

Public Document Pack

Tony Kershaw

Director of Law and Assurance

If calling please ask for:

Rob Castle on 033 022 22546

Email: rob.castle@westsussex.gov.uk

www.westsussex.gov.uk

County Hall
Chichester
West Sussex
PO19 1RQ
Switchboard
Tel no (01243) 777100



25 February 2022

Health and Adult Social Care Scrutiny Committee

A meeting of the Committee will be held at **10.30 am** on **Monday, 7 March 2022** at **County Hall, Chichester, PO19 1RQ and via Teams.**

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

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

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

Tony Kershaw

Director of Law and Assurance

Agenda

10.30 am 1. **Declarations of Interest**

Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it. If in doubt please contact Democratic Services before the meeting.

2. **Urgent Matters**

Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances, including cases where the Committee needs to be informed of budgetary or performance issues affecting matters within its terms of reference, which have emerged since the publication of the agenda.

3. **Minutes of the last meeting of the Committee** (Pages 5 - 10)

The Committee is asked to agree the minutes of the meeting held on 21 January 2022 (cream paper).

4. **Responses to Recommendations** (Pages 11 - 18)

The Committee is asked to note the responses to recommendations made at the 21 January 2022 meeting.

10.35 am 5. **Proposal to Change Neonatal Services in Western Sussex** (Pages 19 - 60)

Report by NHS England.

The report details the proposal to change neonatal services at St. Richard's Hospital Chichester.

11.15 am 6. **Adults' Services Quality Assurance Update** (Pages 61 - 82)

Report by the Executive Director of Adults and Health.

The report provides an update with respect to Quality Assurance activities since the report to the Committee in November 2021.

11.45 am 7. **End of December 2021 (Quarter 3) Quarterly Performance and Resources Report** (Pages 83 - 110)

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

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

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

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

(a) **Forward Plan of Key Decisions** (Pages 111 - 118)

Extract from the Forward Plan dated 23 February 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 119 - 122)

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

12.40 pm 9. **Requests for Call-in**

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

10. **Date of Next Meeting**

The next meeting of the Committee will be held on 15 June 2022 at 10.30 am at County Hall, Chichester. Probable agenda items include:

- Care Quality Commission Inspection of University Hospitals Sussex NHS Foundation Trust
- Shaw Homes Contract

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 27 May 2022.

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

Webcasting

Please note: this meeting is being filmed for live and subsequent broadcast via the County Council's website on the internet. The images and sound recording may be used for training purposes by the Council.

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

This page is intentionally left blank

Health and Adult Social Care Scrutiny Committee

21 January 2022 – At a virtual meeting of the Health and Adult Social Care Scrutiny Committee held at 10.30 am Virtual meeting with restricted public access.

Present: Cllr Wall (Chairman)

Cllr Bence	Cllr Nagel	Cllr Bangert
Cllr Atkins	Cllr O'Kelly	Cllr Bevis
Cllr A Cooper	Cllr Patel	Cllr Loader
Cllr B Cooper	Cllr Pudaloff	Cllr Pendleton
Cllr Forbes	Cllr Walsh	
Cllr McGregor	Katrina Broadhill	

Apologies were received from Cllr Burgess and Cllr Peacock

Also in attendance: Cllr A Jupp and Cllr Lanzer

26. Declarations of Interest

26.1 In accordance with the code of conduct, Cllr Pudaloff declared a personal interest in item 6, Financial Assessments Improvement Programme, as a user of Adults' Services.

27. Urgent Matters

27.1 No urgent matters were raised.

28. Minutes of the last meeting of the Committee

28.1 Resolved – that the minutes of the meeting held on 26 November 2021 are approved as a correct record and are signed by the Chairman.

29. Responses to Recommendations

29.1 Resolved – that the Committee notes the responses to recommendations made at its 26 November 2021 meeting.

30. The Impact of COVID-19 on Access to Dental Services

30.1 The Committee scrutinised the impact of Covid-19 on access to dental services taking into account reports by NHS England (NHSE) and Healthwatch West Sussex (copies appended to the signed minutes).

30.2 The Committee expressed concerns around finding an NHS dentist, getting appointments, treatment backlog, fluoridation rates, meeting targets, training, recruitment and retention of dentists,

dental practices closing, distribution of money from closed contracts, the link between poorer areas and poorer dental health, the wider impact on health due to lack of dental care, what to do when NHS practices close and the prohibitive costs of private dentistry and felt that it was essential that website information was kept up to date to ensure residents were able to find a dentist when required.

30.3 Summary of responses to committee members' concerns: -

- The Cabinet Member for Public Health & Wellbeing promised to share the 2018 West Sussex Oral Health Needs Assessment in Children and Young People report with the Committee and said that the Council had a responsibility to monitor the standard of the dental health within its area through needs assessments and could commission dental public health services
- Fluoridation was not an area covered by NHSE
- Money from discontinued contracts was returned to NHSE for reinvestment in dentistry - temporary contracts were offered to fill gaps until services were recommissioned
- NHSE was not involved in the recruitment, training or retention of dentists – Dental Contract Reform was being looked at by the Department for Health and Social Care and would cover these issues
- Dental Contract Reform would also cover establishing a body to look after patients if their NHS dental practice closes
- NHS England helped GPs with signposting people to where they could get dental treatment
- Dental practices were prioritising those with urgent need to minimise the number of people going to A & E for dental reasons
- The funding offered to most dental practices is based on historical claiming profiles - some earning lower amounts have terminated their contracts for financial reasons – NHSE is not able to increase contracts and payments without an associated increase in activity
- There is no target to look at the backlog of dental work
- Patients can look for NHS dentists via the NHS UK website, but this relies on dental practices keeping their information up to date
- NHSE had embarked on a commissioning programme to increase access to dentistry in West Sussex before the pandemic
- A practice in Haywards Heath had increased its contract and temporary contracts were in place in other areas with work continuing to increase capacity in the county

30.4 Resolved – that

- i. The 2018 West Sussex Oral Health Needs Assessment in Children and Young People report be circulated to the Committee
- ii. The West Sussex Oral Health Needs Assessment in Children and Young People report be refreshed
- iii. That Democratic Services explores whether data on fluoridisation rates in West Sussex is available to the Committee

- iv. The Chairman writes to the relevant Secretary of State to highlight the need to address the national shortage of dentists and what work can be undertaken in terms of incentives to encourage people to become dentists
- v. The Cabinet Member for Public Health & Wellbeing or the Health and Wellbeing Board, to assess how he/it can be involved in Dental Contract Reform
- vi. The Cabinet Member for Public Health & Wellbeing/NHS to provide information to the Committee on the state of dental health in West Sussex and what is being done to address this through prevention work
- vii. NHS England to provide the Committee with a plan to address the backlog of dental appointments

31. Financial Assessments Improvement Programme

31.1 The Committee scrutinised the Financial Assessments Improvement Programme taking into account reports by the Interim Deputy Director of Finance and Healthwatch West Sussex (copies appended to the signed minutes) and a verbal contribution from Cllr Milne who said that the increase in people's contribution towards the cost of their social care and support package had caused distress and was difficult for vulnerable people to afford. He suggested that in future any proposed increase of e.g. 20% should trigger an automatic investigation.

31.1 The Committee's raised the following concerns/comments: -

- The impact on individuals of the application of Disability Related Expenses (DRE)
- The impact arising from the reduction in the Minimum Income Guarantee (MIG) despite financial assessments not being completed
- Use of out of date disability data
- The Improvement Plan needed to ensure it prioritised a personalised approach with the need to see demonstrable improvement within a clear timescale that delivered against the priorities for improvement addressing the Committee's comments

31.2 Summary of responses to committee members' concerns/comments: -

- The Council is implementing a national charging regime which generates approximately £60m, a fundamental part of the Council's Adults' Services budget
- Without charging there would have to be reductions in services
- Managing the financial assessment process has to be transparent and clear with improved communication and information
- Reviews of financial assessments not being carried out in a timely manner has contributed to the problems arising – the review of financial assessments reflected within the report has addressed this and timely reviews will be an on-going priority of the improved service.

- Challenges exist in terms of maintaining up to date information about individual's financial circumstances, which emphasises the importance of improving communication.
- DRE is an integral part of the financial assessment and as such is something that can be explored, discussed and resolved as part of finalising the assessment and the assessed contribution.
- The Minimum Income Guarantee is an integral part of the financial assessment and is applied as appropriate on an individual basis.
- Decisions about what is included as DRE are linked to the care and support assessment of an individual. There is a separation of duties applied to ensure that there is no conflict of interest and to support consistency in application.
- The approach to assessing DRE will be part of the review of the ASC Charging Policy that is currently being undertaken.
- The Council recognises the need to provide more public information and transparency about the application of DRE.
- The Council has dealt with complaints openly and encouraged people to use the appeals process if they had any concerns about the outcome or accuracy of the financial assessment.
- Complaints have primarily been about outcomes, not the assessment calculation
- The Government has announced that it will increase the value of the MIG in 2022/23
- When services were insourced, it was clear that there were capacity and management issues that needed to be addressed
- The Council Plan describes the budget and what services will be provided
- On 1 February the Cabinet will discuss the long-term view of adult social care
- The Council recognises that services have to be efficient and people centred and is committed to these priorities
- The customer journey is underpinned by the statutory guidance relating to charging for adult social care nationally
- Engagement of carers and customers is imperative and is reflected within the priorities for the Improvement Plan
- The Council took a balanced view on when new charges should apply, waiving or capping increases between April 2019 and January 2021 in recognition of delays experienced by individuals and the service improvements required.
- All financial assessments are undertaken on the basis of identifying what an individual can afford to contribute towards the cost of the care and support they receive - where people are in hardship the Council will discuss their situation with them
- There was no evidence of any ongoing specific issues relating to social care assessments

31.3 The Cabinet Member for Adults' Services appreciated the complex nature of the changes to the MIG and financial assessments and was sorry for the stress caused to some people. She said that the Council had engaged with customers and partners over the Adults Strategy and would continue to try to improve its services.

31.5 Resolved – that the Committee supports the recommendations from Healthwatch, as follows: -

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

and requests that: -

- v. A survey be co-produced with customer input to go out to people affected by the change in charging policy to get their opinions and to see if there are any outstanding issues
- vi. A progress report to be brought to the Committee in September on the Financial Assessments Improvement Plan
- vii. Data to be provided to members on how many people are affected by the review of financial assessments
- viii. Future work on the Adults’ Social Care Strategy ensures effective engagement takes places with residents
- ix. Case studies be provided to residents to better understand the new process

32. Work Programme Planning and Possible Items for Future Scrutiny

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

32.2 Resolved – that the Business Planning Group consider proposals in the Adults’ Strategy as topics for future scrutiny.

33. Requests for Call-in

33.1 The Committee noted the outcome of the call-in request relating to residential based in-house services - Marjorie Cobby House, Selsey decision (CAB07 21/22).

34. Date of Next Meeting

34.1 The next meeting of the Committee will take place on 7 March 2022.

The meeting ended at 1.25 pm

Chairman

The Impact of COVID-19 on Access to Dental Services

Request	Responder	Response
The 2018 West Sussex Oral Health Needs Assessment in Children and Young People report be circulated to the Committee	Cabinet Member for Public Health & Wellbeing	<p>The West Sussex Oral Health Needs Assessment in Children and Young People was published in 2018 and can be viewed on the West Sussex Joint Strategic Needs Assessment (JSNA) website here, including an Executive Summary: https://jsna.westsussex.gov.uk/reports/subject-specific-needs-assessments/oral-health/</p> <p>In addition, the 'Special Care and Paediatric Dentistry South East Needs Assessment Summary Report' (2019), published by NHS England and NHS Improvement, which includes West Sussex is available here: https://www.england.nhs.uk/south-east/wp-content/uploads/sites/45/2020/10/Needs-assessment-special-care-summary-report-v4-final-.pdf</p>
The West Sussex Oral Health Needs Assessment in Children and Young People report be refreshed	Cabinet Member for Public Health & Wellbeing	The Cabinet Member for Public Health and Wellbeing is discussing the timelines for a refreshed needs assessment with the Director of Public Health and will provide a further update to the Committee when available.
The Cabinet Member for Public Health & Wellbeing or the Health and Wellbeing Board, to assess how he/it can be involved in Dental Contract Reform	Cabinet Member for Public Health & Wellbeing	NHS Dentistry in West Sussex, is the commissioning responsibility of NHS England (NHSE) South East, and is not within the County Council's remit. Engaging in Dental Contract Reform does not sit within the functions of the Health and Wellbeing Board or the Cabinet Member for Public Health and Wellbeing's portfolio, however the Cabinet

		Member is happy to engage on this matter to seek influence, where possible.
The Cabinet Member for Public Health & Wellbeing/NHS to provide information to the Committee on the state of dental health in West Sussex and what is being done to address this through prevention work	Cabinet Member for Public Health & Wellbeing	See below at *
The Chairman writes to the relevant Secretary of State to highlight the need to address the national shortage of dentists and what work can be undertaken in terms of incentives to encourage people to become dentists	Chairman, Health & Adult Social Care Scrutiny Committee	Letter sent on 24/2/22.
NHS England to provide the Committee with a plan to address the backlog of dental appointments	Senior Commissioning Manager (Dental) NHS England & NHS Improvement - South East	The requirements for minimum levels of activity have been set nationally. The minimum levels of activity that all practices have been required to deliver since they were able to reopen for face-to-face care in June 2020, was initially a minimum of 20% of historic levels of activity between July to December 2020, increasing to 45% between January to March 2021, increasing to a minimum threshold of 60% of contracted activity between April to September 2021, 65% between October to December 2021 and 85% since January 2022. It is expected that contractual requirements will increase to 100% from 1 April 2022, however this is not yet confirmed and even when 100% of contracted activity returns this will not address the backlog which developed during the earlier periods where face to face activity was not possible or reduced.

		<p>In addition to the nationally set minimum levels of activity that has been prioritised for those with the greatest clinical need, I explained the Southeast funding offer to all practices to provide additional sessions outside of their contracted hours. On 25 January 2022 it was announced that a national time-limited injection of £50m was being made to increase access to urgent dental care; this funding is to be utilised by 31 March 2022 with any underspend to be returned to the Treasury. This national scheme is very similar to the Southeast scheme described at HASC as extra sessions are to be provided by practices outside of their contracted hours, but with a higher sessional payment than we offered to reflect that this required rapid mobilisation of the workforce for a short duration until 31 March 2022. The higher sessional payment and being for a short duration has resulted in more expressions of interest and consequently we currently have five practices in West Sussex able to provide sessions outside of their contracted hours and continue to work with practices until 31 March 2022 to agree more sessions. Details of practices that have accepted this additional funding are available to patients from the Sussex Dental Helpline on 0300 123 1663 and from 111.</p>
--	--	---

*** Overview**

As outlined in the West Sussex Oral Health Needs Assessment in Children and Young People (2018), "Oral health is an important contributor to overall health. It is defined by the Department of Health (DH) as the "standard of the oral and related tissues, which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment." These basic daily functions impact on general health and wellbeing and can have significant implications on the development of children."

Data**Dental health for children**

The most recent data for West Sussex on dental health for children, is included in the West Sussex Oral Health Needs Assessment in Children and Young People (2018) in Section 4 Prevalence of Oral Health Issues. This includes estimates of the standard of oral health in children from the national dental surveys conducted by Public Health England (PHE), such as the biennial oral health survey of 5-year-olds.

Reference: <https://jsna.westsussex.gov.uk/reports/subject-specific-needs-assessments/oral-health/> [Accessed 24.02.22]

Hospital admissions for dental caries 0-5 years

Recent data on hospital admissions for dental caries in 0-5 years is available from Hospital Episode Statistics (HES) as follows:

- In 2017/18-2019/20, West Sussex had a crude rate of 90.8 per 100,000 population aged 0-5 years for hospital admissions for dental caries. This is lower than the England crude rate for the same period (286.2 per 100,000 population aged 0-5 years) and not significantly different from the West Sussex crude rate in the previous two years.

It is important to highlight, however, that although the majority of this data relates to before the COVID-19 pandemic, there may be a small effect on these figures due to the effect the pandemic had on admissions to hospital during February and March 2020. Additionally, tooth extraction data as recorded in HES may underestimate the true number of extractions, as those conducted at community dental services may not be included.

Reference:

<https://fingertips.phe.org.uk/search/dental#page/4/gid/1938133228/pat/6/par/E12000008/ati/402/are/E10000032/iiid/93479/age/247/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0> [Accessed 24.02.22]

Access to NHS Dental Services

Estimates of access to NHS dental services is available via the annual GP Patient Survey. As of the 2018/19 survey, 93.6% of West Sussex survey respondents indicated that they were able to successfully obtain a dental appointment in the last two years. This proportion is comparable to England (94.2%) and is similar to the estimates of the previous three years.

Reference:

<https://fingertips.phe.org.uk/search/dental#page/4/gid/1938133251/pat/6/par/E12000008/ati/402/are/E10000032/iiid/92785/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0> [Accessed 24/02/22]

Prevention

The Healthy Child Programme (HCP) ensures positive oral health messages are promoted by Health Visitors and Schools Nurses, and the Council's Early Help Service also encourage good oral health as part of a health assessment they complete with families they are working with.

The West Sussex Sugar Smart Dental Toolkit has been developed for use in dental practices across West Sussex, and includes a range of resources for the dental team, promotional material for patients, and useful resources for social media. Dental practices can order these resources from the Health Promotion Resource Service, part of the Public Health Directorate. Further information is available on the West Sussex Wellbeing website:

<https://www.westsussexwellbeing.org.uk/topics/information-for-professionals/resources-to-support-your-work>

Financial Assessments Improvement Programme

Request	Responder	Response
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	Cabinet Member for Adults' Services	Update will be provided as part of the report being presented to the Committee in September 2022.
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	Cabinet Member for Adults' Services	Update will be provided as part of the report being presented to the Committee in September 2022.
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	Cabinet Member for Adults' Services	Update will be provided as part of the report being presented to the Committee in September 2022.
Communication and written resources are co-produced with Healthwatch and relevant community partners and people who may need adult social care in the future by the end of this financial year	Cabinet Member for Adults' Services	Update will be provided as part of the report being presented to the Committee in September 2022.
A survey be co-produced with customer input to go out to people affected by the change in charging policy to get their opinions and to see if there are any outstanding issues	Cabinet Member for Adults' Services	Update will be provided as part of the report being presented to the Committee in September 2022.
A progress report to be brought to the Committee in September on the Financial Assessments Improvement Plan	Cabinet Member for Adults' Services	Added to Work Programme.
Data to be provided to members on how many people are affected by the review of financial assessments	Cabinet Member for Adults' Services	Update will be provided as part of the report being presented to the Committee in September 2022.
Future work on the Adults' Social Care Strategy ensures effective engagement takes places with residents	Cabinet Member for Adults' Services	Update will be provided as part of the report being presented to the Committee in September 2022.

Case studies be provided to residents to better understand the new process	Cabinet Member for Adults' Services	Update will be provided as part of the report being presented to the Committee in September 2022.
--	-------------------------------------	---

This page is intentionally left blank

Heath and Adult Social Care Scrutiny Committee

7 March 2022

Proposal to change neonatal services in Western Sussex

Report by Director of Law and Assurance

Summary

The NHS has a statutory duty to consult the Health and Adult Social Care Scrutiny Committee on any proposals it may have under consideration which may constitute a substantial development or variation in service. The Committee's Business Planning Group received an update in early February 2022 on the proposal to change neonatal services at St. Richard's Hospital Chichester and agreed that this should be considered at the Committee's next meeting on 7 March 2022. Details of the proposal provided by NHS England are attached at Appendices A to C.

Focus for scrutiny

For the Committee to assess the NHS England proposal to change neonatal services at St. Richard's Hospital Chichester and determine whether this constitutes a substantial variation in the provision of service, and if so, whether it requires further scrutiny. In carrying out this assessment, the Committee should refer to the guidance for determining NHS service change proposals attached at Appendix D. Key areas of focus for scrutiny include:

- 1) The reasons for the proposed change, and whether it will improve patient outcomes and improve clinical quality
- 2) How the proposed change will impact on parents/carers and families
- 3) Whether the proposal will impact on other services at St. Richard's Hospital Chichester
- 4) The views of the relevant NHS provider organisations
- 5) Any consultation or engagement to be carried out

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

1. Background and context

- 1.1 The background and context to this item for scrutiny are set out in Appendix 1. 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.
- 1.2 In assessing whether this proposal is a substantial variation, the Committee should consider the Checklist for NHS Service Change Proposals

Tony Kershaw

Director of Law and Assurance

Contact Officer

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

Appendices

Appendix A: Report from NHS England

Appendix B: Presentation on Neonatal Services

Appendix C: Communications and Engagement Strategy

Appendix D: Checklist for NHS Service Change Proposals

Background Papers: None

**Health and Adult Social Care Scrutiny Committee
7 March 2022**

**Report from NHS England Specialised Commissioning South East
Proposed changes to neonatal services at St. Richard's Hospital
University Hospital Sussex NHS Foundation Trust**

Summary

NHS England is proposing to make the St. Richard's neonatal service a Special Care Unit (SCU) rather than remain as a Local Neonatal Unit (LNU) to more accurately reflect the needs of most babies that require care there.

St Richards does not care for enough very small or very sick babies to give the staff enough exposure to give the best care to these babies. The trend for the number of births and the number of very small babies born who needs care at St Richard's is downward. The changes would bring the neonatal service at St. Richard's in line with national guidelines.

Making St. Richard's unit a SCU means that some low birthweight and sick babies will now be cared for in the Neonatal Intensive Care Unit at Portsmouth Hospitals University Hospitals Trust which already provides a service for the very smallest and sickest babies from St. Richard's.

The change will ensure the sustainability of the service at St Richards. In recent years changes along these lines have been successfully undertaken elsewhere in the South East region.

Background

Within the NHS there are different levels of care for babies dependent on their needs. There are three levels of neonatal care:

Special Care Unit (SCU)

SCU is for babies who need short term care such as continuous monitoring of their breathing and heart rate, treatment for jaundice and for those who are convalescing from other care. Generally premature babies who are over 32 weeks gestation will be cared for in a SCU.

Local Neonatal Unit (LNU)

LNU is for babies who have a higher dependency and need short term intensive care. Generally premature babies who are over 27 weeks gestation will be cared for in a LNU. The unit at St. Richard's Hospital is a LNU.

Neonatal Intensive Care Unit (NICU)

NICU provides very specialist intensive treatment for the very smallest and sickest babies. Generally, babies who are less than 27 weeks gestation will be cared for in a NICU.

Last year seven pregnant women from Western Sussex travelled to Portsmouth to deliver their baby in a hospital which has a NICU because these babies needed the highest levels of care.

Neonatal services are planned by NHS England South East based on local needs. The service is specialised and is provided through a network of hospitals with clinicians working together across the region.

NHS England has undertaken a national review of all Neonatal Units following recommendations in Better Births, A Five Year Forward View of Maternity Services and published a Neonatal Critical Care Transformation Review.

The review shows the Local Neonatal Unit at St. Richard's Hospital provides care for the lowest number of babies in the South East in a year and is amongst the lowest in England compared with other LNU. In a year the unit cares for an average of nine babies born at less than 32 weeks.

The advice of expert doctors from the British Association of Perinatal Medicine is that staff need a regular caseload of babies to ensure they maintain their skills and expertise.

Reason for scrutiny

NHS England proposes to engage with families about the proposals to change the service as set out in the Communications and Engagement Strategy.

St Richards Neonatal Services South East Region

NHS England and NHS Improvement



Neonatal care services

Neonatal critical care is a specialised service commissioned by NHS England and NHS Improvement. It provides an emergency service and ongoing support when a baby is born very prematurely, becomes sick or develops a medical problem.

Neonatal care is provided in Neonatal Units across England in three different types of neonatal units

- Neonatal Intensive Care Unit - NICU
- Local Neonatal Unit - LNU
- Special Care Units - SCU

NICU provides care for the whole range of neonatal care. They are staffed to care for the sickest and most immature babies

- Less than 27 weeks of gestation or birthweight < 800 gms , multiples < 28 weeks

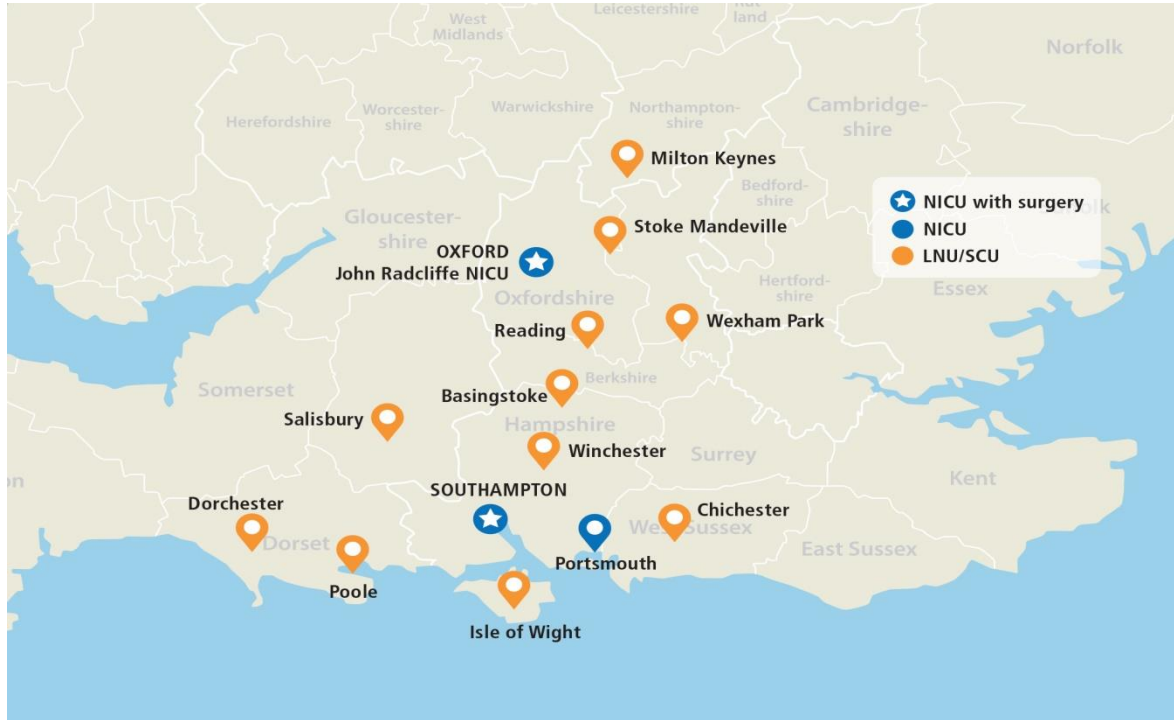
LNU provides care for babies

- From 27 weeks gestation or > 800 gms , multiples > 28 week multiples
- Short term intensive care where necessary

SCU provide local care for special care babies

- 32 weeks and > 1000gms
- 2 ➤ Short term high dependency care

Thames Valley & Wessex Neonatal Units



Buckinghamshire Healthcare NHS TRUST	Stoke Mandeville Hospital	LNU
Frimley Health Foundation NHS Trust	Wexham Park Hospital	LNU
Milton Keynes University Hospitals Foundation Trust	Milton Keynes Hospital	LNU
Oxford University Hospitals Foundation Trust	John Radcliffe Hospital Oxford	NICU Surgery care
Royal Berkshire NHS Foundation Trust	Royal Berkshire Reading	LNU
Dorset County Hospital NHS Foundation Trust	Dorchester	SCU
Hampshire Hospitals NHS Foundation Trust	Basingstoke & North Hampshire Hospital Basingstoke	LNU
Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital Winchester	LNU
Isle of Wight NHS Trust	St Mary's Hospital IOW	SCU
University Hospitals Dorset Foundation Trust	Poole Hospital	LNU
Portsmouth Hospitals University NHS Trust	Queen Alexandra Hospital Portsmouth	NICU
Salisbury NHS Foundation Trust	Salisbury	LNU
University Hospital Southampton NHS Foundation Trust	Princess Anne Hospital Southampton	NICU Surgery & Cardiac care
Western Sussex Hospitals NHS Foundation Trust	St Richards Hospital Chichester	LNU

Agenda Item 5
Appendix B

National Local Neonatal Unit standards

Staff need a regular caseload of babies to ensure they maintain their skills and expertise to care for them. There are a several standards that Local Neonatal Units are required to meet.

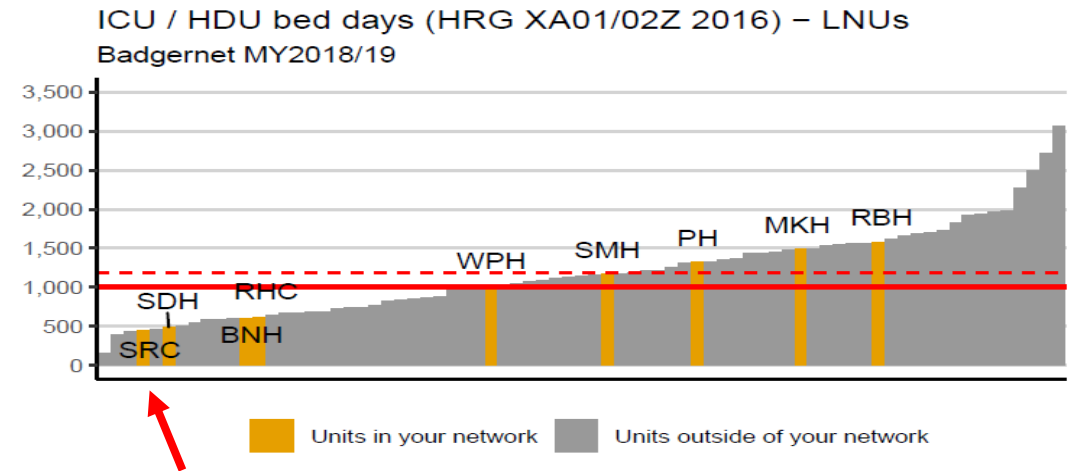
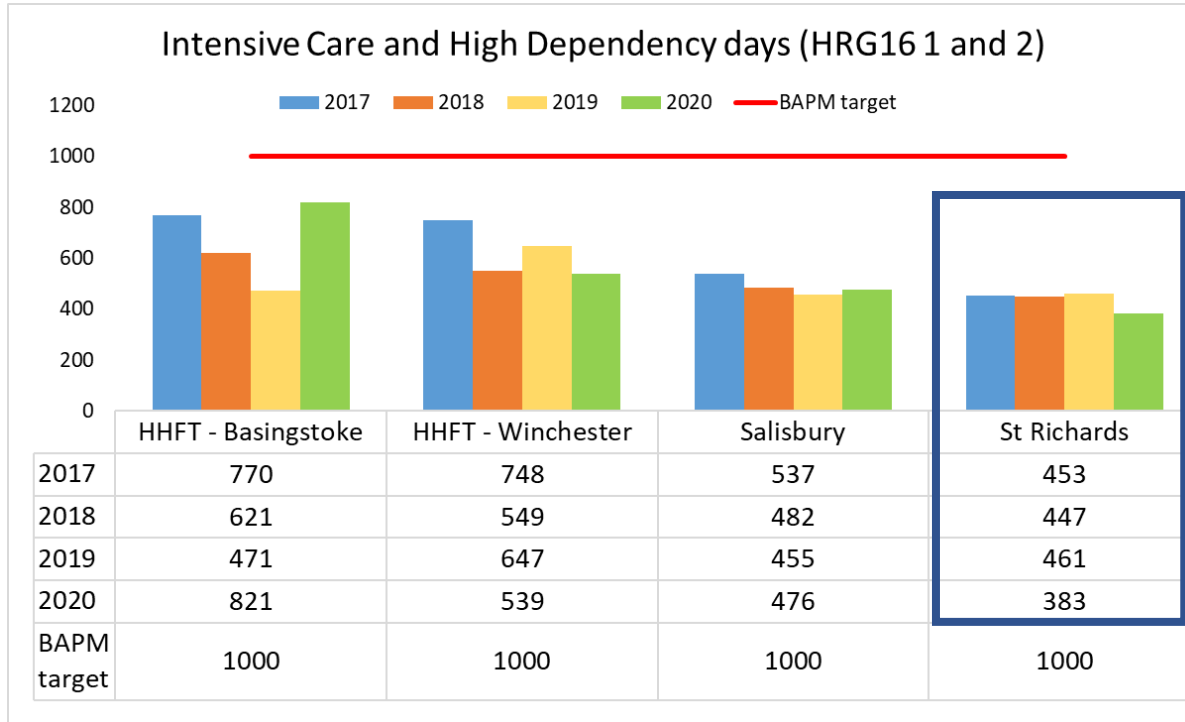
Recommendations of the Neonatal Critical Care Review states that Local Neonatal Units should aim to undertake a **minimum of 500 days of combined intensive and high dependency care per year**. This is a minimum requirement to maintain expertise.

Services providing ongoing high dependency care should be expected to have higher levels of activity and all should work towards becoming services that provide at least 1000 combined Intensive Care/High Dependency days in the long term. Smaller services would be designated as Special Care Services.

BAPM Optimal arrangements for LNUs and SCUs (2018) states that LNU: **should admit at least 25 Very Low Birth Weight babies per year and should undertake > 365 RCDs per year** and SCUs should admit up to 25 VLBW babies per year

Number Intensive care or High dependency days

NCCR : - LNUs should have a minimum of 1000 days intensive and high dependency care (HRG16 1 and 2)



ODN ANALYSIS

Care days coded to HRG16 1 or 2

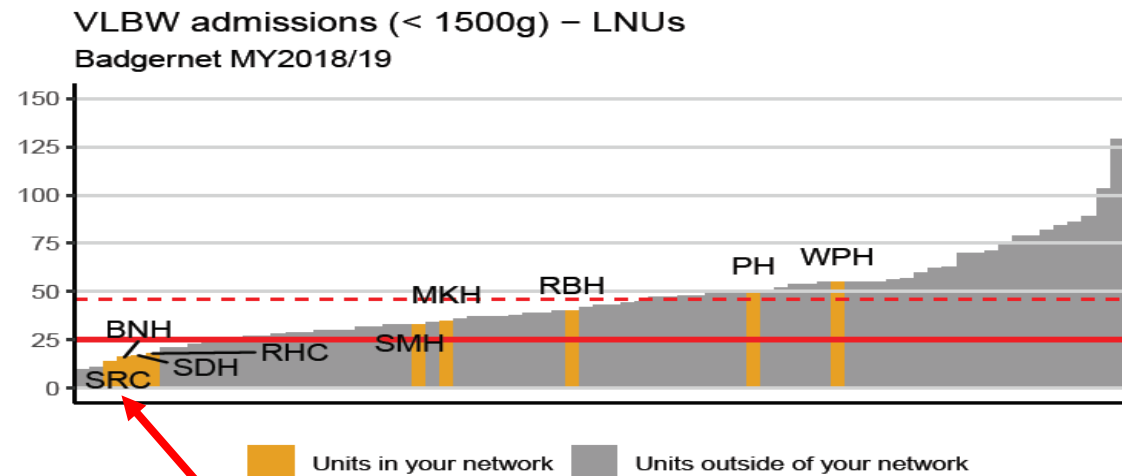
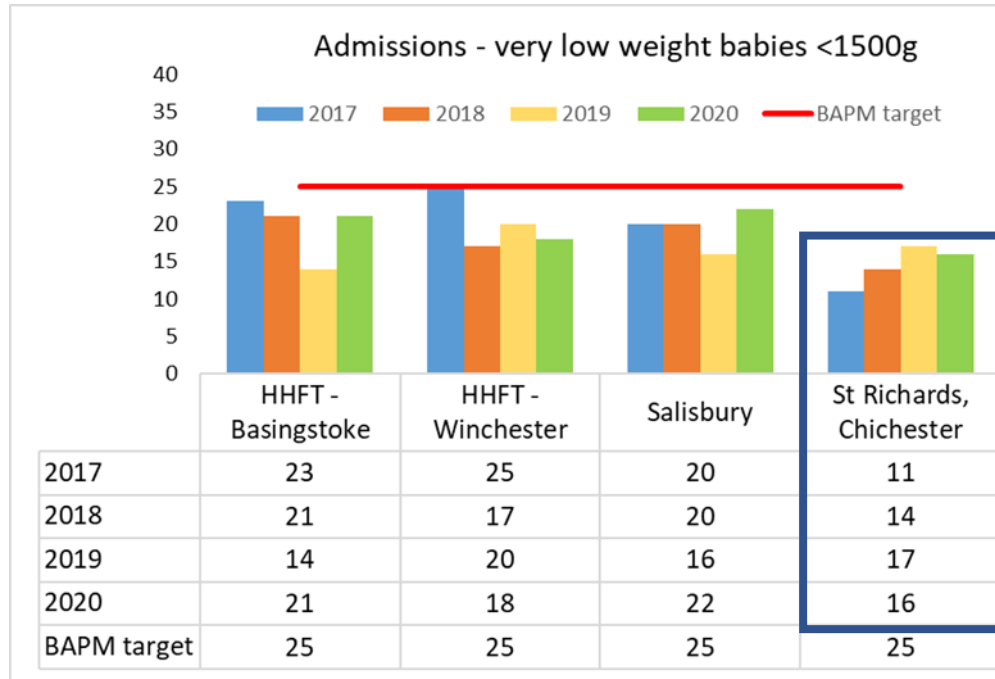
GIRFT ANALYSIS

Benchmarks all LNUs in country for 2018/19

Numbers low birthweight babies

BAPM Optimal arrangements for Local Neonatal Units and Special Care Units: November 2018

- LNUS should have throughput of at least 25 VLBW (less than 1500g) per year



GIRFT ANALYSIS

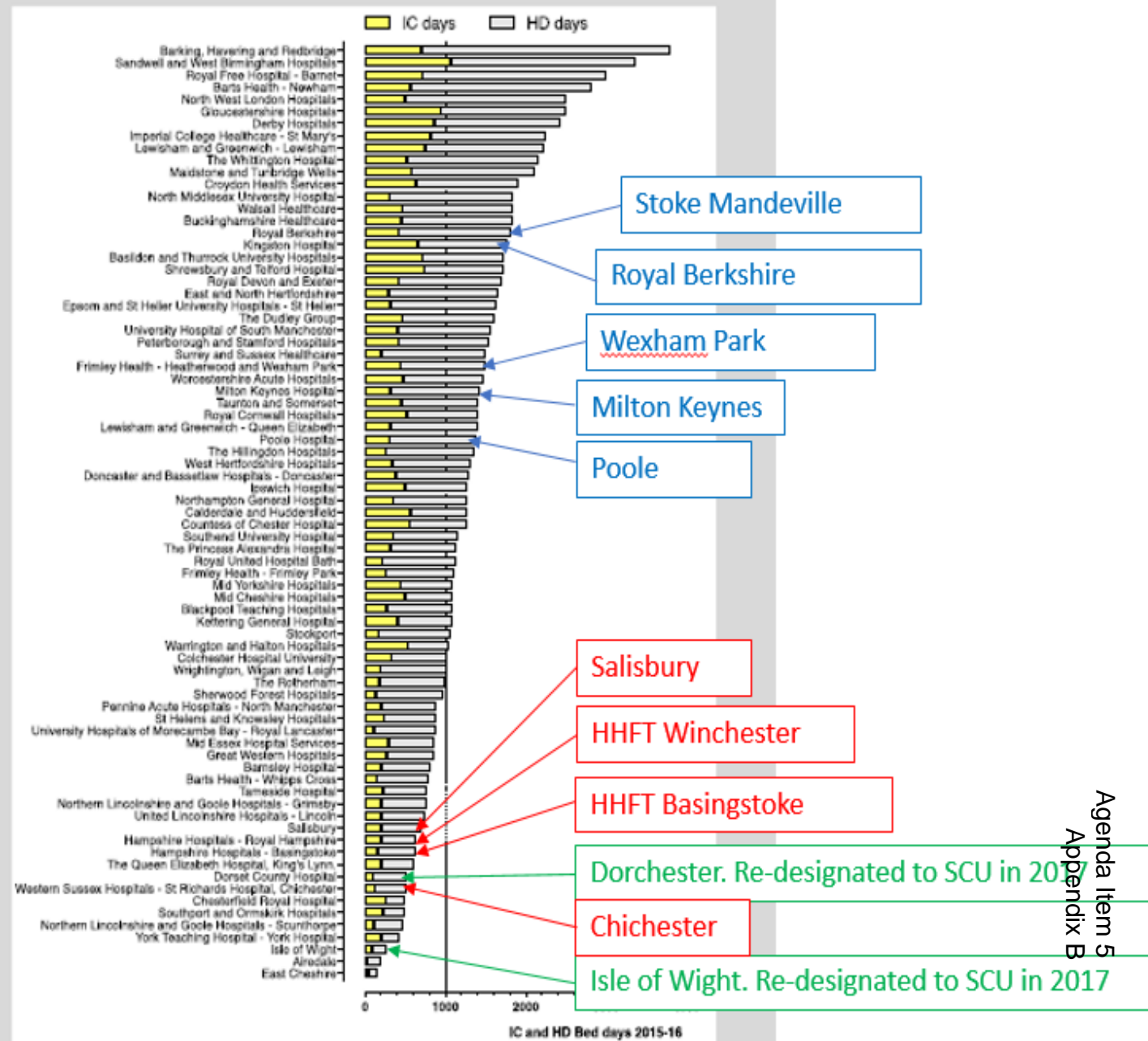
Benchmarks all LNUs in country for 2018/19

ODN ANALYSIS

Includes all birth admissions = 1st episodes where birthweight <1500
Plus 2nd and subsequent episodes where admission weight <1500.
Have only counted one admission per unit per baby
Have excluded admissions where baby >14 days old on admission and birthweight same as admission weight

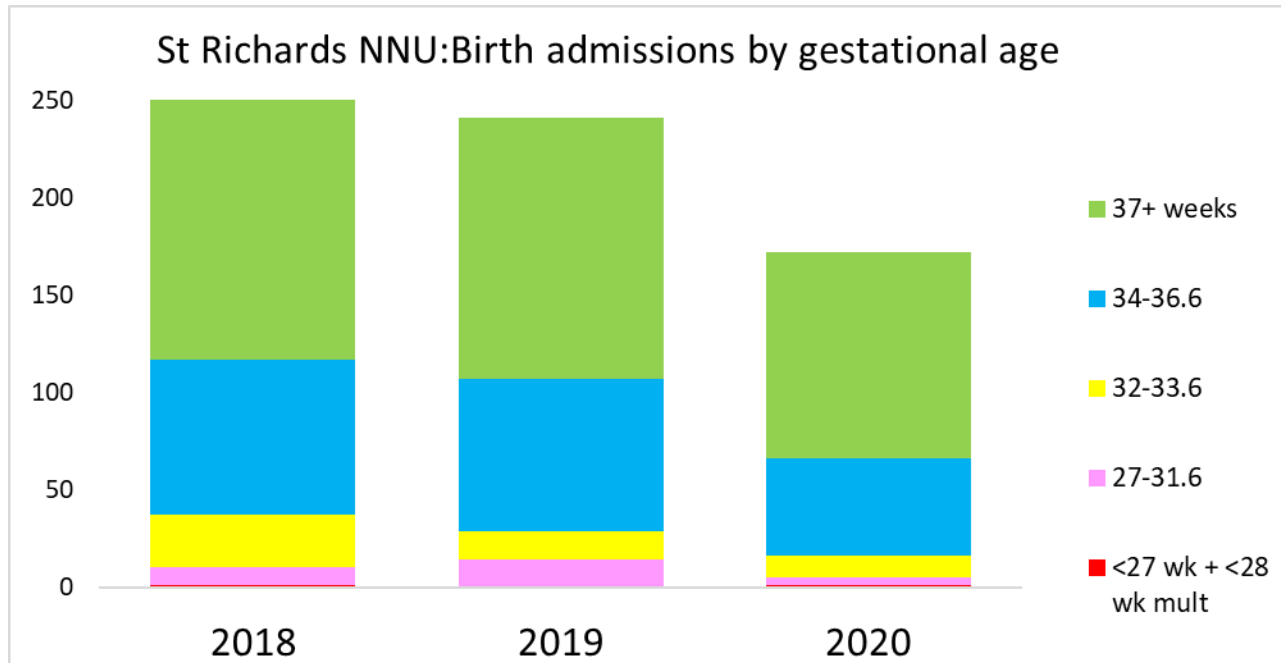
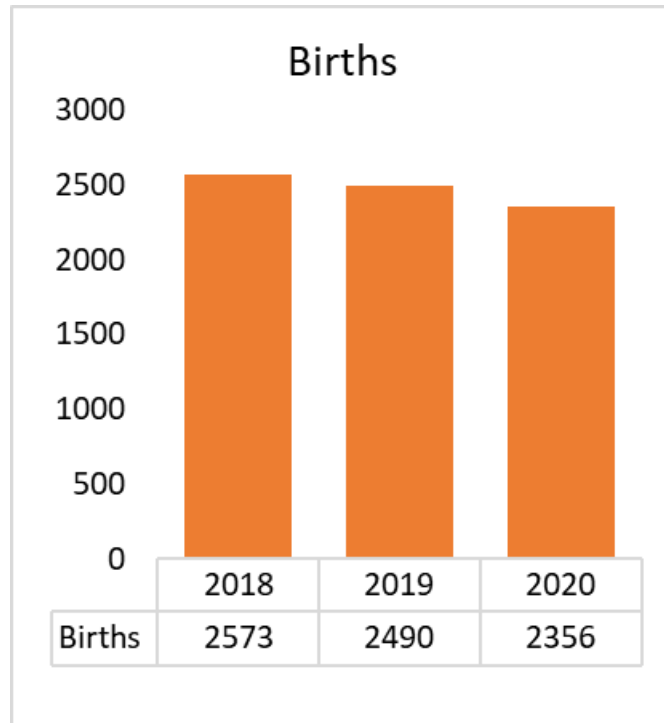
Comparing Thames Valley & Wessex LNU activity with LNUs in England

Figure 4.6: Intensive care and high dependency activity among 77 designated local neonatal units (LNU)



Agenda Item 5
Appendix B

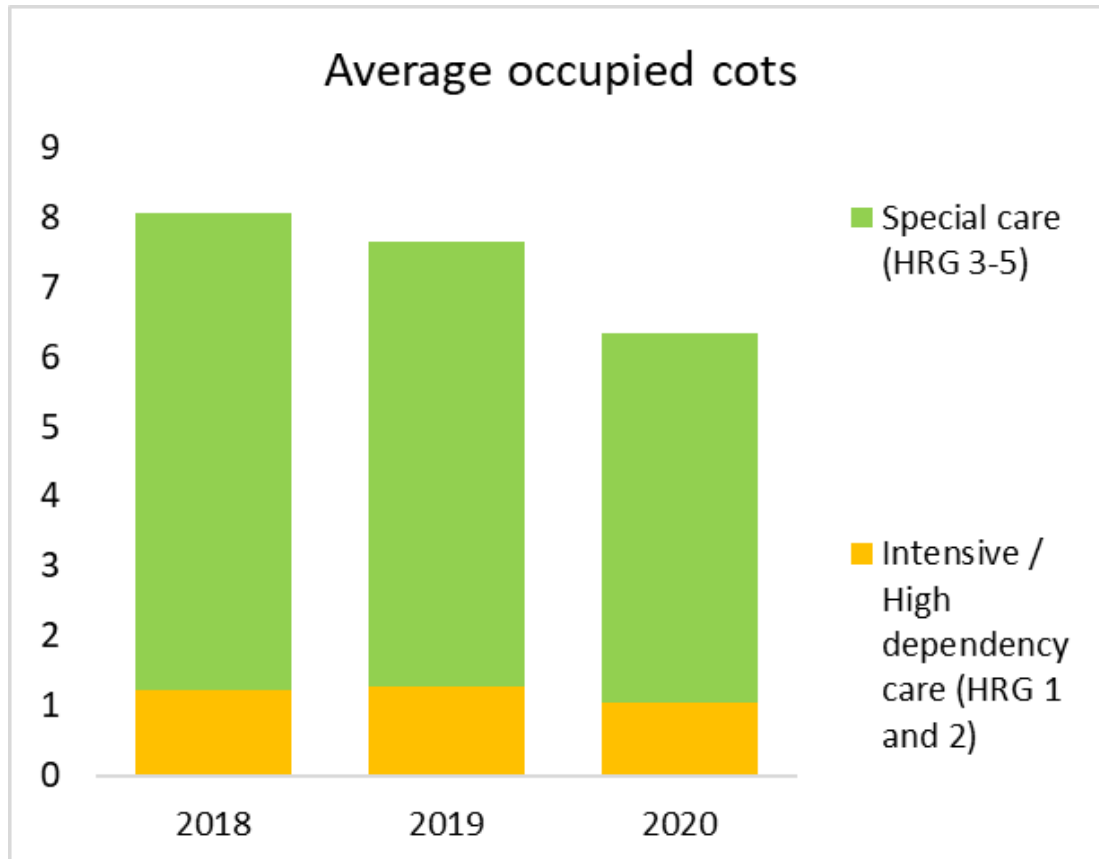
Current activity at St Richards: births



This shows summary yearly activity at St Richards.

- **Average 9.0 birth admissions 27-31.6 weeks across 3 years. Only 4 in 2020.**

Current activity St Richards: cots



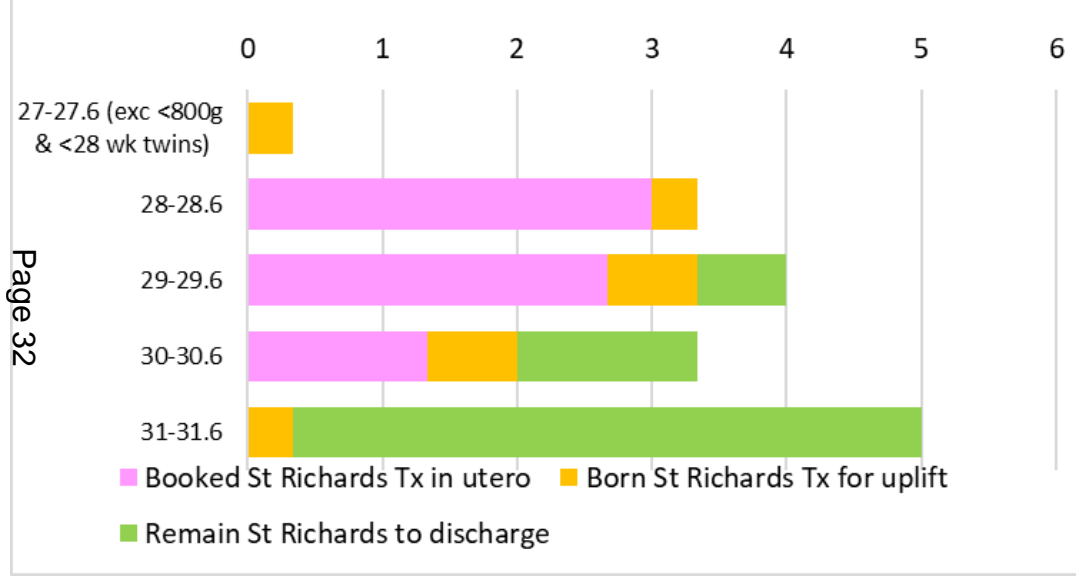
Current cots St Richards: 10 declared cots
3 Intensive C/High Dependency care and 9 special care.

Average occupancy for 2020 is 53%

6 Transitional Care Cots

Activity for very preterm babies 27 – 31.6 weeks

Average number babies booked or delivered at St Richards by gestation and destination



	Average babies per year booked OR born at St Richards	Booked St Richards, Transferred in utero to maternity unit with NIC	Average babies per year born at St Richards	Born St Richards, transferred out ex utero for uplift	Born St Richards, remain St Richards NNU
27-27.6 (exc <800g & <28 wk twins)	0.3	0.0	0.3	0.3	0.0
28-28.6	3.3	3.0	0.3	0.3	0.0
29-29.6	4.0	2.7	1.3	0.7	0.7
30-30.6	3.3	1.3	2.0	0.7	1.3
31-31.6	5.0	0.0	5.0	0.3	4.7
Total	16.0	7.0	9.0	2.3	6.7

Data is for 1st episode admissions for 3 years 2018-2020. Numbers are average per year.

Numbers are small
Significant proportion of 27-31.6 week babies already born elsewhere or transferred for uplift

Potential modelled impact of redesignation

Analysis of data from 2018-2020

Maternity Impact : Modelling suggests 9.0 fewer births per year (out of total 2350 births). Estimated 2-3 mothers transferred for in utero birth.

Neonatal Impact : Reduction of 9 neonatal admissions for babies <32 weeks and a reduction of 6.7 babies <32 weeks per year with all care at St Richards (of 220 admissions). Will also be an increase in babies ≥ 32 weeks who will need to be transferred to a higher level of care. Our experience with St Marys and Dorchester suggest these numbers are very small and most babies can be supported to stay on SCU.

Review of activity change : Based on postcode of GP practice for mother suggests that 77% of activity would go to Queen Alexandra Hospital Portsmouth and 18% to Royal Surrey County Hospital, 5% to University Hospitals Sussex and elsewhere.

Summary

- Modelling has been developed based on the best available evidence and recommendations
- Busier services with staff with higher exposure to sicker babies have better outcomes
- By redesignating St Richards to a SCU it ensures the sickest and most immature babies can get the specialist care they need, whilst still maintaining services for most babies who needs special care, closer to home
- Redesignation ensures babies are in the most appropriate place to support their clinical needs
- All units working closely as a network will offer good families a good experience and continuity of care
- A key to success of the service is the safe return of babies home or transfer back to St Richards for further ongoing support or treatment as soon as possible



Local Neonatal Unit Designation – St Richards, Chichester

Thames Valley and Wessex ODN Neonatal

**Western Sussex Neonatal Services, part of
University Hospitals Sussex (UHSx)**

Communications and Engagement

Version number: 1

First published:

Updated: (only if this is applicable)

Prepared by: Carol Wood



1 Contents

1	Introduction.....	3
2	Background	3
3	Approach.....	8
3.1	Legal and policy context	8
3.2	Working in partnership	9
3.3	Engagement	9
3.4	Format.....	9
3.4.1	Channels.....	9
3.4.2	Key messages.....	11
	Overarching messages	11
3.4.3	Core Narrative	11
3.5	Timeline	11
3.6	Analysis and reporting	12
4	Risks and Issues.....	12
4.1	Section 1: Equality analysis.....	15
5	Associated documentation.....	17
6	Appendix I Key Audiences	18
7	Appendix II Questions for Engagement.....	20

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 2

1 Introduction

This communications and engagement strategy outlines how NHS England Specialised Commissioning, in collaboration with University Hospitals Sussex, plans to inform and involve stakeholders, patients and local people in proposed changes to neonatal services at St. Richard’s Hospital in Chichester which is part of University Hospitals Sussex NHS Foundation Trust (UHSx)

NHS England is working with partners in developing proposals.

2 Background

Neonatal critical care forms a key element of the NHS maternity service, providing part of the service available for all women and their new-born babies in the birthing room and during the early postnatal period. Neonatal critical care also provides an emergency service and ongoing support for babies and their families when a baby is born very prematurely, becomes sick or develops a medical problem. All levels of neonatal care are commissioned by NHS England Specialised Services.

Care is provided in three types of neonatal unit:

- **Neonatal intensive care unit (NICU)** - is for the very smallest, sickest babies with complex needs or who are born under 27 weeks gestation or less than 800g weight
- **Local neonatal unit (LNU)** - is for babies needing short-term intensive care. Generally, those born after 27 weeks gestation or less than 1.5kg weight
- **Special care unit (SCU)** - for babies who need continuous monitoring of their breathing or heart rate, treatment for jaundice and convalescence from other care. Generally, for babies born after 32 weeks gestation and who are over 1.5kg in weight.

The Thames Valley and Wessex operational delivery network (TVW ODN) is one of 10 networks of hospitals that work together to deliver neonatal care across the country.

The network works with Local Maternity and Neonatal Systems (LMNSs) to deliver safe expert care as close to the patient’s home as possible. However, in some circumstances, babies with particular clinical needs will require transfer of care from the local team to a Neonatal Intensive Care Unit (NICU) elsewhere in the network, so appropriate expert care can be provided. There are three NICUs in the network shown in blue on the map below.

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 3



Key – blue indicates a Neonatal Intensive Care Unit (NICU)
 Blue* indicates NICU with surgical services
 Amber indicates LNU and SCBU

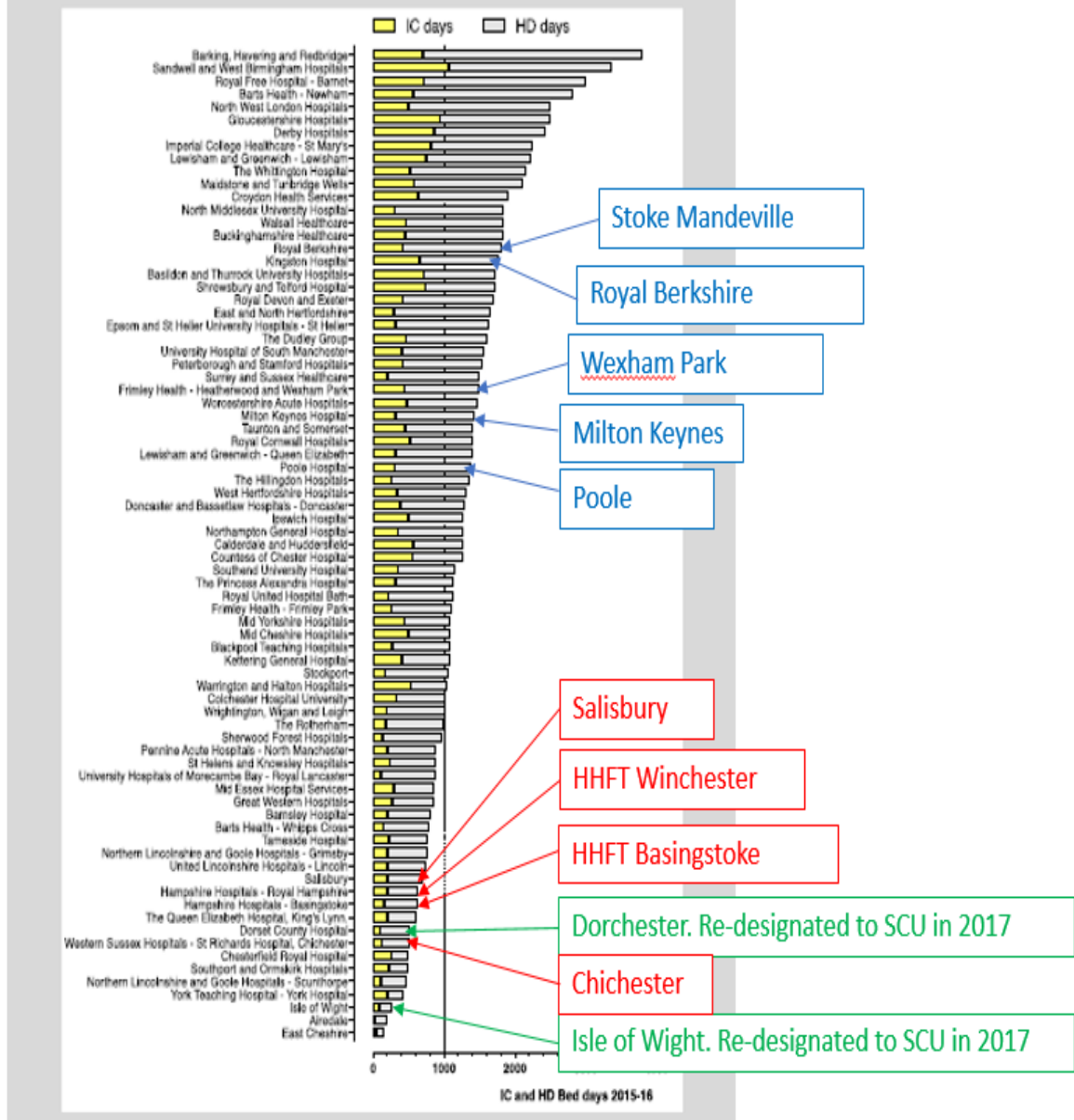
Babies from Western Sussex with the most complex neonatal care needs are routinely cared for at the Neonatal Intensive Care Unit at the Queen Alexandra Hospital in Portsmouth. Where possible, mothers who are expected to have complex deliveries are booked to deliver at Portsmouth. There is also a well-established specialist 24-hour transport service to safely transfer babies born with complex needs or those born at less than 27 weeks, to this unit.

The neonatal unit at St Richard’s hospital in Chichester is currently designated as an LNU. However, its activity levels fall far below national minimum recommended levels for LNUs

Benchmarking TV & Wessex LNU activity with LNUs in England

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 4

Figure 4.6: Intensive care and high dependency activity among 77 designated local neonatal units (LNU)



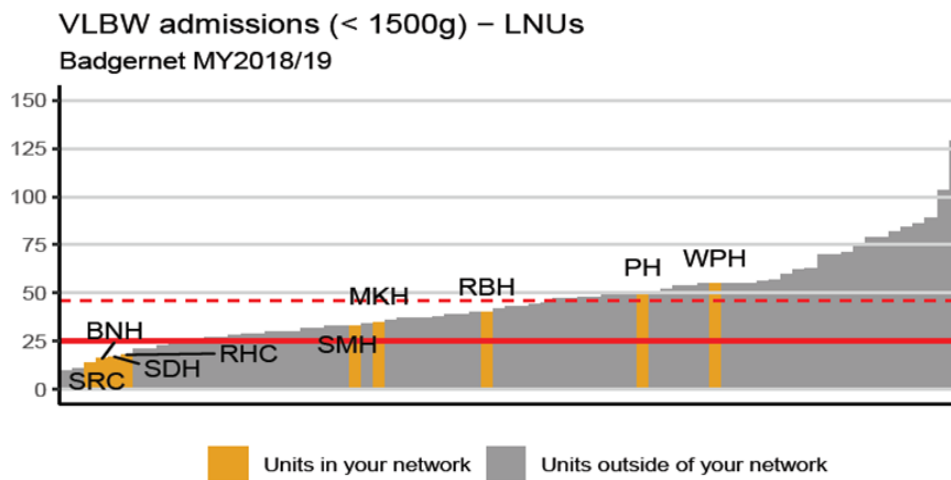
2.1 Neonatal Critical Care Review 2019

The latest guidance from the British Association of Perinatal Medicine¹ (BAPM) sets out that LNUs should admit more than 25 infants at under 1500g admission weight each year. Between the years 2018-2020 the average number of babies under 1500g admitted to St Richards has been 16. The graph below is from the

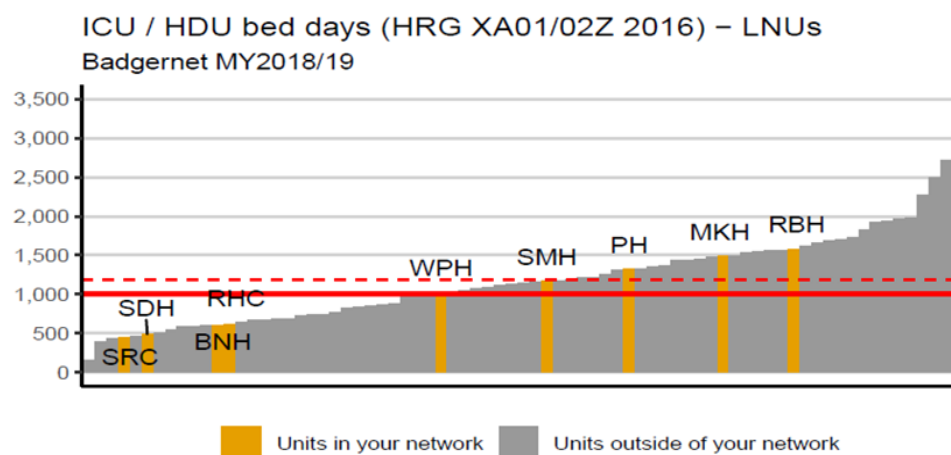
¹ [BAPM Optimal Arrangements for Local Neonatal Units in the UK](#)

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 5

GIRFT review shows that St Richards (SRC) admits very few very low weight babies compared with other LNUs across the country



NHS England’s guidance² on implementing the findings of the BAPM review states Local Neonatal Units should aim to undertake a minimum of 500 days of combined intensive and high dependency care per year to maintain expertise and should work towards becoming services that provide at least 1000 combined Intensive Care/High Dependency days. Between years 2018-2020 the average number of combined Intensive Care and High Dependency days a year at St Richards has been 430. The graph below is from the GIRFT review shows that St Richards (SRC) provides very little high dependency and above care in a year compared to other LNUs.



² [Implementing the Recommendations of the Neonatal Critical Care Transformation Review](#)

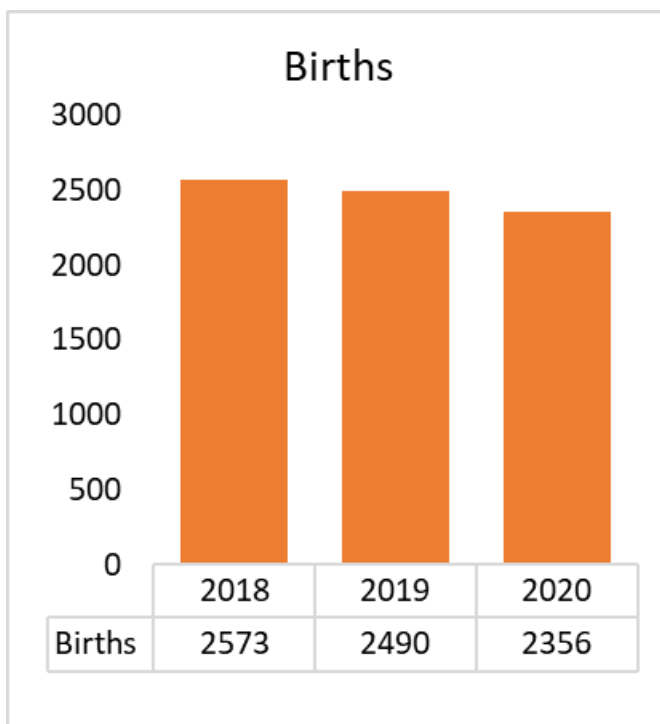
Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 6

The low number of very low weight babies, admitted to the unit, and low provision of intensive and high dependency care means it is difficult to ensure staff see enough babies needing short term intensive care to ensure their skills are maintained at the optimal level.

In line with British Association of Perinatal Medicine advice it is, therefore, proposed to make the St. Richard’s service a Special Care Unit.

This would mean that the group of mothers booked to deliver their babies at Portsmouth Hospitals University Hospitals NHS Trust will be expanded to include those likely to deliver between 27 and 31.6 weeks. This change in criteria, based on the numbers from previous years, has been modelled to affect around 18 mothers and 9 babies a year. The difference in numbers between mothers and babies is that a general rule of thumb twice the number of women likely to deliver will be transferred than actually do deliver, as most women will return to deliver in their booking unit. This number has been reducing over the last few years due to new medical options in delaying premature delivery.

2.1.1 Current activity at St Richards



Births at St Richards are on a consistent downward trajectory. This is not expected to change.

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 7

3 Approach

3.1 Legal and policy context

The legal context for this document is the duty to involve the public (section 13Q) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

The section 13Q duty is aimed at ensuring that NHS England acts fairly in making plans, proposals, and decisions in relation to the health services it commissions, where there may be an impact on services. The duty requires NHS England to make arrangements for public involvement in commissioning.

Public involvement in commissioning is about offering people ways to voice their needs and wishes, and to influence plans, proposals, and decisions about their NHS services. Patients and the public can often identify innovative, effective, and efficient ways of designing and delivering services if given the opportunity to provide meaningful and constructive input.

There are four tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

In line with this guidance, it is proposed to undertake the communications and engagement programme as follows:

- 1) Desk research of existing feedback from:
 - Sussex Local Maternity and Neonatal System
 - Sussex Maternity Voices Partnerships
 - Users of the specialist transport service SONeT
 - Surveys conducted with the Sussex People's Panel
 - Research undertaken by Healthwatch
- 2) Engagement with potential service users
- 3) Engagement with West Sussex Clinical Executive
- 4) Engagement with staff working within the service at St. Richard's and at Portsmouth

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 8

5) Engagement with stakeholders including:

- Healthwatch
- Health Overview and Scrutiny
- Sussex and East Surrey Local Maternity Services Liaison Committee
- Maternity Voices Partnerships
- Bliss (the charity which supports babies born premature and sick) and its Netmums Forum
- SANDS (the stillborn and neonatal death charity)
- Western Sussex Hospital charity

3.2 Working in partnership

The work will be co-ordinated through Specialised Commissioning NHSE/I South East Team and the Neonatal Redesignation Steering group which comprises University Sussex Hospitals NHS Trust and Portsmouth Hospitals NHS Trusts (including the ambulance service), the SONeT new-born baby transport service, Sussex ICS, Hampshire Isle of Wight ICS and NHS England.

3.3 Engagement

- Principles: We are committed to: Engaging and involving the public, stakeholders, and partners to find out what matters most to people, being open and transparent throughout the engagement process
- To provide a clear explanation about the option that has been developed with the aims of:
 - ensuring understanding of the reasons for the change
 - enabling commissioners and the service providers to understand issues for patients, public and key stakeholders with a view to ensuring the final model has taken these into account

3.4 Format

This will be provided but not limited to newsletters, virtual and face to face engagement events, electronic communication and more.

3.5 Channels

3.5.1.1 Specific drop in events at ante-natal clinics

These events will give people an opportunity to hear about the proposals, discuss their views and have the opportunity to talk with those involved in the programme – particularly, but not exclusively, clinical leaders.

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 9

3.5.1.2 Working closely with the community and voluntary sector

The community and voluntary sector (CVS) have wide ranging communications networks. We will aim to work with the CVS through events they host directly with their clients to get their views – this often works well with harder to reach groups.

3.5.1.3 Collaboration with CCGs, Trusts and Healthwatch to make use of existing engagement channels

Wide engagement will be taking place to ensure existing information channels are utilised.

3.5.1.4 Online opportunities to respond to the engagement

Details of the engagement will be made available on the NHS England consultation hub. This is the central online resource for all NHS England consultation and engagement projects. It provides a mechanism for consultation documents to be uploaded and for people to provide their feedback.

3.5.1.5 Engage with staff

NHS staff will be engaged, with briefings organised at their place of work, including senior trust staff. Staff are key influencers of patient views and are also members of the public who use local health services and are members of the community, so briefings will focus on the case for change as a whole, not just their role as employees.

3.5.1.6 Engage with Influencers

[West Sussex Voice](#)

Children's Centres

SANDS (Stillbirth and neonatal death charity)

[Hospital charity](#)

3.5.1.7 Robust media approach

There will be a responsive, agile, and robust media handling plan including proactive briefing about the proposals. There are agreed media sharing protocols in existence.

3.5.1.8 Multi-channel communications

People get their information from a variety of different sources. Social media and websites together with other existing communications mechanisms such as newsletters will be used building on what worked in the LMS engagement. This includes the UHSx NHSFT [Facebook](#) Pages linked to maternity, neonatal and Netmums together with the Maternity Voices partnership social media platforms

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 10

3.5.1.9 Materials in appropriate formats

NHS England has an Accessible Information Standard which sets out expectations for communications for those with disabilities (see Section 5).

Our Equality Impact Assessment does not indicate a need for translation into languages other than English.

3.5.2 Key messages

There will be a core narrative and a set of key messages around the proposals themselves, using terms that will be applied consistently across all materials.

3.5.2.1 Overarching messages

We will develop services which are:

- High quality with excellent outcomes for patients
- Developed in line with the best available evidence to increase the chance of the best start in life for these babies
- Can be sustained, despite future challenges; and
- Offer a good patient/carer experience

3.5.2.2 Core Narrative Key Messages

- A key to the success of the service is the return of babies' home (when they are fit to do so) or transfer back to their local hospital for further support/treatment as soon as possible
- There is an existing service in place for Women who are less than 30 weeks gestation to travel from West Sussex to Portsmouth for to deliver babies
- Transport arrangements for emergency (24/7) admission for pregnant women is in place and will continue to be available
- The SONeT specialist service which transports pre-term and very sick babies is well established and highly rated by mothers and families
- This is about the most appropriate place of care for mothers and pre-term babies to support their clinical needs

3.5.2.3 Supporting messages

- Our aim is to provide safe, high quality services
- No change is not an option

3.6 Timeline

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 11

3.6.1.1 Key dates

Pre-consultation	Live-engagement	Analysis and reporting	Implementation
March	April-Ma	Summer	Autumn
Development of communications and engagement strategy	Engagement launch	Responses analysed	Implementation – communication and engagement to be provided by NHSE in conjunction with providers
Plan and schedule engagement opportunities	Events held		
Stakeholder briefings	Media briefing	Stakeholder and media briefings	

3.6.1.2 Events schedule including attendance at Health Overview and Scrutiny:

Date	Event	Time / Location	Attendees
2022	Brief HASC Chair and Healthwatch		

Additional engagement events to be added

3.7 Analysis and reporting

During this phase all feedback will be analysed. A report will also be written following the agreed approvals process and signed off.

4 Risks and Issues

All proposals to change hospital services inevitably face some challenges that are not specific to the proposals in question or the area in which they are taking place. These include:

- Emphasis among local people and opinion-formers on importance of local services

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 12

- ICS proposals for service change
- Fear of loss of local services
- Fear that local hospital will become unsustainable
- Concern about travel with families away from extended family for help and emotional support
- Fear of travelling longer distances leading to safety risks
- Local people and politicians equating services in local hospital with status of the area

NHS England’s responsibility is to put forward a service proposal which will give the best possible outcomes for pre-term and very sick babies. Any engagement will inevitably generate questions and interest - this is to be expected. What is important is the approach that is applied to engagement and making sure it is as robust as possible, following due process.

The level of public scrutiny applied to any public engagement should not be underestimated. Legal challenges are likely to relate to communications and engagement activities.

Challenge often comes from a programme’s lack of involvement opportunities for the public at the earliest possible stage. It will be important to demonstrate with clear evidence how this has been achieved.

Communications Risk	Mitigation
We are unable to secure effective clinical engagement, leading to lack of support for proposals	Local lead clinicians are involved in the review. Broader clinical expertise has been used to support the local clinicians using nationally agreed clinical guidance. Clinical leaders to provide visible, public support.
Inaccurate information causes undue concern among patients/public/stakeholders	All communication to be open and transparent and shared at the earliest opportunity allowing for clarity and consistency of the message. All co-dependencies to be identified and any possible impacts to be discussed and shared with stakeholders. All communications from stakeholders to be coordinated to ensure consistent clear messages.
Inadequate information causes undue concern among patients/public/stakeholders	Ensure the issues most likely to excite local opinion – money, transport and emergency care are adequately covered within the engagement document Ensure the document addresses how sustainability and capacity are being addressed

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 13

<p>The review causes anxiety which impacts on current services and/or ability to engage effectively</p>	<p>The process to be open and transparent. Clear communications to be agreed and shared across key stakeholders. Key stakeholders identified and communicated with as early as possible. Equality impact assessment will identify groups with characteristics which are impacted by the service/service change. A mix of approaches will be used to ensure a range of voices are heard.</p>
<p>The public and/or local authorities contest service change either through judicial review or through referral to the Secretary of State by health overview and scrutiny committees.</p>	<p>Learning from the Independent Reconfiguration Panel to be adopted as best practice within the communications and engagement process:</p> <ul style="list-style-type: none"> • community and stakeholder engagement • equalities impact assessment and careful analysis of particularly affected groups to ensure the right methods are used to engage • adequate attention given to the responses during and after the consultation including maintaining a thorough evidence log of all communications and engagement activities.

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 14

4.1 Section 1: Equality analysis

Evidence		
What evidence have you considered?		
<p>NHS England now has an accessible information standard which needs to be considered/adhered to in the engagement https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-er-july-15.pdf</p>		
Age		
<p>Mothers under 20 or over 35 have a slightly higher risk of pre-term labour. Teenage pregnancy has more than halved over the last 10 years. The highest number of births in Sussex are across the age categories 25-29 and 30-34. Admissions to neonatal care services at the hospital are amongst the lowest in the country.</p> <p>The infant mortality rate remains well below the national rate (3.0 per 1,000 live births compared with 3.9 nationally) and the area has fewer low birth weight babies than the national average</p> <p>This proposal will have a positive impact for children under 1 month of age (babies). Ensuring access to and delivery of care that is evidence based under the requirements of Implementing NCCR 'Better Newborn Care' (2019).</p>		
Disability		
<p>The re-design of neonatal services will affect women and their families in West Sussex. This includes those with a disability. Disability in West Sussex increases with age and is less prevalent in women of child-bearing age. There has been little research into the experience of maternity care for women with a disability. However, a study undertaken in 2013* indicates women with physical and mental disabilities are more likely to have a preterm birth than the general population.</p> <p><i>*Women with disability: the experience of maternity care during pregnancy, labour birth and the postnatal period Maggie Redshaw¹ Reem Malouf², Haiyan Gao¹ and Ron Gray¹</i></p>		
Gender reassignment (including transgender) No impact		
Marriage and civil partnership No impact		
Pregnancy and maternity		
<p>The infant mortality rate in Western Sussex remains well below the national rate (3.0 per 1,000 live births compared with 3.9 nationally), with fewer low birth weight babies than the national rate. The focus of the neonatal service re-designation is on babies who are born sick or pre-term. In the latest JSNA:</p> <ul style="list-style-type: none"> • 2.1% of term babies weighed less than 2500g a lower figure than the England rate (2.8%). • 7.3% of all babies (live and still births) had birthweights under 2.5kg in line with the national rate • 1.3% of all babies were of a very low birthweight (<1500g), again similar to the national rate • The multiple birth rate was 17.9 (152 multiple births), similar to the England rate of 15.9. 		

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 15

<ul style="list-style-type: none"> For a small number of women (approximately 18 a year) access to perinatal and postnatal care will be affected as there will be a slight increase in numbers travelling to Portsmouth to give birth. Evidence indicates improved outcomes as a result of transfer in utero.
<p>Race 89% of the population in West Sussex are white Caucasian. Little research is available about pre-term births by ethnicity. A ONS survey of mortality rates for babies of low birth weight across the UK showed a decrease across most racial groups between 2007 and 2013 with the exception of Bangladeshi and Black Caribbean babies where the rates had increased. Outcomes for all pre-term babies regardless of ethnicity should be improved with a reduction in clinical risk and an increase in patient safety.</p>
<p>Religion or belief The proposed re-design will not directly impact those with religious beliefs. However, services do need to consider religious beliefs that impact on maternity care delivery.</p>
<p>Sex No impact</p>
<p>Sexual orientation No impact</p>
<p>Carers We will engage with parents to understand the impact of the proposals.</p>
<p>Other identified groups. West Sussex ranks 129th of 151 upper tier authorities (1 being most deprived, 151 being least deprived). The county remains one of the least deprived areas in the country although there are pockets of deprivation which are amongst the most deprived in the country.</p> <p>Smoking and obesity are lifestyle risk factors associated with the potential for having a pre-term baby. West Sussex has a lower percentage of women who smoke at the time of delivery compared with other parts of the country. Over 60% of adults are estimated to be overweight or obese.</p> <p>A review by Ofcom indicates that socio economic deprivation influences access to ICT which can itself be a form of social exclusion.</p>

Engagement and involvement
<p>How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?</p> <p>Sharing of this document with Council for Voluntary Services; Healthwatch; Health Overview and Scrutiny; MSLC; LMS; Maternity Voices</p>

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 16

5 Associated documentation

NHS England Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning



ppp-policy-statement
.pdf

Planning, assuring, and delivering service change for patients



plan-ass-deliv-serv-c
hge.pdf

Accessible Information Standard



access-info-spec-fin.
pdf

Independent Reconfiguration Panel (2010) *Learning from Reviews*



Learning_from_Revie
ws3_PDF.pdf

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 17

6 Appendix I. Key Audiences

It is important to identify key audiences and assess them according to the level of interest they have in the issue and their influence on developments. This will enable the messages developed below to be tailored to each specific audience and will also allow judgements to be made on the amount of effort to devote to each audience. Following are the key audiences we will need to engage with.

- **Patient and public representative groups** - this includes:
 - Active or recent service users
 - MSLC/ Maternity Voices Partnerships
 - Healthwatch
 - Patient panels or health networks run by CCGs/trusts
 - Hospital – patient experience groups
 - VCS organisations interested in maternity and neonatal services e.g. Bliss
 - CCG patient reference groups
 - Patient support groups
 - Health and wellbeing boards
 - PPGs
 - Seldom heard groups such as LD partnerships, MH service users, prisoner, BAME communities
 - Faith groups

- **GPs and GP commissioners** - this includes:
 - Hampshire and Isle of Wight and Sussex ICSs
 - Representatives of GP practices across the ICS membership
 - Any GPs with a particular interest in neonatal issues
 - Neighbouring ICSs

- **Staff:**
 - Multi-disciplinary teams at St. Richards and Portsmouth
 - SONEt

- **Council representatives** - these include:
 - Council scrutiny committee
 - Health cabinet members

- **MPs** - comprising:
 - All members of parliament in the affected area

- **Campaign groups** - comprising:
 - Any existing campaigns relating to health services in the affected areas

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 18

- **Media** - this includes:
 - Local and regional broadcast media, routinely
 - Local print and online media, routinely

Any national or trade media that expresses an interest

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 19

7 Appendix II. Engagement Questions

When thinking about neonatal services what is important to you? (rank in order of importance)

- Patient safety
- Expertise/right number of staff
- Increased positive clinical outcomes for babies
- Services based at a hospital which is near to home
- Transport to get to the neonatal unit
- Visiting opportunities for family
- Accommodation for family
- Space so that parents can bond with, feed, and provide parental care

When thinking about the proposals for changes Do you?

- Understand the need for change
- Feel confident your views will be listened to

Document number: 1	Issue/approval date: 23/02/2022	Version number: 2.0
Status: approved / pending	Next review date: to be confirmed	Page 20

West Sussex Health and Adult Social Care Scrutiny Committee (HASC) Checklist for NHS Service Change Proposals

Purpose:

- For the NHS to identify what proposals should be notified to HASC
- For HASC to identify whether proposals are substantial and should be subject to scrutiny
- To set out a number of trigger questions/criteria for HASC to consider in liaison with the NHS

Background – NHS duty to consult

NHS bodies (and providers and commissioners of NHS services) have a statutory duty to consult the HASC on any proposals they may have for any substantial development of or variation to the health service in the area. This is additional to the duty NHS bodies have to consult and involve patients and the public. It is also additional to the discussions that NHS bodies will have with the local authority about service developments especially where they link to local authority services.

There is no definition of “substantial”, and it is expected that NHS bodies and the HASC will reach a local understanding. The aim of this checklist is to help this. Where it is agreed that proposals are substantial, HASC will also discuss with the NHS what public consultation is required.

Process

Providers/commissioners of NHS services should notify HASC as early as possible in the process of developing a proposal for service change, to enable a discussion about whether or not it is substantial and what the scrutiny process (if any) should be. This may be through HASC liaison members and/or the WSCC lead officer for HASC. Where time allows, the HASC Business Planning Group will give initial consideration to whether the proposal constitutes a substantial change/variation in service (using this checklist), in liaison with the NHS provider/commissioner. The Business Planning Group will then advise the HASC (through a report to the next meeting of the Committee) whether or not the service change proposal is substantial and whether or not it should be scrutinised. Alternatively, the proposal may go direct to a meeting of the HASC for consideration. Only the Committee can decide whether or not a proposal constitutes a substantial change/variation.

Where HASC agrees that a proposed service change is substantial, it will not necessarily decide to scrutinise it, for example if it is seen as positive change or where the Committee has other priorities and has to balance its workload. Where HASC does decide to carry out scrutiny of the proposal, the process for this (including timetable) will be discussed with the relevant NHS bodies.

Some service change proposals will impact on a wider area than West Sussex, and the NHS body will need to consult other health scrutiny committees. If more than one health scrutiny committee considers the proposed service change to be a substantial change/variation, then a joint health scrutiny committee may need to be formed.

Trigger questions – the checklist

Theme	Characteristics suggesting that the service change:	
	a) Is substantial	b) Is not substantial
What are the reasons for the proposed change?	<ul style="list-style-type: none"> • A permanent reduction or closure of service provision • Service change primarily driven by financial, staffing or other managerial factors • The service change plays no part in improving patient experience/outcomes, improving clinical quality or reducing risk 	<ul style="list-style-type: none"> • A service improvement or enhancement • New/additional service • To improve health and wellbeing outcomes for local people • To improve patient experience and outcomes • To improve clinical quality and safety and reduce risk • It is a temporary change
How will the accessibility of services and how they are delivered change?	<ul style="list-style-type: none"> • Patients (and their families/carers) will have further to travel to access services • There is no public transport access to relocated services • There is limited parking at relocated services • There is a reduction in opening times • Changes reduce access for some sections of the community (e.g. older people; people with learning disabilities, physical and sensory disabilities, mental health needs; black and ethnic minority communities; lone parents; rural areas) 	<ul style="list-style-type: none"> • Services are being relocated to improve patient experience and outcomes • Improved physical access (e.g. extended hours; better facilities; better transport infrastructure and parking) • Co-location with other relevant health and social care services • Improved access for all sections of the community • Services will be delivered using new technology (e.g. telecare) • Additional transport will be provided (e.g. special bus/Patient Transport Service) • The needs of families/carers have been taken into account
How will patients be affected?	<ul style="list-style-type: none"> • More than 25% of the potential/current patients will be negatively affected by the service change • The change will affect the whole population of the service’s catchment area? (e.g. A&E) • A small number of patients is affected, but they represent all the users of a specialised service (e.g. renal services) • Patient choice is reduced 	<ul style="list-style-type: none"> • Affected patients’ needs have been fully taken into account and alternative service provision meets their needs • A small number of patients have been using the service which is designed to be accessed by more people: the service will become more viable and accessible to more people as a result of the service change • Patient choice is improved

Theme	Characteristics suggesting that the service change:	
	a) Is substantial	b) Is not substantial
Will there be any impact on the wider community and other services?	<ul style="list-style-type: none"> • There will be a negative impact on the economy and environment of the locality • There will be significant additional demand on the local transport infrastructure (e.g. extra car journeys) • Other health and social care services will be required to meet additional need due to the service change • Rural areas will be disproportionately affected 	<ul style="list-style-type: none"> • There will be little local impact as a result of the service change • Other services have been consulted and support the service change (e.g. Adult Social Care, other NHS providers, district/borough councils as the local planning authority)
What are the views of key stakeholders?	<ul style="list-style-type: none"> • The service change is not supported by Healthwatch West Sussex • The service change is not supported by other key stakeholders (may include: Adults' Services, Health and Wellbeing Board; patient/service-user representative groups, local County Councillors, County Local Committees) • There has been little or no patient (and family/carer) or staff engagement in developing the service change 	<ul style="list-style-type: none"> • The service change is supported by Healthwatch West Sussex • The service change is supported by other key stakeholders • There has been good and timely patient/staff engagement in developing the proposals
Do the Proposals meet the DH 5 key tests for service change?	<ul style="list-style-type: none"> • No evidence of support from CCGs • No evidence of strengthened public/patient engagement • Lack of clarity on the clinical evidence base • Proposals are inconsistent with current and prospective patient choice 	<p>The 5 tests are:</p> <ul style="list-style-type: none"> • Support from GP commissioners • Strengthened public and patient engagement • Clarity on the clinical evidence base • Consistency with current and prospective patient choice • Proposals which include plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions *

*Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new

Agenda Item 5

Appendix D

workforce will be there to deliver it; and/or show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

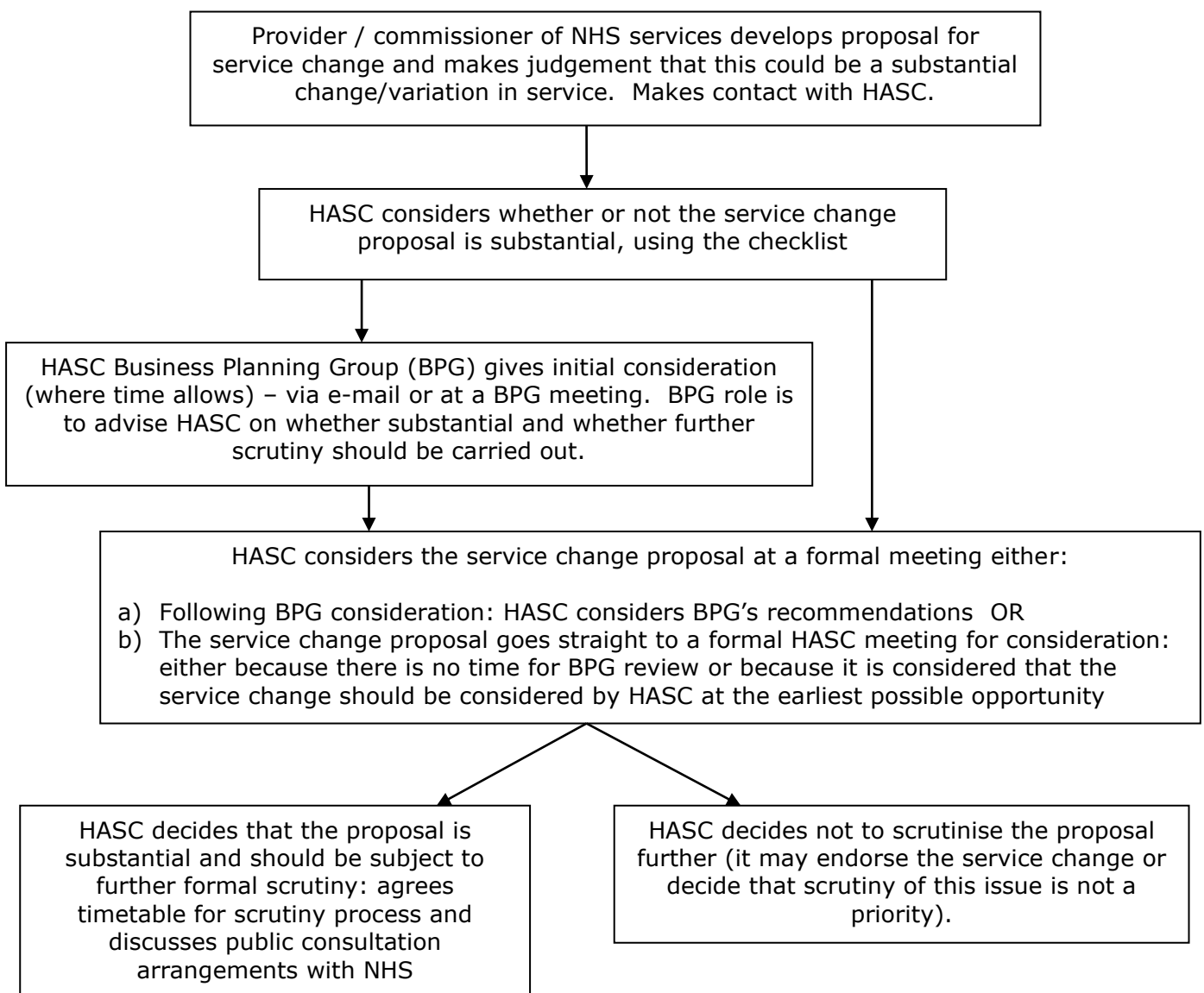
Supporting Information HASC will need

Where available, the NHS should provide the following supporting information to help HASC understand the context for the proposal and to identify whether or not the change is substantial:

- **Data on the current service:** The number and type of patients using the service (and where they are from); needs/demand analysis; patient flow data; any cross-border implications
- **Timescales & decision-making process:** Planned implementation date for service change; timing of any decision-making processes
- **Communications & Engagement:** Outcomes of any pre-consultation or engagement; the views of key stakeholders (e.g. staff, service users, patient representative groups); information on how key stakeholders have been involved in developing the proposals; information on how other service providers have been involved and how the NHS is ensuring system sustainability

If HASC agrees that the proposed service change is substantial and that it should be scrutinised by the Committee, further detailed information will be required (e.g. financial/resource implications – high level financial modelling; Equalities Impact Assessment; Risk Analysis; Business Case; communications and consultation plans)

Outline of Process



This page is intentionally left blank

Health and Adult Social Care Scrutiny Committee

7 March 2022

Adults' Services Quality Assurance Update

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

Summary

The purpose of this report is to provide members of the Health and Adult Social Care Scrutiny Committee (HASC) with an update with respect to Quality Assurance activities since the report to HASC in November 2021.

Focus for Scrutiny

Key areas for the committee to consider and comment on are:

1. The use of qualitative data.
2. Quality Assurance Framework for Commissioned Services.
3. Update on the November 2021 Quality Assurance report.
4. Examples of audits.

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

Proposal

1 Qualitative Data

- 1.1 Adults' Services receives qualitative data via the following mechanisms, which enables for horizon scanning of potential quality issues:
 - Complaints and compliments
 - Local Government & Social Care Ombudsman decisions
 - Learning Reviews and Serious Incident Reviews
 - Annual Social Care Outcomes Framework (ASCOF) customer and carer surveys
- 1.2 Complaints and compliments data is reviewed quarterly at the Quality Assurance Management Board and Performance, Quality & Practice Board meetings. This includes information regarding the nature of the complaint and key areas of learning. Messages regarding themes and practice improvements are disseminated throughout the service via those governance structures.
- 1.3 Local Government & Social Care Ombudsman (LGSCO) decisions, when received, offer an impartial and in-depth analysis of Adults' Services involvement and engagement with a customer and provide excellent opportunities for learning.
- 1.4 As the result of each LGSCO decision that finds against the Council, an action plan is developed to remedy the errors, and these are monitored for completion

by the Quality Assurance Lead. Each LGSCO decision is shared at the relevant Quality Assurance Management Board, Mental Health Quality Assurance Steering Group (where relating to Mental Health Services) and Performance, Quality & Practice Board meetings.

- 1.5 Learning Reviews and Serious Incident Reviews are in-depth reviews of Adults' Services involvement in cases and are triggered when an adult unexpectedly dies, or when opportunities were not taken that would have supported better outcomes, or where there the service would benefit from undertaking a review.
- 1.6 The terms of reference for each review are established by a panel that comprises the Assistant Director: Operations, the Assistant Director: Safeguarding, Planning & Performance, the Principal Social Worker, the Quality Assurance Lead and the relevant Service and Team Managers. This panel reviews the report and develops recommendations, which are then converted to an action plan. This is monitored for completion and reported throughout the service, as per the structures highlighted in 1.4.
- 1.7 The Learning Review and Serious Incident Review process has recently been updated to enable learning to be captured and analysed more easily, and for trends to be identified. As more reviews complete, this information will become richer and will be used to pinpoint areas of further scrutiny and improvement.
- 1.8 Themes for learning are identified and monitored through the mechanisms noted above, and these will often result in the development of Learning Bulletins that are disseminated across the service. These are to be used within Team Meetings to promote reflective learning and professional discussion. Recent bulletins that have been produced as a direct result of either audit activity, complaints, LGSCO decisions or Learning / Serious Incident Reviews have included:
 - Professional Curiosity
 - Cultural Considerations
 - Case Recording
- 1.9 Learning Bulletins have also been produced in conjunction with West Sussex Fire & Rescue Service when there is learning from its reviews which would benefit Adults' Services staff.
- 1.10 Quarterly learning meetings for all social care staff will be established and will be led by the Assistant Director: Operations and the Assistant Director: Safeguarding. These meetings will focus on the qualitative information and will emphasise the impact of services and decisions made on those receiving support.
- 1.11 In addition to the above, a quality assurance group for Service Managers (SenMG) has been started to ensure that messages regarding quality are effectively disseminated throughout all management tiers and this includes learning from the mechanisms described above.
- 1.12 The Quality Assurance Lead regularly attends the Customer & Carers' Group to share messages and to receive feedback, and this arrangement is currently being formalised for future meetings.
- 1.13 Alongside qualitative data, Adults' Services performance data is managed via three tiers of reporting:

- Monthly Service Reports
 - By service area
 - Action plans to drive continuous improvement (Plan, Do, Check, Act)
- Quarterly Performance Reports benchmarked against:
 - South-East Association of Directors of Adults' Social Services
 - Sub-set of ASCOF Measures (Adult Social Care Outcomes Framework)
- Annual Mandatory reports
 - ASCOF Measures
 - Short and Long Term (SALT) Support Data Return
 - Safeguarding Adults Collection (SAC)
 - Adult Social Care Finance Return (ASCFR)

1.14 The ASCOF survey of Adult Carers, which is designed by the NHS, has been undertaken and is due to report back in March 2022. The results will be analysed to drive learning and to indicate if further audit activity is required.

1.15 Respondents are asked if they would like to take part in future research to support the improvement of services, and the Quality Assurance Lead and the Communications & Engagement Team will use this opportunity to engage more closely and to undertake further targeted qualitative study.

2 Quality Assurance Framework in Commissioned Services

2.1 At the last meeting of the Committee when Quality Assurance was considered, members asked that details of a Quality Assurance Framework in Commissioned Services be included in a future report. Multiple workstreams, including the need to prepare Market Sustainability Plan, will impact on the detail of this framework and therefore, a draft version will be available to share with the Committee later in 2022.

2.2 The Quality Assurance Framework will be aligned with, and work in support of, the existing quality structures for commissioned services which includes market monitoring undertaken by commissioners and contracts officers, the Strategic Provider Concerns Group and the Quality Safeguarding Information Group.

3 Quality Assurance Update

3.1 Key activities completed since the last update include:

- Development of the Complex Case Forum
- Safeguarding Audit Changes
- Completion of further audits as per the audit framework
- Audit moderation processes development

3.2 The role of the Complex Case Forum is to discuss and consider all available options for increasing the safety of an adult at risk and to agree co-ordinated actions to help protect them. This supports the prevention agenda and the independence, well-being, health, and dignity of adults at risk.

3.3 The Complex Case Forum will consider and advise on individual cases where:

- An individual is putting themselves or others at significant risk by refusing support or services, *and*
- A range of options have been explored, yet the risk remains high *and / or*
- There is disagreement between services / agencies on managing the level of risk, or other services / agencies are not engaging with Adults' Services

- 3.4 The Complex Case Forum will:
- Support staff to reach agreement and adopt strategies in relation to individuals at risk, around decision-making and the management of those risks, where they are manageable
 - Identify options for mitigating the risk, which have yet to be considered
 - Consider high risk, complex cases where the initial Safeguarding Adult Procedure, and its associated policies, have been unable to reduce or alleviate the risk(s)
- 3.5 The processes for the forum are still being developed to ensure that they align with other risk management processes available to the service. These include the Multi-Agency Risk Management (MARM) meetings and safeguarding processes.
- 3.6 As a direct result of learning from Safeguarding Adults' Reviews, changes are being made to the safeguarding audit tool to help to ensure that Making Safeguarding Personal remains at the forefront of practice. This has been supported by 'What Good Looks Like' guidance for auditors, which will be released with the updated tool, and which will promote consistency in approach.
- 3.7 The Audit Framework (launched in October 2021) continues to be embedded throughout Adults' Services and performance markers, reported as part of corporate performance arrangements, have been agreed by the Performance, Quality & Practice Board.
- 3.8 The audit data to the 31/01/2022 is as follows and current performance is rated amber:
- 328 audits completed
 - Outstanding 15.0%
 - Good 55.3%,
 - Requires improvement 21.0%
 - Inadequate 8.7%
- 3.9 The audit reporting can be interrogated further to identify individual domains that require additional focus. This information pinpointed that practice regarding cultural considerations was not at the expected level, and this led directly to the issuing of a Learning Bulletin regarding this subject.
- 3.10 The data has highlighted that further work is required in respect of moderation processes, the Mosaic system, and that further clarification of expectations of auditors is required. This will be achieved via a Task & Finish Group comprising Team Managers and through further iterations of the framework itself. The moderation of audits will provide further qualitative information regarding practice, and this will be fed back into learning.
- 3.11 It has been identified that a separate audit framework for the Mental Health Service would be appropriate and this is due for publication by the end of February 2022.
- 3.12 As per the Safeguarding audit tool, 'What Good Looks Like' guidance has been produced for the Ethical Decision-making audits, Mental Health Act Assessment audits and Deprivation of Liberty Safeguards audits. This is to promote consistency of approach and a shared understanding of expected standards.

4 Audit Examples

- 4.1 Adults' Services audits are completed on the Mosaic system, and this enables the reporting of key performance data, including:
- Rates of completion
 - Identification of trends / themes
 - Measures of success against criteria
- 4.2 Due to the nature of the audits, data protection and accessibility issues, it may be beneficial to run a separate session with HASC to run through the audit process. Please advise the report author if this would be welcome and, if so, a workshop can be organised.
- 4.3 The 'What Good Looks Like' guidance provided to auditors is attached as an appendix and illustrates the case management standards expected and the grading criteria used.

5 Proposal Details

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

6 Other options considered (and reasons for not proposing)

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

7 Consultation, engagement, and advice

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

8 Finance

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

9 Risk implications and mitigations

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

10 Policy alignment and compliance

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

Keith Hinkley
Executive Director of Adults' and Health

Contact Officer: Graham Tabbner, Quality Assurance Lead, 0330 22 22150,
graham.tabbner@westsussex.gov.uk

Appendices: A - Ethical Decision-Making Guidance, v1.3
B - Adults' Services Performance Data, v1.0

Background Papers: None.

This page is intentionally left blank

Ethical Decision- Making Audit Tool Guidance

Adults' Services

Version: 1.3

Effective from: July 2021

Next review date: July 2024

Document Details

Prepared by: West Sussex County Council, Adults' Services

Scope: adults, social care, audit, quality assurance

Version: 1.3

Issue date: July 2021

Owner: Julie Phillips, Assistant Director: Safeguarding, Planning & Performance

Author: Graham Tabbner, Quality Assurance Lead,
graham.tabbner@westsussex.gov.uk

Status: Draft

Signed off by: AHLT

Sign-off date: 13th May 2021

Document History

Version	Date	Author(s)	Details
1.0	Jan 2021	Graham Tabbner / Jamie Morrow	Document Created
1.1	Feb 2021	Graham Tabbner	Updates and Amends.
1.2	Mar 2021	Graham Tabbner	Updates and Amends.
1.3	Jul 2021	Graham Tabbner	Final updates.

Feedback

We welcome feedback about our policies, procedures and practice guidance. If you have any comments about this document please E-mail:
as.webpage.requests@westsussex.gov.uk

Contents

1. Ethical Decision-Making Audit Tool.....	4
2. Outcome Measurement.....	4
3. What Good Looks Like	5
Respect	5
Reasonableness	6
Minimising Risk and Harm	7
Inclusiveness	8
Accountability.....	9
Flexibility	10
Proportionality	10
Community	10
4. Assessing the Outcome Rating	11
Respect.....	11
All other domains except respect	12
5. Scoring the Overall Assessment	12

1. Ethical Decision-Making Audit Tool

1.1. This audit tool is based on the principles of the Ethical Framework for Adult Social Care which was developed by the DHSC and the checklist developed within WSCC, and is based on the following principles:

- Respect – Every person and their human rights, personal choices, safety and dignity matters
- Reasonableness – Decisions are rational, fair, practical and compliant with current national and local guidance. Decisions are evidence based, justified and defensible.
- Minimising Risk and Harm – Though we are not auditing safeguarding there are elements of risk management that must be clearly documented.
- Inclusiveness – People are given a fair opportunity to understand situations and be involved in decisions that affect them. Aim to minimise inequality.
- Accountability - Holding ourselves and people to account for decisions they make. As far as appropriate and possible, be transparent about the specific decisions or actions taken relating to individuals.
- Flexibility - Being responsive, able and willing to adapt when faced with change or new circumstance. This is vital in enabling collaborative and agile working across the health and social care workforce.
- Proportionality - Ensure all care and support, written documentation and interventions are proportionate to levels of need and identified risks.
- Community - The person's wider community assets and community led support solutions have been considered.

1.2. Respect and Reasonableness are the fundamental, underpinning principles and will hold the greatest weight in determining an overall audit outcome.

2. Outcome Measurement

2.1. The 8 principles should be considered to the greatest extent possible in the context of the individual circumstances. Each principle has areas where evidence of compliance must be assessed. There are 3 levels of compliance and these are:

- Not met
- Partially Met
- Fully Met

The balance of your responses in these areas will determine the overall scored outcome for each principle, rated as either

- Outstanding
- Good
- Standard Partially Met (Requires Work)
- Standard Not Met (Inadequate)

An overall, combined outcome should then be given, and general comments provided. Guidance on scoring can be found via clicking on the following links or by scrolling through the document as normal.

- Respect

- Reasonableness
- Minimising Risk and Harm
- Accountability
- Flexibility
- Proportionality
- Community

2.2. Audit Must Haves:

- Auditors Name
- Date Audit Completed
- Person ID
- Worker(s)
- Team(s)
- Workflow Step ID(s)
- Workflow Step Type(s)

3. What Good Looks Like

Respect

Every person, and their human rights, personal choices, safety and dignity matter.

Fully Met

- Details have been accurately recorded
- Consent to share information has been obtained and clearly evidenced
- The need for advocacy has been considered and discussed
- The customer's views on their care and personal choices have been considered and factored into their assessment
- Where views and choices can't be considered, the rationale for this is clearly evidenced
- All information, including financial and charging information, has been provided to the customer and this has been recorded
- Mental Capacity has been established and recorded
- Where capacity is lacking:
 - An assessment has been completed
 - Best Interest Decision making has been considered and evidenced
 - Relevant Lasting Power of Attorney / Enduring Power of Attorney has been seen
 - Only those with appropriate authority have made decisions on behalf of the customer
 - Evidence has been clearly documented
- Case information has been updated

Partially Met

- Basic details have been recorded
- Consent to share information has been obtained
- Advocacy has been considered but not discussed / formalised
- The customer's views and choices have been considered but not factored into their assessment
- Some evidence for the rationale of not considering their choices has been recorded
- Most information, including financial and charging information, has been

- provided to the customer and this has been recorded
- Mental Capacity has been established and recorded
- Options for those lacking capacity have yet to be considered or explored
 - Assessment yet to be completed but plan in place to do this
 - Best Interest Decision making not completed or evidenced but plan in place to do this
- Most case information has been updated

Not met

- Case details have not been recorded or are not accurately recorded
- Consent to share information not obtained
- The need for advocacy has not been considered or discussed
- The customer's views about their care have not been sought or considered
- Their choices have not been sought or considered
- No evidence for not considering personal views or choice has been provided
- Information has not been provided to the customer
- Financial and charging information has not been provided to the customer
- Mental Capacity has not been established or recorded
- Case details have not been updated

Reasonableness

Decisions are rational, fair, practical and compliant with current national and local guidance. Decisions are evidence based, justified and defensible.

Fully Met

- The strengths of the customer have been considered, evidenced and factored into the assessment
- The proposed care plan has a good chance of success and
 - The sustainability of informal support has been considered and evidenced
 - The proposed support is realistic
 - The proposed funding is realistic
- The available evidence has been considered
- Where key information is unavailable, this has been recorded and the impact understood
- What is important to the customer relating to culture has been taken into account and factored into the assessment
- There is a clearly evidenced rationale for decision making
- Those who are, or who will be, providing care have been engaged, and given relevant information about the customer's needs
- Decisions relating to funding are consistent with similar cases and are equitable

Partially Met

- The customer's strengths have been considered but not clearly evidenced or factored into the assessment
- The proposed care plan may succeed and
 - Informal support is likely to be sustainable
 - The proposed funding and support package are likely to be sufficient
- Most available evidence has been considered
- The unavailability of key information has not been recorded in all cases
- Elements of what is important to the customer relating to culture, have been considered and factored into the assessment

- Some rationale for decision making has been provided
- Some communication has taken place with those who are, or who will be, providing care
- Those who are, or who will be, providing care have received information about some of the customer's needs
- Funding decisions are largely equitable and consistent with similar cases

Not Met

- The customer's strengths have not been considered
- The proposed care plan is unlikely to succeed because
 - Informal support is unlikely to be sustainable
 - The funding and support package is unlikely to be sufficient
- Available evidence has not been considered
- No recording has taken place to document a lack of available evidence
- The customer's culture has not been considered or factored into the assessment
- No rationale for decision making has been provided
- No communication has taken place with those who are, or who will be, providing care, and no information has been provided to them
- Those who are, or will be, providing care may be unaware of the customer's needs
- Decisions made about funding are not in line with similar cases and are not equitable or consistent

Minimising Risk and Harm

Though we are not auditing safeguarding there are elements of risk enablement / management that must be clearly documented.

Fully Met

- Risks and potential risks have been identified
- Risks have been identified and risk enablement / management has been evidenced
- The likelihood and severity of negative impacts has been assessed and documented
- The person's view and understanding of apparent risk and what is important to them is clearly documented
- A plan is in place to reduce or minimise risk and this has been developed with and communicated to all relevant parties
- There is a fully documented contingency plan in place for use if a risk materialises
- Where any safeguarding concerns have been identified, they have been appropriately referred or escalated and followed up

Partially Met

- Some risks have been identified and assessed
- A risk enablement / management plan is in place covering most risks identified and has reduced the likelihood and severity of some potential impacts
- A contingency plan is in place but this has not been fully documented
- Safeguarding concerns are reported but not followed up

Not Met

- Considerations of risk have not been made
- There is no plan in place to manage risk or to reduce the harm they may cause
- No contingency planning has taken place
- There is no understanding of safeguarding concerns or how they should be escalated or referred

Inclusiveness

People are given a fair opportunity to understand situations and be involved in decisions that affect them. The aim is to minimise inequality.

Fully Met

- Information has been provided to the customer, including copies of assessments
- Provision of information, including charging information, has been recorded
- Consideration has been given to the range of formats used, appropriate to the customer
- The rationale for the formats used has been recorded
- Assessments and communications are free from jargon and technical language (where this can be avoided)
- Capturing the voice of the customer has been evidenced
- Input from family / friend / carers has been sought and captured (where this is appropriate)
- Carers have been identified and have been offered an assessment, or it has been recorded that this is not applicable

Partially Met

- Some information has been provided to the customer
- Some records have been made regarding the information provided
- Little evidence has been provided that different communication methods were considered
- Jargon and technical language have been used in some instances
- There is little evidence that the customer voice has been captured
- There is little evidence that input has been sought from family or carers
- There is little evidence that a carers assessment has been offered, or that it was not applicable

Not Met

- No information has been provided to the customer and they do not have a copy of their assessment
- No records of information provided have been made
- No evidence has been provided that different communication methods were considered
- Jargon and / or technical language has been used throughout
- There is no evidence that the customer voice has been sought or captured
- There is no evidence that input has been sought from family or carers
- There is no evidence that a carers assessment has been offered, or that it was not applicable

Accountability

Holding ourselves and people to account for decisions they make. As far as appropriate and possible, be transparent about the specific decisions or actions taken relating to individuals.

Fully Met

- Agreed actions have been completed and by when you said they would be done
- If any actions couldn't be completed, or completed on time, you kept the customer and/or their representative informed
- You have explained to the customer and/or their representatives what decisions need to be taken and on what basis, including
 - Why it is needed
 - When it needs to be done
 - Who will do it
 - The impact of decisions made / not made
- You have provided reasons why you have made the decisions you have and clearly recorded these on the case file
- Work was completed in a timely manner when possible and when not possible, this has been clearly evidenced

Partially Met

- Most actions have been completed and mostly by when you said they would be done
- You have mostly kept the customer and/or their representative informed of any actions that couldn't be completed, or completed on time
- You have sometimes explained to the customer and/or their representatives what decisions need to be taken and on what basis, including
 - Why it is needed
 - When it needs to be done
 - Who will do it
 - The impact of decisions made / not made
- You have often provided reasons why you have made the decisions you have and these are generally recorded these on the case file
- Work was generally completed on time
- When work couldn't be completed on time this was normally evidenced

Not Met

- Few actions have been completed on time or not within the timeframe you stated
- You have not kept the customer and/or their representative informed of actions that couldn't be completed or that were completed late
- You have not explained to the customer and/or their representatives what decisions need to be taken or why
- You have not provided reasons why you have made the decisions you have and these have not been recorded on the case file
- Work was often not completed on time and no evidence for this has been provided
- The customer's choices have not been sought or considered

Flexibility

Being responsive, able and willing to adapt when faced with change or new circumstance. This is vital in enabling collaborative and agile working across the health and social care workforce.

Fully Met

- All information has been considered and where appropriate other disciplines have been involved in supporting the customer
- Where other disciplines, teams or partners are involved, you have worked collaboratively to support the customer

Partially Met

- Some information has been considered and there are plans in place to involve other appropriate disciplines
- You have, at times, worked collaboratively with other disciplines, teams or partners to support the customer

Not Met

- No information has been considered
- Information has been considered but not acted upon
- No evidence of working collaboratively with other disciplines, teams or partners

Proportionality

Ensure all care and support, written documentation and interventions are proportionate to levels of need and identified risks.

Fully Met

- The support provided is proportionate to meet the customer's needs
- The support provided recognises risk and effective risk enablement
- Case recordings, assessments, support plans and reviews are recorded proportionately

Partially Met

- Support provided is largely proportionate and recognises the customer's needs
- Support provided is largely proportionate to the level of risk
- Case recordings, assessments, support plans and reviews are generally recorded proportionately

Not Met

- The support provided does not recognise the customer's needs and is not proportionate to the levels of risk
- Case recordings, assessments, support plans and reviews have not been recorded proportionately

Community

The person's wider community assets and community led support solutions have been considered

Fully Met

- Informal care, community and voluntary sector service provision has been considered and used to meet needs where possible, and if not this has been evidenced
- A range of services and resources have been considered and used to meet needs where possible, and if not possible this has been evidenced

Partially Met

- Some aspects of informal care, community and voluntary sector service provision has been considered
- A range of services and resources have been considered

Not Met

- Informal care, community and voluntary sector service provision has not been considered
- A range of services and resources have not been considered

4. Assessing the Outcome Rating**Respect****Areas of evidence considered**

- The need for advocacy has been considered
- The persons views and wishes on matters affecting their care have been considered
- If not possible, clear reasons why not have been recorded
- Personal choice has been considered
- If not possible a clear rationale has been provided as to why not
- Record of information provided – both relevant now and informed of potential for change, including financial and charging information (that charges can be applied retrospectively)
- Mental capacity for decision making has been established
- Where the person lacks mental capacity to make a specific decision the following have been documented:
 - Mental capacity assessment
 - Best Interest decision process
 - Relevant Lasting Power of Attorney /Enduring Power of Attorney evidence seen
 - Decisions are only made by those with authority to do so

Outstanding

If all areas of evidence have been Fully Met to a high level of quality, the overall outcome score can be Outstanding

Good

There are no areas where the standard is not met

And

The majority of areas are fully met

And

Mental capacity has been established and assessments and processes have been completed and are evidenced.

Standard partially met – requires work

There is not more than one area where the standard is Not Met

And

Evidence has been at least Partially Met in the majority of the remaining areas

And/or

Mental capacity has been established and plans are in place to complete assessments & processes

Inadequate

2 or more of the areas of evidence are Not Met

And/or

Mental capacity not established and documentation for those lacking mental capacity has not been considered (as below)

All other domains except respect

Outstanding

If all areas of evidence have been Fully Met to a high level of quality, the overall outcome score can be Outstanding

Good

There are no areas where the standard is Not Met

And

The majority of areas are Fully Met

Standard Partially Met (Requires Work)

There is not more than one area where the standard is Not Met

And

Evidence has been at least Partially Met in the majority of the remaining areas

Standard Not Met (Inadequate)

2 or more of the areas of evidence are Not Met

5. Scoring the Overall Assessment

Outstanding

One of the Respect and Reasonableness principles must be rated as at least 'Outstanding'.

And

At least 2 further principles must be rated 'outstanding'

And

No principles can be rated 'inadequate'

Good

Both the Respect and Reasonableness principles must be rated as at least 'Good'

And

At least 4 further principles must be rated 'Good'

And

No principles can be rated 'Inadequate'

Standard Partially Met (Requires Work)

If either of the Respect or Reasonableness principles are rated as at least 'Standards Met but Work Required'

And

There are no more than 2 further principles rated as 'Inadequate'.

Standard Not Met (Inadequate)

If either of the Respect or Reasonableness principles are rated as 'Inadequate'

Or

The majority of principles are rated as 'Inadequate'.

N.B. Scores for the overall assessment will be automatically calculated based on the grades attributed to each of the principles.

This page is intentionally left blank

Adults' Services Performance Data

This table outlines the breadth of data which is regularly reviewed and considered by Adults' Services senior management and quality assurance groups, to pinpoint areas of focus, learning and improvement.

Measure	Qualitative	Quantitative
Annual Social Care Outcomes Framework (ASCOF) Customer & Carer Surveys	✓	
Assessments <ul style="list-style-type: none"> • Timeliness • Volume • Team comparison 		✓
Audit Performance & Moderation	✓	✓
CarePoint 2 <ul style="list-style-type: none"> • Volume of work • Next actions and assignments 		✓
Complaints Data	✓	✓
Demand Analysis <ul style="list-style-type: none"> • CarePoint 1 demand • Incoming work • All open work • Assessments, reviews and reassessments • Incoming, completed and working 		✓
Deprivation of Liberty Safeguards <ul style="list-style-type: none"> • Open work and activity • Priority assessments • Completions 		✓
Learning from Lives & Deaths - People with a Learning Disability & Autistic People (LeDeR) Reviews	✓	✓
Local Government Ombudsman Decisions	✓	✓
Number of Reviews Completed		✓
Occupational Therapy Teams <ul style="list-style-type: none"> • Incoming work • Completed work • Open assessments 		✓
Prevention Assessment Team Assessments <ul style="list-style-type: none"> • Contacts • Caseloads and completions 		✓
Reviews <ul style="list-style-type: none"> • Overall performance • Team comparison • Planning 		✓
Safeguarding <ul style="list-style-type: none"> • Overall performance • Timescales • Team comparisons and trends 		✓
Safeguarding Adults' Reviews	✓	
Safeguarding Customer Feedback Survey	✓	

This page is intentionally left blank

Report to Health and Adult Social Care Scrutiny Committee

7 March 2022

End of December (Quarter 3) Quarterly Performance and Resources Report – Focus for Scrutiny

Report by Director of Law and Assurance

Summary

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

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

The Adults Services Portfolio has a number of performance highlights to report this quarter, set out in Appendix A, which include details on the adult social care strategy, joint winter planning, the Joint Carer Strategy 2021-2026, learning disability awareness and reducing admissions to residential and nursing homes for working age adults and older people.

The Public Health and Wellbeing Portfolio, set out in Appendix B, highlights health protection, surveillance and prevention, Stoptober and Alcohol Awareness Week.

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

Focus for scrutiny

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

- 1) The effectiveness of measures taken to manage the Council's financial position and expectations;
- 2) The particular performance indicators and measures identified as most critical to the focus of the Committee and whether the narrative provides assurance about the position presented and likely outcomes;
- 3) The on-going impact of the Covid-19 emergency situation on the Council's financial resilience and performance;
- 4) Any areas of concern in relation to the management of corporate risk;

- 5) Whether the report indicates any issues needing further scrutiny relevant to the Committee's portfolio area and, if so, the timing of this and what further data or information may be required; and
- 6) Identification of any specific areas for action or response by the relevant Cabinet Member.

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

1. Background and context

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

Tony Kershaw

Director of Law and Assurance

Contact Officer

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

Appendices

Appendix A – Adults Services Portfolio – Summary

Appendix B – Public Health and Wellbeing Portfolio - Summary

Appendix C – Corporate Risk Register Summary - December 2021

Appendix D – How to Read the Performance and Resources Report

Background Papers

None

This page is intentionally left blank

Adults Services Portfolio – Summary

Performance Summary

1. The Portfolio has a number of performance highlights to report this quarter:
 - Work has been underway since September 2021 to build a longer-term vision and strategy for adult social care, co-designed with staff, customers, carers and partners. The creation of the strategy will understand better what has changed for people since the start of the pandemic and what they want from their lives, so the care and support provided can be shaped to meet the needs and expectations of the people the County Council supports. It will also allow the County Council to reflect on what is most important to people and look to commission, deliver or enable services to be delivered in a way that meets people's expectations and support the commitment to person-centred care, with the voices of customers and carers at the heart of their own care and support as set out in the recently published White Paper. The first phase of co-design activity was completed following a two-month process of nine workshops, 17 focus groups and a survey that has yielded almost 1,000 responses. The draft strategy has been shared with everyone who has been involved in its creation before being finalised and will be considered for approval by Cabinet in February 2022.
 - The County Council has continued to work in partnership with health partners, developing a joint winter plan, including additional measures due to the spread of the Omicron variant, to facilitate the timely discharge of 2,224 patients from hospital over the quarter. The importance of managing the flow of patients through hospital settings has been essential with the continued impact of Covid-19 on hospital admissions.
 - The Joint Carer Strategy 2021-2026 was endorsed by the Health and Wellbeing Board and provides a clear direction of travel for carer identification and support in West Sussex. The strategy was developed with carer engagement of all ages as well as wider stakeholders and aims to ensure carer recognition, provide targeted support, advance equality of access, contingency planning for young carers, limit financial hardship and reduce carer isolation.
 - Work has continued through the Learning Disability Partnership Board, to raise Learning Disability Awareness. Partner organisations, including the NHS, Voluntary Sector and District and Boroughs have been assessing health inequalities with the focus on life expectancy, reasonable adjustments to make sure people can access services and digital inclusion. A specific set of targets are being set, identifying the actions required to achieve results, which the Health and Wellbeing Board will monitor over the next year.
 - The County Council continues to remain on track to reduce admissions to residential and nursing homes for working age adults and older people, in line with our corporate priority to maximise independence in a personal and meaningful way through early intervention and prevention approaches, enabling more people to live independently for longer and thereby reducing need for long term services. The current trajectory continues to indicate a

Agenda Item 7
Appendix A

reduction from 2020/21 admissions and puts West Sussex in line with regional local authority peers.

Adults Services		2021/22 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis	Actions	Year End Forecast
			Jun-21	Sep-21	Dec-21				
11	Percentage of contacts to adult social care that progress to a social care assessment Reporting Frequency: Quarterly	20-30%	47.1%	44.9%	50.8%		Demand and increased acuity of customer need remains high, something which is a national trend. The Government's evidence review for adult social care reform published in December 2021 details 'as more people live to older ages, more of us are living with illness and disability, often with complex comorbidities and more challenges in managing everyday life'. This trend continues to impact the County Council's ability to resolve peoples need through universal, low level or preventative services at the front door. However as with Q1 and Q2, Q3 data may be subject to adjustment as there is a degree of lag in reporting due to the presence of waiting lists in services.	Monitoring demand and complexity of need will continue as will working with health and voluntary and community sector partners, as part of the emerging Adult Social Care Strategy 2022-25 to look to address this national trend in West Sussex.	R
12	Percentage of adult social care assessments that result in a support plan Reporting Frequency: Quarterly	65-75%	46.6%	47.6%	31.2%		Note further adjustments to performance for Q1 (46.6%) and Q2 (47.6%) which reflects the outcome of further support plans being determined. Q3 data will also be subject to change as more assessments are completed and support plans determined. Performance for Q1 and Q2 remain below target which continues to indicate that whilst demand for formal social care assessment has been high, this has not always led to the need for the provision of a Council funded service and the development of a support plan. Peoples needs are being met through alternative service provision including preventative services such as reablement.	The service will continue to monitor demand and capacity in respect of this measure throughout quarter 4 and predicts that performance will not improve enough to achieve the target as set. The reasons for this will be reviewed as part of target setting for the next financial year.	R
13	Percentage of safeguarding concerns that become a Section 42 enquiry Reporting Frequency: Quarterly	56.3%	63.3%	58.2%	62.8%		Although the conversion rate has increased this quarter, safeguarding concerns that have become Section 42 enquiries have been audited and officers are assured that the decision making against the County Council's safeguarding criteria is robust.	The Safeguarding Adults Board has drafted new threshold guidance to help partners understand when to raise safeguarding concerns and when alternative options may be more appropriate. As it is unknown how many safeguarding concerns will be received in quarter 4 and whether these will be converted to Section 42 enquiries, the end of year RAG rating remains amber even though performance for quarter 3 is red.	A
14	Time to complete outstanding 'deprivation of liberty' cases Reporting Frequency: Quarterly	4.4 Months	2.2 Months	2.9 Months	3.4 Months		Further increase, which is due to the continued increase in volume and delays in work being completed due to Covid-19 in homes, staff sickness and some recruitment challenges. Performance is still below target though so reasonable confidence we will maintain position below the 4.4 months, until year end.	Ongoing monitoring.	G
36	Percentage of adults that did not receive long term support after a period of reablement support Reporting Frequency: Quarterly	85.5%	85.5%	85.4%	81.3%		Data is not available for this quarter due to issues with data collection, following changes to workflows and processes. However, the service continues to be impacted by reduction in staffing levels due to covid, which has reduced capacity in the service. In addition the complexity of customers remains high. The service has also in this quarter provided service to non-reablement customers to support service failures in the domiciliary care market. These impacts are likely to have a negative impact on this performance indicator.	Contract management and oversight will continue throughout quarter 4, working with the provider in respect of performance mitigations that are within the control of the County Council.	A
37	Percentage of adults that purchase their service using a direct payment Reporting Frequency: Quarterly	27.4%	27.1%	27.9%	28.5%		Performance is marginally above target, so intervention not required at this stage. Will continue to be monitored.	Ongoing monitoring.	G
38	Percentage of users of adult services and their carers that are reviewed and/or assessed in the last 12 months Reporting Frequency: Quarterly	73.2%	69.4%	67.1%	63.4%		Performance has deteriorated due to Covid-19 (and specifically Omicron demands and the pressure from hospital discharge flows, and staffing). All statutory work has been considered and prioritised (based on levels of risk) and majority of reviews have been temporarily paused.	Once the immediate Covid-19 pressures have reduced, recovery measures will be put in place. This includes a plan to introduce dedicated review teams which will be progressed throughout quarter 4. As these teams will be not be in place until later in the quarter, it is unlikely that the target will be met by the end of the financial year.	R
39	The percentage of adults with a learning disability in paid employment Reporting Frequency: Quarterly	3.6%	0.4%	0.4%	0.6%		Although there is slight improvement in performance in quarter 3, this measure is dependent on case reviews/assessments within the last 12 months to record employment, which has not been undertaken due to overall capacity issues within the service during this quarter.	Work will be undertaken throughout quarter 4 to complete case reviews/assessments, which is expected to see a significant increase in performance.	R
40	The percentage of adults in contact with secondary mental health services living independently with or without support Reporting Frequency: Quarterly, Reported a quarter in arrears.	71.0%	71.0%	52.0%	67.0%		This is an NHS led measure and is dependant upon the number of customers open to the Sussex Partnership Foundation Trust Mental Health Trust. Current performance has increased and this trend is likely to increase as reviews are undertaken and outcomes are recored through to year end.	Work is on-going with social work staff who have returned to WSCC direct management, to ensure they are using a strength-based approach and hospital discharge pathways are being jointly developed with WSCC and Sussex Partnership Foundation Trust.	A
44	Percentage of people affected by domestic violence and abuse who feel safe upon leaving the service Reporting Frequency: Quarterly	80.0%	91.0%	89.1%	86.0%		Of the clients asked, 32 agreed or strongly agreed that they felt safer. This equates to 86%	The IDVA (Independent domestic violence advisor) service is currently under review, in line with the implementation of the family safeguarding model. A part of this review will include data recording mechanisms, with an emphasis on consistently capturing client outcomes. The domestic and sexual violence community safety lead officer will attend quarterly operational meetings to reiterate the importance of Insights completion for all clients, and offer support around this process as required. The operational service and early help MASH (Multi agency safeguarding hub) manager is aware of the need to consistently complete the data capture forms, and will ensure this is a part of routing duties for each IDVA.	G

Our Council Performance Measures

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

Finance Summary

Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Covid-19 pandemic forecast expenditure	£2.227m	Covid-19 Grant – Assumed funding from Covid-19 grants and contributions	(£2.227m)	
Older People – delays in delivering 2021/22 savings due to increased care costs and demand	£4.361m	Covid-19 Grant – Allocation of Contained Management Outbreak Fund (COMF) towards eligible costs within Older People and Learning Disability cohorts	(£8.482m)	
Delays in delivering 2021/22 savings from the closure of Marjorie Cobby House and Shaw day care services. Delayed until April 2022.	£0.890m	Covid-19 Grant – Use of Omicron Support Fund and the Workforce Recruitment and Retention Fund to manage market pressures	(£1.825m)	
Older People – continued rising cost of care packages and reduction in additional income assumption following backdated assessments	£6.862m	Use of external funding sources including Winter Pressures Grant and Improved Better Care Fund (iBCF) to manage market pressures	(£1.675m)	
Learning Disabilities– delays in delivery of savings 2020/21 & 2021/22	£2.827m	Underspending from the closure of in-house services during the pandemic	(£0.631m)	
Learning Disabilities – expenditure relating to residence dispute adjudication outcome against the County Council (including backdated costs).	£1.800m	Various underspending across a mix of services	(£0.400m)	
Learning Disabilities –changes in care packages for a small number of customers with complex care needs	£0.673m	Further funding from Covid-19 grants, the Improved Better Care Fund (iBCF) and Adults and Health Pressures and Recovery Reserve	(£4.400m)	
Adults Services Portfolio - Total	£19.640m		(£19.640m)	£0.000m

Significant Financial Issues and Risks Arising

Key Financial Issues and Risks Arising	Narrative	Cost Driver	Q1	Q2	Q3	Action	Trajectory	
1	Older People's Care Budget	Key cost driver data influencing the trajectory of the Older People's care budget	No. of older people with a care package	4,681 ↗	4,694 ↔	4670 ↔	Customer numbers remain close to pre-Covid levels. This represents less of a budget risk than care costs. These are being driven by market-related factors, especially shortages of care workers. At the end of quarter three, the real terms rate of price increase is 3.95%, if the 1.75% inflationary uplift agreed for 2021/22 is excluded.	↗
			% increase in the average gross weekly cost of a care package for older people	3.0% ↗	4.5% ↗	5.7% ↗		
			% increase in the average net weekly cost of a care package for older people	2.8% ↗	4.1% ↗	5.8% ↗		

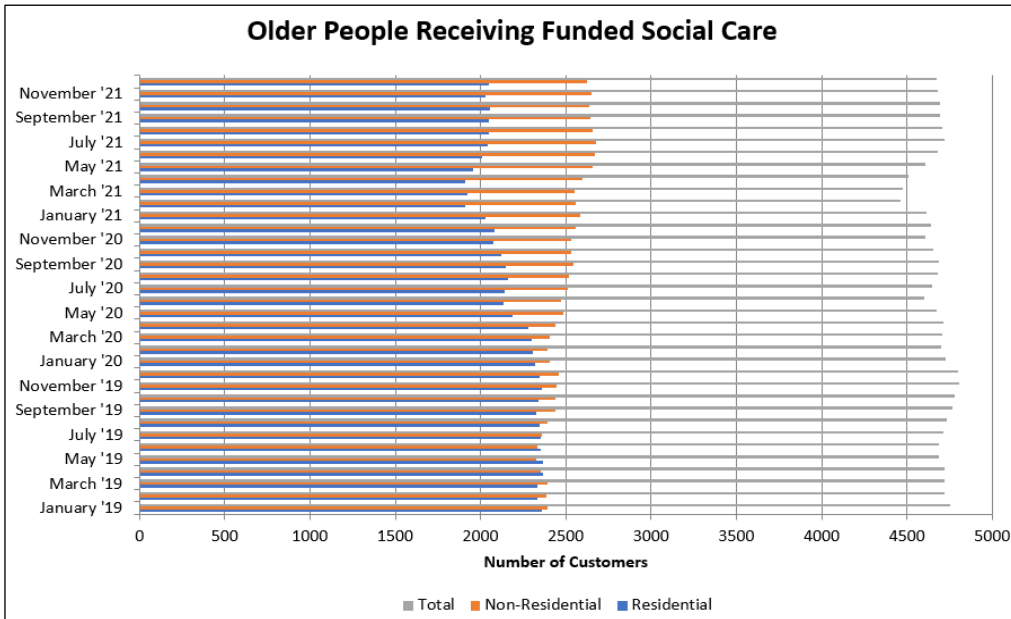
Financial Narrative on the Portfolio's Position

1. The Adults Services Portfolio is projecting a balanced budget at this time; however, the underlying overspending risk reported in September has increased from £10.3m to £12.9m. The main source of that pressure continue to relate to the cost of older people and customers with learning disabilities.
2. **Older People - Demand.** Outwardly demand remains steady. Customer numbers reduced by around 20 during the third quarter, which, in an historical context, is unusual for this time of year. At approximately 4,700, the total is now around 100 fewer than pre-pandemic levels. However, that position masks the increasing challenge that the County Council is facing in obtaining care. For a whole series of reasons, which include the needs of hospital discharge, workforce shortages, rising inflation and care homes that are closed to new admissions because of Covid-19, there is an imbalance of demand and supply in the market. This is manifesting itself in growing waiting lists and so there may be a spike in numbers at a future date if any unmet demand cannot otherwise be managed.
3. **Older People – Cost of Care.** The same factors which are limiting supply are also resulting in the cost of care rising sharply. The average cost of a care package, which now stands at approximately £505 per week, has grown by around £6 per week during the third quarter. This takes the increase for the year to date to 5.7% – the comparative figure in September was 4.5% - which represents real terms pressure of almost 4% when discounted for the inflationary uplift of 1.75% agreed by the County Council for 2021/22.
4. Amongst other things, that statistic indicates that fewer residential providers are accepting new placements at the County Council's usual maximum rates. Over 60% of those admissions are now being made at an agreed rate and it is becoming increasingly common for providers to be seeking payment of over £1,000 per week for fairly standard provision. At the same time the fragilities within the domiciliary care market are causing short term residential placements to be used to hold customers until suitable care can be sourced to enable them to return home. In other circumstances, without the pressure the County Council is facing to ensure hospital beds become free as soon as people are medically fit to be discharged, much of this spending would not be seen as value for money. However, it is being incurred as the cost of a pandemic and has added £3.5m to projected care expenditure in 2021/22 since October. Fortunately, the conditions attached to the recently announced Workforce Recruitment and Retention Fund and Omicron Support Fund allow £1.8m of that expenditure to be charged against those allocations. When combined with uncommitted resources within the Winter Pressures Grant and the market fragility allocation in the Improved Better Care Fund this enables that £3.5m to be managed without detriment to the outturn position.
5. **Income from Customer Contributions to Care.** Due to financial assessments relating to the policy change that the County Council agreed in respect of the Minimum Income Guarantee (MIG), estimates have needed to be included in previous forecasts about the additional revenue that ultimately would be generated. Unfortunately, the increase in income that has followed has been lower than projected. In part this is because the proportion of

customers contributing towards a non-residential package was expected to return to its pre-pandemic level of circa 75% but has remained consistently below 70%.

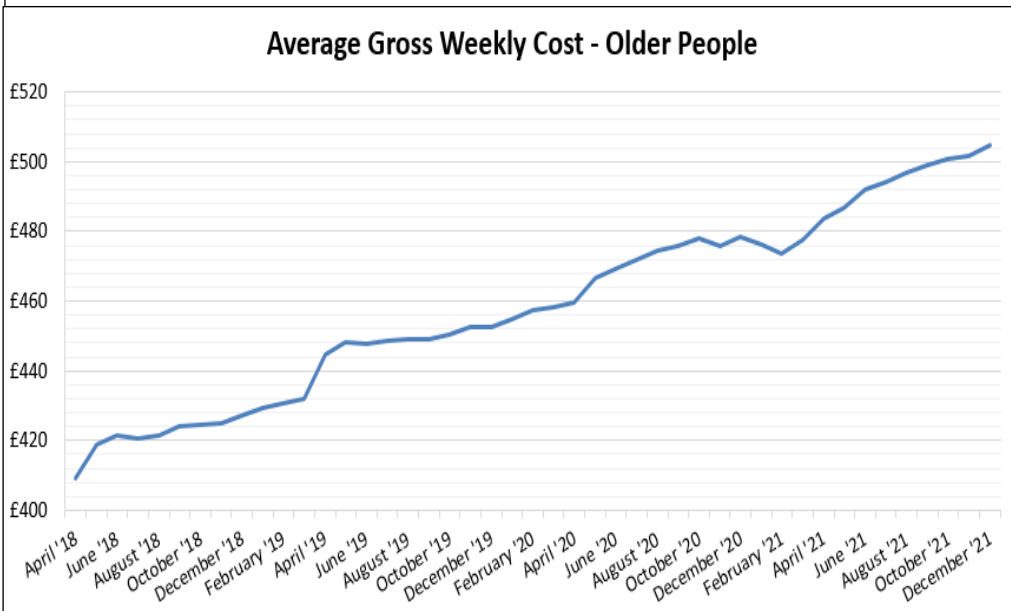
6. In addition, the County Council has recently made a decision not to uplift non-residential contributions in 2021/22 for existing customers to avoid the possibility of any further increases in this financial year for those people who have been impacted by the changes to the MIG). The combination of those factors means that the additional income will be £1.5m less than estimated. Despite this, income will still be in-line with the budget and the loss is of a contribution which would have helped mitigate overspending pressure.
7. **Learning Disabilities.** – For the County Council’s share of the pooled budget, the projected overspend on Learning Disabilities has risen by £1.5m from £3.8m to £5.3m. Over half of that increase (£0.8m) relates to two customers where responsibility for residence has been disputed. In both cases, adjudications have recently been made against the County Council. Such decisions are backdated (one to 2014, the other to 2016) and so will result in payment of historic arrears as well as on-going care costs. This takes the number of such cases that the County Council has lost in the last six months to four. Between them, they account for £1.8m of the total Learning Disabilities overspend, though as circa £1.4m is bound up in the arrears this will be one-off in 2021/22 rather than spending that will recur. The remaining £0.7m is a consequence of changes in package costs for a small number of customers with particularly complex care needs.
8. **Summary Position.** Between the Older People’s budget and Learning Disabilities, the aggregate increase in pressure is £3m. After allowing for £0.4m of underspending across a mix of other budgets across the service, the overspend estimate becomes £12.9m. Given the extent to which the causes are attributable to Covid-19, £8.5m of this is chargeable against the County Council’s Covid-19 Contained Management Outbreak Fund (COMF) grant allocation. This leaves a balance of £4.4m, which will be covered from either the Improved Better Care Fund (iBCF), further Covid-19 grant funding or the Adults and Health Pressures and Recovery Reserve of £4.7m that was created at the end of 2020/21 to meet Covid-19 recovery expenditure. Those options enable the overall forecast for the Adults budget to be a balanced outturn.
9. Nevertheless, this commentary has underlined the turbulence that the service is currently facing, most of which is driven by external factors outside of immediate control. Without the availability of substantial additional Government grant funding, the outcome would have been significant overspending. Consequently, the outlook for 2022/23 and beyond is critically dependent upon the extent to which stability returns to the market. Unless that happens, it is highly likely that price competition for care will continue, leaving the budget exposed to all of the risks that this will carry. This is especially relevant for next year as large swathes of planned savings are planned are predicated on actions that will aim to make the cost of care more sustainable.

Cost Driver Information



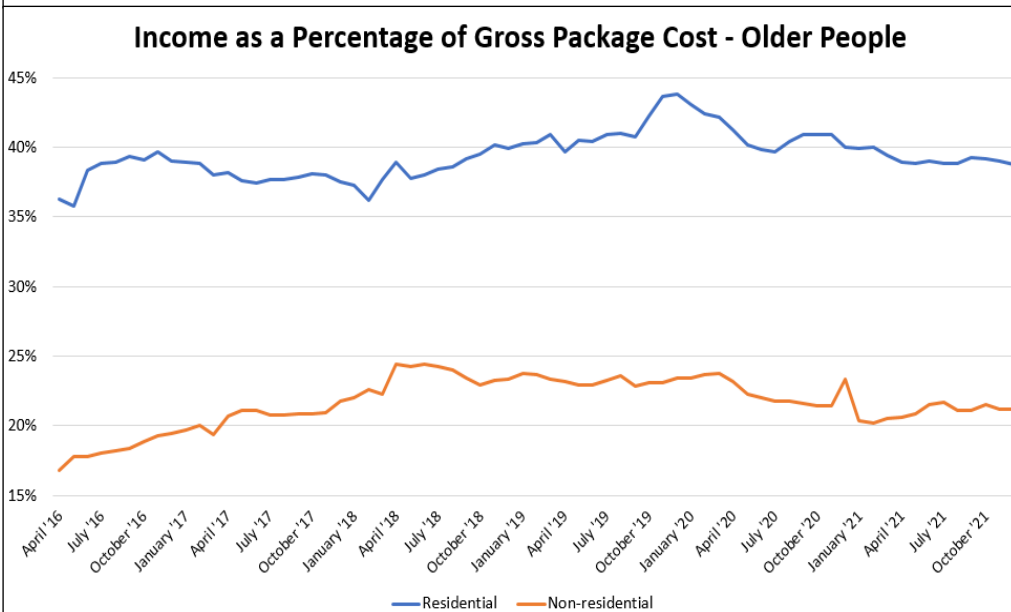
This graph shows the number of older people receiving funded social care and the type of care package.

Overall, the number of care packages has risen since the start of the year and is back to pre-pandemic levels.

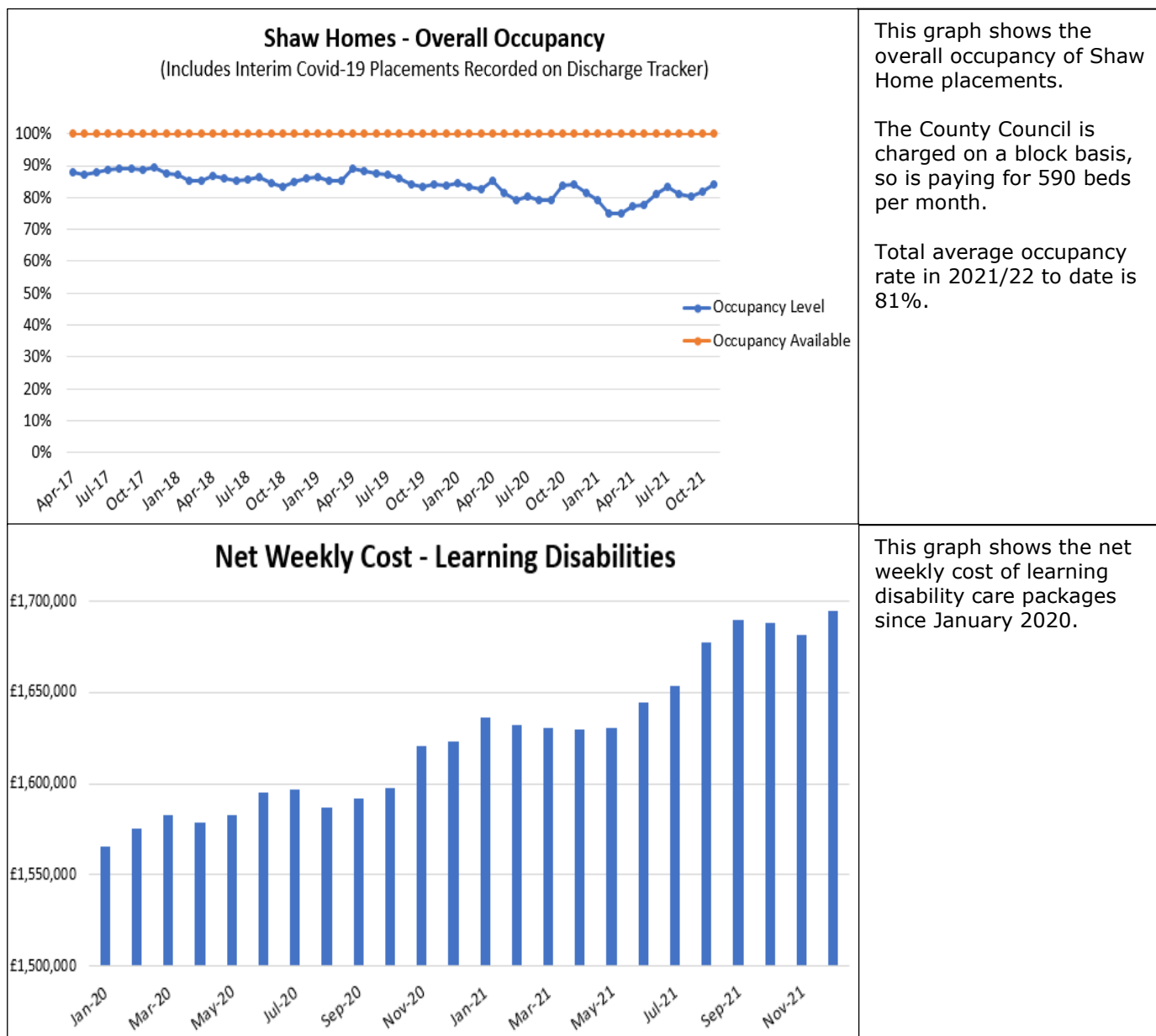


This graph shows the average gross weekly cost of older people since April 2018.

The average cost of a package is currently running 5.7% higher than at the end of March which represents real terms pressure of almost 4% when discounted for the inflationary uplift of 1.75% agreed by the County Council for 2021/22.



This graph shows the income received from customers as a percentage of the gross package cost of care for the older people cohort.



Savings Delivery Update

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

Saving Activity	2020/21 Savings £000	December 2021		Narrative	2022/23
Lifelong Services (<i>Learning Disabilities</i>)	1,900	800	G	Plans being reviewed as part of service budget preparation for 2022/23. The same level of saving will be pursued but through a different set of initiatives.	G
		1,100	R Covid19		A

Agenda Item 7
Appendix A

Saving Activity	2021/22 Savings £000	December 2021		Narrative	2022/23
Review of in-house residential services (<i>Older People</i>).	640	640	R	A decision to close Marjorie Cobby House was made by Cabinet in November. This will result in the saving being delivered in full in 2022/23. The shortfall in 2021/22 is substantially mitigated from savings that have arisen whilst in-house day services have been closed during the pandemic.	G
Review of Shaw day services (<i>Older People</i>).	250	250	R	A decision to close Shaw day services was made by Cabinet in November. This will enable the saving to be delivered in full in 2022/23.	G
Absorption of demand growth for adult social care from older people through demand management (<i>Older People</i>).	4,361	4,361	R Covid19	This is a saving which was planned to be delivered from the benefit of actions previously taken, e.g., the Home First contract. Due to the constant turnover in the older people's customer group, it can only be measured in context of the overall budget position for that group. The impact of Covid-19 and market-related factors mean that the older people's budget will overspend significantly in 2021/22, so the saving cannot be evidenced as having been met. Plans have been laid as part of budget preparation for 2022/23 to avoid this becoming a recurring pressure.	A
Non-residential customers to remain at home with reduced package (<i>Older People</i>).	890	200	G	Savings to date from the additional capacity available in the Reablement contract.	G
		690	A	The increase in capacity is at a lower level than the County Council had sought. In addition, the actual level of delivery is currently below planned due to provider staff shortages. When the decision was made in February 2021 to invest additionally in the contract, funding was earmarked from the Improved Better Care Fund to mitigate the risk of under-performance in its first year, so this will not result in overspending.	G
Increase supply and use of shared lives carers (<i>Learning Disabilities</i>).	448	448	R Covid19	Recruitment and training of additional shared lives carers is taking place. Although this should allow some new placements to be made before 31st March, the part-year impact will mean limited financial benefit at most in 2021/22.	G
Supported Living - transfer of customers from residential provision (<i>Learning Disabilities</i>).	1,059	1,059	R Covid19	Plans have been revised as part of budget preparation for 2022/23. The same level of saving will be pursued but through a different set of initiatives.	A
Increase number of customers supported by live-in care (<i>Learning Disabilities</i>).	106	106	R Covid19	Plans have been revised as part of budget preparation for 2022/23. The same level of saving will be pursued but through a different set of initiatives.	A
Reduce use of single person services for customers where shared services may be suitable (<i>Learning Disabilities</i>).	114	114	R Covid19	Plans have been revised as part of budget preparation for 2022/23. The same level of saving will be pursued but through a different set of initiatives.	A
Review of Agency Staffing	108	108	B		B

Savings Key:

R Significant Risk **A** At Risk **G** On Track **B** Delivered

Capital Programme

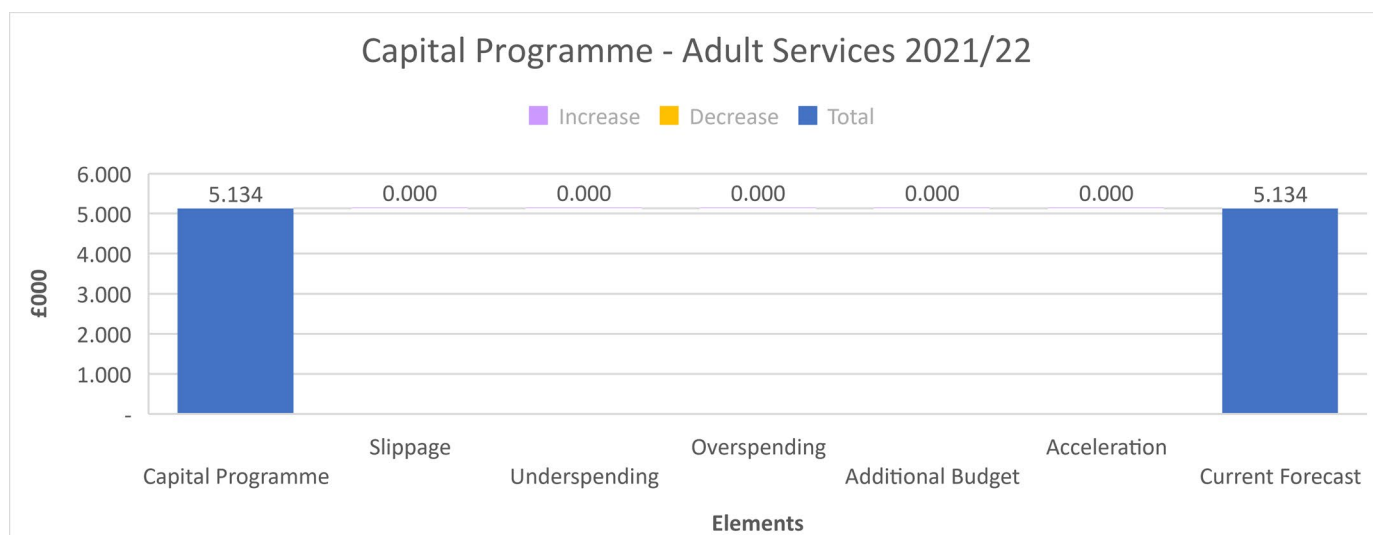
Performance Summary - Capital

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

Scheme	RAG Status at 31 st December	Reason	Latest RAG Status	Updated Position
Adults In-House Day Services Part B - Laurels	AMBER	Works have been completed, but close out works remain in progress.	GREEN	Scheme in retention.
Adults In-House Day Services Part B – The Rowans	AMBER	Works have been completed, but close out works remain in progress.	GREEN	Scheme in retention.
Adults In-House Day Services Part B - Glebelands	AMBER	Works have been completed, but close out works remain in progress.	GREEN	Scheme in retention.

Finance Summary - Capital

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



Key:

Capital Programme – The revised planned expenditure for 2021/22 as at 1st April 2021.
 Slippage – Funding which was planned to be spent in 2021/22 but has since been reprofiled into future years.
 Underspending – Unused funding following the completion of projects.
 Overspending – Projects that require further funding over and above the original approved budget.
 Additional Budget – Additional external funding that has entered the capital programme for the first time.
 Acceleration – Agreed funding which has been brought forward from future years.
 Current Forecast – Latest 2021/22 financial year capital programme forecast.

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

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

Risk

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

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

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

Public Health and Wellbeing Portfolio - Summary

Performance Summary

1. The Portfolio has a number of performance highlights to report this quarter:
 - **Health Protection, surveillance and prevention.** As part of the ongoing local authority public health Covid-19 response, the County Council's Public Health team continue to work closely with colleagues across the organisation, schools, Sussex Health and Care Partnership (SHCP), and with local communities to implement public health prevention measures to reduce the risk of catching Covid-19, spreading it further, minimising severe illness, and saving lives; this was further increased in response to the challenges presented by the emergence of the Omicron Variant of Concern (VoC). These measures include daily monitoring of data, enabling appropriate mitigation measures to be implemented at the earliest opportunity, county-wide communications, promotion of testing and as part of outbreak response, the deployment of a Mobile Testing Unit (MTU) if required, providing support and guidance to schools, communicating regularly with headteachers to update them on national guidance, which we encourage them to follow, and working closely with local NHS partners to tackle inequalities, including access to vaccination, to increase uptake across the local population.
 - **Stoptober.** Throughout October, the organisations in the Smoke Free West Sussex partnership (led by the County Council) supported the 10th anniversary Stoptober campaign - an annual Public Health England stop smoking challenge, encouraging and supporting smokers to make a quit attempt during October. The evaluation of local activity around Stoptober has been completed and the full report will be shared with key partners in March. A key finding to date was excellent reach to over 191,000 residents and communities.
 - To support **Alcohol Awareness Week** which took place in November, Council staff in Public Health and Communications developed a communications campaign to encourage people to consider their relationship with alcohol and take the DrinkCoach alcohol test. This enables people to identify how risky their drinking is, receive tailored online feedback and take steps to reduce this risk through a range of measures including accessing free online sessions with a specialist DrinkCoach. A large increase in visits to the DrinkCoach website, completion of alcohol tests, and visits to the dedicated alcohol awareness week webpage at West Sussex Wellbeing was reported during this period.

Our Council Performance Measures

Public Health and Wellbeing	2021/22 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis	Actions	Year End Forecast
5a Uptake of flu vaccine in over 65s or at risk Reporting Frequency: Annually	75.0%	2018/19	2019/20	2020/21		2021/22 results due in August 2022. Eligible cohorts for 2021/22 increased to include over 50s and 4 additional cohorts in secondary school - all those from years 7 to year 11 will be offered vaccination.	Local NHS, Sussex Health and Care Partnership, are delivering the programme, which WSCC Public Health are supporting by promoting the uptake of the flu vaccination among all eligible cohorts by supporting the NHS Winter vaccination campaign locally via a wide range of communication channels with internal and external partners. WSCC offered and promoted free flu vaccination to all WSCC staff who are not eligible for the free NHS flu vaccine, including school staff, teachers, Capita staff, and foster carers. Director of Public Health is member of Sussex wide COVID-19 and Flu Vaccination Board to support and promote uptake across the system including and bringing in local authority involvement and support. Consultant in Public Health is member of Sussex Vaccine Inequalities Group working across the system and for West Sussex to promote uptake in most vulnerable groups.	A
		73.4%	74.2%	83.7%	↗			
5b Update of flu vaccine in 'at risk' groups Reporting Frequency: Annually	47.0%	2018/19	2019/20	2020/21		2021/22 results due in August 2022. Eligible cohorts for 2021/22 increased to include over 50s and 4 additional cohorts in secondary school - all those from years 7 to year 11 will be offered vaccination.	Local NHS, Sussex Health and Care Partnership, are delivering the programme, which WSCC Public Health are supporting by promoting the uptake of the flu vaccination among all eligible cohorts by supporting the NHS Winter vaccination campaign locally via a wide range of communication channels with internal and external partners. WSCC offered and promoted free flu vaccination to all WSCC staff who are not eligible for the free NHS flu vaccine, including school staff, teachers, Capita staff, and foster carers. Director of Public Health is member of Sussex wide COVID-19 and Flu Vaccination Board to support and promote uptake across the system including and bringing in local authority involvement and support. Consultant in Public Health is member of Sussex Vaccine Inequalities Group working across the system and for West Sussex to promote uptake in most vulnerable groups.	A
		49.1%	45.8%	56.7%	↗			
6 Healthy weight of 10-11 year olds Reporting Frequency: Annually	62.9%	2018/19	2019/20	2020/21		West Sussex is one of only 19 local authorities who met the criteria to have National Child Measurement Programme (NCMP) data published for the Year 6 cohort. (Local authority data was only published where more than 75% of children were measured compared with previous full measurement years). The data shows that there was a significant reduction in the prevalence of healthy weight for 10 to 11 year olds in England, the South East, and West Sussex by 5.6 percentage points, 4.2 percentage points, and 6.6 percentage points respectively, to 57.8% in England, 62.9% in the South East, and 63.2% in West Sussex in 2020/21. Despite this reduction in healthy weight, the prevalence in healthy weight in this cohort of children in West Sussex, remains significantly higher (better) than England. It is recognised that there are likely to be many confounding factors in additional weight gain, for example, the impact of the Covid-19 pandemic with a number of lockdowns, a reduction in children and young people undertaking physical activity, and changes in dietary intake.	The latest data provides a good basis for ongoing and developing obesity work for both Reception and Year 6 children for 2021/22. Obesity is a complex issue affecting all ages, which emphasises the importance of the need for a family targeted approach, working across all age groups. The National Child Measurement Programme (NCMP) for Reception and Year 6 for 2021/22 is on track and will be completed later in the year	G
		70.4%	69.8%	63.2%	↘			
31 Healthy life expectancy for men Reporting Frequency: 3 Year Rolling Average	66 (2017/19 Baseline Data)	2016/17	2017/18	2018/19		The latest local authority level data available for healthy life expectancy for men and healthy life expectancy for women was published in May 2021 and relates to the period 2017-2019. An update, for the period 2018-2020, will be released later in 2022, and this includes the first year (2020) of the Covid-19 pandemic. It is important to note, however, that the impact of Covid-19 continues and there may be on-going, direct, and indirect, effects of the pandemic on health.	Nationally, women's Healthy Life Expectancy is worse than men and often for different reasons e.g. cancer type. We are looking to address this inequality in the county as with other approaches to inequality e.g. disadvantaged communities and minority groups. Work has been undertaken locally to detail the main causes of ill health, disability and death, and also the underlying risk factors, such as smoking, diet (including those high in salt, low in fibre and fruit and vegetables) and obesity. This work is informing a population level approach, agreed at West Sussex Health and Wellbeing Board and with local partners.	G
		65.8 Years	64.6 Years	66.0 Years	↗			
32 Healthy life expectancy for women Reporting Frequency: 3 Year Rolling Average	64.8 (2017/19 Baseline Data)	2016/17	2017/18	2018/19		The latest local authority level data available for healthy life expectancy for men and healthy life expectancy for women was published in May 2021 and relates to the period 2017-2019. An update, for the period 2018-2020, will be released later in 2022, and this includes the first year (2020) of the Covid-19 pandemic. It is important to note, however, that the impact of Covid-19 continues and there may be on-going, direct, and indirect, effects of the pandemic on health.	Nationally, women's Healthy Life Expectancy is worse than men and often for different reasons e.g. cancer type. We are looking to address this inequality in the county as with other approaches to inequality e.g. disadvantaged communities and minority groups. Work has been undertaken locally to detail the main causes of ill health, disability and death, and also the underlying risk factors, such as smoking, diet (including those high in salt, low in fibre and fruit and vegetables) and obesity. This work is informing a population level approach, agreed at West Sussex Health and Wellbeing Board and with local partners.	G
		63.6 Years	64.3 Years	64.8 Years	↗			
35 Number of people completing evidence-based falls prevention programmes Reporting Frequency: Annually	400	New Measure - No Data	New Measure - No Data	New Measure - No Data		Covid-19 restrictions during the pandemic have impacted on the provision of group exercise classes; they were paused for a significant period of time, and in the main, re-established at the beginning of Autumn 2021. Programmes run for approximately 6 months and thus, data for completers will be available in Q1 2022-23. A range of partners and providers deliver falls prevention programmes in West Sussex, and therefore data is combined from a range of areas. Due to this, the reporting frequency has been reviewed and revised to annual reporting.	Falls are a significant risk factor for reducing independence in older people. The Covid-19 pandemic is likely to have further increased this risk due to deconditioning taking place as a result of shielding for the Clinically Extremely Vulnerable (CEV) and other social distancing requirements. Reduction in activity levels can lead to loss of muscle strength and postural stability, which both increase falls risk. Work is currently taking place with NHS and district and borough partners to assess and review the current situation and actions to respond.	A

Finance Summary

Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Covid-19 pandemic forecast expenditure	£16.153m	Assumed funding from Covid-19 grant	(£16.153m)	
Public Health and Wellbeing Portfolio - Total	£16.153m		(£16.153m)	£0.000m

Significant Financial Issues and Risks Arising

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

Financial Narrative on the Portfolio's Position

- The Public Health and Wellbeing Portfolio is continuing to project a balanced budget due to the expectation that any underspending within the ring-fenced Public Health Grant will be carried forward into 2022/23.
- The budget continues to see fluctuations due to the impact of the Covid-19 pandemic. This is resulting in some underspending in areas of the service where expenditure is based on activity, such as NHS Health Check Programme and sexual health. It is recognised that reduced services may impact on some local population health outcomes, however on the whole, affected services are returning, enabling greater access for residents.
- Whilst the outturn will depend on the level of service delivered in those areas which are demand-led, it is not unreasonable to expect underspending in the region of £2m. As ring-fenced funding, this will transfer into 2022/23 where it will add to the underspending of £1.2m brought forward from 2020/21. In line with grant requirements, any underspend utilised will be spent on public health; enabling the local authority to discharge its statutory public health functions.
- Within the portfolio, £16.2m of Contained Outbreak Management and Test and Trace expenditure is projected to be spent during 2021/22. These costs will be fully funded from ring-fenced Covid-19 grants which have been allocated by Government for these specific purposes.

Savings Delivery Update

- The portfolio has no named savings target for 2021/22, however it should be noted that there is a direct link to the Support Services and Economic Development saving – Use of Public Health Grant (PHG). This comes about because £1.2m of opportunity was available within the Public Health budget, partly from uncommitted PHG and partly from cost reductions secured in

spending areas like the Help at Home Contract. That has allowed £1.2m of corporate overhead costs that support delivery of Public Health activities to be recharged against the PHG, so enabling delivery of the saving within the Support Services and Economic Development Portfolio. This £1.2m saving is reported as 'blue', since all of the actions necessary to achieve it have been completed'.

Capital Programme

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

Risk

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


Corporate Risk Register Summary - December 2021

CR58

Current Score
25

Target Score
9

Initial Score
25

Risk Change
Unchanged


Risk Description

The care market is experiencing an unprecedented period of fragility, particularly due to staff shortages and increasing demand. This has been further exacerbated by COVID19, including the mandatory requirement for care staff to have a vaccination; however this also extends to WSCC staff requiring access to these facilities (i.e. Social Workers, OT), and contractors. If the current and future commercial/economic viability of providers is not identified and supported, there is a risk of failure of social care provision which will result in funded and self-funded residents of West Sussex left without suitable care.

Date Risk Raised

05/09/2018

Risk Owner

Executive Director of Adults and Health

Risk Strategy

Treat

Risk Control/Action

Target Date


Administration of central government funding to provide financial support to the sector.	ongoing
Collection of market information on Firefly. Analysis of information and appropriate level of quality assurance response.	ongoing
Financial analysis of high risk provision - due diligence checks.	ongoing
In the event of an incident, ensure the consistent implementation of Emergency Response Plans, including a full de-brief and lessons learned.	ongoing
Provision of regular support and communication to care homes to monitor financial sustainability (increased engagement during COVID-19 pandemic to monitor Infection Control Grant).	ongoing
Regular review of care homes business continuity arrangements to address government vaccination directive.	ongoing
Review capacity of residential and non-residential services to ensure service availability and to support identification of contingencies if needed.	ongoing

CR39a

Current Score
25

Target Score
16

Initial Score
20

Risk Change
Unchanged


Risk Description

Cyber threat is an evolving, persistent and increasingly complex risk to the ongoing operation of County Council. There is a risk of a successful cyber attack directly from external threats; or indirectly as a consequence of members or staff falling prey to social engineering or phishing attacks. The potential outcome may lead to significant service disruption and possible data loss.

Date Risk Raised

01/03/2017

Risk Owner

Director of Finance & Support Services

Risk Strategy

Treat


Risk Control/Action

Target Date

Conduct tests including penetration, DR and social engineering. (conducted 6 monthly)	ongoing
Ensure that cyber-attack is identified early, that reporting & monitoring is effective, and recovery can be prompt.	ongoing
Improve staff awareness of personal & business information security practices & identification of cyber-security issues. Continued actions due to evolving threats.	ongoing
Maintain IG Toolkit (NHS) & Public Service Network security accreditations.	ongoing
Provide capacity & capability to align with National Cyber-Security centre recommendations.	ongoing
Regular review, measurement and evaluation of corporate (technological/process) / organisational (behavioural) response to current and emerging cyber threats, where applicable to undertake pertinent actions to mitigate risks identified.	ongoing
Transition to a controlled framework for process and practice.	ongoing

Agenda Item 7 Appendix C

CR72

Current Score	Target Score	Initial Score	Risk Change
16	8	20	Unchanged 

Risk Description


The government have stipulated that from 9 Sep 2021 children in care under 16 will not be allowed to be accommodated in unregulated placements. This has strengthened existing regulations that stipulate that all children and young people who require residential care must be placed within registered children's homes. Due to a local and nationwide shortage of registered provision there is a risk that these children and young people will not be cared for in settings that best meet their needs, which could lead to safeguarding concerns and enforcement action against the providers of unregistered homes and local authorities.

Date Risk Raised
01/08/2021
Risk Owner
Executive Director of Children, Young People and Learning
Risk Strategy
Treat

Risk Control/Action	Target Date
Conduct an annual review and update of the placement sufficiency and commissioning strategy, in line with the market position statement.	ongoing
Develop and publish a market position statement to be sent out to care providers and other LA's to engage them in placements and requirements, in line with the needs of children.	01/03/2021
Escalate to Assistant Directors and Exec Director any situation where a child or young person is at risk of being without a registered provision when they require one.	ongoing

Agenda Item 7
Appendix C

CR61

Current Score	Target Score	Initial Score	Risk Change
15	10	25	Unchanged 

Risk Description

A 'serious incident' occurs resulting in the death or serious injury of a child where the Council is found to have failed in their duty to safeguard, prevent or protect the child from harm.

Date Risk Raised
01/06/2019
Risk Owner
Executive Director of Children, Young People and Learning
Risk Strategy
Treat

Risk Control/Action	Target Date
Implement Practice Improvement Plan (PIP). Improvement Plans include management development and HCC intervention.	ongoing
Provide proactive improvement support to services to assure effective safeguarding practices.	ongoing

CR68

Current Score	Target Score	Initial Score	Risk Change
15	10	25	Unchanged ➡

Risk Description

The government have relaxed COVID-19 restrictions, however there are still requirements for Local Authorities to support the management of the COVID-19 pandemic. If there is a resurgence in COVID-19 infections and local (county or district) responsibilities are prolonged or additional measures imposed, there is a risk services will fail to deliver existing work plans due to staff responding to the impact of the pandemic, or staff shortages due to sickness.

Date Risk Raised	01/03/2020
Risk Owner	Chief Executive
Risk Strategy	Treat

Risk Control/Action	Target Date
Develop communications when required to manage expectations of staff and residents on WSCC response position.	ongoing
Regular engagement with MHCLG and ensure information and direction is discussed and implemented through the Strategic Coordinating Group (SCG-Gold) and Tactical Coordination Group (TCG-Silver).	ongoing
Review and update business continuity and service critical plans.	ongoing
Services to consider impacts should government impose restrictions (via tier system) at a district level as opposed to county.	ongoing
To continue to lobby government groups to influence funding decisions.	ongoing

CR69

Current Score	Target Score	Initial Score	Risk Change
15	10	25	Decreasing ⬇️

Risk Description

If the council fail to make the necessary improvements to progress from the previous 'inadequate' rating, there is a risk that children's services will fail to deliver an acceptable provision to the community.

Date Risk Raised	01/03/2020
Risk Owner	Executive Director of Children, Young People and Learning
Risk Strategy	Treat

Risk Control/Action	Target Date
Continue to work with Hants CC as a partner in practice to improve the breadth of children's service.	ongoing
Deliver Children First Improvement Plan.	ongoing
Implement the Children First Service transformation model	ongoing

CR60

Current Score

15

Target Score

10

Initial Score

20

Risk Change
Unchanged



Risk Description

There is a risk of failing to deliver the HMIC FRS improvement plan, leading to an adverse affect on service delivery; which may result in failing any subsequent inspection.

Date Risk Raised

01/04/2019

Risk Owner

Chief Fire Officer

Risk Strategy

Treat

Risk Control/Action

Ensure robust project and programme governance in place and monitor delivery.

Target Date

ongoing

CR11

Current Score

12

Target Score

8

Initial Score

20

Risk Change
Unchanged



Risk Description

There is a risk that the Council will not be seen as an attractive place to work by current and potential employees. This will result in problems recruiting and retaining staff in key skills areas.

Date Risk Raised

01/03/2017

Risk Owner

Director of Human Resources & Org Dev

Risk Strategy

Treat

Risk Control/Action

Development of comprehensive employee value proposition.

Target Date

01/06/2022

Longer term strategies for addressing recruitment issues e.g. apprenticeships, growing our own.

ongoing

Produce Directorate Workforce Plans to identify skills, capacity and capability requirements.

01/04/2022

CR73 - DRAFT

Current Score
12

Target Score
8

Initial Score
25

Risk Change
Unchanged
➡

Risk Description

If there is a failure to adequately prioritise, finance and resource our efforts to deliver on WSCC Climate Change commitments (e.g. 2030 Carbon Neutrality), there is a risk that there will be insufficient capacity and capability to complete the necessary actions within the required timeframes. This will lead to prolonged variations in weather and adverse impacts on WSCC service provision.

Date Risk Raised

01/01/2022

Risk Owner

Chief Executive

Risk Strategy

Treat

Risk Control/Action

Target Date

Align pipeline of projects for existing and future funding opportunities	ongoing
Built into county-wide Business Planning and budgeting process	ongoing
Clear prioritisation of CC Strategy delivery within Our Council Plan	ongoing
Existing estate & infrastructure made climate change resilient & future developments designed to be as low carbon & climate change resilient	ongoing
Existing governance bodies (eg, but not limited to, ELT, CAB, Asset Hubs, Procurement Board) are held accountable for relevant areas of delivery by the Climate Change Board and WSCC democratic bodies	ongoing
Recruitment and training policy to ensure all staff & elected members are suitably informed on climate change issues & that specialist skills are embedded through recruitment & training to enable delivery	ongoing
SMART programme of actions based on clear definitions and metrics	ongoing

CR22

Current Score
12

Target Score
12

Initial Score
16

Risk Change
Unchanged
➡

Risk Description

The financial sustainability of council services is at risk due to uncertain funding from central government and/or failure to make the required decisions to ensure the budget is balanced. This has been compounded further with the COVID-19 crisis, and the recent Ofsted and HMIC FRS reports.

Date Risk Raised

01/03/2017

Risk Owner

Director of Finance & Support Services

Risk Strategy


Tolerate

Risk Control/Action

Target Date

Financial impacts arising from the Covid-19 national emergency need to be reflected and addressed within the PRR and MTFS as appropriate.	ongoing
Monitor the use of additional funds made available to improve service delivery.	ongoing
Pursue additional savings options to help close the budget gap.	ongoing

CR70

Current Score	Target Score	Initial Score	Risk Change
12	12	12	Unchanged 


Risk Description

There is an increasing demand placed on the senior officers due to the ongoing threat of COVID19 and additional burdens due to devolved responsibilities. This may lead to a continued lack of capacity to deal with strategic/organisational issues, leading to poor decision making.

Date Risk Raised	01/08/2020
Risk Owner	Chief Executive
Risk Strategy	Tolerate

Risk Control/Action	Target Date
Continue to monitor service resource impact.	ongoing
Provision of support to services when required.	ongoing

CR39b

Current Score	Target Score	Initial Score	Risk Change
9	9	20	Unchanged 


Risk Description

Data protection responsibilities. The Council is a Data Controller and has obligations and responsibilities arising from that role. Council needs resources, skills, knowledge, systems and procedures to ensure obligations are met.

Date Risk Raised	01/03/2017
Risk Owner	Director of Law & Assurance
Risk Strategy	Tolerate

Risk Control/Action	Target Date
Adopt ISO27001 (Information Security Management) aligned process & practices.	ongoing
Enable safe data sharing, including using appropriate data standards & appropriate anonymization techniques.	ongoing
Ensure the skills and knowledge is available to support Caldicott Guardian in ASC.	ongoing
Maintain IG Toolkit (NHS) & Public Service Network security accreditations.	ongoing
Review IT systems implemented prior to 25 May 2018 to confirm compliance with updated regulations.	Timetabled
Test the effectiveness of DPIA	ongoing
Undertake Data Privacy Impact Assessments (DPIA) when systems or processes change and carry out resulting actions.	ongoing

CR50

Current Score	Target Score	Initial Score	Risk Change
9	6	20	Unchanged 

Risk Description

WSCC are responsible for ensuring the HS&W of its staff and residents. There is a risk that if there is a lack of H&S awareness and accountability by directorates to capture and communicate in accordance with Council governance arrangements, it will lead to a serious health & safety incident occurring.

Date Risk Raised

01/03/2017

Risk Owner

Director of Human Resources & Org Dev

Risk Strategy


Treat

Risk Control/Action

Target Date

Conduct a training needs analysis, produce gap analysis to understand requirements and produce suitable courses as a consequence.	ongoing
Develop and introduce a more comprehensive risk profile approach and front line service based audits.	ongoing
Incorporate HS&W information into current performance dashboard.	ongoing
Purchase, develop and introduce an interactive online H&S service led audit tool.	ongoing
Regular engagement with other LA's on best practice and lessons learned.	ongoing

CR7

Current Score	Target Score	Initial Score	Risk Change
8	4	16	Unchanged 

Risk Description

There are governance systems which inhibit effective performance and a culture of non-compliance and also a lack of standardisation in some systems and processes. Skills and knowledge of systems inadequate and excessive effort required for sound decisions and outcomes.

Date Risk Raised

01/03/2017

Risk Owner

Director of Law & Assurance

Risk Strategy

Treat

Risk Control/Action

Target Date

Audit plan focussing reviews on key corporate support systems to identify areas in need of improvement.	ongoing
Data on areas of non-compliance used to inform Directors to enforce compliance with standards.	ongoing
Guidance to CLT on governance. Schedule and deliver associated training	01/01/2022
Regular compliance monitoring and active corporate support when non-compliance happens to establish better practice.	ongoing

CR65

Current Score

6

Target Score

6

Initial Score

20

Risk Change
Unchanged



Risk Control/Action

Target Date

Risk Description

The review of corporate leadership, governance and culture recommended in the Children's Commissioner's report is not fully undertaken or effectively implemented leading to a lack of necessary improvement and further service failures or external intervention.

Date Risk Raised

01/12/2019

Risk Owner

Chief Executive

Risk Strategy


Tolerate

How to Read the Performance and Resources Report

The Performance and Resources Report is separated into three sections:




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

Each Portfolio covers the following aspects in detail which enables the Section to be viewed as a stand-alone report:

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

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

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

- A green upward arrow  shows that performance is improving,
 - A red downward arrow  shows performance is worsening, and,
 - An amber horizontal arrow  shows no change to performance.
- Overview of the revenue financial position, risks and issues and savings update.
 - Overview of the capital financial position and latest capital performance.
 - Details of the corporate risks which have a direct impact on the specific Portfolio.

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

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

Scrutiny Committee Documents

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

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

PRR Matrix – Documents for Scrutiny Committees

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

KEY:	Specific Committee Responsibility
	To Be Included In Committee Papers



Forward Plan of Key Decisions

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

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

A key decision is one which:

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

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

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

Finance, assets, performance and risk management

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

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

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

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

Published: 23 February 2022

Adults Services

Executive Director Adults and Health

Contract Extension Discharge to Assess with Reablement Beds

Discharge to Assess with Reablement services are delivered within a residential care setting for people being discharged from hospital who are not yet able to return home. There are currently 36-44 Discharge to Assess with Reablement beds being provided across the County. Demand for services has changed over recent years and the Council has made a commitment to continue to support people being discharged home from hospital through the Home first pathway wherever this is a suitable option for individuals. However, Discharge to Assess with Reablement beds provide an important solution where people are unable to return home straight away and they have previously been shown to evidence a positive return on investment for the health and social care system.

In March 2021 a decision ([ref OKD68 20/21](#)) was taken to extend three contracts delivering Discharge to Assess with reablement beds for an additional 12 months and for the re-purposing of ten beds within the Crawley Shaw healthcare Burleys Wood service to nursing beds. In November 2021 a decision ([ref CAB07 21/22](#)) was taken to end the provision of in-house residential services in Marjorie Cobby House. As this service has been providing Discharge to Assess with Reablement beds, also included in the report was the recommendation to find alternative provision in the short term through the Shaw Healthcare contract. Subsequently 8-10 beds have recently commenced within Glebe House to ensure the continued provision of Discharge to Assess beds for people in and around the Chichester area. This now operates alongside the three other Discharge to Assess with reablement services in Littlehampton, Worthing and Haywards Heath.

The Executive Director for Adults and Health will now be asked to decide on the continued provision of Discharge to Assess with reablement services and the potential extension of contract arrangements for their final contracted year from 1 April 2022- 31 March 2023.

Decision by	Keith Hinkley - Executive Director Adults and Health
Date added	13 January 2022
Month	February 2022
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health**Fees paid to independent providers of Adult Social Care**

Rates and fees paid to independent providers of adult social care provision in the community and in residential and nursing homes are subject to annual review. The Executive Director Adults and Health, having been delegated authority by the Cabinet Member for Adult Services, will be asked to consider the fees and rates paid for commissioned services related to the Adult Social Care and Health portfolio for 2022-23.

The review will consider usual maximum rates for care homes and care homes with nursing; individually agreed rates paid to care homes and care homes with nursing; shared lives; and rates and fees paid for community-based services.

In the short term, the priority continues to be to ensure that the market can cope with vulnerable people at this unprecedented time dealing with COVID-19, therefore the Council will address financial pressures resulting from the pandemic independently of this decision.

Decision by	Keith Hinkley - Executive Director Adults and Health
Date added	19 January 2022
Month	February 2022
Consultation/ Representations	In consultation with the Cabinet Member for Adults Services who delegated this decision to the Executive Director Adults and Health. Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health**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.

Decision by	Keith Hinkley - Executive Director Adults and Health
Date added	13 October 2021
Month	March 2022
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health

Seasonal Commissioning Contract Extensions
<p>Decisions AS02 21/22 and OKD27 21/22 covered Winter Commissioning in a Seasonal Pressures plan that spans to 2023. The Council has developed plans to respond to seasonal pressures for the period in consultation and partnership with NHS partners. The seasonal pressure plan includes the commissioning of both Care and Support at Home and residential based service provision as well as other services that support hospital discharge or enable people to remain independent at home.</p> <p>The health and social care system faces increased pressures during this period, particularly in the winter months, that place increased demands on services. This year this is exacerbated by continued pressures as a result of the COVID-19 pandemic. Seasonal pressure plans are designed to ensure discharges from hospital, avoid admission to hospital or increase the flow across health and social care and access to services during pressured periods.</p> <p>As part of this work, it will be necessary to extend the contracts commissioned as part of the seasonal pressures plan to enable these to continue to deliver into 2022/23. Decision AS02 21/22 delegated authority to the Executive Director Adults and Health to extend existing contracts and award contracts for newly commissioned provision as may be required to meet operational demands. This report asks the Executive Director of Adults and Health to approve the extension of the contracts from the 1st April 2022 in line with funding and the health and social care system plans.</p>

Decision by	Keith Hinkley - Executive Director Adults and Health
Date added	9 February 2022
Month	March 2022
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 26050

Executive Director Adults and Health

YMCA Blended Counselling Contract Extension	
<p>The Contract with YMCA Downslink to provide Blended Counselling began in November 2018, to run three years until October 2021, with the facility for a 2 year extension.</p> <p>The contract is monitored quarterly by the Children and Young People Joint Commissioning Unit and is fully funded through Clinical Commissioning Group (CCG) funding which is then recharged to West Sussex County Council.</p> <p>Blended Counselling is a key component of West Sussex's Emotional Wellbeing Offer and throughout 2022-20223 YMCA Downslink will have a lead role in the implementation of the new West Sussex Single Point of Advice (SPOA).</p> <p>The service is currently funded at £462k p.a, and the CCG have agreed ongoing funding for the proposed extension period.</p> <p>The Executive Director Adults and Health is requested to extend the contract with YMCA Downslink to supply Blended Counselling for children aged 11-18 in West Sussex by applying the +2 year extension provision in the contract until 31st October 2023.</p>	
Decision by	Keith Hinkley - Executive Director Adults and Health
Date added	23 February 2022
Month	March 2022
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact.
Background Documents (via website)	None
Author	Linda Jones Tel: 033 022 28559
Contact	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).

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

Decision by	Keith Hinkley - Executive Director Adults and Health
Date added	8 December 2021
Month	August 2022
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Chris Jones Tel: 0330 022 28249
Contact	Erica Keegan Tel: 033 022 26050

Public Health and Wellbeing

Director of Public Health

Community Advice and Support Service Award of Contract

[Decision report PHW02 21/22](#) agreed the commencement of a procurement of a Community Advice & Support service via an open tender process, from 1st April 2022 for a period of 3+3+1 years; that the County Council leads the tendering process on behalf of our funding partners, the West Sussex District and Borough Councils; and that authority is delegated to the Director of Public Health to award the contract to the successful bidder.

The current demand for this service has grown and is still increasing, at the same time as facing the challenge of losing staff and volunteers to Covid19 isolation requirements. To ensure the Council receives high quality bids from organisations that would be able to mobilise a new county wide contract, with 7 local bases, it has been proposed that the new contract award is put back to 1st September 2022. To support this timeline change, a five month contract extension from, 1st April 2022 to 31st August 2022, has been authorised by the Director of Law and Assurance and the Director of Finance and Support Services at the value of £447,281.

This decision asks the Director of Public Health to award the contract to the successful bidder following the tendering process.

Decision by	Alison Challenger - Director of Public Health
Date added	15 February 2022
Month	August 2022
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	None
Author	Nikki Lewis Tel: 0330 022 26067
Contact	Erica Keegan Tel: 033 022 26050

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

Topic (including focus for scrutiny & focus)	Corporate or Service Priority	Performance, Outcome or Budget	Timing
Committee Meetings			
Shaw Homes Contract <ul style="list-style-type: none"> To review performance against planned outcomes for the main contract for the provision of residential care and consider the impact of the contract variation one year on. 	Service	Performance	Jun 22
Care Quality Commission Inspection of University Hospitals Sussex NHS Foundation Trust <ul style="list-style-type: none"> To review the actions taken to address issues raised by the inspection. 	NHS	Outcome	Jun 22
An update on the West Sussex Stroke Programme	CCG	Outcome	TBC
Self-Harm <ul style="list-style-type: none"> Timing and focus for scrutiny to be determined by the BPG further to consideration of discussions at previous HASC meetings 	Service	Outcome	TBC
Provision of services for older people with mental health problems in the west of the county <ul style="list-style-type: none"> Consider the mitigations for this particular part of the proposals further, before Orchard Ward is relocated in October 2021 (likely to be written briefing in first instance rather than agenda item) 	NHS	NHS	TBC
The recommendations from the Task and Finish Group concerning Marjorie Cobby House and Shaw Day Service and the impact of closure	Service	Outcome	TBC
Informal information sharing sessions			
<ul style="list-style-type: none"> The overarching plan of how social care fits into the Integrated Care System (All Member Session) 	Service	-	12 Nov 21
Task and Finish Groups (TFGs)			
None			
Business Planning Group			
Work Programme Planning <ul style="list-style-type: none"> To consider updates from the services and stakeholders and consider 	-	-	Dec 21

Topic (including focus for scrutiny & focus)	Corporate or Service Priority	Performance, Outcome or Budget	Timing
whether any issues should be subject to formal scrutiny by HASC			
Items raised by the committee in the previous council term <ul style="list-style-type: none"> • Long Covid – To investigate the impact/treatment of long Covid • The award of block contracts for residential care and support services 	-	-	N/A
Integration and Governance			N/A
Low Vision Services (To monitor – discuss when required) <ul style="list-style-type: none"> • To consider the outcome of the consultation and confirm whether the item should be subject to further formal scrutiny by HASC, following a Joint Strategic Needs Assessment of services 	-	Outcome	N/A
The interface between the Local Transport Plan, which was subject to public consultation and public health outcomes with a focus on eliminating carbon			
Committee Suggestions			
A review of Care Point capacity			
Midwifery			
Health Inequalities			
Adults’ Services Strategy – Service Change Proposals			

Appendix A - Checklist

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?

This page is intentionally left blank