

Public Document Pack

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15 November 2022

Health and Adult Social Care Scrutiny Committee

A meeting of the Committee will be held at **10.30 am** on **Wednesday, 23 November 2022** at **County Hall, Chichester, PO19 1RQ**.

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

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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 23 September 2022 (cream paper).
 4. **Responses to Recommendations** (Pages 11 - 16)

The Committee is asked to note the responses to recommendations made at the 23 September 2022 meeting.

- 10.35 am 5. **NHS Winter Preparedness** (To Follow)
- The report sets out NHS Sussex's plans relating to West Sussex residents, highlighting any specific challenges and risks and how these are being addressed.
- 11.20 am 6. **Access to NHS Primary Care** (Pages 17 - 30)
- The report provides information on the current position regarding access to primary care, in West Sussex.
- 12.05 pm 7. **South East Coast Ambulance Service Update** (To Follow)
- The report updates the Committee on South-East Coast Ambulance Service NHS Foundation Trust's planning for Winter 2022-23, the current Urgent Emergency Care transformation initiatives and the ongoing improvement journey to respond to the 2022 Care Quality Commissioner inspection findings and recent NHS Staff Survey feedback.

Lunch

The Committee will break for lunch for forty minutes.

- 1.30 pm 8. **End of September 2022 (Quarter 2) Quarterly Performance and Resources Report** (Pages 31 - 70)
- A report by the Chief Executive and Interim Director of Finance and Support Services setting out the corporate performance, finance, workforce, risk and capital programme positions as at the end of September 2022.
- 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.
- 2.15 pm 9. **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 71 - 78)
- Extract from the Forward Plan dated 10 November 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.

(a) **Forward Plan of Key Decisions** (Pages 71 - 78)

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

(b) **Work Programme** (Pages 79 - 82)

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

2.30 pm

10. **Requests for Call-in**

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

11. **Date of Next Meeting**

The next meeting of the Committee will be held on 11 January 2023 at 10.30 am at County Hall, Chichester. Probable agenda items include: -

- Progress update on Adult Social Care Strategy
- Terms of Reference for Mental Health Task & Finish Group
- Update on the West Sussex Stroke Programme

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 22 December 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.

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Health and Adult Social Care Scrutiny Committee

23 September 2022 – At a meeting of the Health and Adult Social Care Scrutiny Committee held at 10.30 am at County Hall, Chichester, PO19 1RQ.

Present: Cllr Wall (Chairman)

Cllr Cooper	Cllr McKnight	Cllr Bangert
Cllr Ali, Left at 12.38	Cllr Nagel, Arrived at	Cllr Bevis
Cllr Atkins	11.26	Cllr Glynn-Davies
Cllr Dunn, Left at 12.27	Cllr Patel	
Cllr Forbes	Cllr Pudaloff	
	Cllr Walsh, Left at 12.54	

Apologies were received from Cllr O'Kelly, Katrina Broadhill, Cllr Loader, Cllr Peacock and Cllr Pendleton

Also in attendance: Cllr A Jupp and Cllr Lanzer

Part I

19. Declarations of Interest

19.1 In accordance with the code of conduct, the following interests were declared: -

- Cllr Cooper declared a personal interest in respect of item 8, Response by University Hospitals Sussex NHS Foundation Trust to Care Quality Commission (CQC) Inspection, as a Governor of University Hospitals Sussex NHS Foundation Trust
- Cllr McKnight declared a prejudicial interest in respect of item 8, Response by University Hospitals Sussex NHS Foundation Trust to Care Quality Commission (CQC) Inspection, as an employee of University Hospitals Sussex NHS Foundation Trust and left the room during this item

20. Committee Membership

20.1 Resolved – that the Committee notes its revised membership.

21. Part I minutes from 15 June 2022

21.1 Resolved – that the Part I minutes of the meeting held on 15 June 2022 are approved as a correct record and are signed by the Chairman.

22. Minutes from 8 July 2022

22.1 Resolved – that the minutes of the meeting held on 8 July 2022 are approved as a correct record and are signed by the Chairman.

23. Responses to Recommendations

23.1 Resolved – that the Committee notes the responses to recommendations made at its 15 June and 8 July 2022 meetings.

24. Financial Assessment Improvement Plan

24.1 The Committee considered a report by the Deputy Chief Finance Officer (copy appended to the signed minutes).

24.2 Summary of responses to committee members' questions and comments:

- The survey response rate of 15% was considered reasonable – feedback was also gathered via complaints which are reviewed as they are received
- The Committee was extremely concerned by the high rate of disagreement and dissatisfaction at slow or non-response to phone calls recorded in the customer survey and by the anguish and financial hardship that may have been endured by customers
- The Council was looking at the reasons behind this with regular meetings taking place between Adults' Services and Finance to address issues
- One problem was the publication of phone numbers that were no longer used by the Council
- The Council follows national policy on assessments, taking into account personal situations to come to a negotiated position with customers
- There is a protocol to help people pay backdated charges – **ACTION:** Clare Williams to provide more information on this protocol
- The Council is aware of the cost of living crisis impact on customers and is monitoring government actions to support people
- People need the right information at the right time, especially when things are changing so they can be made aware of possible charges
- Significant improvements will be made to improve the customer journey and be monitored by performance indicators
- There will not be another survey for the foreseeable future as changes to the systems and processes as described in the report need to be implemented. Comments from customers, including any complaints will continue to be monitored to support these improvements.
- There is a significant ambition for more codesign across adult social care as set out in the Adult Social Care Strategy e.g. in information advice and letters
- Preparation for charging reform will involve the voluntary sector and service providers
- If customers did not receive the care they had paid for they should contact Adults' Services and have their charges adjusted accordingly

- The Council works with individuals to understand their circumstances to calculate disability related expenses – a review of which is understood to be part of future social care charging reform policy

24.3 Resolved – that the Committee: -

- i. Supports the improvements being made so far as detailed in the report and requests
- ii. A further update on actions/progress from the Improvement Plan at an appropriate time alongside any proposed changes to the Councils charging policy following the introduction of the adult social care charging reform policy later next year
- iii. That the County Council looks at different ways to engage with the public to get feedback
- iv. That the Service shares the principles the Council works to when engaging with people who are having financial difficulties and how it deals with challenges from the public
- v. More information on disability related expenditure to be shared with the public
- vi. To be kept updated on an indication of level of complaints and appeals from the financial assessments process
- vii. The Service to concentrate on an improvement in response times for telephone, email and letters

25. Response by University Hospitals Sussex NHS Foundation Trust to Care Quality Commission (CQC) Inspection

25.1 The Committee scrutinised a presentation by University Hospitals Sussex NHS Foundation Trust (copy appended to the signed minutes).

25.2 Summary of responses to committee members' questions and comments:

- A staff shortage contributed to the Royal Sussex County Hospital (RSCH) being rated as inadequate – there had since been a recruitment drive to improve staffing levels
- A comprehensive review of feedback from staff has improved morale and was driving improvements
- A leadership change has improved the situation in maternity
- RSCH has the highest number of home births in the country which adds complexity for staff
- The redesignation of neonatal services at St Richard's hospital was not a factor in its rating as those services are not part of the Care Quality Commission inspection
- Maternity services at all the Trust's hospitals are of a high standard, but could be better
- There was no shortage of maternity staff at Worthing hospital and premises for perinatal care were thought to be adequate – **ACTION:** Dr Rob Haigh to provide details of maternity staffing numbers at Worthing hospital and suitability of premises

- Operational and management processes had been strengthened to meet new targets on planned care to clear the backlog caused by the pandemic
- The Trust was making good progress towards a maximum waiting time of 78 weeks by the next financial year and was micro-managing pathways for cancer care
- Staff development and training (including wellbeing support) are key to delivering change and had been strengthened since the height of the pandemic
- Operational processes have detailed reporting on how the Trust is doing re national guidance, benchmarking and quality of care
- The Trust reviews deliverables against key indicators which are discussed at its Board meetings
- Only one aspect of upper gastrointestinal services was suspended and no patient care was delayed

25.3 Resolved – that the Committee

- i. Receives an update on improvements going forward at an appropriate time
- ii. Receives assurance on the level of staffing relating to midwifery across the Trust
- iii. Is provided with figures on one-to-one care at Worthing hospital
- iv. Is provided with an assurance on the experience for patients in the Worthing area using community facilities for perinatal services

26. End of June 2022 (Quarter 1) Quarterly Performance and Resources Report

26.1 The Committee considered a report by the Director of Law and Assurance (copy appended to the signed minutes) which set out the Council's reporting mechanism for corporate performance, finance, savings delivery and business performance relating to the Adult Services and Public Health and Wellbeing portfolio.

26.2 Summary of responses to committee members questions and comments:

- Public Health will look at the Government's review of anti-obesity strategies and will feedback to it if the review is likely to have a negative effect on public health
- It was possible that the age of life expectancy had lowered due to the pandemic – **ACTION:** Alison Challenger, Director of Public Health, to share a report on the causes of lower life expectancy
- Work that had taken place on falls prevention during the pandemic would now be scaled up in conjunction with district/borough councils, the fire & rescue service, adult social care and the NHS – **ACTION:** Alison Challenger, Director of Public Health, to look into whether there are any barriers for people of working age accessing falls prevention services
- Adults' Services targets 11 and 12 were too broad and would be made more specific

- The average gross weekly cost of care will go up as providers' costs increase – the Cost of Care Review will come to the Committee in the future for scrutiny
- Targets 11 and 38 show the customer journey and could be presented closer together
- Waiting lists for assessments have increased and due to limited resources, those with the most complex needs are being assessed first
- The Service checks on those with less complex needs to see if their situation has changed and encourages people whose needs have increased to get in touch so that appropriate action can be taken
- The Adult Social Care Strategy will have more information on how people with learning difficulties are being supported in finding employment
- A balanced budget was predicted by realising in year savings
- The Service is seeking clarity on projects in the Capital Programme and will focus investment on priority projects

26.3 Resolved – that the Committee

- i. Receives further information on the children with alcohol dependency parents fund and health life expectancy when available
- ii. Asks Public Health to explore barriers concerning people of a working age and falls prevention
- iii. For Adults' Services to consider specific figures rather than a range for targets when next reviewed
- iv. Requests that the report presents indicators relating to each other, such as the customer journey, together to ensure clarity
- v. Asks for an update on the schemes within the capital programme

27. Forward Plan of Key Decisions

27.1 Resolved – that the Committee notes the Forward Plan of Key Decisions.

28. Work Programme

28.1 Resolved – that the Business Planning Group consider adding transition from Children to Adults' Services to the work programme.

29. Date of Next Meeting

29.1 The next meeting of the Committee will be held on 23 November 2022 at 10.30 am at County Hall, Chichester.

30. Part II minutes of the 15 June meeting of the Committee

30.1 Resolved – that the Part II minutes of the meeting held on 15 June 2022 are approved as a correct record and are signed by the Chairman.

Agenda Item 3

The meeting ended at 1.12 pm

Chairman

Recommendations tracker

The recommendations tracker allows scrutiny committees to monitor responses, actions and outcomes against their recommendations or requests for further action. The tracker is updated following each meeting. Once an action has been completed, it will be removed from the tracker at the next meeting.

Recommendations

Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
Financial Assessments	23/09/22	That the County Council looks at different ways to engage with the public to get feedback	Deputy Chief Finance Officer	June 2023	How we engage with the public to get feedback will be considered as part of our work on reviewing processes.	In progress
Financial Assessments	23/09/22	More information on disability related expenditure to be shared with the public	Deputy Chief Finance Officer	January 2023	This will be considered.	In progress
Financial Assessments	23/09/22	The Service to concentrate on an improvement in response times for telephone, email and letters	Deputy Chief Finance Officer	June 2023	Improvement to response times will for part of the improvement plan.	In progress
PRR	23/09/22	For Adults' Services to consider specific figures rather than a range for targets when next reviewed	Director of Adults and Health	TBC	The Director of Adults and Health is currently reviewing current KPIs and will take into account member comments as part of this process.	In progress

Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
PRR	23/09/22	Requests that the report presents indicators relating to each other, such as the customer journey, together to ensure clarity	Director of Public Health	June 2023	The Director of Adults and Health is currently reviewing current KPIs and will take into account member comments as part of this process.	In progress
PRR	23/09/22	Asks Public Health to explore barriers concerning people of a working age and falls prevention	Director of Public Health	January 2023	Update to be requested from Public Health.	In progress
PRR	23/09/22	Asks for an update on the schemes within the capital programme	Director of Adults and Health	n/a	The works detailed in the PRR report have been completed as per the 'Choices for the Future' transformation programme that was endorsed by the Cabinet Member in 2018. Part A of the project was for the service in the Western Area to be refurbished and for the Wrenford Centre to be closed and handed back for repurposing within the council or disposal. Chestnuts and Judith Adams now	Completed

Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
					<p>accommodate the people who used to use this service.</p> <p>Part B of the project, as set out in the report, was for The Laurels, The Rowans and Glebelands to be refurbished, which would allow for The Pines, Costal Enterprises and Oak Community Service to close as a base and their services provided out of one of the day opportunity hubs. All the services are open and are receiving referrals. From a capital perspective there is no further costs associated with the project as the works have been completed.</p>	
University Hospitals Sussex NHS	23/09/22	Is provided with figures on one to one care at Worthing hospital	University Hospitals Sussex NHS	n/a	One to one care in established labour is now 100% at all of our	Completed

Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
Foundation Trust: CQC Inspection			Foundation Trust		sites, including Worthing.	
University Hospitals Sussex NHS Foundation Trust: CQC Inspection	23/09/22	Is provided with an assurance on the experience for patients in the Worthing area using community facilities for perinatal services	University Hospitals Sussex NHS Foundation Trust	n/a	There are no significant concerns about provision of antenatal or perinatal maternity care in Worthing or the experience of women in the community settings we use for these services in Worthing. The Wave CFC in Broadwater did close as a consequence of Covid. Consequently, we moved appointments to the Footprints CFC on Lyndhurst Road. We do not use the Selden Centre. Just before the pandemic, we also relocated from South Lodge CFC to Worthing Library where we had a dedicated area and room built for us – as	Completed

Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
					<p>such women were seen here every day and also at Footprints CFC</p> <p>Losing the Wave did not therefor impact upon our provision of services, although we recognise it is a nice setting that offers other facilities including a coffee shop</p> <p>The Wave is owned by the Church and we believe the Vicar would be happy for our midwifery service to return but we understand the venue is currently sublet to WSCC</p>	
University Hospitals Sussex NHS Foundation Trust: CQC Inspection	23/09/22	Receives assurance on the level of staffing relating to midwifery across the Trust	University Hospitals Sussex NHS Foundation Trust		Worthing is fully recruited to for midwifery, as is St Richard's. Work continues at Princess Royal and Royal Sussex County to achieve this at these hospitals too.	Completed

Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
University Hospitals Sussex NHS Foundation Trust: CQC Inspection	23/09/22	Is provided with figures on one to one care at Worthing hospital	University Hospitals Sussex NHS Foundation Trust		One to one care in established labour is now 100% at all of our sites, including Worthing.	Completed

Heath and Adult Social Care Scrutiny Committee

23 November 2022

Access to NHS Primary Care

Report by Director of Law and Assurance

Summary

The Health and Adult Social Care Scrutiny Committee (HASC) identified scrutiny of access to NHS Primary Care as a priority, following scrutiny of the NHS post-Covid recovery plan in September 2021. At that time, HASC identified a number of concerns relating to Primary Care, including the ability to make GP appointments and to have in-person appointments. NHS Sussex has provided a report (at Appendix A), setting out details of the current position regarding access to Primary Care in West Sussex.

Focus for scrutiny

The focus for scrutiny is to seek assurance that the Committee's concerns regarding access to primary healthcare services are being addressed.

Key lines of enquiry include:

- 1) Measures taken to increase and optimise capacity since the Committee reviewed post-Covid recovery plans in September 2021.
- 2) Whether plans to optimise capacity in primary healthcare are deliverable.
- 3) How patient outcomes and expectations are being impacted by current challenges experienced by primary healthcare, and how these are being addressed.
- 4) Whether the challenges and risks facing primary healthcare have been appropriately taken into account as part of wider NHS winter planning.
- 5) To identify whether any further scrutiny of this matter could add value (and if so, when and what the focus for this should be).

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

1. Background and context

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

Tony Kershaw

Director of Law and Assurance

Contact Officer

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

Appendices

Appendix A: Report on Access to NHS Primary Care

Background Papers: None

Access to Primary Care

Introduction

- 1.1.** At the meeting on Wednesday 15 September 2021, West Sussex Health and Adult Social Care Scrutiny Committee (HASC) received a presentation from the West Sussex Clinical Commissioning Group (CCG) detailing the active support for an operational response to the Covid-19 pandemic (including the Covid-19 Vaccination Programme) and the restoration of health and care services across West Sussex under the oversight of the Sussex Health and Care Partnership.
- 1.2.** As of 1 July 2022, the three Clinical Commissioning Groups (CCGs) in Sussex have closed and the functions of the CCGs have transferred to NHS Sussex - a new NHS organisation, known as an Integrated Care Board.

This new organisation will help improve the way the NHS plans and pays for local services, and better support local health and care organisations to give people the care they need. NHS Sussex forms part of Sussex Health and Care, our new Integrated Care System, that will help:

- Support people to live for longer in good health.
- Make sure our disadvantaged communities get the care they need.
- Improve people's experience of using services.
- Better support health and care staff.

- 1.3.** This paper provides further information for the committee on the current position regarding access to primary care, in particular General Practice services, in West Sussex.

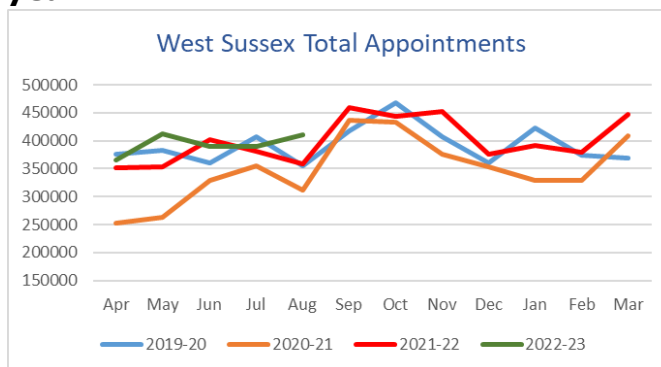
Access to Primary Care

- 1.4.** There are 75 GP Practices in West Sussex, delivering across more than 100 locations as many have branch surgeries in addition to their main sites.
- 1.5.** On 1 June 2022, there were around 474 full time equivalent (FTE) doctors employed in GP Practices in West Sussex. General Practitioners (GPs) also work with nurses and other professionals to treat and advise on a range of illnesses, manage patients' conditions in the community and refer patients for hospital treatment or social care where appropriate. These other staff groups total a further 468 FTE clinicians. Collectively, they are providing care to around 928,000 patients registered at GP Practices in West Sussex.
- 1.6.** Practices are typically owned and managed by an individual GP or group of GPs, or sometimes alternative providers, who hold a contract to provide services to the NHS.
- 1.7.** The General Medical Services (GMS) contract does not set absolute requirements on access to services, but does require Practices to provide routine services within core hours (Monday – Friday 8:00am

till 6:30pm). Out-of-hours care is usually provided through separate contracts with other providers, although some Practices do offer this themselves.

- 1.8.** Primary Care Networks (PCNs) have been nationally designed to improve access to primary care and expand the range of services available, including through better integration with community services and greater involvement of a wider primary care team. Every Practice in West Sussex is a member of a PCN and there are 20 in total (please see Annex A for an overview).
- 1.9.** The total volume of appointments in the 75 Practices across West Sussex usually exceeds 380,000 each month, and per 1000 population is consistently above the South East regional and National average. In August 2022 on average 44.4% of appointments took place on the same day as booking, 16.8% within two to seven days, and 12.6% within 8 to 14 days. Around 67.4% of these appointments were held face to face at the surgery or as a home visit.
- 1.10.** Appointment data is published by NHS Digital, and though still experimental and non-standardised, it gives NHS Sussex an indication of performance against this trajectory utilising a consistent methodology. It is clear that the number of appointments now exceeds those offered in 2019, before the pandemic, as illustrated in table one:

Table One: total number of GP appointments in West Sussex by year



Source. NHS Digital, available at <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/august-2022>

- 1.11.** From 1 October 2022, PCNs have been offering a refreshed national “Enhanced Access” service which aims to remove variability by putting in place a more standardised offer for patients. The new service requires PCNs to provide appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. There may also be further additional appointment slots available e.g. on Sundays and early mornings on weekdays. Exact arrangements have been informed by patient preferences following engagement by PCNs with their local patient participation groups or other means of patient consultation. For West Sussex the enhanced access will deliver

an additional 913 hours of appointments per week beyond core hours, which will include:

- a mixture of face-to-face and remote (telephone, video or online) appointments.
- appointments delivered by a multi-disciplinary team of healthcare professionals, including GPs, nurses and other “additional roles” such as mental health practitioners, physician associates, physiotherapists and Social Prescribers.
- a blend of appointments offered on the same day or pre-booked for a future day.

1.12. Though the number of appointments has returned to pre-pandemic levels, it is clear that patient satisfaction levels have dropped. The most recent national GP satisfaction survey (Available at <https://www.england.nhs.uk/statistics/2022/07/14/gp-patient-survey-2022/>) reported that though 71-75% of West Sussex patients were satisfied overall with their experience, this is a 10% reduction on the year before. This is perhaps down to the increased pressures on General Practice in recent years, including the following:

- A growing and ageing population
- Increasing complexity of patients, both physical and mental health needs
- Increasing patient expectations
- Rising demand and workload pressures
- Emerging financial pressures and the requirement to deliver efficiency savings
- Threats to the sustainability of General Practice in its current form
- Workforce challenges including:
 - Impact of the pandemic on a workforce already reporting issues with morale, capacity and resilience.
 - Reduced number of entrants choosing General Practice as a specialty
 - National recruitment difficulties and multiple vacancies
 - Retention issues
 - An ageing workforce profile.

1.13. Further insight into these statistics can be gleaned from a recent report by the three Sussex Healthwatch organisations entitled ‘Staff and Sussex Patients Views on Access to GP-Led Services’ (available at: <https://www.healthwatchwestsussex.co.uk/report/2022-08-02/staff-and-sussex-patients-views-access-gp-led-services>) that describes issues of accessibility and acceptability.

The key themes were:

- Frustration at the initial point of contact, usually via telephone. To mitigate this NHS Sussex is working with Practices to implement a cloud telephony system within each Practice, as well as additional phone lines. This will improve the response time for patients to speak to the correct clinician.

- An inability to put forward a preference around appointment type – which has been taken into account in the ongoing work with Practices to ensure face-to-face appointments are available.
- Variance in the patient information available on GP Practice websites. This remains a key priority and work between NHS Sussex, Healthwatch and PCNs is continuing to improve patient communication and sign posting on web-based content.

These findings have informed the NHS Sussex response going into winter 2022/23.

Winter 2022/23 Planning

1.14. In October 2021 NHS England and Improvement (NHSEI) published a document entitled: "Our plan for improving access for patients and supporting general practice". It set out three key aims:

- Increasing and optimising capacity in General Practice
- Addressing variation and encouraging good practice
- Improving communication with the public, including tackling abuse and violence against Practice staff

1.15. A plan was agreed which aimed to build resilience in General Practice and increase access to primary care through a programme of transformation and innovation. Twenty projects were agreed across Sussex, including a significant amount of funding to GP Practices in the form of an innovation fund.

1.16. The Kent Surrey Sussex Academic Health Science Network was commissioned to evaluate the programme to understand the impact and value for money of each to support stronger future decision making. Its report found the following:

- The project with the biggest impact was the innovation fund
- 123,000 additional appointments were provided, 88.7% of which were face to face
- It is estimated that these resulted in 13,479 fewer 111 calls, = £109K non-cash-releasing benefits (NCRBs); 13605 fewer ED/UTC attendances, (£1.59m NCRBs) and the detection of 5 additional early stage cancers (£28K NCRBs)

The report concludes "Overall, the projects appear to have made positive contributions in working towards addressing the five central funding objectives and the five NHS Sussex objectives of the Winter Access Fund".

1.17. The approach to this winter has been informed from the patient feedback highlighted earlier, and the experience of last winter. For 2022/23 a £1.5m winter fund has been identified which will be offered to those areas with the highest health inequalities to ensure better access to primary care. The key areas of focus will be to increase

capacity; maximise effectiveness; and improve communication between providers and patients.

Increasing Capacity

- a) As set out above, every PCN in West Sussex has now started to deliver the new Enhanced Access specification as of 1st October 2022, collectively delivering an additional 913 hours of appointments per week beyond core hours.
- b) Further to this, NHS Sussex will be investing an additional £1.8m to boost access to and resilience of General Practice services across Sussex this Winter via a dedicated fund, building upon previous evaluations described above. This fund will encourage innovation in measures to support services to remain accessible and responsive to patients, potentially including examples such as:
- Additional GPs, Health Care Assistants, Practice Nurses or other key staff working extra sessions to increase appointment availability for patients
 - Support with workflow, either short term 3rd party provision or support to develop existing practice staff
 - Additional administrative support to bolster patient response times or to review existing policies and procedures
 - Care Navigation / Signposting training to better manage patient demand.
- c) Further to all of the above, NHS Sussex will additionally invest a further £1.5m to support the 11 PCNs across Sussex who have the highest number of patients living in areas of deprivation, identified according to the "Core20+5" national methodology. This will include 4 PCNs in West Sussex, who collectively cover 13 out of the 75 GP Practices in the county:
- Angmering Coppice Fitzalan
 - Central Worthing
 - Cissbury Integrated Care
 - South Crawley

This funding will ensure the additional needs of these patient populations are taken into account in ensuring accessible and responsive services, by supporting those PCNs to consider additional measures and innovations.

- d) We will increase the roll out of the Community Pharmacy Consultation Service (CPCS), which will enable Practices to book patients with a minor illness for a same day consultation with their local pharmacy where appropriate. Currently 60 of the 75 GP Practices in West Sussex are either live with this service or engaging in training to begin.
- e) We will continue to invest in digital support for patients, including improving Practice websites, online consultations, and other app-based innovations to support patient care.

- f) We will support PCNs to recruit additional staff, including new GP Assistant and digital and transformation roles, to ensure patients see the right clinician at the right time. To date around 540 FTE “additional roles” have been recruited across Sussex since the inception of PCNs, including Physiotherapists, Physician Associates, Mental Health Practitioners and Social Prescribers.
- g) We will also continue to work with NHS, Local Authority and other partners to invest in the premises where primary care services are delivered, to ensure we maximise opportunities to improve the capacity and quality of these. NHS Sussex has a strategy for population support with regard to premises, including close working with borough and district councils around known or anticipated areas of housing growth, which includes:
- Building new premises at scale and combining with other services where an opportunity arises – for example the new Worthing Integrated Care Centre currently being developed;
 - Consolidation of premises even if no integration opportunity arises, but the quality, capacity and resilience of services can be improved – for example the rebuild of the Croft Surgery at Eastergate in Arun;
 - Developing existing sites where opportunities arise for extensions, refurbishments and the conversion of additional rooms into clinical space or offices for staff – for example work with surgeries in Crawley and East Grinstead.

Optimising Capacity

- h) Same day data from GP Practices will be automatically extracted to highlight where there are pressures in the system and offer support as soon as possible to ensure they can continue to meet patient needs.
- i) Improved Business Intelligence systems will be commissioned for Practices so they can identify those patients most in need and plan their appointments and workforce rotas accordingly.
- j) Recognising the problems patients have reported having in contacting their Practice, as reported in the patient satisfaction survey, all Practices will be supported to purchase advanced cloud telephony systems which will improve the patient experience, ensuring patients are informed on progress throughout the call and linked with the right healthcare professional. Currently 47 of the 75 GP Practices in West Sussex are now live or going live with the new service, and work is ongoing with the others.

Improve Links/Communications across the Primary Care System

- k) The new Integrated Care System will encourage PCNs to integrate more fully with Community/Mental Health providers, Local Pharmacies, Adult Social Care, and the voluntary sector, working together across West Sussex.

- l) NHS Sussex will continue to work with the three Sussex Healthwatches, patients and Practices to codesign website 'good practice' templates and offer funding to those Practices whose websites have identified as being the most 'in need of improvement', based on self-selection, Healthwatch 'Mystery Shopper' surveys, and a review by the Digital First team.
- m) Digitally Excluded Groups will be supported to learn how to better use digital health technologies, but promoting use of the NHS App, online consultations and NHS 111 Online where digital exclusion is recognised issue.

Public and Patient Communications over Winter

- n) A systemwide communications approach has been agreed by all ICS partners to have a clear and effective way of communicating with patients and the public this winter. This includes information about services; advice and support for people to stay well; and how to look after the most vulnerable over the winter months.
- o) A key element of this work is information about how people can access Primary Care, including General Practice, over the winter period. This includes positive measures such as the Enhanced Access arrangements, and reminders about how people can arrange appointments through Practice apps, websites and other means, as well as by contacting the Practice by phone. This work will showcase positive examples of access in specific Practices and recognise the work of staff across Practices in West Sussex.

Conclusion

- 1.18.** Since the recovery and restoration programme described in the paper to the HASC in September 2021, NHS Sussex commissioners have worked with primary care providers to ensure the best possible service is delivered to patients. Nevertheless, General Practice continues to face significant pressures upon its capacity, including increased patient demand and workforce shortages. The maintenance and expansion of access for patients in West Sussex to primary care services remains a high priority for NHS Sussex, and will feature prominently in local work with Practices, PCNs, GP Federations and working with partners across the West Sussex health and care system.

Annex A - List of PCNs and GP Practices in West Sussex (as at 1st October 2022)

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List of PCNs and GP Practices in West Sussex (as at 1st October 2022)

PCN	Practice Name	List Size (Oct 22)	PCN List Size (Oct 22)
ANGMERING COPPICE FITZALAN (ACF) PCN	FITZALAN MEDICAL GROUP COPPICE SURGERY	15949 12957	28906
ARUN INTEGRATED CARE (AIC) PCN	WESTCOURT MEDICAL CENTRE PARK SURGERY WILLOW GREEN SURGERY	13229 11283 10997	35509
BURGESS HILL & VILLAGES PCN	MID SUSSEX HEALTH CARE SILVERDALE PRACTICE MEADOWS SURGERY BROW MEDICAL CENTRE	20819 13601 9770 6591	50781
CENTRAL WORTHING PCN	ST. LAWRENCE SURGERY VICTORIA ROAD SURGERY BROADWATER MEDICAL CENTRE	16062 13611 12216	41889
CHANCTONBURY PCN	BILLINGSHURST SURGERY GLEBE SURGERY STEYNING HEALTH CENTRE HENFIELD MEDICAL CENTRE	13709 13431 12015 10239	49394
CHICHESTER ALLIANCE OF MEDICAL PRACTICES (CHAMP) PCN	CATHEDRAL MEDICAL GROUP LANGLEY HOUSE SURGERY SELSEY MEDICAL PRACTICE LAVANT ROAD SURGERY SOUTHBOURNE SURGERY WITTERINGS MEDICAL CENTRE PARKLANDS SURGERY TANGMERE MEDICAL CENTRE	13604 13318 12755 11902 10768 10719 10599 7040	90705

PCN	Practice Name	List Size (Oct 22)	PCN List Size (Oct 22)
CISSBURY INTEGRATED CARE PCN	WORTHING MEDICAL GROUP STRAND MEDICAL GROUP SELDEN MEDICAL CENTRE CORNERWAYS SURGERY	20750 15607 8736 3701	48794
COASTAL AND SOUTH DOWNS CARE PARTNERSHIP PCN	LIME TREE SURGERY BARN SURGERY	27627 4034	31661
CRAWLEY CARE COLLABORATIVE PCN	LEACROFT MEDICAL PRACTICE LANGLEY CORNER SURGERY BRIDGE MEDICAL CENTRE SOUTHGATE MEDICAL GROUP	13044 12026 11557 10808	47435
EAST GRINSTEAD PCN	MODALITY MID SUSSEX MOATFIELD SURGERY	31940 15317	47257
HAYWARDS HEATH CENTRAL PCN	NEWTONS PRACTICE DOLPHINS PRACTICE	13344 11362	24706
HAYWARDS HEATH VILLAGES PCN	NORTHLANDS WOOD SURGERY CUCKFIELD MEDICAL CENTRE LINDFIELD MEDICAL CENTRE OUSE VALLEY PRACTICE	8725 12118 11304 8665	40812
HEALTHY CRAWLEY PCN	POUND HILL MEDICAL GROUP WOODLANDS&CLERKLANDS PARTNERSHIP IFIELD MEDICAL PRACTICE FURNACE GREEN SURGERY	16607 16109 9848 7275	49839
HORSHAM CENTRAL PCN	PARK SURGERY HOLBROOK SURGERY ORCHARD SURGERY RIVERSIDE SURGERY	23432 16113 8968 8601	57114

PCN	Practice Name	List Size (Oct 22)	PCN List Size (Oct 22)
HORSHAM COLLABORATIVE PCN	THE COURTYARD SURGERY VILLAGE SURGERY COWFOLD SURGERY RUDGWICK MEDICAL CENTRE	14166 10143 4838 4200	33347
LANCING AND SOMPTING COMMUNITY HEALTH PCN (LASCH)	BALL TREE SURGERY NEW POND ROW SURGERY THE ORCHARD SURGERY	14223 8558 6060	28841
REGIS PCN	MAYWOOD HEALTH CARE CENTRE BERSTED GREEN SURGERY FLANSHAM PARK HEALTH CENTRE THE CROFT SURGERY AVISFORD MEDICAL GROUP GROVE HOUSE SURGERY BOGNOR MEDICAL CENTRE WEST MEADS SURGERY ARUNDEL SURGERY	16644 13525 13356 11685 11505 11364 9151 7726 6527	101483
RURAL NORTH CHICHESTER PCN	PULBOROUGH MEDICAL GROUP RIVERBANK MEDICAL CENTRE LOXWOOD SURGERY THE PETWORTH SURGERY	13207 13141 6420 6068	38836
SHOREHAM AND SOUTHWICK PCN	ADUR HEALTH PARTNERSHIP	36451	36451
SOUTH CRAWLEY PCN	SAXONBROOK MEDICAL CENTRE COACHMANS MEDICAL PRACTICE GOSSOPS GREEN MEDICAL CENTRE BEWBUSH MEDICAL CENTRE	19584 10522 7549 6630	44285

West Sussex Total Registered Population = 928045

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Report to Health and Adult Social Care Scrutiny Committee

23 November 2022

End of September 2022 (Quarter 2) Quarterly Performance and Resources Report – Focus for Scrutiny

Report by Director of Law and Assurance

Summary

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

The report (Appendices B and C) reflects the position at the end of September 2022.

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

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

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

Appendix E details a proposed change for an existing KPI, relating to "Outcomes of safeguarding risk".

Focus for scrutiny

The Committee is asked to consider the PRR (Appendices B and C). 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) The proposed change of KPI relating to "Outcomes of safeguarding risk".
- 6) 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
- 7) 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 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 A – 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 – How to read this report

Appendix B – Portfolio Summary – Adults Services

Appendix C – Portfolio Summary – Public Health & Wellbeing

Appendix D – Risk Register

Appendix E - KPI Amendments for Cabinet Approval

Background Papers

None





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How to Read the Performance and Resources Report

The Performance and Resources Report is separated into three sections:

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

Each Portfolio covers the following aspects in detail which enables the Section to be viewed as a 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 – Service Transformation
- Appendix 3 – Capital Monitor
- Appendix 4 – Corporate Risk Register Summary
- Appendix 5 – Workforce
- Appendix 6 – Children First Improvement Plan
- Appendix 7 – Fire and Rescue Improvement Plan

Scrutiny Committee Documents

The relevant elements of the Performance and Resources Report will be made available to Scrutiny Committees prior to being considered by Public Cabinet.

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	Service Transformation					✓
Appendix 3	Capital Monitor					✓
Appendix 4	Corporate Risk Register Summary	✓	✓	✓	✓	✓
Appendix 5	Workforce					✓
Appendix 6	Children First Improvement Plan Update	✓				✓
Appendix 6	Fire and Rescue Improvement Plan Update				✓	✓

KEY:	Specific Committee Responsibility
	To Be Included In Committee Papers

Adults Services Portfolio – Summary






Performance Summary

1. The Portfolio has a number of performance highlights to report this quarter:
 - Like other parts of the country, the health and social care system in West Sussex continues to experience significant pressure. The reasons for this are complex but include high demand from our partners and residents, workforce shortages and continuing to support and recover from the Covid-19 pandemic. The County Council's priority is to support individuals who need critical and urgent care or where there are urgent safeguarding concerns, ensuring people are contacted immediately or within 24-48 hours. The service continues to do everything it can to reduce the delay people may be experiencing and are working closely with partners to ensure that vulnerable people are kept safe and well, in line with the commitment set out in Our Council Plan. Even with this pressure the County Council is continuing to stay within target in respect of the percentage of contacts to adult social care that progress to a social care assessment; reflecting the impact of interventions throughout the customer journey to meet people's needs through information and advice as well as the provision of preventative services.
 - Adult Social Care in West Sussex continues to embed a strength-based approach to practice, which emphasises people's right to self-determination and strengths, being customer-led, with a focus on future outcomes and strengths that people bring; and reflects the priorities as set out in Our West Sussex Plan and the Adult Social Care Strategy 2022-25. The ongoing focussed review of existing social care packages has allowed teams to work with customers and their families to reduce and, in some cases, remove packages of care. Customers have reported that this has significantly improved their quality of life and sense of independence.
 - Adult Social Care staff and customers held a Directly Provided Services Co-Production Event in support of people and organisations working together to share influence, skills and experience to design, deliver and monitor care services and projects. This event provided an opportunity to showcase and celebrate many of the Social Care co-production projects over the last year as well as facilitate networking and future planning, including a newly designed co-production toolkit for staff to utilise.

Our Council Performance Measures


2. The following section provides updates of the performance KPIs agreed in Our Council Plan and the action taking place, comprising a wider performance view, with KPI measures comparing performance over 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.

Agenda Item 8
Appendix B

Adults Services		2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
13	Measure: Outcomes of safeguarding risk – where a risk was identified, the outcome/expected outcome when the case was concluded for Section 42 enquires (% where risk remains). Reporting Frequency: Quarterly	7.0%	2021/22	Jun-22	Sep-22		G
			8.4%	7.4%	9.5%		
Performance Analysis: Sep-22: There is a 2.07% increase on the Q1 data. This figure is likely to be inflated as a result of focussed safeguarding work on reviewing and closing safeguarding enquiries which have been open for longer than 60 days. A number of these enquiries will continue to have "risk remains" as people are able to choose to live with risk and no further action required from Adult Social care.							
Actions: We will undertake some random sampling to seek further assurance that when safeguarding risk is identified, this is being appropriately mitigated within the safeguarding plan.							
11	Measure: Percentage of contacts to adult social care that progress to a social care assessment Reporting Frequency: Quarterly	20% -30%	Mar-22	Jun-22	Sep-22		G
			24.7%	23.2%	22.0%		
Performance Analysis: Sep-22: Performance is within target, continuing to reflect the impact of interventions throughout the customer journey to meet people's needs through information and advice as well as provision of preventative services.							
Actions: The Access Review Programme is ongoing and will provide a better understanding of the complexity of need being presented at the front door, to ensure ongoing good performance against this measure and maximising opportunities for resolution within the community.							
36	Measure: Percentage of adults that did not receive long term support after a period of reablement support Reporting Frequency: Quarterly	85.5%	Mar-21	Jun-21	Sep-21		A
			85.5%	85.4%	81.3%		
Performance Analysis: Sep-22: Council data is not available this quarter due to ongoing system issues that are impacting reporting, however, our provider is reporting a rolling year average of 71% and their latest recruitment drive as well as working to an Improvement Plan has contributed to the latest performance.							
Actions: Pathway and recording processes continue to be reviewed for reablement due to an ongoing in-year data quality issue. The review is part of the wider adult social care programme, which is unlikely to be resolved by Q3. However, our reablement provider continues to undertake extensive recruitment drives to improve performance.							
12	Measure: Percentage of adult social care assessments that result in a support plan Reporting Frequency: Quarterly	65% -75%	Dec-21	Mar-22	Jun-22		G
			76.3%	65.3%	62.0%		
Performance Analysis: Sep-22: Performance reported is for Q1, as data for this measure is retrospectively updated, to ensure that the outcome of the assessment and the need for a support plan have been completed. Performance for Q1 is slightly below the target range.							
Actions: This measure will be continually monitored and performance will be updated throughout the year to reflect the additional assessments.							
37	Measure: Percentage of adults that purchase their service using a direct payment Reporting Frequency: Quarterly	27.4%	Mar-22	Jun-22	Sep-22		G
			28.5%	27.3%	26.4%		

Adults Services	2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
<p>Performance Analysis: Sep-22: Performance is marginally below target, so intervention is not required at this stage.</p> <p>Actions: This measure will be monitored by the Adults Directorate Leadership Team and via the Performance, Quality and Practice Board, both chaired by the Director for Adults and Health.</p>						
38	<p>Measure: Percentage of users of adult services and their carers that are reviewed and/or assessed in the last 12 months</p> <p>Reporting Frequency: Quarterly</p>	77.0%	Mar-22	Jun-22	Sep-22	R
			60.0%	54.2%	52.5%	
<p>Performance Analysis: Sep-22: It is still expected that the percentage of reviews undertaken within a 12-month period will improve over 2022/23. A dedicated project is in place to manage reviews for older people and Lifelong Services customers with a focus on embedding a strength-based approach. Performance has slightly deteriorated from Q1 due to a reset of the project in Lifelong Services.</p> <p>Actions: The project continues to be monitored on a monthly basis with a project management approach by the Adults Directorate Leadership Team and via the Performance, Quality and Practice Board, both chaired by the Director for Adults and Health, with an expectation that the ongoing work throughout the year will improve the performance of this measure.</p>						
39	<p>Measure: The percentage of adults with a learning disability in paid employment</p> <p>Reporting Frequency: Quarterly</p>	3.8%	Sep-21	Dec-21	Mar-22	R
			0.4%	0.6%	1.1%	
<p>Performance Analysis: Sep-22: Performance is expected to improve to around 3% due to a recent data check that identified an additional 50 eligible individuals in paid employment, however this cannot be confirmed until the system upgrade issues have been resolved. An increase in eligible referrals is required to maintain this improvement, which will be supported by officers within commissioning.</p> <p>Actions: There is an exercise to understand the data collection methodology used by comparative local authorities, to ensure that the County Council is collecting data to accurately measure this performance indicator is ongoing and a project continues to focus on completing reviews/assessments throughout 2022/23, which is expected to see an increase in performance over the coming year. Work is also underway to establish better ways of working with the market and other stakeholders to increase the number of people in employment and/or engaged in meaningful activities.</p>						
40	<p>Measure: The percentage of adults in contact with secondary mental health services living independently with or without support</p> <p>Reporting Frequency: Quarterly</p>	71.0%	Mar-22	Jun-22	Sep-22	A
			69.0%	69.0%	68.0%	
<p>Performance Analysis: Sep-22: Performance remains stable, even though it has dipped slightly from Q1 but remains close to target.</p> <p>Actions: Work will continue to promote a strength-based approach and reducing new admissions to residential care for customers with a mental illness. This is primarily an NHS measure, so social care have limited ability to influence the performance.</p>						
14	<p>Measure: Time to complete outstanding 'deprivation of liberty' cases</p> <p>Reporting Frequency: Quarterly</p>	4.4 Months	Dec-21	Mar-22	Jun-22	G
			3.4 Months	3.4 Months	4.1 Months	
<p>Performance Analysis: Sep-22: During this quarter, cases which would normally have been closed within the Adult Social Care client database system (Mosaic) have remained open due to linked internal processing issues. This has caused reported performance to appear to have deteriorate. However, run rate has remained the same.</p> <p>Actions: This processing issue will be rectified and cases closed on the Mosaic system at an earlier stage therefore performance results will become available in Q3.</p>						

Agenda Item 8
Appendix B

Adults Services		2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
44	<p>Measure: Percentage of people affected by domestic violence and abuse who feel safe upon leaving the service</p> <p>Reporting Frequency: Quarterly</p>	85.0%	Mar-22	Jun-22	Sep-22		G
			91%		86%		
<p>Performance Analysis: Sep-22: In the last reporting quarter, the Domestic Abuse Service has seen 69 clients closed following a period of full engagement with the service. The percentage of clients who reported feeling safer following engagement was 86%. Within the remaining 14%, most of these clients had disengaged from support, so we were unable to ask this question. In addition to the 69-clients closed in this period, we submitted 12 "other contact" forms, clients who received a short-term intervention but whom were all provided with safety planning advice.</p> <p>In addition to 86% of clients feeling safer, it is important to recognise that our data evidenced that clients exiting the service have also reported the following:</p> <ul style="list-style-type: none"> 75% reported improved wellbeing. 76% reported their quality of life improved. 76% were optimistic about the future. 80% reported feeling more confident. <p>Actions: We have made progress in this last quarter to achieving this KPI target. We have promoted the recording of the evaluation data and provided refresher training to the team, to help ensure the team are consistently completing the Insights forms. This is not only to assist with evidencing this KPI, but also to highlight the positive impact the service is having on the clients who are accessing the support, and the difference they are making to people's lives in West Sussex. In this reporting period 51 out of the 69 clients exiting the service were subject of the closing questionnaire. In the last three months there have been an additional 114 client intake forms completed and I predict an increase in both Insights Intake forms as well as client closures in the next reporting quarter. This will reflect closures that are expected for clients who entered the service since July 2022.</p>							

Finance Summary

Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Older People – Delays in delivering savings due to timing and capacity restraints, less one-off in-year saving on reablement contract (£0.355m)	£3.000m	Staffing vacancies within the service.	(£1.200m)	
Lifelong Services – Delays in delivering savings due to timing and capacity restraints	£4.238m	In year staffing budget surplus generated from the implementation of the new pay grades for social workers and occupation therapists	(£1.400m)	
Lifelong Services – Underlying overspending pressure	£3.462m	Deferral of the use of the Market Management Fund	(£2.200m)	
		Reduction in the reablement block contract – lower level of service than sought is being delivered	(£0.700m)	
		Use of Improved Better Care Fund	(£2.100m)	
		Other funding opportunities – including additional Better Care Funding	(£3.100m)	
Adults Services Portfolio - Total	£10.700m		(£10.700m)	(£0.000m)

Significant Financial Issues and Risks Arising

Narrative	Cost Driver	Q1		Q2		Action	Trajectory
Key cost driver data influencing the trajectory of the Older People's care budget	No. of older people with a care package	4,391	↘	4,415	↗	Despite being higher than the first quarter, customer numbers remain around 300 lower than September 2021. Allowing for population growth, this means that proportionately fewer people are receiving care.	↘
	% increase in the average gross weekly cost of a care package for older people	5.4%	↘	5.4%	↔	Although average costs are rising, the rate is lower than the uplifts agreed for providers in 2022/23, which is in-line with the savings target for customer reviews. The increase in the net cost is expected to reduce once backlogs in financial assessments have cleared.	
	% increase in the average net weekly cost of a care package for older people	8.4%	↘	8.5%	↗		

Key:

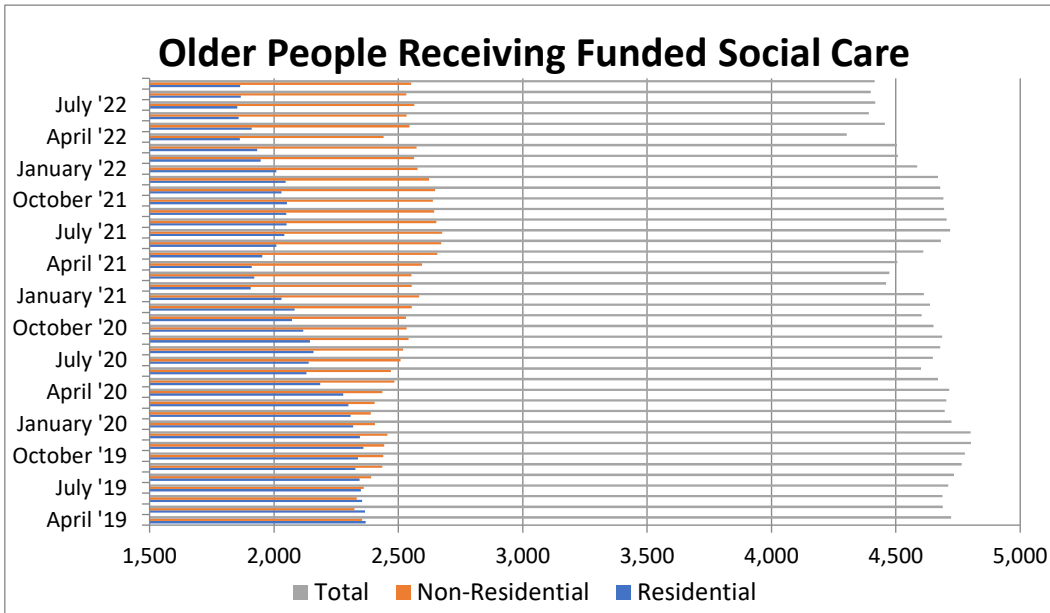
Arrow:	Decreasing	↘	Increasing	↗	Static	↔
Colour:	Improving	Green	Worsening	Red	Static	Yellow

Financial Narrative on the Portfolio's Position

3. Taken at face value, the Adults budget continues to appear stable. The trajectory of average gross weekly costs for older people is particularly positive to note. At £534, it is 5.7% higher than in March 2022 (£505). In contrast, the County Council agreed average uplifts in April for providers of care for older people of approximately 9%. This means that the cost of packages has been reducing in real terms, which is a lead indicator of the good outcomes being produced by the savings target for community care reviews.
4. Despite outward appearances, the Adults budget is becoming increasingly challenging to forecast. Part of this is a reflection of the extent of changes that are taking place in the service as well as the consequences of staff vacancy rates which remain at 30% in some key areas. Amongst the implications of this are the following:
 - Processing backlogs in connection with the purchasing of care packages are increasing.
 - Delays in financial assessments.
 - Within Lifelong Services there are a number of disputes with third parties about financial responsibility for customers, which are subject to legal processes. All of these are expensive placements and so the resolution will have the capacity to make the Lifelong Services budget either more or less overspent.

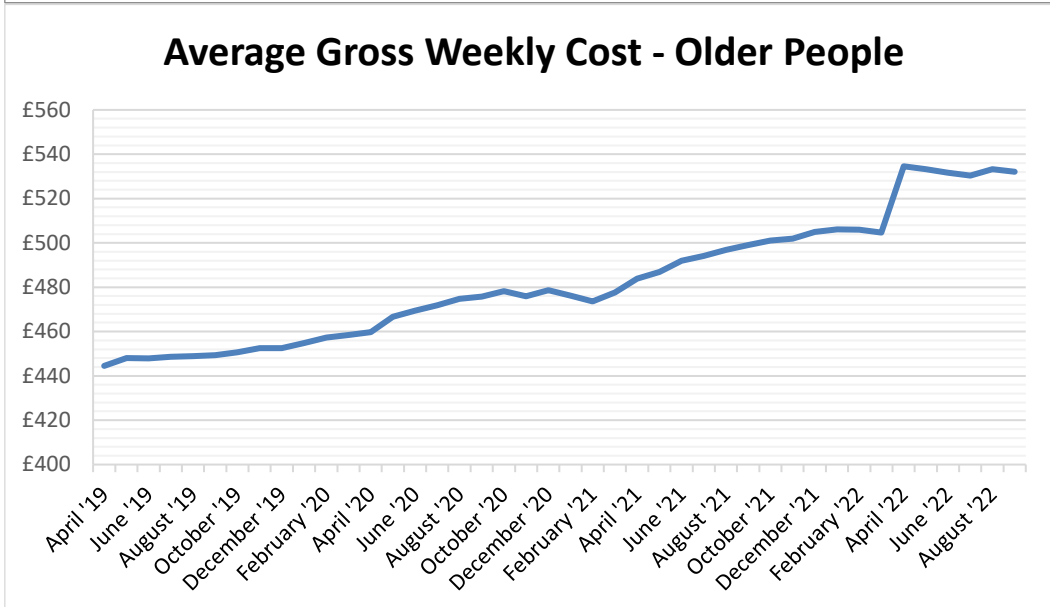
5. The lack of certainty about issues such as these requires assumptions to be included in the forecast.
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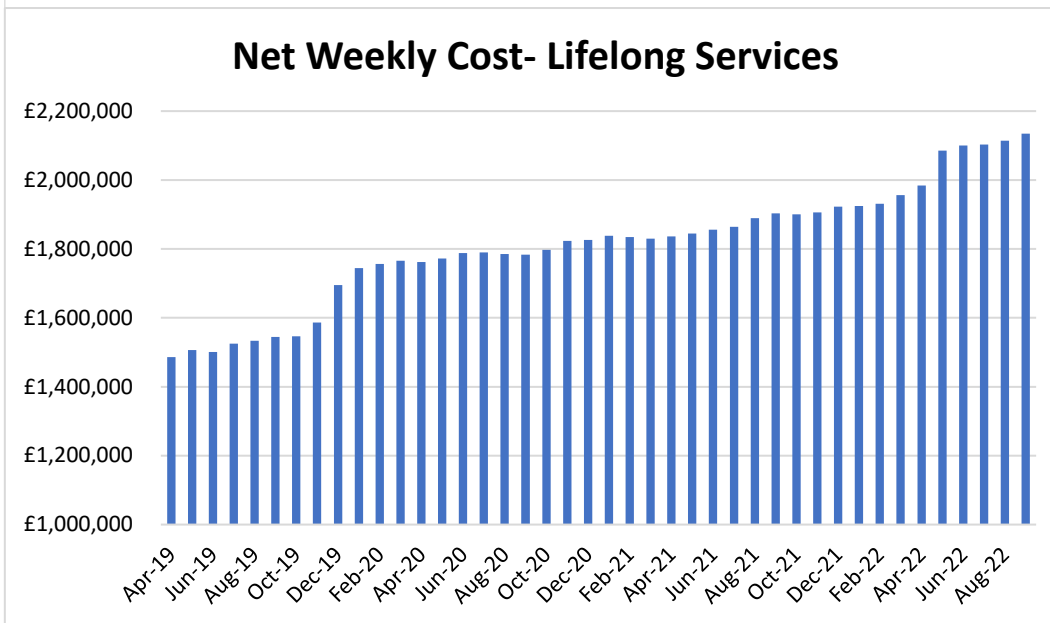
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This graph shows the net weekly cost of Lifelong Services care packages since April 2019.

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Savings Key:

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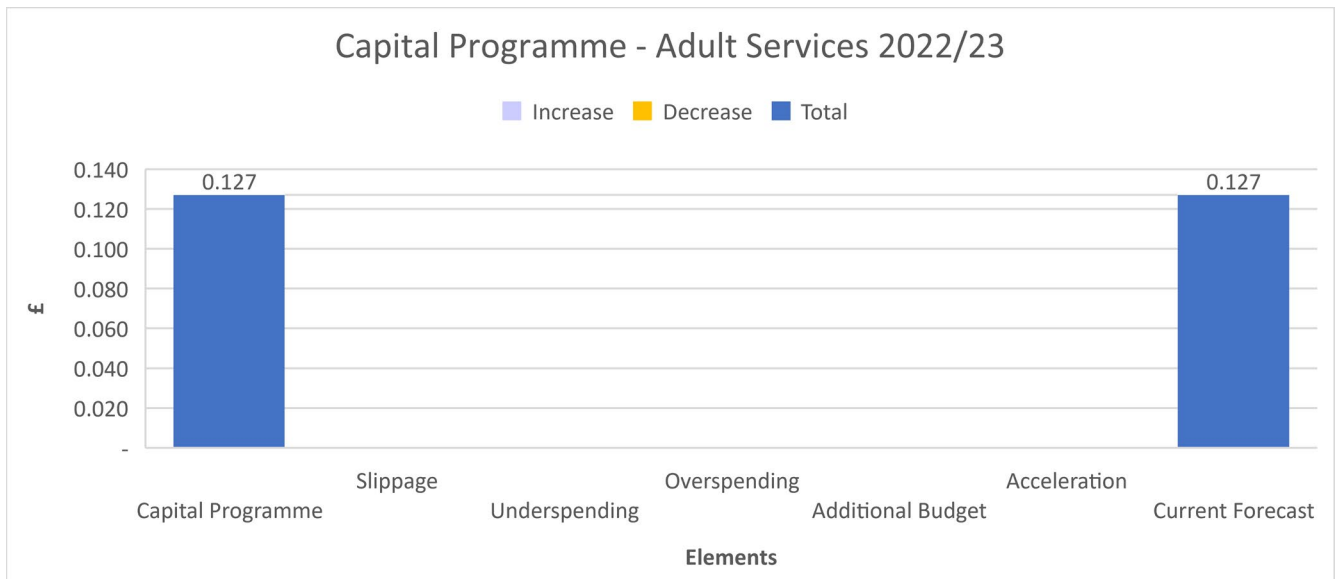
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Key:

Capital Programme – The revised planned expenditure for 2022/23 as at 1st April 2022.
 Slippage – Funding which was planned to be spent in 2022/23 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 2022/23 financial year capital programme forecast.

15. The latest Capital Programme Budget Monitor is reported in **Appendix 3**.

Risk

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

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, Occupational Therapists), 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

Risk No.	Risk Description	Previous Quarter Score	Current Score
CR74	The overdue re-procurement of care and support at home services has been further postponed, meaning the contractual arrangements are non-compliant, inefficient to manage, difficult to enforce and present a risk of challenge and CQC criticism. The delay is to enable more time for the market to stabilise, to complete service reviews and to allow imminent legislative changes to take effect.	15	15

17. Further details on all risks can be found in **Appendix 4** - Corporate Risk Register Summary.

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Adults Services Portfolio – Summary






Performance Summary

1. The Portfolio has a number of performance highlights to report this quarter:
 - Like other parts of the country, the health and social care system in West Sussex continues to experience significant pressure. The reasons for this are complex but include high demand from our partners and residents, workforce shortages and continuing to support and recover from the Covid-19 pandemic. The County Council's priority is to support individuals who need critical and urgent care or where there are urgent safeguarding concerns, ensuring people are contacted immediately or within 24-48 hours. The service continues to do everything it can to reduce the delay people may be experiencing and are working closely with partners to ensure that vulnerable people are kept safe and well, in line with the commitment set out in Our Council Plan. Even with this pressure the County Council is continuing to stay within target in respect of the percentage of contacts to adult social care that progress to a social care assessment; reflecting the impact of interventions throughout the customer journey to meet people's needs through information and advice as well as the provision of preventative services.
 - Adult Social Care in West Sussex continues to embed a strength-based approach to practice, which emphasises people's right to self-determination and strengths, being customer-led, with a focus on future outcomes and strengths that people bring; and reflects the priorities as set out in Our West Sussex Plan and the Adult Social Care Strategy 2022-25. The ongoing focussed review of existing social care packages has allowed teams to work with customers and their families to reduce and, in some cases, remove packages of care. Customers have reported that this has significantly improved their quality of life and sense of independence.
 - Adult Social Care staff and customers held a Directly Provided Services Co-Production Event in support of people and organisations working together to share influence, skills and experience to design, deliver and monitor care services and projects. This event provided an opportunity to showcase and celebrate many of the Social Care co-production projects over the last year as well as facilitate networking and future planning, including a newly designed co-production toolkit for staff to utilise.

Our Council Performance Measures

2. The following section provides updates of the performance KPIs agreed in Our Council Plan and the action taking place, comprising a wider performance view, with KPI measures comparing performance over 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.

Agenda Item 8
Appendix C

Adults Services		2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
13	Measure: Outcomes of safeguarding risk – where a risk was identified, the outcome/expected outcome when the case was concluded for Section 42 enquires (% where risk remains). Reporting Frequency: Quarterly	7.0%	2021/22	Jun-22	Sep-22		G
			8.4%	7.4%	9.5%		
Performance Analysis: Sep-22: There is a 2.07% increase on the Q1 data. This figure is likely to be inflated as a result of focussed safeguarding work on reviewing and closing safeguarding enquiries which have been open for longer than 60 days. A number of these enquiries will continue to have “risk remains” as people are able to choose to live with risk and no further action required from Adult Social care. Actions: We will undertake some random sampling to seek further assurance that when safeguarding risk is identified, this is being appropriately mitigated within the safeguarding plan.							
11	Measure: Percentage of contacts to adult social care that progress to a social care assessment Reporting Frequency: Quarterly	20% -30%	Mar-22	Jun-22	Sep-22		G
			24.7%	23.2%	22.0%		
Performance Analysis: Sep-22: Performance is within target, continuing to reflect the impact of interventions throughout the customer journey to meet people’s needs through information and advice as well as provision of preventative services. Actions: The Access Review Programme is ongoing and will provide a better understanding of the complexity of need being presented at the front door, to ensure ongoing good performance against this measure and maximising opportunities for resolution within the community.							
36	Measure: Percentage of adults that did not receive long term support after a period of reablement support Reporting Frequency: Quarterly	85.5%	Mar-21	Jun-21	Sep-21		A
			85.5%	85.4%	81.3%		
Performance Analysis: Sep-22: Council data is not available this quarter due to ongoing system issues that are impacting reporting, however, our provider is reporting a rolling year average of 71% and their latest recruitment drive as well as working to an Improvement Plan has contributed to the latest performance. Actions: Pathway and recording processes continue to be reviewed for reablement due to an ongoing in-year data quality issue. The review is part of the wider adult social care programme, which is unlikely to be resolved by Q3. However, our reablement provider continues to undertake extensive recruitment drives to improve performance.							
12	Measure: Percentage of adult social care assessments that result in a support plan Reporting Frequency: Quarterly	65% -75%	Dec-21	Mar-22	Jun-22		G
			76.3%	65.3%	62.0%		
Performance Analysis: Sep-22: Performance reported is for Q1, as data for this measure is retrospectively updated, to ensure that the outcome of the assessment and the need for a support plan have been completed. Performance for Q1 is slightly below the target range. Actions: This measure will be continually monitored and performance will be updated throughout the year to reflect the additional assessments.							
37	Measure: Percentage of adults that purchase their service using a direct payment Reporting Frequency: Quarterly	27.4%	Mar-22	Jun-22	Sep-22		G
			28.5%	27.3%	26.4%		

Adults Services	2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
<p>Performance Analysis: Sep-22: Performance is marginally below target, so intervention is not required at this stage.</p> <p>Actions: This measure will be monitored by the Adults Directorate Leadership Team and via the Performance, Quality and Practice Board, both chaired by the Director for Adults and Health.</p>						
38	<p>Measure: Percentage of users of adult services and their carers that are reviewed and/or assessed in the last 12 months</p> <p>Reporting Frequency: Quarterly</p>	77.0%	Mar-22	Jun-22	Sep-22	R
			60.0%	54.2%	52.5%	
<p>Performance Analysis: Sep-22: It is still expected that the percentage of reviews undertaken within a 12-month period will improve over 2022/23. A dedicated project is in place to manage reviews for older people and Lifelong Services customers with a focus on embedding a strength-based approach. Performance has slightly deteriorated from Q1 due to a reset of the project in Lifelong Services.</p> <p>Actions: The project continues to be monitored on a monthly basis with a project management approach by the Adults Directorate Leadership Team and via the Performance, Quality and Practice Board, both chaired by the Director for Adults and Health, with an expectation that the ongoing work throughout the year will improve the performance of this measure.</p>						
39	<p>Measure: The percentage of adults with a learning disability in paid employment</p> <p>Reporting Frequency: Quarterly</p>	3.8%	Sep-21	Dec-21	Mar-22	R
			0.4%	0.6%	1.1%	
<p>Performance Analysis: Sep-22: Performance is expected to improve to around 3% due to a recent data check that identified an additional 50 eligible individuals in paid employment, however this cannot be confirmed until the system upgrade issues have been resolved. An increase in eligible referrals is required to maintain this improvement, which will be supported by officers within commissioning.</p> <p>Actions: There is an exercise to understand the data collection methodology used by comparative local authorities, to ensure that the County Council is collecting data to accurately measure this performance indicator is ongoing and a project continues to focus on completing reviews/assessments throughout 2022/23, which is expected to see an increase in performance over the coming year. Work is also underway to establish better ways of working with the market and other stakeholders to increase the number of people in employment and/or engaged in meaningful activities.</p>						
40	<p>Measure: The percentage of adults in contact with secondary mental health services living independently with or without support</p> <p>Reporting Frequency: Quarterly</p>	71.0%	Mar-22	Jun-22	Sep-22	A
			69.0%	69.0%	68.0%	
<p>Performance Analysis: Sep-22: Performance remains stable, even though it has dipped slightly from Q1 but remains close to target.</p> <p>Actions: Work will continue to promote a strength-based approach and reducing new admissions to residential care for customers with a mental illness. This is primarily an NHS measure, so social care have limited ability to influence the performance.</p>						
14	<p>Measure: Time to complete outstanding 'deprivation of liberty' cases</p> <p>Reporting Frequency: Quarterly</p>	4.4 Months	Dec-21	Mar-22	Jun-22	G
			3.4 Months	3.4 Months	4.1 Months	
<p>Performance Analysis: Sep-22: During this quarter, cases which would normally have been closed within the Adult Social Care client database system (Mosaic) have remained open due to linked internal processing issues. This has caused reported performance to appear to have deteriorate. However, run rate has remained the same.</p> <p>Actions: This processing issue will be rectified and cases closed on the Mosaic system at an earlier stage therefore performance results will become available in Q3.</p>						

Adults Services		2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
44	Measure: Percentage of people affected by domestic violence and abuse who feel safe upon leaving the service Reporting Frequency: Quarterly	85.0%	Mar-22	Jun-22	Sep-22		G
			91%		86%		
<p>Performance Analysis: Sep-22: In the last reporting quarter, the Domestic Abuse Service has seen 69 clients closed following a period of full engagement with the service. The percentage of clients who reported feeling safer following engagement was 86%. Within the remaining 14%, most of these clients had disengaged from support, so we were unable to ask this question. In addition to the 69-clients closed in this period, we submitted 12 "other contact" forms, clients who received a short-term intervention but whom were all provided with safety planning advice.</p> <p>In addition to 86% of clients feeling safer, it is important to recognise that our data evidenced that clients exiting the service have also reported the following:</p> <ul style="list-style-type: none"> • 75% reported improved wellbeing. • 76% reported their quality of life improved. • 76% were optimistic about the future. • 80% reported feeling more confident. <p>Actions: We have made progress in this last quarter to achieving this KPI target. We have promoted the recording of the evaluation data and provided refresher training to the team, to help ensure the team are consistently completing the Insights forms. This is not only to assist with evidencing this KPI, but also to highlight the positive impact the service is having on the clients who are accessing the support, and the difference they are making to people's lives in West Sussex. In this reporting period 51 out of the 69 clients exiting the service were subject of the closing questionnaire. In the last three months there have been an additional 114 client intake forms completed and I predict an increase in both Insights Intake forms as well as client closures in the next reporting quarter. This will reflect closures that are expected for clients who entered the service since July 2022.</p>							

Finance Summary

Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Older People – Delays in delivering savings due to timing and capacity restraints, less one-off in-year saving on reablement contract (£0.355m)	£3.000m	Staffing vacancies within the service.	(£1.200m)	
Lifelong Services – Delays in delivering savings due to timing and capacity restraints	£4.238m	In year staffing budget surplus generated from the implementation of the new pay grades for social workers and occupation therapists	(£1.400m)	
Lifelong Services – Underlying overspending pressure	£3.462m	Deferral of the use of the Market Management Fund	(£2.200m)	
		Reduction in the reablement block contract – lower level of service than sought is being delivered	(£0.700m)	
		Use of Improved Better Care Fund	(£2.100m)	
		Other funding opportunities – including additional Better Care Funding	(£3.100m)	
Adults Services Portfolio - Total	£10.700m		(£10.700m)	(£0.000m)

Significant Financial Issues and Risks Arising

Narrative	Cost Driver	Q1		Q2		Action	Trajectory
Key cost driver data influencing the trajectory of the Older People's care budget	No. of older people with a care package	4,391	↘	4,415	↗	Despite being higher than the first quarter, customer numbers remain around 300 lower than September 2021. Allowing for population growth, this means that proportionately fewer people are receiving care.	↘
	% increase in the average gross weekly cost of a care package for older people	5.4%	↘	5.4%	↔	Although average costs are rising, the rate is lower than the uplifts agreed for providers in 2022/23, which is in-line with the savings target for customer reviews. The increase in the net cost is expected to reduce once backlogs in financial assessments have cleared.	
	% increase in the average net weekly cost of a care package for older people	8.4%	↘	8.5%	↗		

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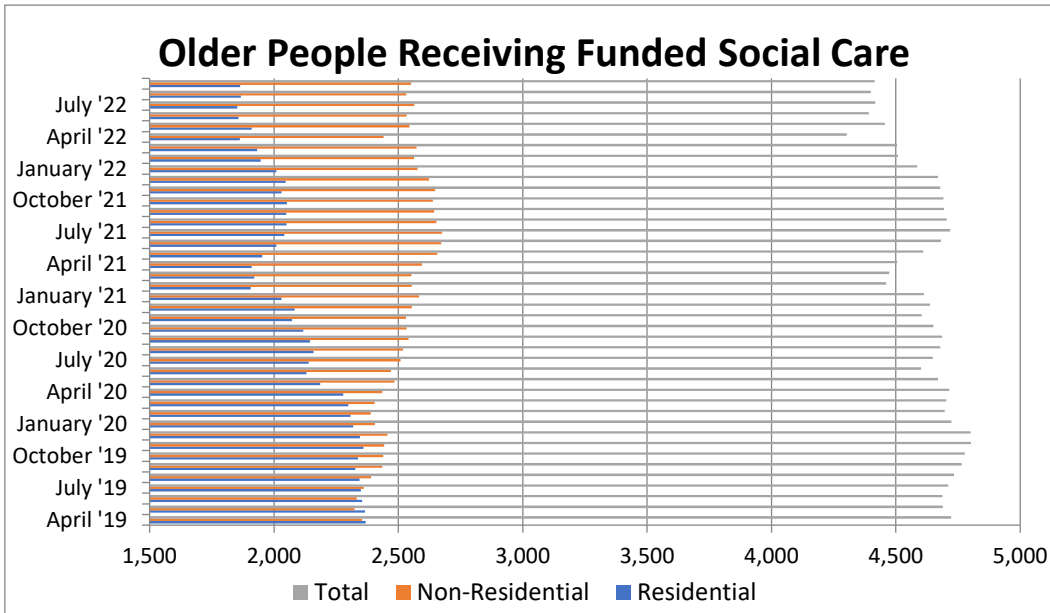
Arrow:	Decreasing	↘	Increasing	↗	Static	↔
Colour:	Improving	Green	Worsening	Red	Static	Yellow

Financial Narrative on the Portfolio's Position

3. Taken at face value, the Adults budget continues to appear stable. The trajectory of average gross weekly costs for older people is particularly positive to note. At £534, it is 5.7% higher than in March 2022 (£505). In contrast, the County Council agreed average uplifts in April for providers of care for older people of approximately 9%. This means that the cost of packages has been reducing in real terms, which is a lead indicator of the good outcomes being produced by the savings target for community care reviews.
4. Despite outward appearances, the Adults budget is becoming increasingly challenging to forecast. Part of this is a reflection of the extent of changes that are taking place in the service as well as the consequences of staff vacancy rates which remain at 30% in some key areas. Amongst the implications of this are the following:
 - Processing backlogs in connection with the purchasing of care packages are increasing.
 - Delays in financial assessments.
 - Within Lifelong Services there are a number of disputes with third parties about financial responsibility for customers, which are subject to legal processes. All of these are expensive placements and so the resolution will have the capacity to make the Lifelong Services budget either more or less overspent.

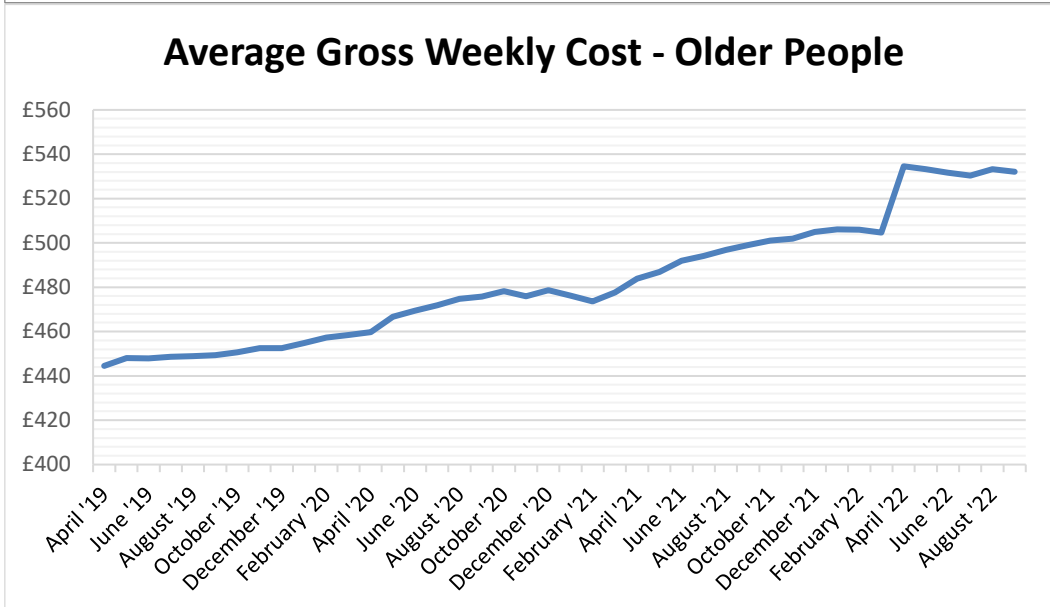
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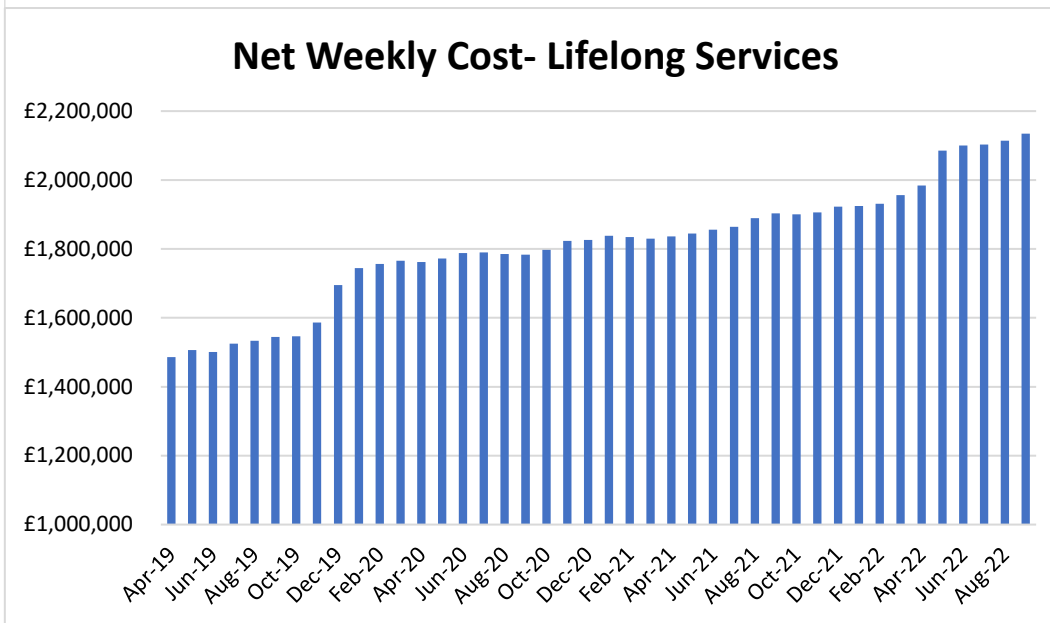
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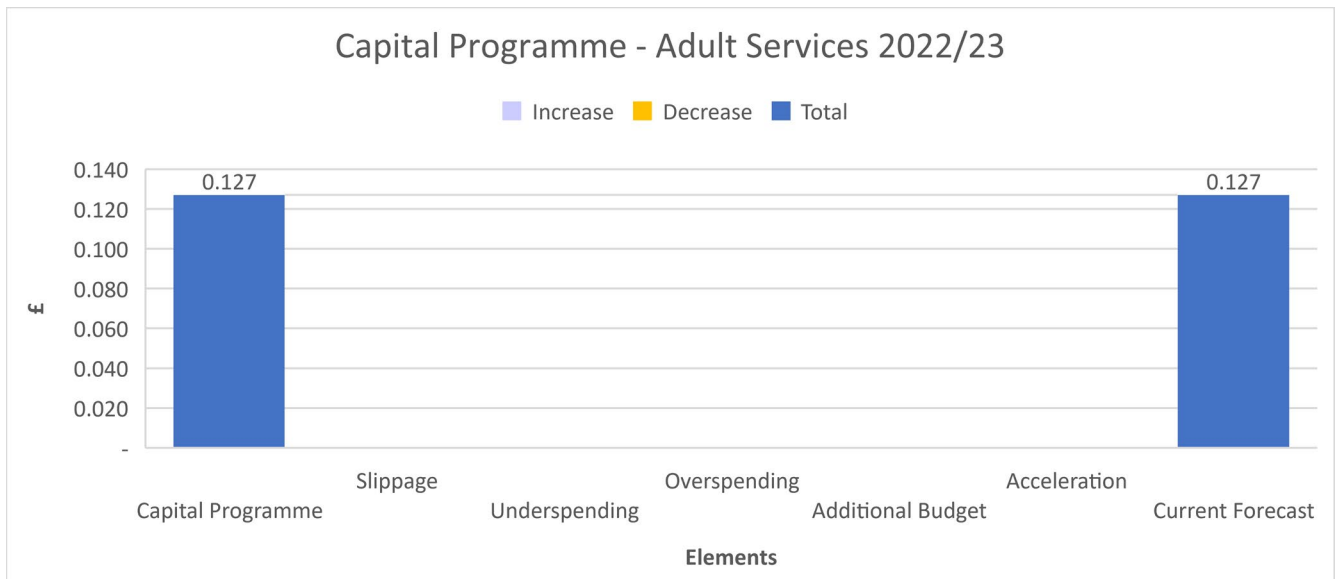
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Key:

Capital Programme – The revised planned expenditure for 2022/23 as at 1st April 2022.
 Slippage – Funding which was planned to be spent in 2022/23 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 2022/23 financial year capital programme forecast.

15. The latest Capital Programme Budget Monitor is reported in **Appendix 3**.

Risk

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

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, Occupational Therapists), 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

Risk No.	Risk Description	Previous Quarter Score	Current Score
CR74	The overdue re-procurement of care and support at home services has been further postponed, meaning the contractual arrangements are non-compliant, inefficient to manage, difficult to enforce and present a risk of challenge and CQC criticism. The delay is to enable more time for the market to stabilise, to complete service reviews and to allow imminent legislative changes to take effect.	15	15

17. Further details on all risks can be found in **Appendix 4** - Corporate Risk Register Summary.

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Corporate Risk Register Summary - September 2022

CR11

Current Score
25

Target Score
8

Initial Score
20

Risk Change
Unchanged
➡

Risk Description

As a result of skill shortages across various sectors, and less attractive employment offers in comparison to other organisations and locations (amplified by the current cost of living situation), there is a risk that we will not be able to recruit and retain sufficient numbers of qualified/experienced staff to manage and deliver quality services.

Date Risk Raised

01/03/2017

Risk Owner

Director of Human Resources & Org Dev

Risk Strategy

Treat

Risk Control/Action

Target Date

Benchmarking of salaries against peers to attract and retain talent for key areas.	01/09/2022
Conduct planning session with HR team to review current recruitment practices, and meet with key stakeholders to develop comprehensive plan to address areas needing improvement.	01/09/2022
Develop alternative arrangements to attract candidates for hard to recruit to roles including the use of specialist third party search agencies.	01/02/2023
Development and regular communication of comprehensive employee value proposition to support recruitment and retention.	01/03/2023
Longer term strategies for addressing recruitment issues e.g. apprenticeships, growing our own.	ongoing
Produce Directorate Workforce Plans, in collaboration with services, to identify skills, capacity and capability requirements (current and future). Including succession planning for key roles, and defining training and career pathways to support recruitment and retention.	ongoing
Restructure of HR Resourcing function to ensure it better fits how recruitment now needs to be undertaken	01/03/2023

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. 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

Director of Adults and Health

Risk Strategy

Treat

Risk Control/Action

Target Date

Review capacity of residential and non-residential services to ensure service availability and to support identification of contingencies if needed.	ongoing
Regular review of care homes business continuity arrangements to address government vaccination directive.	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
In the event of an incident, ensure the consistent implementation of Emergency Response Plans, including a full de-brief and lessons learned.	ongoing
Financial analysis of high risk provision - due diligence checks.	ongoing
Completion of Fair Cost of Care exercise and draft Market Sustainability Plan in order to identify fair costs for care provision to support sustainable markets, and in preparation for Adult Social Care Reforms.	01/10/2022
Collection of market information on Firefly. Analysis of information and appropriate level of quality assurance response.	ongoing

CR39a

Current Score	Target Score	Initial Score	Risk Change
25	16	20	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

CR22

Current Score	Target Score	Initial Score	Risk Change
20	12	16	Unchanged ➡

Risk Description

The financial sustainability of council services is at risk due to uncertain funding from central government, level of inflation impacting on service delivery, and/or failure to make the required decisions to ensure the budget is balanced. This has been compounded further with the COVID-19 crisis.

Date Risk Raised	01/03/2017
Risk Owner	Director of Finance & Support Services
Risk Strategy	Treat

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

CR61

Current Score
15

Target Score
10

Initial Score
25

Risk Change
Unchanged
➡

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

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
Director of Children, Young People and Learning

Risk Strategy
Treat

CR69

Current Score
15

Target Score
10

Initial Score
25

Risk Change
Unchanged
➡

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

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
Director of Children, Young People and Learning

Risk Strategy
Treat

CR74

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

Risk Description

The overdue re-procurement of care and support at home services has been further postponed, meaning the contractual arrangements are non-compliant, inefficient to manage, difficult to enforce and present a risk of challenge and CQC criticism. The delay is to enable more time for the market to stabilise, to complete service reviews and to allow imminent legislative changes to take effect.

Date Risk Raised

01/04/2022

Risk Owner

Director of Adults and Health

Risk Strategy

Treat

Risk Control/Action	Target Date
Focus resource onto managing provider relationships to improve contract management.	ongoing
Regular communication and engagement with providers on programme development/progress, and strategic direction/consequences of changes.	ongoing
Service commitment to undertake re-procurement if and when required	ongoing
Subject to appropriate approvals, opening up the Contingency Contract wider for providers to work with the Council in the interim	ongoing
Update the 2009 contract terms and conditions by variation where these are significantly out of date	01/10/2022

CR72

Current Score	Target Score	Initial Score	Risk Change
12	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

Director of Children, Young People and Learning

Risk Strategy

Treat

Risk Control/Action	Target Date
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.	01/09/2022
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

CR73

Current Score
12

Target Score
8

Initial Score
12

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
Director for Place Services

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
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

CR68

Current Score
10

Target Score
10

Initial Score
25

Risk Change
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
Tolerate

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

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.	ongoing
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
Regular engagement with services to ensure H&S responsibilities continue to be fully understood and embedded in BAU activities.	ongoing

CR7

Current Score
8

Target Score
4

Initial Score
16

Risk Change
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

01/12/2019

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 CMT on governance. Schedule and deliver associated training	ongoing
Regular compliance monitoring and active corporate support when non-compliance happens to establish better practice.	ongoing

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Proposed Amendments to KPIs on the Council Plan

Existing Measure Description	Existing Baseline (Date)	Existing 2022/23 Target	Existing 2023/24 Target	Existing 2024/25 Target
Outcomes of safeguarding risk – where a risk was identified, the outcome/expected outcome when the case was concluded for Section 42 enquires (% where risk remains).	8.6% 2020/21	7%	6%	5%
Proposed Measure Description	Proposed Baseline (Date)	Proposed 2022/23 Target	Proposed 2023/24 Target	Proposed 2024/25 Target
Outcomes of safeguarding risk – where a risk was identified, the outcome/expected outcome when the case was concluded for Section 42 enquires (% where risk remains).	10% WS results for 2020/21 7.4% for Q1 2022/23	Remain below national average (8.26% 2020/21)	Remain below national average (8.26% 2020/21)	Remain below national average (8.26% 2020/21)
<p>Business Case for Change</p> <p>A change to the current target is in recognition of an increase in demand of safeguarding concerns and cases progressing to an enquiry (section 42), complexity and an increase in the volume of cases where risk remains at the end of the process. This is supported by a higher national benchmark, factors which were not visible at the time the 2022/23 target was set. Having benchmarked performance against National and South East results, Adult Social Care are proposing a change to the target to keep WSCC in line, and under, the national average of 8.26%. This is an increase from the original 7% target for 2022/23, while this change will shift the Q1 result from 'Red' to 'Green', the service are currently predicting a downturn in Q2 performance (approx. 9.47%) in light of the factors above.</p>				

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Forward Plan of Key Decisions

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

The most important decisions will be taken by the Cabinet sitting in public. The meetings are also 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: 10 November 2022

Adults Services

Director of Adults and Health

Commissioning and Contract Management for Avila House - Extra Care Housing Scheme

West Sussex County Council are working in Partnership with District & Borough Councils and Registered Housing providers to develop New Extra Care Housing Schemes across West Sussex.

Extra Care Housing provides specialist accommodation to adults who require adapted properties and have been assessed as having eligible needs for care and support. The Schemes provide individual adapted apartments, and an onsite care team. Extra Care Housing is enabling residents of West Sussex to remain independent within their communities and provide an alternative option to Residential Care.

Avila House is an existing building in Worthing that is being converted to provide an extra care scheme for adults who require care, support and suitable housing. Avila House will be the first scheme in the county to accept referrals for adults who meet the criteria age 18 years plus.

Construction at Avila House is due to commence in September 2022 and anticipated to be completed in approximately 1 year. This will enable the first customers to be moving in September 2023.

The Executive Director for Adults will be asked to approve a direct award to Leonard Cheshire to provide the care and support contract at Avila House.

Decision by	Director of Adults and Health (Alan Sinclair)
Date added	15 September 2022
Month	November 2022
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact.
Background documents (via website)	None
Author	Carrie Anderson Tel: 0330 022 22996
Contact	Erica Keegan Tel: 033 022 26050

Cabinet Member for Adults Services**Recommissioning of Hospital Discharge Care Services (Adults)**

The Cabinet Member for Adults Services will be asked to approve a decision regarding the re-commissioning of a range of Hospital Discharge Care (HDC) services for people who are medically ready to be discharged from hospital. These include hospital discharge care services providing support within an individual's own home, and Discharge to Assess with Reablement services based in residential care homes.

The current configuration of home-based HDC has two cohorts of services. One of which will reach the end of its initial three-year period of contractual agreements with the County Council on 31 March 2023, albeit with potential within the contract to extend, and the other will come to the end of the contract arrangements on the same date.

The current configuration of Discharge to Assess with Reablement residential care services will reach the end of its final year of contractual agreements with the County Council on 31 March 2023.

The intention is to work with partners across the health and social care system to ensure there will be sufficient support to continue to facilitate hospital discharge from 01 April 2023 and recommendations will be presented for decision to support this outcome.

Decision by	Cabinet Member for Adults Services (Councillor Amanda Jupp)
Date added	18 October 2022
Month	December 2022
Consultation/ Representations	<p>The following are being consulted: frontline staff; customers via survey; soft-market testing and workshops with health and social care partners.</p> <p>Representations concerning this proposed decision can be made to the decision-maker via the report author, by the beginning of the month in which the decision is due to be taken.</p>
Background documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 25060

Director of Adults and Health

Housing Related Support Contract Extensions and Reprocurement Home Services

The Director of Adults and Health will be asked to consider the extension of five Housing Related Support contracts from 01 April 2023 – 31 March 2025. The initial term of these contracts ends on 31 March 2023 and the contracts allow for an extension for a further two years.

A sixth service – in Mid Sussex – will be subject to a competitive tender as the existing provider has indicated that they no longer wish to provide the service post 31 March 2023. The new contract will be for an initial term of two years with the option to extend for a further two years.

All six services are co-funded 50/50 with the Council’s partners in the District and Borough Councils and are called ‘Pathways Home’ in all areas. The contracted services provide Housing Related Support to vulnerable working age adults in a variety of accommodation settings.

Decision by	Director of Adults and Health (Alan Sinclair)
Date added	27 October 2022
Month	December 2022
Consultation/ Representations	Stakeholder meetings held with Housing Needs/Options Managers at the District and Borough Councils. Consultation with providers also carried out. 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	Sarah L Leppard Tel: 0330 022 23774
Contact	Erica Keegan Tel: 033 022 26050

Director of Adults and Health**Better Care Fund Section 75 Agreement 2022-2023**

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and well-being and live independently in their communities for as long as possible.

The programme is planned and delivered at Health and Wellbeing Board area level across England. For West Sussex, day to day oversight of BCF is within the remit of the Joint Commissioning Strategy Group on behalf of the Health and Wellbeing Board. BCF planning is undertaken on an annual basis, which follows the issuing of national BCF planning guidance from NHS England.

The national BCF programme requires local systems to enter into a joint commitment via an Agreement under Section 75 of the NHS Act. This enables budgets and decision-making authority to be delegated between West Sussex County Council and NHS Sussex Integrated Care Board, to the benefit of the BCF Programme.

Due to national circumstances, BCF planning guidance was again issued very late into the current year. This has resulted in a delay to BCF planning and the drafting of the Section 75 agreement in all areas across England. Following the issuing of annual planning guidance by NHS England in July, the Joint Commissioning Strategy Group has submitted a BCF plan for 2022-23 to NHS England for Approval. The Health and Wellbeing Board will have the formal duty to approve the final plan when it meets on 3rd November 2022.

Now that the planning process is completed, a new Section 75 agreement must be entered into, to replace the previous agreement, which incorporates any updates and changes from last year's plan, with the core terms of the agreement remaining consistent. A draft agreement will be presented to the Joint Commissioning Strategy Group in November for ratification before final joint is given. The Director of Adults and Health will be asked to agree the 2022-23 Section 75 agreement on behalf of West Sussex County Council by 31st December 2022.

Decision by	Alan Sinclair
Date added	1 November 2022
Month	December 2022
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact.
Background documents (via website)	None
Author	Chris Clark Tel: 033 022 25305
Contact	Erica Keegan Tel: 033 022 26050

Director of Adults and Health

Short Break Services for Family and Friends Carers (Adults) Award of Contract(s)

A range of short break services for those providing care and support to an adult with frailty/living with dementia are in the process of being recommissioned. The current configuration of services that provide short break services are in the final year of contractual agreement with the County Council. The intention is that provision will re-focus on the different needs of these carers across the county, following a period of lockdowns/pandemic.

Short Break Services for Family and Friends Carers will be part of a range of options that carers will be able to choose from and refer themselves into so as to gain a break. The services will usually be aimed at the 'cared for person' and include:

- Regular activity-based sessions away from the home environment e.g. outings or clubs that are based at a venue. Weekday, weekend or evening provision
- One to one support at home and trips out

There may also be other services that involve the carer and cared for enjoying outings/activities together as carers value being out of the house as valuable respite from daily routine.

Following the Cabinet Member for Adult Services decision on the commencement of a procurement process, that will follow the principles of good outcomes, quality of service, value for money and additional social capital when evaluating tenders, the Director of Adults and Health will be asked to award the contract(s).

Decision by	Director of Adults and Health (Alan Sinclair)
Date added	16 June 2022
Month	December 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	Mark Greening Tel: 033 022 23758
Contact	Erica Keegan Tel:033 022 26050

Public Health and Wellbeing

Cabinet Member for Public Health and Wellbeing

Integrated Care System Partnership Strategy

All Integrated Care Systems across England are being asked by NHS England and the Department of Health and Social Care to develop and agree a high-level Integrated Care Strategy by March 2023. This is an opportunity for the NHS, Local Government, the Voluntary Sector and wider strategic partners to articulate through a simple public-facing strategy their shared objectives for health, care and wellbeing for Sussex.

The aim is to achieve better health and care for all across Sussex with everyone to live longer, healthier, and fulfilling lives and have access to the best possible services and support when they need them. An 'Integrated Care Strategy' is being developed that will set out the ambitions that are believed will bring the biggest benefit and positive change for residents through all partners working collectively together.

The Sussex Health and Care Assembly has been established to oversee the development of the strategy and its impact. The Assembly is a new statutory joint committee between the NHS and Local Authorities in Sussex and is made up of a wide range of leaders from the NHS, local authorities, universities, voluntary and community organisations, Healthwatch and other specialist members with expertise in further education, housing and local enterprise.

With the oversight of the Sussex Health and Care Assembly, the draft strategy is now being written up, following a period of co-production and suggestions for content. Much of this will be about what we have already committed to and agreed as our priorities, but now capitalising on the opportunities created by being part of an Integrated Care System. A draft of the strategy is expected to be circulated to the Health and Wellbeing Board virtually during November, for comments and support. The Health and Wellbeing Board chairman, and Cabinet Member for Public Health and Wellbeing, Councillor Bob Lanzer, will collate feedback and confirm to the Leader of the Council if the Health and Wellbeing Board supports the strategy. The Cabinet Member for Public Health and Wellbeing will be asked to provide his formal approval of this key decision before the final strategy is presented to the Sussex Health and Care Assembly in December for sign off.

Further information and updates on our developing strategy can be found on the Sussex Health and Care Partnership website:

[Developing the Sussex Integrated Care Strategy - Sussex Health and Care](#)

Find out about the many ways you can get involved in shaping the future of health and care in Sussex here:

[Shaping better health and care - Sussex Health and Care](#)

Decision by	Councillor Bob Lanzer
Date added	10 November 2022
Month	December 2022
Consultation/ Representations	Consultation with Sussex Health and Care partners. Representations concerning this proposed decision can be made via the officer contact.

Agenda Item 9a

Background documents (via website)	None
Author	Chris Clark Tel: 033 022 25305
Contact	Erica Keegan Tel: 033 022 26050

Health and Adult Social Care Scrutiny Committee Work Programme 2022/23

Topic (including focus for scrutiny)	Corporate or Service Priority	Performance, Outcome or Budget	Timing
Committee Meetings			
Winter Planning	NHS	Outcome	Nov 22
Access to Primary Care	CCG	Outcome	Nov 22
South East Coast Ambulance NHS Foundation Trust Care Quality Commission Report	NHS	Outcome	Nov 22
End of September 2022 (Quarter 2) Quarterly Performance and Resources Report	Service	Outcome	Nov 22
Progress update on Adult Social Care Strategy (including Quality Assurance and hospital waiting lists)	Service	Outcome	Jan 23
Terms of Reference for Mental Health Task & Finish Group	NHS	Outcome	Jan 23
An update on the West Sussex Stroke Programme	CCG	Outcome	Jan/Mar 23
End of December 2022 (Quarter 3) Quarterly Performance and Resources Report	Service	Outcome	Mar 23
Transition from Children to Adults Services	Service	Outcome	June 23
End of March 2023 (Quarter 4) Quarterly Performance and Resources Report	Service	Outcome	June 23
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
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"> • Dentistry • Shaw Healthcare Contract Update 			<ul style="list-style-type: none"> • TBC • TBA
Task and Finish Groups (TFGs)			
<ul style="list-style-type: none"> • Mental Health 			2023
Business Planning Group			
Work Programme Planning <ul style="list-style-type: none"> • To consider updates from the services and stakeholders and consider whether any issues should be subject to formal scrutiny by HASC 	-	-	Each meeting

Topic (including focus for scrutiny)	Corporate or Service Priority	Performance, Outcome or Budget	Timing
<ul style="list-style-type: none"> NHS performance report 			Nov 22
<ul style="list-style-type: none"> To consider if an item on discharge pathways should go to Committee 			
Items raised by the committee in the previous council term <ul style="list-style-type: none"> Long Covid – To investigate the impact/treatment of long Covid The award of block contracts for residential care and support services 	-	-	N/A
Integration and Governance			N/A
Low Vision Services (To monitor – discuss when required) <ul style="list-style-type: none"> To consider the outcome of the consultation and confirm whether the item should be subject to further formal scrutiny by HASC, following a Joint Strategic Needs Assessment of services 	-	Outcome	2023
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			
Health Inequalities			
Dentistry			TBC
Domestic Abuse			
Ambulance Response Times			
Health Provision in relation to new developments			

Appendix A - Checklist

Scrutiny Business Planning Checklist

Priorities	<p>Is the topic:</p> <ul style="list-style-type: none"> • 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? • key decision preview, policy development or performance?
What is being scrutinised and why?	<ul style="list-style-type: none"> • What should the scrutiny focus be? What key lines of enquiry should be covered? • Where can the committee add value, what impact can scrutiny have? • What is the desired outcome from scrutiny?
When and how to scrutinise?	<ul style="list-style-type: none"> • When can the committee have most influence? (Is the committee getting involved at the right time, or the earliest opportunity?) • What is the best approach - committee, TFG, one-off small group, informal briefing or written update? • What research, visits or other activities are needed could complement the scrutiny? • Would scrutiny benefit from external witnesses or evidence?
Is the work programme focused and achievable?	<ul style="list-style-type: none"> • Have priorities changed – should any work be brought forward, stopped or put back? • Can there be fewer items for more in-depth consideration? • Is there a balance between policy development, performance monitoring and key decision preview? • Has sufficient capacity been retained for future work?

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