officer contact, by the beginning of the month in which the decision is due to be taken.</p>
<b>Background Documents</b> (via website)	None
<b>Author</b>	Keith Hinkley Tel: 033 022 24751
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Executive Director Adults and Health****Food Supply and delivery of Meals on Wheels**

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).

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.

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.

The service currently runs on a cost neutral basis to the Council and the procurement and subsequent award will replicate this model.

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.

<b>Decision by</b>	Keith Hinkley - Executive Director Adults and Health
<b>Date added</b>	13 October 2021
<b>Month</b>	March 2022
<b>Consultation/ Representations</b>	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.
<b>Background Documents</b> (via website)	None
<b>Author</b>	Juliette Garrett Tel: 033 022 23748
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Executive Director Adults and Health**

**Extra Care Housing Award of Contracts**

Extra care housing provides specialist accommodation to adults primarily over the age of 55 years who require adapted properties and have eligible care and support needs as assessed in line with the Care Act 2014. The schemes provide individual adapted apartments, communal areas, a restaurant and an onsite care team. Extra care housing is enabling residents of West Sussex to remain independent within their communities and provides an alternative option to residential care.

In 2017, Following a key decision by the Cabinet Member for Adults Services, (Report [Ref: ASCH916-17](#)) the Council set up a new dynamic purchasing system (DPS) framework for extra care housing. The DPS allows the Council to approve and add new appropriately qualified care providers to the framework at any time. All providers on the DPS will meet core requirements. When new schemes are developed or there is a need for a change of care provider in an existing scheme, the DPS will be used to source the care provision. In May 2020 (Report [Ref:AH03 20/21](#) and [OKD52 20/21](#)) extended the Dynamic Purchasing System (DPS) to 30 September 2025. The Official Journal of the European Union (OJEU) notice in relation to the extension states 30 September 2025.

The Cabinet Member for Adults Services delegated the authority for the award of contract and any subsequent awards within the agreed DPS Framework to the Executive Director of Adults and Health.

Following a mini competition under the WSCC Extra Care Dynamic Purchasing System (DPS) for Care and Support in Extra Care Housing, the Executive Director Adults and Health will be asked to award the contract(s) to the successful bidder(s).

<b>Decision by</b>	Keith Hinkley - Executive Director Adults and Health
<b>Date added</b>	8 December 2021
<b>Month</b>	April 2022
<b>Consultation/ Representations</b>	Representations can be made via the officer contact by the beginning of the month in which the decision is due.
<b>Background Documents</b> (via website)	None
<b>Author</b>	Carrie Anderson Tel: 0330 022 22996
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Executive Director Adults and Health****Integrated Community Equipment Service - Re-commissioning and Contract Award**

West Sussex County Council (WSSCC) has a contract with NRS Healthcare for the provision of Community Equipment Services. Community equipment (such as beds, chairs, perching stools and mattresses) is widely recognised as a cost-effective method of meeting eligible social care need and evidence suggests it is also effective in preventing, reducing and delaying the need for ongoing care, reducing unplanned admissions and enabling people to remain safe and independent in their own homes.

The existing service expires on 31st March 2023. It is led and managed, via section 75 agreement, between West Sussex County Council and West Sussex CCG on behalf of the health and social care system. The annual cost, currently budgeted between £9-10 million, is split almost equitably between Health and Social Care. All equipment is prescribed by a range of professionals and attributable cost of each piece depends on circumstances, such as the location of the customer and the type of equipment.

It is proposed that full contract re-commissioning is undertaken to incorporate the development of an all age countywide Integrated Community Equipment Service (the principles of which include a pooled budget and single management function with the associated process and financial efficiencies that this provides) and to ensure that with the next competitively tendered contract the optimum model of service delivery can be implemented to achieve customer outcomes and value for money across the West Sussex health and social care system.

It is also proposed that once the tender process is complete under the authority of the Executive Director Adults and Health, the contract will be let on the basis of the most economically advantageous bid.

<b>Decision by</b>	Keith Hinkley - Executive Director Adults and Health
<b>Date added</b>	8 December 2021
<b>Month</b>	August 2022
<b>Consultation/ Representations</b>	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.
<b>Background Documents</b> (via website)	None
<b>Author</b>	Chris Jones Tel: 0330 022 28249
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

## Public Health and Wellbeing

### Director of Public Health

<b>Healthy Child Programme Contract Extension</b>	
<p>The Health and Social Care Act 2012 sets out the statutory responsibility for West Sussex County Council to deliver and commission public health services for children and young people aged 5-19 years. On 1st October 2015 the Council became responsible for statutory children's public health services.</p> <p>West Sussex County Council, Public Health, currently commission the Healthy Child Programme (HCP) with Sussex Community NHS Foundation Trust (SCFT). This is a national programme of pre-school and school age services from Health visitors and School nurses delivering Public Health outcomes (0-19 years of age, 25 years of age for Young People with Special Educational Needs).</p> <p>The current contract is compliant with the Public Contracts Regulations 2015. The contract is 5 years plus an option to extend for up to 2 years. The contract has been extended for 1 year (2022-23). Approval for the second and final year extension (2323-24) is now sought.</p> <p>The Director of Public Health will be asked to approve the final one year extension permissible under the terms of the contract March 2023 to April 2024.</p>	
<b>Decision by</b>	Alison Challenger - Director of Public Health
<b>Date added</b>	7 January 2022
<b>Month</b>	February 2022
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made via the officer contact.
<b>Background Documents</b> (via website)	None
<b>Author</b>	Fiona Mackison Tel: 0330 22 27049
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

## 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
<b>Committee Meetings</b>			
<b>Financial Assessments Improvement Programme</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	Service	Outcome	Jan 22
<b>Dentistry</b> <ul style="list-style-type: none"> <li>To review NHS dental services in West Sussex</li> </ul>	NHSE	Outcomes	Jan 22
<b>An update on the West Sussex Stroke Programme</b>	CCG	Outcome	Mar 22
<b>Adult Social Care Quality Assurance</b>	Service	Performance	Mar 22
<b>Shaw Homes Contract</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	Service	Performance	Jun 22
<b>Care Quality Commission Inspection of University Hospitals Sussex NHS Foundation Trust</b> <ul style="list-style-type: none"> <li>To review the actions taken to address issues raised by the inspection.</li> </ul>	NHS	Outcome	Jun 22
<b>Self-Harm</b> <ul style="list-style-type: none"> <li>Timing and focus for scrutiny to be determined by the BPG further to consideration of discussions at previous HASC meetings</li> </ul>	Service	Outcome	TBC

<b>Provision of services for older people with mental health problems in the west of the county</b> <ul style="list-style-type: none"> <li>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)</li> </ul>	NHS	NHS	TBC
<b>The recommendations from the Task and Finish Group concerning Marjorie Cobby House and Shaw Day Service and the impact of closure</b>	Service	Outcome	TBC
<b>Informal information sharing sessions</b>			
<ul style="list-style-type: none"> <li><b>The overarching plan of how social care fits into the Integrated Care System</b> (All Member Session)</li> </ul>	Service	-	12 Nov 21
<b>Task and Finish Groups (TFGs)</b>			
<b>None</b>			
<b>Business Planning Group</b>			
<b>Work Programme Planning</b> <ul style="list-style-type: none"> <li>To consider updates from the services and stakeholders and consider whether any issues should be subject to formal scrutiny by HASC.</li> </ul>	-	-	Dec 21
<b>Items raised by the committee in the previous council term</b> <ul style="list-style-type: none"> <li><b>Long Covid</b> – To investigate the impact/treatment of long Covid</li> <li>The award of block contracts for <b>residential care and support services</b></li> </ul>	-	-	N/A
<b>Integration and Governance</b>			N/A
<b>Low Vision Services (To monitor – discuss when required)</b> <ul style="list-style-type: none"> <li>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</li> </ul>	-	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			
<b>Committee Suggestions</b>			



A review of Care Point capacity			
Midwifery			
Health Inequalities			

**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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## **Requests for Call-in - Reasons for Rejection**

A call-in request relating to the [Residential based in-house services - Marjorie Cobby House, Selsey](#) decision (CAB07 21/22) was considered and rejected by the Monitoring Officer. The members requesting the call-in were provided with a full response.

The Health and Adult Social Care Scrutiny Committee is asked to note the reasons for the rejection of the call-in request as set out below.

### **1. Reasons for rejection**

- 1.1 The key factors in determining whether to accept a call-in request as outlined in Standing Orders are as follows: -
  1. The item has already been considered by the relevant Scrutiny Committee
  2. Significant new information has become available since previous Scrutiny Committee consideration;
  3. It is a decision that the Committee can or would expect to preview;
  4. A delay in making the decision would be likely to significantly damage the interests of the County Council.

## **Monitoring Officer's Assessment**

### **2. Previous Scrutiny**

- 2.1 The matter has previously been considered by the relevant scrutiny committee. The Health and Adult Social Care Scrutiny Committee received the proposal again and a Task and Finish Group (TFG) was set up to consider the proposal. It was agreed that the Group would report direct to the Cabinet on the output of its deliberations.
- 2.2 The TFG met to consider the matter at a single meeting. The Cabinet Member for Adults' Services and the Executive Director for Adults & Health attended and answered the questions of the TFG. These were recorded in the minutes of the meeting.
- 2.3 The TFG arrived at a set of comments and recommendations. There was no request for the matter to be returned to the full Committee and no comment was made that the TFG had not had the time to consider nor the information it needed to carry out its scrutiny. A summary of its conclusions and recommendations was submitted in writing to the Cabinet Member for Adults' Services and was also sent to the other members of the Cabinet.
- 2.4 The TFG's recommendations on the plans for the implementation of the proposals were presented to the Cabinet at the public meeting of the Cabinet.
- 2.5 The matter has been subject to scrutiny as settled by the relevant scrutiny committee. Although the matter has not been scrutinised by the full Committee the scrutiny arrangements were agreed and supported by the Committee itself.

### **3. New information since scrutiny**

- 3.1 The call-in request refers to the trajectory of the coronavirus pandemic and the pressures on health and social care services as new information. Neither of these relate to information which has come to light since the scrutiny of the proposals. The same must be said for the pressures on care and health services and the particular pressures being faced in the forthcoming Winter. Those were factors which led to a change in the original proposal so that the timing of the implementation of the decision is to be left to the discretion of the Executive Director for Adults & Health. The two considerations which the call-in refers to as new information were in fact fully taken into account when preparing the final proposals for consideration both by the TFG and the Cabinet.

### **4. Expectation of scrutiny**

- 4.1 The question of whether this is a matter the Committee would expect to scrutinise does not need to be further considered as the matter has been scrutinised as arranged by the appropriate committee and its recommendations and comments presented to the Cabinet prior to its decision.

### **5. Urgency and risk to the Council's interests**

- 5.1 The call-in request appears to base the case for what is in the interests of the Council on whether the implementation of the decision is premature because important questions remain unanswered. It states that there are outstanding questions of bed capacity within Marjorie Cobby House, with discussions in the TFG throwing doubt on the assertion that this service is significantly underutilised. The notes of the meeting of the TFG have therefore been reviewed.
- 5.2 The notes include the following extract from the record of discussion dealing with this point:
- 5.3 The following concerns were raised by the Task & Finish Group: -
- The accuracy of data in the report including the lack of detail on length of stay/average occupancy, lack of evidence re under use
- 5.4 The following answers were given by the Executive Director for Adults & Health and Cabinet Member for Adults; Services: -
- Although Marjorie Cobby House has a capacity 34 beds, only 20 can be used due to lack of hoists and turning room for wheelchairs
  - 13 – 15 beds are occupied per month
  - Stays at Marjorie Cobby House are up to six weeks
- 5.5 This appears to show that the specific questions raised by the TFG were answered. It does not appear from the record that there were outstanding questions nor that the level of use of the facility was in doubt. The issue of impact on other service demand and capacity and

whether there was adequate provision to meet need displaced from the facility were also answered at the TFG by the Executive Director for Adults & Health and re-stated at the public Cabinet meeting.

- 5.6 For all of the above reasons I conclude that the request should be rejected as having not provided reasonable grounds for further consideration by the Scrutiny Committee. The decision will therefore take effect in line with the decision taken by the Cabinet.

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