

# Public Document Pack

**Tony Kershaw**

Director of Law and Assurance

If calling please ask for:

Rob Castle on 033 022 22546

Email: [rob.castle@westsussex.gov.uk](mailto:rob.castle@westsussex.gov.uk)

[www.westsussex.gov.uk](http://www.westsussex.gov.uk)

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



3 January 2023

## Health and Adult Social Care Scrutiny Committee

A meeting of the Committee will be held at **10.30 am** on **Wednesday, 11 January 2023** 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>.

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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 - 12)

The Committee is asked to agree the minutes of the meeting held on 23 November 2022 (cream paper).

4. **Responses to Recommendations** (To Follow)

The Committee is asked to note the responses to recommendations made at previous meetings of the Committee.

10.35 am 5. **West Sussex Stroke Programme** (To Follow)

Report by Director of Law and Assurance.

The Committee is asked to assess the NHS Sussex proposal to change stroke services and determine whether this constitutes a substantial variation in the provision of service, and if so, whether it requires further scrutiny.

11.15 am 6. **Delivery of the Adult Social Care Strategy 2022-2025 - 'The life you want to lead'** (Pages 13 - 82)

Report by Director of Adults and Health (DASS).

The report sets out how the delivery of the strategy has been mapped into all aspects of the 2022/23 Adults and Health business plan and how this will continue into 2023/24 and future years.

The Committee is asked to scrutinise the planned delivery of the strategy, as set out in the report and consider whether the activities identified meet the commitments set out in the strategy.

11.45 am 7. **Adults' Services Quality Assurance Update** (Pages 83 - 94)

Report by Director of Adults and Health (DASS).

The report provides the Committee with the opportunity to consider and comment on Adults' Services Quality Assurance activities.

The Committee is asked to assess the Quality Assurance activities relating to Adults' Services.

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

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

If any member puts forward such an item, the Committee's role at this meeting is to assess, briefly, whether to refer the matter to its Business Planning Group to consider in detail.

(a) **Forward Plan of Key Decisions** (Pages 95 - 102)

Extract from the Forward Plan dated 22 December 2022 – attached.

An extract from any Forward Plan published between the date of despatch of the agenda and the date of the meeting will be tabled at the meeting.

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

(b) **Work Programme** (Pages 103 - 106)

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

(c) **Terms of Reference for Mental Health Task & Finish Group**

For the Committee to advise the scope for the Task & Finish Group.

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

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

10. **Date of Next Meeting**

The next meeting of the Committee will be held on 8 March 2023 at 10.30 am at County Hall, Chichester. Probable agenda items include:

- End of December 2022 (Quarter 3) Quarterly Performance and Resources Report
- South East Coast Ambulance NHS Foundation Trust Update

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 21 February 2023.

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

**Webcasting**

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## Health and Adult Social Care Scrutiny Committee

23 November 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 Patel	Cllr Bevis
Cllr Ali	Cllr Pudaloff	Cllr Glynn-Davies
Cllr Forbes	Cllr Walsh, Left before	Cllr Irvine
Cllr McKnight	the post lunch session	Cllr Loader
Cllr O'Kelly	Cllr Baldwin	Cllr Pendleton, Arrived at
	Cllr Burgess	10.47

Apologies were received from Cllr Atkins, Cllr Dunn, Cllr Nagel, Katrina Broadhill, Cllr Bangert and Cllr Peacock

Also in attendance: Cllr A Jupp and Cllr Lanzer

### 31. Declarations of Interest

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

- Cllr Cooper declared a personal interest in respect of item 5, NHS Winter Preparedness, as a Governor of University Hospitals Sussex NHS Foundation Trust
- Cllr Baldwin declared a personal interest in respect of item 5, NHS Winter Preparedness, as a Governor of Sussex Community NHS Foundation Trust
- Cllr McKnight declared a personal interest in respect of item 5, NHS Winter Preparedness, as an employee of University Hospitals Sussex NHS Foundation Trust
- Cllr Pudaloff declared a personal interest in respect of item 5, NHS Winter Preparedness, as member of the Royal Society for Public Health, item 6, Access to NHS Primary Care and item 7 South East Coast Ambulance Service Update as a member of Q community at the Health Foundation, on a steering group committee and also at the Health Foundation related to patient and public involvement and quality improvement

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

32.1 Resolved – that the minutes of the meeting held on 30 September 2022 are approved as a correct record and are signed by the Chairman.

### 33. Responses to Recommendations

- 33.1 It was requested that the action relating to the principles the Council works to when engaging with people who are having financial difficulties be added to the recommendations section of the tracker.
- 33.2 Resolved – that the Committee notes the responses to recommendations made at its last meeting.

### 34. NHS Winter Preparedness

- 34.1 The Committee considered a report by NHS Sussex (copy appended to the signed minutes).
- 34.2 Summary of responses to committee members' questions and comments:
- The Committee felt that the Government should be lobbied over the low rate of hospital beds in the county per 100,000 people
  - There were national pressures around delayed discharges and staff shortages
  - South East Coast Ambulance Service NHS Foundation Trust was managing handover delays better than some other ambulance trusts
  - The NHS works as effectively as possible with partner organisations to make best use of resources
  - The Systems Operations Centre analyses data and helps coordination of services feeding into executive level meetings
  - There was concern over vaccination rates - **Action:** Claudia Griffith to look into why communications around vaccinations appear not to be working as well as during the pandemic
  - Across Sussex there are about 800 people medically fit to leave hospital a day – trends are improving at St Richard's hospital, Chichester and Princess Royal Hospital (PRH), Haywards Heath
  - The NHS is working closely with social care to decrease delayed discharges
  - Of patients currently awaiting discharge across St Richards and Worthing 55 are waiting for domiciliary care packages, 106 are waiting for a community or rehabilitation bed, and 18 are waiting for residential care
  - To mitigate this, University Hospitals Sussex NHS Foundation Trust (UHSFT) has increased capacity by 106 beds to support flow and is supporting care homes with early interventions to try to avoid admittance to hospital
  - Optimum bed occupancy is 88%, but we are typically running at close to 97%
  - Adult Social Care (ASC) also tries to avoid people being delayed in hospital by increasing assessment capacity.
  - The discharge funding received by ASC was welcome and slightly more than expected
  - A more sustainable/ambitious model of supporting discharges should be possible in the future

- Voluntary sector organisations such as Age UK and the British Red Cross help with discharge, admission avoidance and signposting to appropriate services instead of A&E
- All organisations must have safeguarding frameworks in place before they can be involved
- Urgent Treatment Centres (UTCs) are a core part of NHS infrastructure and have to comply to national standards
- There are UTCs collocated at Worthing Hospital, St Richard's Hospital and PRH and a UTC in Crawley run by Sussex Community NHS Foundation Trust supported by primary care and A&E staff when necessary
- Work is going on with Surrey & Sussex Healthcare NHS Trust to increase the number of appropriate patients using the Crawley UTC service instead of A&E at East Surrey Hospital, Redhill
- Medically Ready for Discharge wards help people to be mobile by providing Occupational Therapy and Physiotherapy assessments
- Making efficiencies is challenging as hospitals are near full capacity and nearly back to pre-covid levels of activity, but it may be possible to utilise theatres better for planned care and Trusts are looking at how they can move more towards seven day working
- New technology can also help with efficiencies by reducing amount of time staff spend on administrative functions and enabling people to be discharged earlier with at home monitoring.
- Virtual wards have been trialled in some areas of the country for those that don't need acute inpatient care. This worked well during the pandemic with equipment and advice given to patients so they could care for themselves at home, but is reliant on people having the necessary technology and robust clinical governance
- Additional capacity has been brought online this winter to support patients in mental health crisis, including Haven's in Worthing and Crawley and a new Mental Health Clinical decision unit in Worthing - **Action:** Claudia Griffith to provide information on the development of the Crawley Mental Health Haven
- There is also significant investment in supporting mental health in crisis services and the ambulance service so that people get the right support as early as possible
- The number of out of area placements for mental health patients has reduced to one
- There needs to be sufficient capacity to support individuals in the community with a focus on children and young people's mental health
- Significant work is taking place to ensure services will continue to be delivered safely in the event of any industrial action in the NHS in Sussex

34.3 Resolved – that: -

- i. The Committee has received an assurance on the capacity and capability to deliver winter planning, and the focus of the plan

- ii. The Committee to lobby government via West Sussex MPs for extra capacity in hospital beds and increases in workforce
- iii. The NHS to revisit vaccination messaging to ensure it is reaching the whole community
- iv. The Committee receives a future update on virtual wards

### **35. Access to NHS Primary Care**

35.1 The Committee considered a report by NHS Sussex (copy appended to the signed minutes).

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

- Practice level appointment data is being published in December, but the actual data will vary from GP practice to GP practice due to the way practices record information - conversations are being held with practices about them holding better, more detailed databases - **Action:** Amy Galea to provide further data, including trends
- West Sussex GPs are some of the most productive in the country
- The number of GPs per 1,000 is higher in West Sussex than in East Sussex
- The figure for face-to-face appointments does not include vaccinations
- Satisfaction scores have reduced partly due to the move to digital services during the pandemic and changes to GPs practice's ways of working
- Planned improvements include management of phone calls through cloud telephony and better practice websites
- The new cloud telephony system should help identify how many people don't get appointments
- Non-attendance rates are lower in West Sussex than the national average
- There are concerns over the community pharmacy consultation service as it incurs a cost for people
- Winter planning has identified primary care funding for areas of deprivation where things might need to be done differently
- All initiatives in the Winter Plan are based on learning from last year and have milestones to be measured against till the end of March 23 and will be fully evaluated
- Teams will be created that can link patients to the right healthcare professional early to improve outcomes
- There are some concerns over the 'Patient Knows Best' website and the ability of individuals to use technology
- Adjustments for people who suffer from sensory overload were made at practices during the pandemic and learning from this is being shared and may be done through joint practice work
- Change will take time as there are 158 different practices
- The Sussex Health and Care Assembly will be developing a strategy for the whole system involving partner organisations across Sussex that will set out each organisation's responsibilities to deliver the plan



- NHS Sussex will be developing a delivery plan alongside this that will be clear on what it wants to achieve and when over the next three to five years
- Concerns were raised over splitting GPs between acute and long-term care management
- Registered patient lists are reviewed bi-annually to remove those that have moved away – **Action:** Amy Galea to check the discrepancy between registered patients and population

### 35.3 Resolved –

- An assurance was received that measures to increase and optimise capacity are being addressed
- That the committee receives data relating to face-to-face appointments broken down into category of care
- The Committee requests further GP data broken down geographically including trends over time and patient levels per GP compared nationally
- A review of the discrepancy in population data compared to GP registration to take place and fed back to the Committee

## 36. South East Coast Ambulance Service Update

36.1 The Committee considered a report by South-East Coast Ambulance Service NHS Foundation Trust (SECAmb) (copy appended to the signed minutes).

36.2 Summary of responses to committee members questions and comments:

- Handover delays are a whole system flow issue that needs investment in social care and community services to help reduce them
- 51% of ambulance callouts result in conveyance to A&E
- Patients that have to wait more than one hour for handover experience some level of harm, 53% low, 23% moderate and 9% severe
- The proportion of delays over one hour has increased from 1% in 2018 to 18% for October 2022
- The average handover time, against the 15 minute target, was 30 minutes in October 2021 and has increased to 42 minutes in October 2022. The 90th percentile, for average handover time was 35 minutes in 2020 and as at October 2022, is 1 hour 21 minutes
- Nationally an estimated 44,000 people suffered some level of harm due to delays in the last month with 5,000 suffering severe harm when 23% of ambulance capacity was lost to handover delays compared to 7% in October 2019
- In West Sussex handover delays in the last year have risen from 0.17 hours (10 minutes) to 0.19 hours (11.5 minutes)
- The agreed handover process framework is being reviewed with Worthing Hospital, St Richard's Hospital (Chichester), Royal Sussex County Hospital (Brighton) and East Surrey Hospital (Redhill) to help reduce handover delays

- SECAmb is working with commissioners to standardise appropriate pathways across all hospitals in the West Sussex and East Surrey place footprint
- The Same Day Emergency Care conveyance pathway is critical to supporting non-Emergency Department presentations
- More overtime is not the answer to reducing response delays
- Crews have one to one meetings with managers, review rest and meal breaks and a wellbeing hub
- The Trust provides a variety of services for all staff to support mental and physical health
- There is a trauma risk management response (TRiM), which includes trauma risk assessments and support from associated TRiM practitioners and external counsellors where required
- Rollout of the Make Ready Centres programme is continuing
- SECAmb has a recruitment plan in place, which employs people from the UK and is exploring international opportunities, specifically from Ireland and Australia
- Workforce numbers are reviewed monthly – the Trust is on track meet its workforce planning forecast, however attrition rates are currently higher than planned and present a risk to the Trust's workforce projection
- Currently 6% of the Trust's frontline operational hours is sourced from private ambulance providers
- The Care Quality Commission (CQC) report focussed on the response to covid when difficult decisions had to be made i.e. suspending core training. This period has put a strain on frontline clinicians
- The Trust is looking at improvement by focussing on people and quality of service
- The improvement journey focusses on the four warning notices and the four improvement pillars established to address this are Quality Improvement, People & Culture, Responsive Care and Sustainability & Partnerships
- Although the warnings have since expired, the Trust needs to adhere to compliance regulations
- Improvement will be measured by follow-up visits by the CQC
- Alternative pathways other than A&E include Urgent Treatment Centres and community services e.g. two hour community response, but they need be appropriate for the patient needs at the time of call
- The Trust is working within NHS guidelines to further improve its response to people in mental health crisis and already provides 24/7 access to mental health practitioners via the emergency operations centre for 111 and 999 calls, which supports an immediate response to patients as well as crews on scene
- SECAmb is also trialling a revised response model, liaising with the Blue Light Triage team within Sussex Partnership NHS Foundation Trust, to fully utilise specialist Mental Health Practitioners and their local patient knowledge to support a higher incidence of treatment on scene and reduce A&E conveyance
- The Trust is working closely with all Community Services providers to provide an enhanced frailty response via the

standardised Urgent Community Response services - this is provided by Onecall in West Sussex

- This work includes the development of systemwide single point of access to support joint clinical decision-making and when relevant, provide support to patients via the provision of a virtual ward bed, of which frailty is the number one priority provision for this winter

### 36.3 Resolved – that

- i. An assurance was received that areas identified by the Care Quality Commission and concerns raised previously by the committee are being addressed
- ii. The committee receives more information on “make ready centres” at an appropriate time
- iii. The committee receives further information that evidence transfer times and waiting times are reducing
- iv. An update to be provided to the committee on the improvement journey at an appropriate time

## **37. End of September 2022 (Quarter 2) Quarterly Performance and Resources Report**

37.1 The Committee considered a report by the Chief Executive and Interim Director of Finance and Support Services (copy appended to the signed minutes).

37.2 Summary of responses to committee members’ questions and comments:

- The results of the ‘Stoptober’ non-smoking campaign are being analysed, but there has been an increase in website hits in this area
- Three areas where Public Health would like to undertake more work are anti-smoking, sexual health and the Healthy Child Programme (with help from the Sussex Community NHS Foundation Trust) which is due to be re-commissioned in April 2024 and that feeds into Children & Adolescent Mental Health Services
- Bereavement counselling for young people will be done in a more sustainable way
- Work is taking place with district/borough councils and communities to increase vaccination take-up – it may be necessary to repeat the mobile service used during the pandemic
- Although the Public Health Grant increased slightly last year it required additional work done, such as prep medication
- Public Health services are either provided through activity-based contracts or block contracts – additional needs will be looked at when contracts are reviewed
- Detail around the additional money promised for social care in the Autumn Statement was not yet known
- The Council has a responsibility to make sure people pay for their care packages as it is part of the Council’s budget,

therefore backdated charges are applied where necessary taking into account people's personal circumstances

- People with complex needs are prioritised for care assessments which slows the process
- The rolling year average of 71% in the narrative of Key Performance Indicator 36 is inaccurate – **Action:** Alan Sinclair to ensure this data is presented differently in future
- The percentage of adults with learning difficulties in paid employment could be higher than reported as not all may be known to social services
- Social care is working with individuals now that Aspire (a charitable social enterprise which provided adult education in West Sussex) has closed until a new offer is in place
- With regards to savings targets, half will be met this year and half next year

37.3 Resolved – that the Committee supports the change to the Key Performance Indicator 'Outcomes of safeguarding risk'

### **38. Forward Plan of Key Decisions**

38.1 There was a query as to whether the Avila House Extra Care Housing Scheme was on schedule – **Action:** Alan Sinclair to confirm

38.2 Resolved – that the Committee notes the Forward Plan of Key Decisions

### **39. Work Programme**

39.1 Resolved – that the update on the West Sussex Stroke Programme may need to shift timeframes which may not fit in the Committee's scheduled of meetings. In this case a Task & Finish Group would likely be established to scrutinise the update.

### **40. Date of Next Meeting**

40.1 The next meeting of the Committee will be held on 11 January 2023 at 10.30 am at County Hall, Chichester.

The meeting ended at 2.54 pm

Chairman

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

**11 January 2023**

### **Delivery of the Adult Social Care Strategy 2022-2025 – ‘The life you want to lead’**

#### **Report by Director of Adults and Health (DASS)**

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#### **Summary**

To support the delivery of all aspects of our Council Plan (2021-2025) the Cabinet agreed the Adult Social Care Strategy (2022-25) in February 2022, which is attached as Appendix A. The strategy was co-designed with County Council staff, partners, customers, and carers across the county. Titled ‘The life you want to lead’, the strategy articulates the direction of travel for adult social care from the perspective of those who receive services. It puts customers at the heart of changes and improvements that are required over the next three years.

The report sets out how the delivery of the strategy has been mapped into all aspects of the 2022/23 Adults and Health business plan and how this will continue into 2023/24 and future years.

#### **Focus for Scrutiny**

The Committee is asked to scrutinise the planned delivery of the strategy, as set out in the report and consider whether the activities identified meet the commitments set out in the strategy.

#### **Key Lines of Enquiry include:**

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

1. The activities identified that have already delivered against the commitments as set out in the strategy.
2. The planned activities identified to meet the commitments set out in the strategy.
3. Identify any areas for consideration for future scrutiny or any areas to highlight to the Cabinet Member.

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

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## Proposal

### 1 Background and context

- 1.1 The Adults and Health directorate has a £215.876m revenue budget for 2022/23 to deliver Adults' Services in West Sussex. This budget funds a wide range of activities to help those who are older or living with disability or physical or mental illness live independently and stay safe and well. Over 12,000 people receive a service provided or commissioned by Adults' Services. This includes over 4,000 people under 65 years and over 8,000 over 65 years.
- 1.2 To support the delivery of all aspects of our Council Plan (2021-2025) the Cabinet agreed the Adult Social Care Strategy (2022-25) in February 2022, which is attached as Appendix A. The strategy was co-designed with County Council staff, partners, customers, and carers across the county. Titled 'The life you want to lead', the strategy articulates the direction of travel for adult social care from the perspective of those who receive our services. It puts customers at the heart of changes and improvements that are required over the next three years. Work to deliver the 'we will' commitments has been mapped into all aspects of the 2022/23 Adults and Health business plan and will continue into 2023/24 and future years.
- 1.3 The strategy sets out five priority areas which will continue to guide decisions for prioritising areas of improvement and how the Adult Social Care (ASC) budget is spent. These priority areas are as follows:
- **Building relationships and connections** – supporting families and friends to access support and tackle social isolation; join-up services which put relations at the centre; increase opportunities for wider social networks
  - **Empowerment** – putting people at the centre of care; make sure people have the right information and advice when they need it; access to paid work; ensure collaborative and timely decision making of frontline staff
  - **Home** – supporting people to live well in their own home for longer; increase the use of alternative accommodation models such as extra care; help young people to move out of the family home in a planned way
  - **Addressing gaps** – to include the shortage of care workers; gaps in understanding and support for autistic adults and people with an acquired brain injury; transition from Children's to Adults' Services; support people to plan for the cost of care
  - **Inclusion and tackling inequalities** – inclusion for people facing multiple disadvantage; understanding and improving access to services for diverse communities; promoting digital inclusion and the use of assisted technology
- 1.4 These priorities are at the forefront of the programmes/projects that are set out in this report, as well as ongoing business as usual activities. The strategy is set to be delivered over the next few years, with some integral programmes currently in design phase. The timescale of the strategy may need to be extended due to the significance of the programme of work to deliver.
- 1.5 Based on commitments set out in the strategy, a narrative has been produced, which will be used to communicate the vision for the directorate with the wider membership of the County Council, staff, partners and customers, as follows:

*We deliver adult social care and support to more than 12,000 residents across West Sussex each year. 'The life you want to lead' is our strategy for delivering adult social care until 2025. The strategy supports the delivery of the priorities identified in Our Council Plan. People across West Sussex helped design our strategy, which guides our decisions on making the best use of resources and delivers a series of 'we will' statements based on what people have told us is important to them.*

*Relationships between family and friends, the cared for and carers has the biggest impact on peoples' lives. People want to be involved in the decisions about their care and support; to have a place they can call home and feel supported to be safe and comfortable; to feel they are listened to and respected; and for their diversity to be valued.*

*Where people are eligible for care and support from us, we will support them to lead independent fulfilled lives, helping them to live in their own homes for as long as possible. We will ensure access to our services are clear and transparent and that we promote inclusion, tackle inequalities, listen-and offer advice and information, providing and commissioning services and support, as well as ensuring young people in their transition to adulthood continue to feel supported.*

*We will also support people early, helping to prevent their needs from escalating, as well as keeping vulnerable adults safe. We will achieve this by taking a robust, personalised, strength-based approach in our practice that promotes wellbeing.*

*Together with our partners, we will manage the significant challenges that adult social care is facing now and in the longer term, both locally and nationally, ensuring we are there to help those in the greatest need of care and support.*

## **2 Proposal details**

### *Delivery*

- 2.1 A number of activities have delivered against the commitments set out in the strategy, as detailed in the following paragraphs.
- 2.2 The focussed review of current social care packages has allowed teams to embed further a **strength-based approach to practice** which emphasises it being client led and understanding people's self-determination and wishes, with a focus on future outcomes and the strengths that people possess. The following case study gives an example of the success of this process in terms of strategic outcomes:

*S has a progressive condition and had a care package that included three daily hour-long care calls.*

*At their review in June, S and their partner said that the care package did not fully meet their needs and they found it intrusive.*

*The social worker put S's partner in touch with local social prescribers who supported them to get out in the local community and join a local bridge club. A referral was made for a device that could locate them if they had a fall. This*

*meant they could go for lunch in town and walk the dog. The social worker then arranged for an occupational therapist to visit.*

*The occupational therapist worked with the couple to enable S to be moved by their partner without the need for complex equipment or support from carers.*

*The process was guided by the outcomes S and their partner wanted to achieve and was based on building their capabilities and strengths.*

*As the changes were working well S wanted to reduce the number of daily care calls, and this was trialled. The occupational therapist supported them during this period and explained additional options for better accessibility and safety within their home.*

*Owing to the success of the trial, the couple decided to stop the care and support they had been receiving as they could now manage these tasks themselves. Their quality of life has significantly improved and they no longer require funded care support from the council.*

- 2.3 Over the past year, in Partnership with Arun District Council, Mid Sussex District Council, Eldon Housing Association and Housing 21, there have been 2 new **Extra Care Housing Services** open in East Grinstead and Eastergate. The developments have provided an additional 108 units of Extra Care Housing to vulnerable adults in West Sussex, of these 29 are shared equity and 78 affordable rent. Work is ongoing to develop further Extra Care Schemes across the county; currently a new service is being developed in Worthing with Worthing Borough Council and Specialist Support Housing. This will see a renovation of an ex sheltered scheme that will provide 20 units of Extra Care Housing and will be the first scheme to accept Adults of 18+ who require care and accommodation. The aim is to complete the renovation by July 2023.
- 2.4 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, which included a newly designed **co-production toolkit for staff** to utilise. The toolkit was pulled together to generate a collective understanding of what co-production and co-design is; when to do it; and tips on how to do it well. The aim was two-fold, to develop a core group of staff from across Adults' Services who shared a collective understanding of what involving people in a meaningful way really means and how to do it in practice; and to create a tool which wider staff could use to help them to start to think about co-production and co-design. Financial assessment customer information booklets have also been co-designed with members of the Adults' Services Customer & Carer Group, voluntary and community sector colleagues which included, Aldingbourne Trust and Impact Advocacy working with service users and self-advocates.
- 2.5 To address **workforce gaps**, ten new internationally recruited social workers have started work with the County Council. All the recruits are qualified Social workers in their own countries and have been registered with Social Work England to practice in the UK, all bringing a wealth of social work experience especially in strength based practice. Work has begun to fill some of the County Council's Occupational Therapy staff vacancies.



- 2.6 Current programmes and strategies have been aligned to the 'we will' statements including an update to the Changing Futures Programme, which is a Sussex-wide system change programme focussing on improving systems and services for people experiencing multiple disadvantage, funded by the Department for Levelling Up, Housing and Communities until March 2024 and has been aligned to the 'we will' statement around people facing multiple disadvantage, within the inclusion and tackling inequalities priority. Progress against the Carers' Strategy has been aligned to families and close support networks, within the building relationships and connections priority.

*Planned delivery*

- 2.7 As set out in 1.4, the strategy is set to be delivered over the next few years, with some integral programmes currently in design phase. The timescale of the strategy may need to be extended due to the significance of the programme of work to deliver. The following paragraphs outline key pieces of work being progressed in 2022/23 and into 2023/24 to deliver the priorities set out in the strategy.
- 2.8 **Co-production** is at the heart of the Adult Social Care Strategy 2022/25 and work continues to embed a co-production approach across the directorate. Co-production is a core part of ongoing projects, including access to Adult Social Care. Long standing groups such as the Adults' Services Customer and Carer Group, the Minorities Health & Social Care Group and Learning Disabilities and Autism Partnership Boards, which are key routes for co-production, are also being strengthened. In addition, productive relations are strengthening with the voluntary and community sector (VCSE) through the VCSE Collaboration Board, which was established as part of the Adult Social Care Strategy development. A co-production practitioners' group to engage partners through projects and programmes has also been established. In addition, a forum chaired by the Director with key adult social care providers has been developed, to ensure ongoing dialogue and work in partnership to support a challenged provider market in West Sussex.
- 2.9 The Director of Adults and Health and Director of Children, Young People and Learning are joint sponsors of a programme to improve **transition processes** and planning pathways between Children's and Adults' services, improving the joined-up approach between operational teams supporting those with diagnosed physical and learning disabilities and young people with mental health issues. A plan to deliver a new model for children with disabilities has a gateway review in March/April 2023, with planned final implementation of a new model by September 2023. The success of the programme will be measured in terms of the numbers of children transitioning to adult support who are identified at a developmentally appropriate stage, involved in planning for their adulthood in a meaningful and strengths-based way, so they can transition into adult social care with minimal disruption.
- 2.10 As set out in 2.2, work is ongoing to embed further a **strength-based approach to practice** which emphasises it being client led and understanding people's self-determination and wishes, with a focus on future outcomes and the strengths that people possess. This approach is integral to the delivery of the strategy, especially priorities around building relationships and connections; empowerment; and home. Recent reviews carried out demonstrate how people

can benefit from innovative solutions to their care needs. This can also free up capacity for much needed packages of care and support for other people who require it, making an efficient use of the capacity available within the market. Feedback from customers, their families and staff who are carrying out the reviews has been very positive, as per the case study set out earlier in the report.

- 2.11 The effective **commissioning of services** underpins the principles and priorities in the strategy. The following bullet points set out the key pieces of work that are being progressed:
- As a result of the discussions with individuals, as set out in the previous paragraph, providers may see changes in customers' care plans. The Council is very mindful of the business operating models used and therefore, is working closely with providers to look at ways they can support people to live independently and provide truly person-centred care.
  - A draft Market Sustainability Plan has been developed in collaboration with local providers and was submitted to the Department for Health and Social Care on 14 October 2022. This sets out a draft local strategy for West Sussex over the next three years (2022-25) and demonstrates the timescales for moving towards a sustainable fee rate as well as strategic planning for any changes in provision required in response to local need.
  - The County Council has two commissioning section 75 agreements with the Integrated Care System (ICS). The first is specific to the joint commissioning of adult learning disabilities (LD), working age mental health and children's community health (including emotional wellbeing and mental health) and the second relates to the use of the Better Care Fund. These arrangements are of significant strategic importance to the County Council and ICS because of the scope and nature of services commissioned, the high value spend and the partnership arrangements required to ensure effective strategy, planning and delivery. The Section 75 agreement in relation to the joint commissioning of adult LD, working age mental health and children's community health (including emotional wellbeing and mental health), has been in place since 2015 and is currently being reviewed with the intention that it will be replaced with a new agreement rather than extended from 1 April 2024.
- 2.12 A programme to redesign **access** to Adult Social Care will deliver aspects of the strategy but will also address the continued rising demand from residents for Adult Social Care support either via community networks or directly from the County Council. There is a range of contributory factors, not least an increasing and more diverse population, improving life expectancy and range of complex health, social and mental health needs. As set out in the strategy, the County Council should be supporting people to find appropriate solutions to meet their needs where positive impact is demonstrated by diversion away from formal care, whilst achieving good outcomes wherever possible. This will also help support preparation for social care reform in terms of information, advice and guidance. Therefore, the overarching aims of the programme are to:
- Meet statutory duties under the Care Act 2014 to Prevent, Reduce and Delay
  - Improve access to appropriate Adult Social Care services at the appropriate time
  - Improve access by the use of clear, transparent and high-quality information delivered consistently via effective use of the web, online, telephony and face to face channels.

- 2.13 Phase 1 of the programme that will run up to 31 March 2023 initially has a focus on developing a clearer understanding of the current service provision in terms of processes, customer journeys, data and opportunities for improvement.
- 2.14 Actions in respect of the **financial assessment improvement plan**, as reported to the Committee in September 2022, continue between operational finance and adult social care. Significant progress has been made in automating the financial assessment process for the 2023/34 financial year with the preparation for introduction of the Financial Batch Update System (FABU). This will enable the uplift of benefit information for customers to be completed as soon as the new benefit rates are in place in April leading to more timely notification of the re-assessed contribution and less demand on customers to provide benefit documentation.
- 2.15 In addition, improvements continue to be made in updating financial assessment information in communications to customers with priority being given to sending information in advance of any requirements or changes that are needed. Key developments to digital working including better use of electronic communications and improvements to web landing pages to provide clarity to customers of the process that are underway.

### **3 Challenges in delivering the strategy**

- 3.1 A strength-based approach to practice, as set out previously in the report, is more time consuming to undertake and is having an impact on the numbers waiting for assessment and review. Challenges in capacity in both the provider market and the internal Combined Sourcing and Placement Team – who source care – is impacting on those waiting for a service to start, including those waiting to be discharged from hospital, who have been assessed as having an eligible social care need.
- 3.2 Providers are facing significant challenges, particularly in relation to workforce and cost pressures. In the last eight months there have been seven provider closures/hand backs. Four of these were care homes for older people representing a loss of 97 beds from the market. Two were domiciliary care agencies for older people, one of which was bought by another provider enabling people's care to continue, the other agency closed completely and their customers' care was sought from other agencies. The remaining provider was a care home for people with a learning disability representing a loss of 14 beds from the market. In total 104 customers have been impacted by these closures and hand backs. All customers were moved to new services and operationally learning has been captured which will help the service manage any closures in the future.
- 3.3 As across the country, the Council is experiencing social care workforce pressures. As of 31 October 2022, the vacancy gap for qualified social workers and occupational therapists, who carry out social care assessments, was 15.6% (based on agreed establishment). This is a reduced position as normally happens this time of year following the intake of newly qualified social workers and in addition this autumn the international recruitment starts over the summer months. £2m in the County Council's 2022/23 budget, was used to

fund an increase in pay and reward for the whole of the qualified staff group, to ensure the Council is seen as a competitive employer.

- 3.4 Care Quality Commission (CQC) inspections of adult social care were phased out from 2010. The Health and Care Act 2022 confirmed that CQC would resume its regulatory assurance role of adult social care. The CQC intend to start carrying out inspections in 2023. At this moment in time there is no indicative schedule of when individual authorities will be inspected and the final approach and methodology has yet to be published. 'Getting ready for assurance' work is ongoing, which aligns closely to the CQC themes and quality statements, subject to any minor changes from CQC. A member development day is planned in March 2023 to provide all members with a focussed session on the assurance process.
- 3.5 Work with the NHS Sussex to agree place-based priorities for transformation, including developing a model for integrated community health and social care services is ongoing and a Sussex wide strategy was approved in December 2022. It should be noted that the resources are those that are currently delivering the activities as detailed in the report and therefore, there is a risk that delivery of key strategic actions may be impacted.

#### **4 Financial Implications**

- 4.1 The Adults' budget is in a challenging position in 2022/23. The main explanations for this are the extent of the changes that are necessary to deliver a savings target of £15.8m and the consequences of the challenges as set out in the previous section. Although good progress continues to be made, it is expected that there will be a shortfall, as reported in Performance and Finance Report for quarter two, £7.6m is reported 'at significant risk' and £5m reported 'at risk'. This pressure will be mitigated through a combination of one off opportunities across the budget, so no overspending is forecast in 2022/23. In all cases plans have been prepared which should enable target savings to be secured in the fullness of time. The focus is on ensuring that a maximum amount will be realised by 1 April 2023 to minimise the level of mitigation that becomes necessary in 2023/24.
- 4.2 Consistent with that position and the ambitions on which the strategy is based, the County Council is planning an increase in funding for the Adults' budget in 2023/24. This is intended to recognise the impact of demography as well as the implications of current inflation levels on provider costs. That includes the National Living Wage, where the main hourly rate will rise by 9.7% to £10.42 per hour from 1 April 2023.
- 4.3 Alongside this, Government will be making 'available to local authorities to help meet the current pressures in social care' much of the funding that it had earmarked for the cost of the adult social care reforms which have been delayed to October 2025. Although full guidance remains awaited, in 2023/24 grants with a value of £10.6m will be coming into the Adults' budget, of which £8.4m represents new money.
- 4.4 The spending of these grants will be planned alongside the growth that the County Council will be allocating. As an indication, Government recognises that adult social care needs more funding, these resources are welcome. However, they fall significantly short of the increases for which groups like the Local

Government Association and the Association of Directors of Adult Social Services have called, especially as elements of them are expected to be used to fund additional activity, particularly in support of hospital discharges. It is also important to note that use of the Adult Social Care Relative Needs Formula as the distribution mechanism disadvantages most of the South East, because it is heavily influenced by measures of deprivation rather than the factors which drive cost pressure in this area of the country.

## **5 Performance**

- 5.1 In line with Our Council Plan outcome to 'provide support to people when they need it', even with ongoing demand for Adult Social Care (ASC), key performance indicators (KPI) in relation to the percentage of contacts to adult social care that progress to a social care assessment has remained with the target set and reflects the impact that interventions are having throughout the customer journey by meeting people's needs through information and advice as well as the provision of preventative services. It is acknowledged that the current learning disability employment rate is low however, performance is expected to improve for quarter 3 to around 3% due to a recent data check that identified an additional 50 eligible individuals in paid employment, although 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.
- 5.2 As part of corporate planning for the refresh of the Our Council Plan in early 2023, ASC KPIs have been reviewed by the ASC leadership team to ensure that they are the right ones to reflect progress against the commitments set out in the plan as well as the Adult Social Care Strategy. New KPIs are being developed for future years including a new measure in respect of the proportion of adults with a learning disability who live on their own or with family Adult Social Care Outcomes Framework (ASCOF) measure proposed to be added for 2023/24. The Committee will continue to monitor adult social care performance as part of its scrutiny of the quarterly Performance and Finance Report.
- 5.3 Statutory Performance reporting for Adult Social Care Outcomes Framework will currently remain unchanged for 2023/24, although a full review of the framework is in progress and a draft update is expected to be released at the end of January 2023. The main change – and challenge – for 2023/24 is the mandatory requirement to submit client level data on a quarterly basis to the Department for Health and Social Care. It is hoped that in time this dataset will replace the submission of other annual statutory returns, reducing the burdens on local authorities and enabling data sharing with local health networks. However, it is not clear on how this will be achieved, the links to the ASCOF refresh and the use of this dataset to inform future CQC assurance.

Alan Sinclair

**Director of Adults and Health (DASS)**

**Contact Officer:** Helena Cox, Strategic Business Lead (Adults and Health)  
helena.cox@westsussex.gov.uk

Agenda Item 6

**Appendices**

**Appendix A** - Adult Social Care Strategy 2022-25 – 'The life you want to lead'

**Background papers**

None



# The life you want to lead

Adult social care in West Sussex  
2022–2025

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# Introduction

People across West Sussex are helping to shape the future of adult social care to ensure services support residents to live a good life.

The voices of people who access care and support should be at the forefront of conversations about the future of social care in West Sussex.

Together with their carers and the organisations who support them, their experience and knowledge should shape what we do and how we do it, developing a collective vision for where we are trying to get to.

This is why we have developed the priorities outlined here based on what people have told us is important to them. Specifically, what their vision of a good life is and what needs to change to realise this vision.



We have developed this strategy through eight co-design workshops with voluntary sector partners and service providers, and two workshops with West Sussex County Council (WSCC) staff. We have talked to people who access services and their carers through 15 group discussions and six one to one interviews.

We also received 1,079 survey responses from local people who access services, their carers, WSCC staff and community organisations. People with existing care needs across a wide range of conditions and stages in their journey, people who pay for their own care and people without any current care needs were all involved. We also looked at the latest data available to enhance our understanding of what people were telling us.

Five key priorities emerged from these discussions and responses to the survey.

## Our key priorities



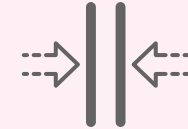
Relationships and  
connections



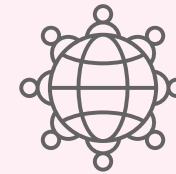
Home



Empowerment



Addressing gaps



Inclusion and tackling inequalities

# National context

## Councils across the country are exploring ways that they can continue to improve access and support.

A key focus is putting people at the forefront of decisions around care, with a drive towards person-centred care and strengths-based practice. They are working to promote inclusion and understanding of diversity, so that everyone has equal access to care; and are moving towards integrating health and social care. They are looking at how they use resources in the most effective way; how assisted technology can help achieve outcomes; and plans for workforce development. This is all underpinned by an understanding that communities have their own strengths and capacity and a drive to prevent, reduce and delay needs from arising, building an evidence base of what works, and learning from each

other how preventative services can be scaled quickly. Councils directly provide and commission services, but they also have other roles such as encouraging, facilitating, and convening partners to come together, all of which is being used to help improve the lives of people who access support.

This is against a backdrop of significant funding challenges. More people need support and costs are going up. £16.5bn is spent by Local Authorities across the country and all are seeing increasing demand and costs. The number of adults requiring care aged 18-64 is forecast to increase by 29% in 2038 compared with 2018. For people aged over 65 it is even higher at a 57% increase. The cost of care is also increasing, with a projected 90% increase in costs of care for adults aged 18 to 64 by 2038 compared with 2018 and a 106% increase for over 65s.<sup>1</sup>

1. All data in this paragraph from the [National Audit Office](#)

## The challenges

### Number of adults requiring care by 2038:

18-64 forecast increase

↑↑ **29%**

65 and over forecast increase

↑↑ **57%**

### Projected cost of care in 2038 compared with 2018:

18-64 forecasted increase

↑↑ **90%**

65 and over forecasted increase

↑↑ **106%**

While there has been some positive news from national government around funding, this is unlikely to be sufficient to bridge the gap between demand and money available. Therefore, we will have to do things differently to ensure we are making the best use of resources.

There are also many changes around social care coming from central government following the [social care white paper](#) and the [Health and Social Care Bill](#). We will need to respond to these changes in a way which is grounded in what is important to people in West Sussex. This strategy will provide us with this grounding.

# Local Context

[Our Council Plan \(2021-2025\)](#) sets out four key priorities for WSCC, underpinned by a cross-cutting focus on climate change.

1. Keeping people safe from vulnerable situations.
2. A sustainable and prosperous economy.
3. Helping people and communities fulfil their potential.
4. Making best use of resources.

This strategy sets out how WSCC will deliver adult social care to meet each of these priorities. It sets out what people want to keep them safe from vulnerable situations; the importance of the local economy in delivering adult social care to local people; the important role of communities including the voluntary and community sector in supporting people with care needs; and finally, the fact that adult social care services must be delivered with best value, collaborating with partners to combine resources to support local people with care needs. The cross-cutting theme of climate change underpins this strategy, with a focus on future service delivery meeting the [Climate Change Strategy \(2020-2030\)](#).



Our Council Plan (2021-25) also commits the county council to ensuring that across all areas of our work, we will:

- » Put residents and communities at the heart of everything we do.
- » Create strong and visible leadership.
- » Work closely with communities and partners.
- » Invest in and value the staff that work for WSCC.
- » Make the way we work as a county council as straightforward as possible for the communities we serve.

This commitment directly shaped the way in which we developed the priorities and the 'we will' statements in this strategy, many of which will only be delivered by collaborating with partners, people who access services and their carers. This is a truly shared endeavour in equal partnerships. This means ensuring everyone's voice is heard when designing services for the future – those who access services now and those who may access them in the future.

We have set out the priorities and the high level 'we will' statements, but we will be working with people to work out how we deliver these aspirations. We will be co-producing solutions. Having developed the priorities with local people and partners, this puts us in a strong position to work together to enable more people to realise their vision of a good life.

Our Council Plan also sets out WSCC's approach to keeping people safe from vulnerable situations. While safeguarding is not pulled out as a separate priority here, it underpins everything we do. The priorities below contribute to the Our Council Plan commitments to helping people and communities fulfil their potential and making best use of resources.

West Sussex has an adult population of 699,330. The county has a higher population aged 50 years and 65+ than national averages. Females outnumber males and are more likely to live longer in poorer health. Approximately 7% of the population would identify as Black or Asian.

West Sussex Adults' Services supports 1.2% of the adult population with social care needs, of which the majority (59%) are older people, with many more people paying for their own care. The number of people the county council supports is set to grow over the next five years by a further 500+ people.

While the population is ageing, most of the projected rise in demand comes from working age adults (18-64), with two thirds of this group related to mental health problems and the remaining third being autistic adults and adults with learning disabilities.

## West Sussex key facts



Adult population

**699,330**

with a higher over 50 population compared to the national average

Percentage of population that identify as Black or Asian

**7%**

Adult population that receives support from Adults' Services

**1.2%**

59% of this is for older people support

Number of people supported by Adults' Services projected to increase over the next five years

**500+**

The county council spends approximately 34% of its total budget on adult and health services. We know WSCC, like other councils across the country, are facing financial challenges. It is therefore critical that we make the best use of the resources to go as far as we can possibly go to achieve the ambitions set out below. This means that we need to focus on delivering services differently to prevent, delay and reduce needs for escalating; as well as delivering and commissioning services which people need in the most cost-effective way.

The priorities set the foundations for decision making for adult social care within the county council until 2025. It will act as a guide for prioritising areas for improvement and how we spend money. It aligns with other strategies such as the Carers Strategy and programmes, such as the Changing Futures Programme, and will inform future iterations of joint health and social care priorities in West Sussex.





**PRIORITY 1:**  
**Building relationships  
and connections**

People are the most important asset that we have in West Sussex. It is the relationships between family and friends, between the cared for and the carer, within communities, and between businesses, employees, and customers that has the biggest impact on people's lives.

Three key relationships came out as important.

- » Close personal relationships with family and friends.
- » Relationships between people and paid support.
- » Community connections.

## Families and close support networks

### We will:

- » Take a whole family approach when planning and delivering care in all circumstances where it is right for the individual and family.
- » Deliver the Carers Strategy.
- » Collaborate with partners, in particular community groups, to tackle social isolation.



**I'm close to all my daughters and grandchildren which are a great help to me both physically and mentally.**

#### Survey response

Families and close support networks, including family and friend (unpaid) carers, are the bedrock of social care. It is estimated that unpaid carers save West Sussex £19 million per annum<sup>2</sup>.

Close personal relationships with partners, children, parents, siblings and close friendship networks are core to people's wellbeing.

2. Based on the average saving of £22,758 per carer, the estimated number of 84,000 unpaid carers in West Sussex would equate to a saving of over £19 million to West Sussex per annum.

While these relationships develop and evolve for everyone, we heard that having a social care need can add complexity. This is especially true when a person takes on an unpaid carer's role. It is important to people that they can maintain relationships.

It is important to think about the whole family/ household around people. Not only in terms of how the wider family supports the individual, but also for the family members own well-being. Unpaid carers say that they experience stress and struggle to manage their own physical and mental wellbeing alongside their caring role.

This is supported by research which shows unpaid carers are more likely to suffer from poorer health and well-being. For example, we heard about the importance of keeping young carers informed about the support their parents are receiving so they can go to school without worrying about their Mum or Dad.



**I am housebound and very rarely can get out, or meet people / have people to my home. This is very isolating.**

**Covid has made it much worse. I have seen friends and family just twice in the last two years.**

**The rest of the time I've been alone.**

**Survey response**

While anyone can experience loneliness, people who are living on their own, homeless and rough sleeping, housebound or without close family and friends nearby are more likely to experience loneliness. We also heard that relationships can breakdown after diagnosis, for example due to sight loss. Social isolation has a significant impact on people's quality of life and is linked to a greater risk of dying<sup>3</sup>. They will also need to rely more on their community or organisations for support.

3. Impact of social isolation on mortality and morbidity in 20 high-income, middle-income and low-income countries in five continents, [British Medical Journal](#).

## Help and support

### We will:

- » Put relationships at the forefront of our approach to improving services, including work to improve practice, systems, processes and commissioning.
- » Develop inclusive services which don't put people into boxes, where specialist knowledge is integrated and shared.
- » Focus on joining up services in a person-centred way between county council teams, other statutory partners and Voluntary and Community Sector at an operational as well as strategic level. Including professional development, trusted referrals, data sharing and the role of partnership agreements.
- » Provide information on minimum standards people, including self-funders, can expect from care and where they can go if they have a problem with the care they received.

When people talked about help, they focused on how it felt and the relationships that were developed.

It is important for people to feel listened to and supported in a non-judgemental way. They want people who provide support to really understand the challenges they are facing, but not to define them by their condition or situation.

This was especially true for people who had more than one condition who told us they feel like they were being labelled as 'complex' when they fit into more than one box. More people will be impacted by this in coming years if not addressed, as the number of people with more than one condition (co-occurring conditions) is set to increase.



**Sarah was frustrated that she had been assigned a mental health social worker when the personal budget she received was primarily for her physical needs.**

**‘The conversations [with the social workers] always focuses on mental health, when it’s irrelevant to what I am asking for help with.’**

**Autism Focus Group**

In 2018 there was estimated to be over 200,000 people of all ages living in West Sussex with two or more chronic conditions, the largest prevalence being in older people, affecting over 100,000 residents aged 65 years and older.

Of which, 80,000 older people had three or more chronic conditions. Conditions can be physical or mental, and include diabetes, hearing and sight loss, asthma, eating disorders, anxiety, and dementia. As the population ages, this number is predicted to increase.

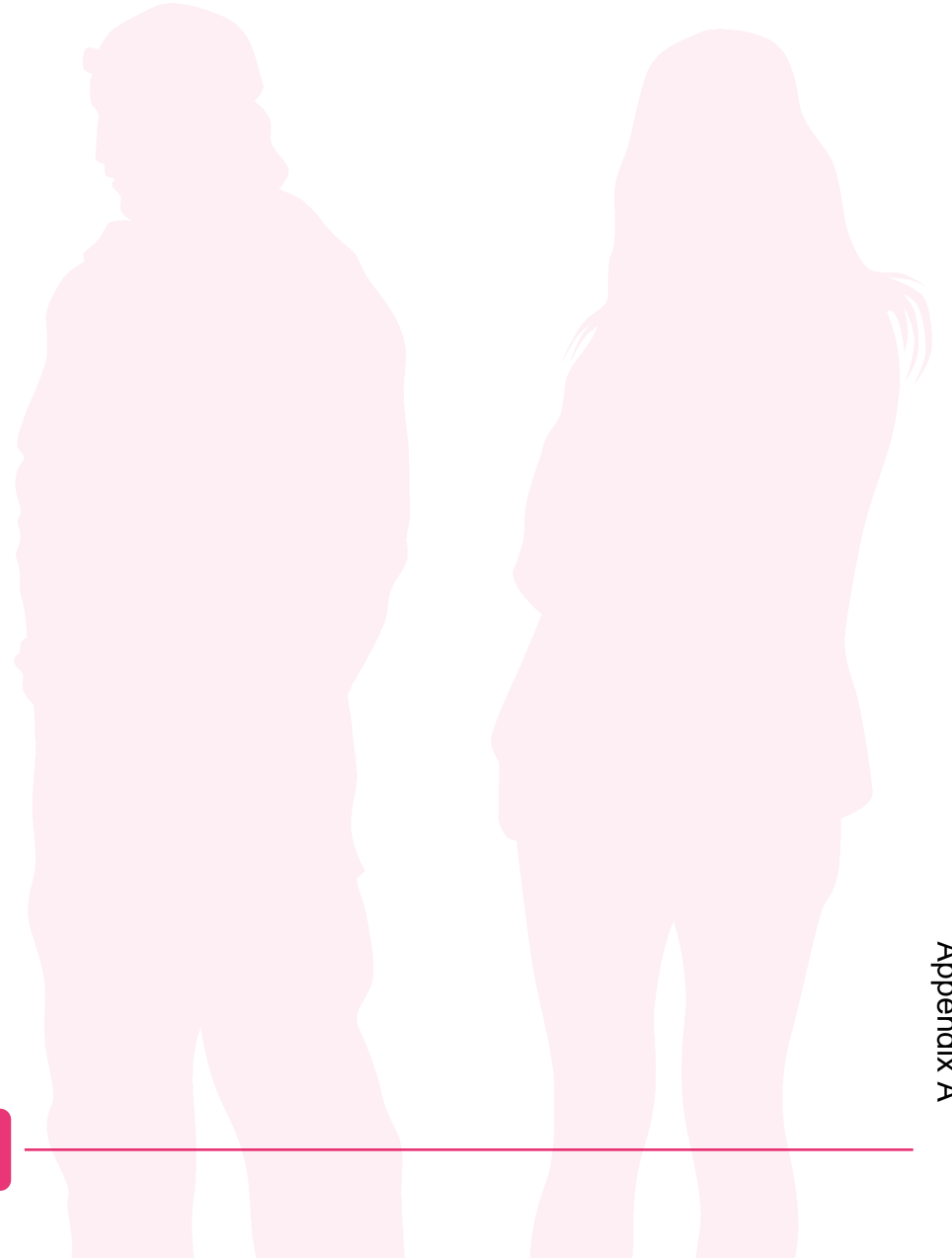
People want support organisations to proactively reach out to them. This includes helping them to prevent needs from starting such as supporting them to stay healthy (physically and mentally) and support to regain skills and reduce needs wherever possible.

They want services to be accessible in a variety of different ways and, critically, to be joined up so they don’t have to repeat their story multiple times or being ‘passed around’ different teams. We often talk about this as person-centred care. For people with lifelong conditions, they do not want to have to continuously explain and demonstrate that they still have a disability.

This would then flow into clear communication about how they can work together to move forward and transparency on decisions made.

The focus on relationships doesn't necessarily mean more interactions. It is about the quality of the interactions. Therefore, it is imperative for every team in every organisation to understand this, from back-office functions to those giving direct personal care.

People also want to know that if there is a problem with care, that there is somewhere they can go for support and that clear controls are in place to ensure care paid for is delivered. That the issue will be addressed in a timely and appropriate way, with clear processes.



## Wider social networks

### We will:

- » Enhance opportunities for people to participate in and benefit from peer support.
- » Improve information about what community groups are available.
- » Encourage and work with communities and businesses to be more inclusive.
- » Collaborate to understand if there are gaps in specific geographical locations and improve the offer across the county.
- » Explore opportunities to enhance access to community-based transport solutions and work with public transport providers to promote accessibility, recognising that the county council can only fund transport in very limited circumstances.
- » Work with voluntary and community sector infrastructure organisations to consider how more people who access social care can be supported to volunteer.

Having a social life is important to people. They want to be able to talk to and connect with people beyond the people they live with and their family. Having the skills and opportunities to make friends and maintain these friendships improves people's quality of life and overall well-being.

Connection with people with similar experiences is important to people. It enables them to connect with others who truly understand what they are going through and learn from each other. These groups can be a 'lifeline' for each other. For example, we heard that dedicated groups and activities for people who are Deaf, or with hearing loss, are less intimidating for people to share their experiences and is a space where their experiences would be understood.





**I have a lot of connections and links so I have a lot of support if I need it and people to talk to, spend time with, share my life with - which enriches my life.**

**Survey response**

How people find out about these groups is important to understand. People may also need time, support and encouragement to get involved. For example, we heard that people with an acquired brain injury can suffer from low self-esteem and anxiety, so it can take them some time before they feel able to join a group or activity. There was a feeling that there was untapped potential to make the most of peer support.

Often people also want to connect to the wider community. This might be people in the local area or people with similar interests, hobbies or volunteering. For example, we heard that getting involved in the wider community is a critical step on the journey of recovering from a mental health problem. The seven Community Hubs in West Sussex, working extensively with a diverse range of voluntary, community and social enterprise organisations, will play an important role over the next few years to support people who access services to get connected with their wider community.

There is a wide range of needs in terms of being able to access groups and activities. Some people are able to attend activities on their own, whereas others may need different types of support to get there and/or to be able to build friendships while they are there.

To access wider opportunities in the community people needed;

- » **Information about what is available** – people need to know what groups are available and how to access them. Online information will play a clear role, but there should be a way to find out this information if people are not online.
- » **Inclusive groups and businesses** - for some people, the only barrier to them taking part is confidence that they will be accepted by the group. Community groups and businesses need to be open to people with different life experiences and needs. This is not to say that all groups need to understand every condition that people may have, but they need to have an openness and willingness to learn how to make their groups inclusive.

- » **To be able to physically get to the groups and activities** – people need affordable transport, good route networks and accessible public transport. This includes both the practical elements (such as trains which can accommodate mobility scooters and use of audio announcements) and transport staff with knowledge, understanding and a willingness to support people with different needs. For those getting to places on foot or in a wheelchair, accessibility of footpaths and lighting are important. Some people will need support to build skills so they can travel on their own. Innovative approaches are being developed to address these needs, including the Travel Buddy Service which will be piloted for people with dementia in 2022.

» **Support** – when people can access opportunities in their communities on their own, they have more freedom to do what they want, when they want it. Like support with travel, some people may need help to develop the skills and confidence to get to this point. There are also people who may continue to need support to participate in the community. Funded care packages and having sufficient care workers are important in these circumstances (see staff shortages). However, we need to also think creatively about how people can access their communities, so they have more flexibility and autonomy. For example, this could include exploring how much help and support the community themselves are willing and able to provide.

» **Some people will require more support to get around and may need support to access the groups for a variety of reasons.** It's important to understand what help and support the community themselves are willing to provide. The shortage in care workers and financial limitation within care packages can make this challenging.

Having meaningful and varied activities to do is fundamental to wellbeing. It promotes people's physical and mental well-being, but also their sense of purpose and can provide an opportunity for them to give back. For some, it also provides a much-needed routine. While there was a split in terms of what people told us this should look like, all agreed that having an opportunity to meet other people and having time away from the place where they live, is really important. In West Sussex, innovative models which blend access to care with interests and hobbies, such as [Shared Lives Carers](#), can play a role in helping people connect with others. Accessing community groups and activities is also an essential part of having varied and meaningful activities.

There are many ways people can give. People told us about helping their friends, family, neighbours, religious and community groups. About fundraising, donating money and physical items to charities. There was a clear appetite for more opportunities for people to give, in particular opportunities to volunteer. Volunteering should be valued as an end in itself. It helps people build confidence and self-worth and provides an opportunity to connect with others. The infrastructure needs to be in place to support volunteers to find suitable placements.



# **PRIORITY 2:** **Empowerment**

People want to be equal partners, and in some case be the lead on making decisions about what happens in their lives. We need to empower them to achieve this.

The discussions identified four key areas.

- » Putting people at the centre of care – choice, control and flexibility.
- » Information advice and guidance.
- » Paid work.
- » Decision making power of frontline staff and role of positive risk taking.

## Putting people at the centre of care – choice, control and flexibility

### We will:

- » Recognise and build people's strengths, empowering people to co-produce their care and support packages.
- » Think about the complete vision for a good life when planning care.
- » Look to best practice and collaborate with partners to make direct payments more flexible and easier for people to use, so more people can use them and realise the full benefits it can bring.
- » Explore alternative creative approaches to managing personal budgets, including the opportunity to pool budgets and the role an Individual Service Fund might be able to play.



**I love being independent and making decisions about my life and how I choose to live it.**

**Survey response**

Over the years, people and their carers often develop significant knowledge and understanding about what helps them, the people they care for and people in similar situations.

Fundamentally linked to relationships, good help recognises this expertise, with help that is flexible enough to be able to respond to what people are saying they need.

When people become eligible for social care, they are given a personal budget. This is the amount of money the county council will pay towards any social care and support they need. People can choose to have this money paid directly into a bank account so they, or their carer, can manage it to achieve the outcomes agreed in their care plan. It can be a good way to increase choice and control and research has shown it can lead to better outcomes for the same or less money.

At present, 17.5% of people or their carers manage care through direct payments. Overall people welcome this opportunity but felt there needed to be more flexibility on what they could spend the money on. For example, we heard from people who had identified a service which would support them to achieve their agreed outcomes for less money than alternatives but were told this was not something which adult social care funds. They also wanted less bureaucracy overall and more support with the reality of employing people.

People also expressed an interest in being able to be more creative with their personal budgets, such as pooling personal budgets together to benefit from economies of scale and enable them to get more for their money. Other areas are also exploring Individual Service Funds, which is where a person can choose an organisation to manage the funding in conversation with them.

Care plans also need to be flexible as needs change. For example, people with acquired brain injury talked about how the impact can be changeable from day to day. Blind and partially sighted people told us about seasonal impact, with darker winter evenings making it more difficult for them to get out and about without support.

It is also important to think about the whole of the person's vision for a good life. For example, we heard that autistic adults and adults with learning disabilities want to develop intimate relationships and need support to understand how to do this in a safe way. However, this is not something which is often talked about with them. Sometimes trade-offs between the different elements of a good life will need to be made, but this should be carefully considered. For example, decisions around where someone lives can have a direct impact on relationships and freedom.



## Information, advice and guidance

### We will:

- » Work with partners to review our collective approach to providing information, advice and guidance.



**Just don't know what exists...  
Takes so much time to find things...  
Local support groups are often the  
key source for reliable information.**

**Parent Carers Focus Group**

The need for good information, advice and guidance cuts across many components of a good life. Some of which we have already touched on, such as the need for information on what community groups are available.

Having easily accessible and tailored information, advice and guidance on what help is available, who can access it and how to access it, is important. This is especially important once people first have identified social care needs or when going through a transition in life. People told us they often don't know what is available and, in many cases, don't know what they can ask for in these stages. This information, advice and guidance is important for people receiving social care via the county council and for people who pay for their own care. One of the main sources of information for many people we spoke to was other people who are facing similar situations. It is important to note that often the information is there, but it is the ease of navigation, accessibility and how it reaches families which needs to be improved.

## Paid work

### We will:

- » Improve the county council's own recruitment processes to employ more people who access social care and work with other statutory partners to do the same.
- » Collaborate with employment support partners to encourage more employers to provide a wider variety of suitable job opportunities.
- » Raise the aspirations of individuals, parents and organisations who support them to see that paid employment is a viable route for people who access support
- » Explore opportunities to work more closely between education providers, supported employer providers and employers to create better pathways into work for young people.

Work is not only about providing an income; having a job enables independence and builds confidence. It gives an opportunity for people to contribute, have a purpose, and make connections with other people.



**Malcolm has a learning disability and worked for a high street chain store for 13 years before he retired. He still has friends who work there that he sees.**

Learning Disabilities Focus Group

While work may not be appropriate for everyone and some do not currently see it as a possibility, there was a clear appetite from many people we spoke to about getting into, staying and progressing in work. This also applies to carers. For example, we heard from working age carers who had given up their jobs to care for their family member and then struggled to get back into work.

It is not only the individual person that can benefit. There are several benefits to the employers. For example, research<sup>4</sup> shows that employees with a disability work harder, are more productive, more loyal and show lower absenteeism rates. It can also create a more positive environment for other employees and customers alike.

Social enterprises in particular have recognised these benefits. West Sussex has supported employment in place which helps people get into and maintain employment and helps employers find the right employees for their companies.

However, while the county has an above average employment rate, data suggests that employment levels for some groups of people are below already low national averages. Nationally only 6.6% of adults with a learning disability are in paid work. In West Sussex this figure drops to 2.1%. While West Sussex is doing better than national averages (9%), only 12% of people in contact with secondary mental health services are in paid employment.

4. [The economic argument for hiring people with disabilities \(2021\)](#)

## Decision making power of frontline staff and role of positive risk taking

### We will:

- » Grow a culture of positive risk taking within WSCC Adults' Services.
- » Review processes and systems to empower staff to be able to make decisions more quickly where appropriate.



**Enabling people to have meaningful lives based on who they are and what they want. Having control and making choices independently is fundamental, including taking risks.**

Survey response

People want timely support. In conversation with the individual and carer, the people who are working directly with them are best placed to understand what support is appropriate. However, they have reported that they need to 'jump through hoops' or wait for weeks before a specific meeting takes place before they are able to get approval.

Positive risk taking is core to the idea of freedom. Taking managed risks is part of leading a fulfilling life. It is not only the individual who needs to be willing to consider and make different choices. It is their carers, support networks and, critically, the professionals involved in their care.

For professionals to be comfortable to support positive risk taking there needs to be a safe culture, where managers encourage staff to empower people to take positive risks, recognising that sometimes things will go wrong. Policies and procedures need to support this, promoting innovation and creativity to find solutions for people.



# **PRIORITY 3:** **Home**



## Where people live, the quality of their home and who they live with and near is important to people.

Home is about where people live. For homeless people, rough sleepers and people living in insecure accommodation, simply having a roof over their head where they feel they can stay and be safe is critical. For those who have somewhere to live, accessibility and suitability of their home for their care needs is essential. It needs to be a safe, warm environment, where they can move around comfortably and have access to the things which they need.

A home is not only about its physical aspects. When people talked to us about where they live it was about feelings and connection to people and place as much, if not more, than the physical aspects of their home. People talked about continuing to live with their life partner, being near their children, being able to keep their pet, knowing their neighbours and local shopkeepers, and being involved in local community groups. This was balanced with having their own personal space too. They also talked about control, not only in terms of where they live, but who they live with.

There are three broad areas.

- » Living in their own home.
- » Living with others.
- » Moving out of the family home.

## Living in your own home

### We will:

- » Support more people to stay in their own homes, building on work with partners to improve support when people leave hospital and timely access to adaptations, equipment and technology.
- » Explore community solutions to support people to maintain their homes.
- » Work with district and borough partners to ensure homes are built for an aging population and for those who access care and support.

Most people looking towards older age or who had increasing social care needs told us they want to be able to remain in their own home. They want to do this with quality, reliable support so they can continue to live well and retain control within their home.

Work to help people when they leave hospital and timely access to adaptations, equipment and technology results in people being able to remain at home for longer, reducing the need for long-term care or residential support. Wider work that the county council and its partners do across several areas also supports this. For example, making homes more energy efficient and the Safe and Well visits carried out by the Fire and Rescue Service.

This not only applies to older people. We heard from a range of people who were currently living in shared accommodation or were currently homeless about the importance of having their own private space to live independently.





I have one to one 24 hour care in my own home because of my complex needs...This enables me to live in my own home, be as independent as possible and for the first time in my adult life (I'm 48) I am able to choose how I spend my day, what I eat/when I eat, I have my own bathroom, kitchen and outside area. I was really unhappy living in residential care...

I am doing really well now. Me and my family are so grateful for all this support which has been life changing for me.

Survey response

In West Sussex, the majority (64%) of the people the county council supports live in their own homes (either rented or owned). There are still relatively high numbers of people living in residential care, demonstrating that we can do more to help people live in their own homes.

There was also a significant interest from older people for support with maintaining their homes, such as cleaning, gardening, decluttering and general home maintenance.

Over the long term, it will also be important that the county council works with district and borough councils to ensure there are more homes that are suitable for an aging population, such as bathrooms on the same floor as living space and bedrooms.

## Living with others (alternative housing options)

### We will:

- » Expand alternative accommodation models and promote them as viable options for people.
- » Work with traditional residential care settings to more closely align with what people have told us is important.

Not everyone with social care needs lives on their own or with their families. 36% of adults with social care needs in West Sussex live in a variety of different care settings, from traditional residential care homes, to extra-care and supported living.

Extra-care and supported living can be a very positive experience for people. It enables people to feel safe, secure and to connect with people, addressing social isolation.

For this to be a positive experience, people told us they wanted:

- » Choice over who they live with, in particular people wanted to live with people who were a similar age who they could 'get on with'. This was especially important when sharing kitchen and living spaces.
- » Their own private living space.
- » Control over what they do and when they do it, meals and access to family and friends being highlighted most often.



- » To be close to their family and friends so connections can be maintained.
- » Appropriate support.

Essentially, they want it to feel like their home as much as possible.

There are already models of care in West Sussex which demonstrate these qualities, such as Shared Lives and extra-care housing. These models will be expanded and promoted as viable options for people. We will also work to ensure traditional models of care more closely align to what people have told us is important.

Bill and Noeleen are in their 80s and moved into extra-care housing four years ago. Bill said they 'moved in just at the right time' as he suffered a stroke shortly after moving in. 'Everything is purpose built for us. There are lifts to all the floors and handrails everywhere.' They also talked about the sense of community. 'Before, our neighbours would be out at work all day and then busy in the evenings... now there is always someone to talk to.'

Older People Focus Group

## Moving out of the family home

### We will:

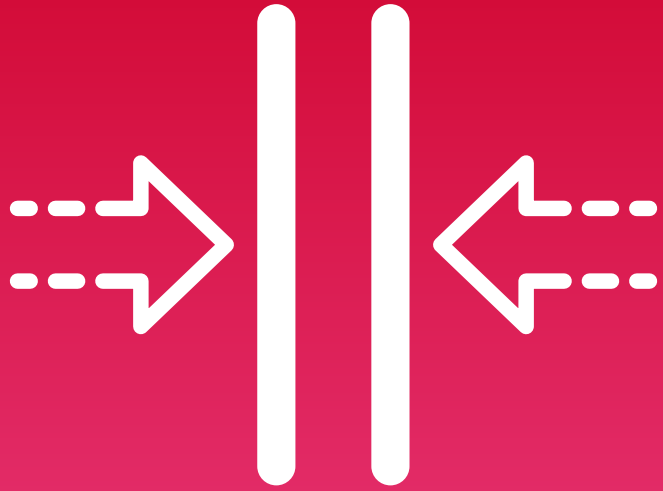
- » Support young adults to move out of family home in a planned way.



Chris is the Dad of an autistic young adult. He talked about how well his daughter was doing following a serious breakdown. She is thriving in her cleaning job and 'desperately wants to move out so she can have her independence.' Her Dad is fully supportive, but also worries about how she would be supported if she has another breakdown.

One to one interview

For young adults, moving out of home is an important milestone on the transition to adulthood. People with social care needs, such as autism, learning disability or a physical disability, are no different. For some young people this will mean a fully independent place and for others this will be living with other people. In addition to the points above on what is important when living with other people, for young adults transitioning out of the family home, the young person and parent need to be involved in the conversation. Both need to feel confident that the young person will be able to live well.



## **PRIORITY 4:** Addressing gaps

During the discussions there were four key areas which were identified which felt like key gaps to be addressed.

- » Shortage in care workers.
- » Potential gaps in understanding and support for specific groups.
- » Moving from children to adult services (transitions).
- » Paying for care.

## Shortage in care workers

### We will:

- » Work collaboratively to explore potential local solutions to carer shortages, drawing on lessons from elsewhere.
- » Continue to work regionally and nationally to promote the positive value of working in social care and to attract, retain and develop care workers in West Sussex.



Lisa is a transgender woman with learning and physical disabilities. She goes to a transgender support group in Brighton, but needs carers to help her get there. When there is a shortage of carers she is unable to go.

Learning disabilities focus group

Nationally there are 1.67 million jobs in adult social care, but there is a significant shortage of care workers nationally. 8.2% of roles were vacant in August 2021 and there was a 34.4% turnover in staff in 2021/21<sup>5</sup>.

These shortages can be seen in West Sussex. There are also shortages across roles in adult social care, but the care worker shortage is the one which people we spoke to felt most acutely.

This is having a direct impact on people and is leading to gaps in support, especially for the things that are considered 'extra' to people's basic care needs. We heard this was having an impact across a wide range of people with differing needs.

There is no easy solution to this, but there are examples of other areas where local actions are going some way to address the care worker shortages such as enhancing the role of micro-enterprises and promoting self-employed Personal Assistants. We need to explore what these local solutions can be for West Sussex.

5. [Skills for Care](#)

## Potential gaps in understanding and support

### We will:

- » Explore and address the potential gaps for autistic adults and people with acquired brain injury.



**You can't express yourself because of the loss of short-term memory recall and you are in your own 'bubble'**

**Acquired Brain Injury focus group**

There were two key groups where it was felt that there were gaps in understanding and support.

6. [Time trends in autism diagnosis over 20 years: a UK population-based cohort study showed a 787% growth in diagnosis between 1998 -2018.](#)
7. [Headway national statistics on acquired brain injury.](#)

- » **Autistic young adults** – nationally there has been an exponential growth in autism diagnosis over the last 20 years, with the most significant growth in adults<sup>6</sup>. People told us that there was unmet need among this group as their needs are often not fully understood or recognised, with labels such as 'high-functioning' hiding the struggles faced by autistic people. The labels also miss the fact that the level of support required can change over time. For example, someone who was verbal can become non-verbal when they are overloaded.
- » **Acquired brain injury (ABI)** – While there is limited data available, research from 2017 suggested a 10% growth in ABI since 2005 in the UK<sup>7</sup>. The gap identified with people with ABI and their carers was around understanding of impact of brain injury. This can be wide ranging from movement, sensory impairment, communication through to emotional difficulties. The way services communicate and the access routes into the services can be problematic.



## Moving from children to adult services – transitions

### We will:

- » Work collaboratively between children’s and adult social care services to review how we support young people in their transition into adulthood, to ensure they continue to feel supported.



A parent carer to adult children with learning disabilities talked about the significant funding spent on their education. ‘This isn’t a good return [on investment] if there is no life and they are just going to sit in their bedroom after education finishes.’

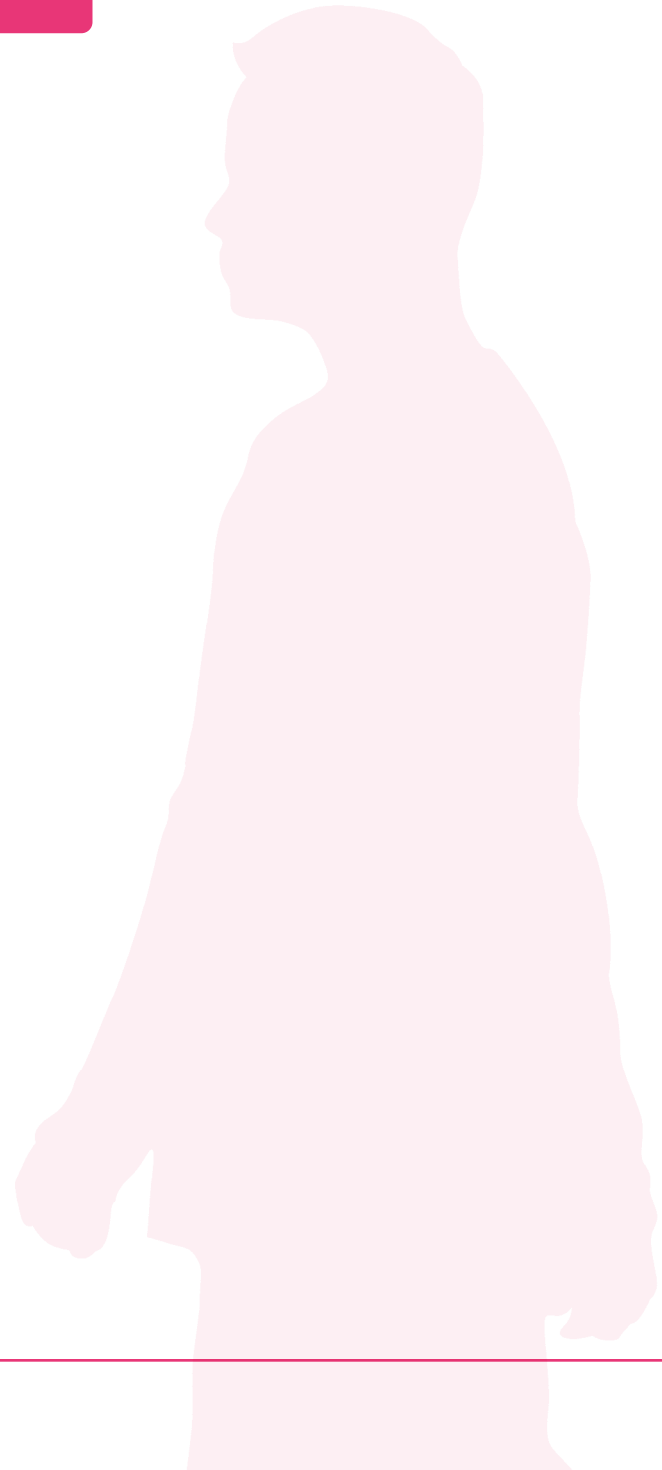
Parent Carer Focus Group

The transition between children’s and adult social care services was highlighted as a key challenge.

People talked about ‘falling off a cliff’ after their support via the county council’s children’s services comes to an end. For some, the difference in eligibility between children and adult social care services meant that they were no longer eligible for support. It’s important that they are aware of this as early as possible so they can prepare and be signposted to other places where they may be able to get support. For those still eligible for support, they talked about a stark difference in the overall approach and level of flexibility available when they reached adult social care services.

The key elements which people felt would make for a successful transition included:

- » Conversations to start as early as possible.
- » Good information which sets out clearly what will happen by when.
- » Linking educational opportunities between 18-25 with future work prospects, with clear next steps after leaving specialist education settings.
- » Continued focus on life skills for independence.
- » Plan for living outside family home ([see priority 3](#)).
- » Parents still involved in the conversation, where the young person is happy with this.



## Paying for care

### We will:

- » Review the county council's approach to charging, fees, and contributions for adult social care services, ensuring it is in line with national guidance and is appropriate for people in West Sussex.
- » Monitor the number of people turning down care or withdrawing from care to better understand their reasons and the impact.
- » Continue to work with regional and national partners to push for fair funding for adult social care.
- » Work with partners to support people to apply for the benefits which they are entitled to.

As outlined previously, there are widely recognised national challenges for social care funding which are having a direct impact on people in West Sussex. The reality is that publicly funded social care is only available to people with the highest needs and lowest assets<sup>8</sup>. This means that most people living in West Sussex who require care will have to pay for at least part of their care<sup>9</sup>. People are angry about this and many are worried about what this means for their future, in particular their retirement.

We are not going to be able to solve this national issue here and the county council will still need to follow national guidelines, but there are clear areas for improvement in West Sussex.

8. People with assets worth more than £23,250 are normally not eligible, and for residential care, this figure includes the value of their property, if they have one. [Key facts and figures about adult social care, The King's Fund.](#)
9. In 2010, it was estimated that 50% of people aged 65 and over will spend up to £20,000 on care costs and that 10% would face costs of more than £100,000. However, it is very difficult to predict which individuals will have the greatest needs, so costs are very hard to prepare for. [Key facts and figures about adult social care, The King's Fund.](#)



**Government [needs] to make it absolutely clear - what the individual must pay for and what we can expect from the state. This is the only way that any of us (people with normal levels of income) can plan for our futures.**

Survey response

- » **Early information** - provide people with more information to enable them to plan for their future before they have an identified care need.
- » **Enhance transparency** - improve transparency about when people will get support with the cost of care and the individual contributions people will have to make. Wherever possible, people should know how much it is going to cost before they receive the care.
- » **Fair charging** – charging which takes into consideration the high cost of living in West Sussex and the personal circumstance of the individuals, such as their level of personal debt.
- » **Access to the finance team to resolve issues** – improving access to the finance team to resolve queries as early as possible.

We also heard of cases where people have pulled out of council funded care. There are often multiple and complex reasons for this, but we are aware that one of the issues is around costs.

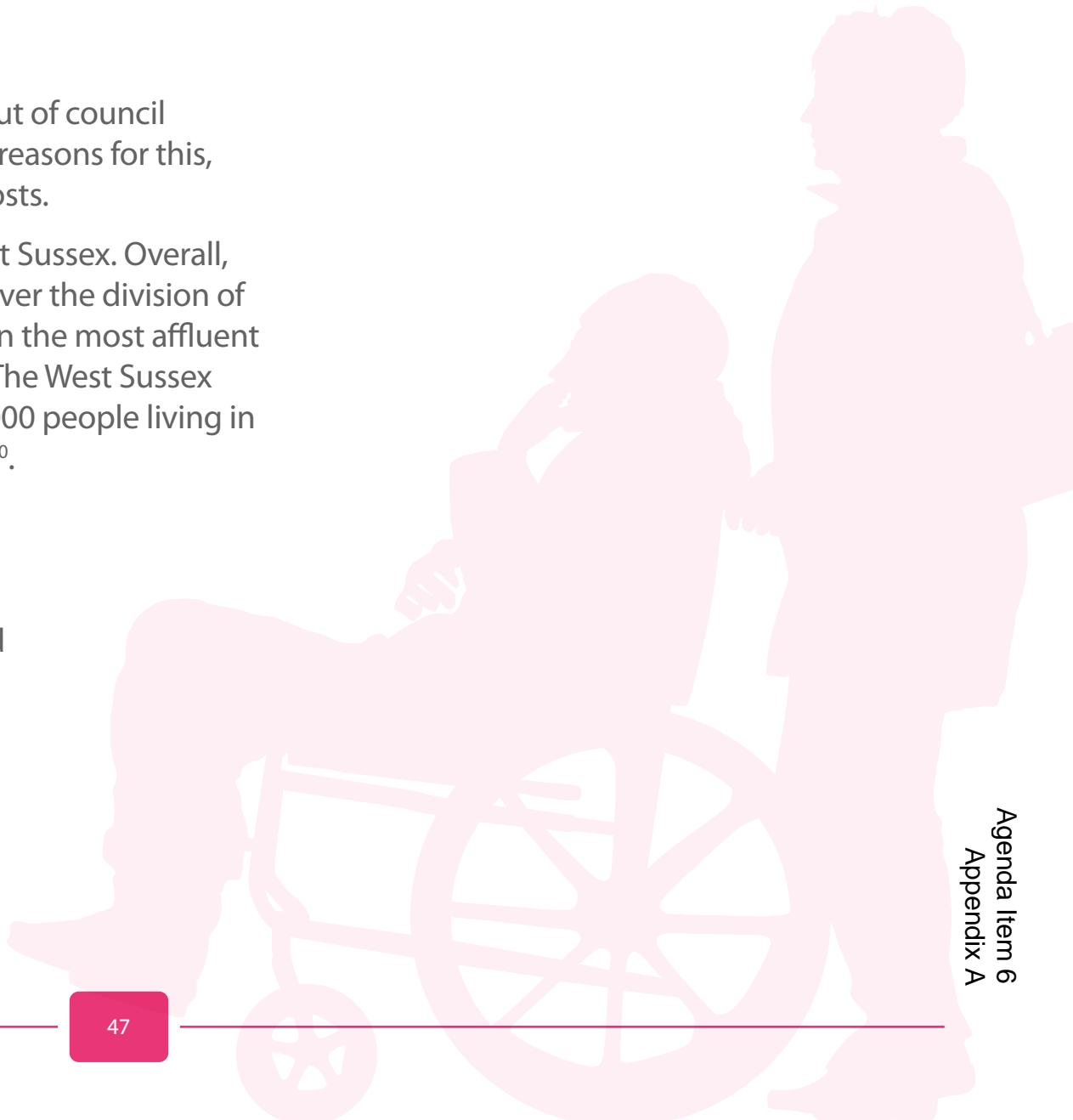
This linked to wider concern around poverty in West Sussex. Overall, West Sussex is considered an affluent county, however the division of wealth is not equal, and just as some areas feature in the most affluent in the country, some feature in the most deprived. The West Sussex Joint Strategic Needs Assessment 2019, placed 70,000 people living in poverty in the county, of which 53,000 were adults<sup>10</sup>.

National poverty research<sup>11</sup> shows that half (50%) of all people in poverty live in a family that includes a disabled person. 9.7% of carers in West Sussex reported that their carer responsibilities had caused them a lot of financial difficulties<sup>12</sup>. Therefore, it is critical that people are supported to access the financial support they are entitled to.

10. [West Sussex Joint Strategy Needs Assessment 2019.](#)

11. [Measuring Poverty 2020, Social Metrics Commission.](#)

12. [Carers Support West Sussex, Carers Strategy Engagement Report.](#)





# **PRIORITY 5:** Inclusion and tackling inequalities

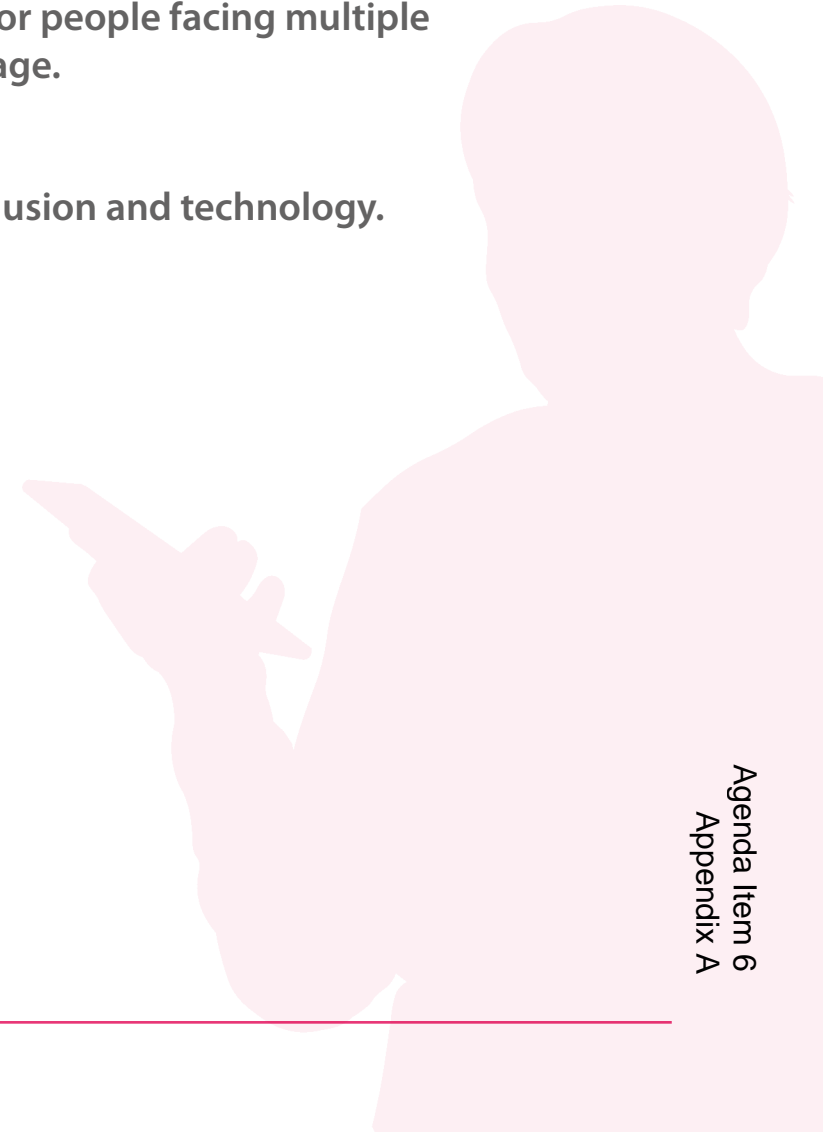


Through all the conversations to develop this strategy there was a clear message that people wanted to be valued and included, whether that was within their own families and friendship groups or in the wider community.

It was also clear that not everyone had the same access to information, services and support. Specific groups find it more difficult to get their needs recognised and get the support they need. Others are being left behind and missing out on opportunities presented by the evolution of the digital age.

There are three key areas to consider:

- » Inclusion for people facing multiple disadvantage.
- » Diversity.
- » Digital inclusion and technology.



## Inclusion for people facing multiple disadvantage

### We will:

- » Continue to collaborate with partners to deliver the Changing Futures Programme and the joint Mental Health and Housing Strategy.
- » Involve people who have experienced multiple disadvantage in designing and commissioning services.
- » Collaborate to identify ways to prevent people from facing multiple disadvantage.
- » Collaborate to explore alternative housing arrangements for people facing multiple disadvantage who need personal care.

There is a cohort of people who face multiple disadvantage across West Sussex. While everyone's situation is unique, we know that they have often experienced traumatic events in their lives; face continuous or repeated periods of homelessness, rough sleeping or housing vulnerabilities; and have high prevalence of mental health problems and substance misuse, cognitive impairment, criminal justice involvement and physical health issues. Many are also experiencing or fleeing domestic abuse. Based on their experiences, they also often have low or no trust in people or the system of statutory agencies that are in place to support them but are perceived as failing them.



The West Sussex Single Homeless and Rough Sleepers (SHARS) Annual Report captured 2720 client audits, covering 1186 individual people. The audit showed that 71% have a known mental health problem. 61% have a substance misuse problem. 40% are in poor physical health and 6% are fleeing domestic violence.

The data focuses on single homeless people and rough sleepers and does not capture people currently in their own housing or accommodation, so the number of people who are facing multiple disadvantage is likely to be higher.

The multiple disadvantage experience can drastically reduce life expectancy and quality of life, as well requiring the intervention of more acute services if not tackled at an early stage.



**Andrew has been homeless since 2004. He has had some short periods in hostels and supported accommodation and he talked about how ‘it was nice at first because you are off the streets, but it never lasts’. Living with other people just doesn’t work for him. He needs his own space.**

**One to one interview**

Successful interventions for this group need to be:

- » **Joined-up** – people need support from several services and organisations. This needs to be centred around the needs of the individual so they don't have to repeat their story multiple times or to try a navigate a complex system.
- » **Suitable to the realities of their lives** – we heard about people not being able to access services because of the requirements or thresholds which are put in place. The clearest example being around mental health and substance misuse services. With mental health services unable to support until the drug or alcohol issue is resolved and drug and alcohol services are unable to support until mental health is stabilised. Services need to understand the realities of peoples lives and have access requirements which recognise this.
- » **Patient** – for some people facing multiple disadvantage, it can take them a long time to be able to trust the people and organisations which are trying to support them.

- » **Timely** – it can take a lot for people to reach out for support, so when they do it's important to respond as quickly as possible.

The county council and voluntary and community sector organisations are seeing an increasing number of people facing multiple disadvantage needing personal care as they age. They often need this care at a much younger age. For example, substance misuse can lead to alcohol related dementia or brain damage in their mid to late 40s. However, mainstream care within group settings (such as extra-care or residential care) is not always suitable for them or for the other residents living there. Alternative models are required.

There is significant work already taking place to help people facing multiple disadvantage through the [Changing Futures Programme](#) and the [Sussex Mental Health and Housing Strategy \(2020\)](#). It will be important to build on this.

## Diversity

### We will:

- » Improve our understanding of the communities in West Sussex, including better data about who is and isn't accessing services.
- » Reach out to communities to understand how to improve access and create more inclusive services.



I would like to see more people and in particular carers being aware of how the use of free images and symbols with communication charts and flash cards, alongside other forms of communication can help understanding and are very necessary where English is not a first language.

Survey response

People from different cultural backgrounds, ethnicities, races, sexual orientations and identities, and disabilities have different experiences of accessing and receiving care. This can impact on if, when, and how they access support, and how they might receive that support.

We heard that people are unable to find carers who understood their needs. For example, one person being unable to find a carer who could help them put on a sari and another person who struggled to find carers who understand how to care for natural afro-textured hair. Misunderstanding between carers and the people they care for due to language barriers. People not recognising that they are unpaid carers as this is simply looking after a family member and is expected, and therefore not getting support. We heard about missed opportunities to promote the health of adults when they are seen by health professionals and when living in supported accommodation.

We also heard about the importance of removing discrimination of same sex relationships within care settings and in care within people's homes.

It is not only their personal care experience which is impacted. Research nationally consistently shows that people from minority groups face poorer outcomes in terms of their physical health, mental health and quality of life. For example:

- » **The median age of death for a person with a learning disability is 59, compared to 83 and 86 for males and females in England without a learning disability respectively.**<sup>13</sup>
- » **Black men are four times more likely to be detained under the Mental Health Act.**<sup>14</sup>
- » **Blood pressure, diabetes, stroke, and heart disease are more common amongst Asian and Black Caribbean communities, which are all risk factors for dementia.**<sup>15</sup>

13. [The Learning Disability Mortality Review \(LeDeR\) Programme Annual Report 2018, University of Bristol Norah Fry Centre for Disability Studies.](#)

14. [Ethnicity facts and figures, NHS Digital, 4 March 2021.](#)

15. [West Sussex Public Health and Social Research Unit. Black, Asian and Minority Ethnic Communities in West Sussex \(2016\).](#)

- » **The LBGQTQ+ community rate quality of life, life satisfaction, happiness, and perception that things they do in life are worthwhile, lower than members of the heterosexual community.**<sup>16</sup>
- » **Life expectancy for Gypsies and Travellers' is 10 years lower than the national average.**<sup>17</sup>

These health inequalities are not inevitable. They are largely preventable.

There are pockets of good practice in West Sussex. For example, the Dementia Strategy identified some ethnic minority communities which are at higher risk of dementia, lower levels of awareness and social stigma around the condition. Therefore, a Bilingual Wellbeing Co-ordinator will work with South Asian communities to raise awareness; connect individuals and their families with support early; and help reduce stigma attached to diagnosis.

16. [Government Equalities Office. National LGBT Survey 2017 \(2018\).](#)

17. [Gypsies and Travellers: simple solutions for living together. Equality and Human Rights Commission](#)

The causes of these inequalities are complex, with wider determinants of health such as poverty playing an important role. We cannot tackle all the causes here, but there are concrete actions we can take, in particular around access to care services. The data suggests unequal access to adult social care for specific communities in West Sussex.

For example, data suggests that while the Asian population is 3.7% of the total population, they only account for around 1.5% of people accessing social care. Similar patterns can be seen for people who identify as mixed race, 'other' and Gypsy, Roma and Traveller.

## Digital inclusion and technology

### We will:

- » Work with partners to promote digital inclusion.
- » Explore opportunities to enable people, carers and the social care workforce to understand the benefits of assisted technology.



**‘We have worked all our lives. I was a company director and Mrs. W was a teacher. What I struggle with is knowing what I can claim and how I can do it. I have just found out that the attendance allowance Mrs. W gets is the lower rate, I’ve been told to apply online for the higher rate, but I don’t have a computer.’**

**One to one interview**

The pandemic has accelerated the trend towards more services being online, from GP appointments through to the growth in online grocery shopping. This has been a positive for many. For example, a Deaf and hearing loss group of people told us that having appointments and meetings online improved their access, as it was easier to get interpreters as they didn’t need to travel, and they could use live caption (where the words being spoken are written on the screen in real time). We also heard from others that it has enabled them to keep in closer contact with family and friends living far away.

However, this has not worked for everyone. The reasons for this are very individual, but there are common themes. While access to computers, smart phones and having internet access are important, they are not the only barriers to people benefiting from and being able to participate online. People need to see the value of going online and have the confidence and skills to do so.

They also want to have confidence in online services, with privacy and safety being key areas of concern. This is where assisted digital access may be appropriate, to help people gain knowledge and skills and help provide advice on how to stay safe while online, for example helping them reduce the risk of online scams. There may be others where digital is more difficult due to their condition, such as sight loss, and therefore it is important that alternative methods of communications and support are still available.

Where people want to get online, people told us it was also important that their support plans reflected the need to be digitally connected.

Beyond access to the internet, there has been, and continues to be significant advances in the use of technology to improve people's lives. This applies to individual support for people to remain in their own homes, reduce risk of falls across all settings and much more. There are also developments which will support care organisations themselves to improve services. This did not come out as a clear theme in the discussion, which would indicate that there is a clear gap in people and organisations understanding of the potential of technology to improve lives.

Finally, an underpinning theme in the county council's 'Our Council Plan 2021-25' is tackling climate change and this is supported by the county council's Climate Change Strategy (2020-2030). Greater digital inclusion creates an opportunity for people to stay connected to each other while reducing the need to travel as frequently, thus having a positive impact on reducing carbon emissions for the county.

## Other formats

[There is an easy read version of this strategy on our website.](#)

If you need this information in another format, for example, on audio CD or in another language, please contact us.

### **Adults' CarePoint**

Phone: 01243 642121

Call using Relay UK: 18001 01243 642121

(for Deaf callers from a textphone or the NGT Lite app downloaded onto a computer, tablet or smartphone.)

Email: [socialcare@westsussex.gov.uk](mailto:socialcare@westsussex.gov.uk)

Website: [www.westsussex.gov.uk/social-care-and-health](http://www.westsussex.gov.uk/social-care-and-health)

Write to: Second Floor, The Grange, County Hall,  
Chichester, West Sussex, PO19 1RG







[westsussex.gov.uk/ascstrategy](https://westsussex.gov.uk/ascstrategy)

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## **Report to Health and Adults' Social Care Scrutiny Committee**

**11 January 2023**

### **Adults' Services Quality Assurance Update**

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

**Electoral division(s): All**

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#### **Summary**

The purpose of this report is to provide members of the Health and Adult Social Care Scrutiny Committee (HASC) with the opportunity to consider and comment on Adults' Services Quality Assurance activities since the report to HASC in February 2022, and the Member information session held in October 2022.

#### **Focus for Scrutiny**

The Committee is asked to assess the Quality Assurance activities relating to Adults' Services.

#### **Key Lines of Enquiry include:**

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

1. Whether the approach and reporting relating to Quality Assurance activity in Adults' Services is appropriate.

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

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#### **Proposal**

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

- 1.1 Since November 2020, the model for the West Sussex Adult Social Care basic tenet of the Quality Assurance (QA) approach is the 'Plan, Do, Check, Act' cycle. This quality management model is an iterative process, which encourages continual learning to be considered in the design and delivery of activity. Ultimately, this will lead to improvement in quality and supporting the service to design and commission provision which has quality embedded at its heart.
- 1.2 During the period under consideration in this report, the service has continued to implement this approach and to use opportunities for learning to support practice improvement. It has done this through a variety of mechanisms:
  - Audits
  - Learning Reviews
  - Compliments and complaints
  - Local Government Ombudsman for Social Care decisions

## Agenda Item 7

- LeDeR (Learning from Life and Death Reviews of people with a learning disability and autistic people)
- Safeguarding Adults' Reviews
- Quality assurance governance meetings
- Attendance at
  - Customers & Carers Group
  - Minorities Health and Social Care Group

1.3 Learning identified via the above has then been communicated to the service to support quality improvements in practice. This has included:

- Professional curiosity
- Cultural considerations
- Autism
- Case specific learning as a result of Learning Reviews or Local Government Ombudsman decisions

1.4 This update is in addition to the session held for members of HASC on 12 October 2022, which also described and discussed the quality assurance processes in use by Adults' Services.

## **2 Audits**

2.1 The Audit Framework was introduced in October 2021, with the aim that each worker is audited twice per year and that audits are conducted collaboratively with their supervisor. Undertaking audits collaboratively allows for learning to be embedded and any improvements or management of risks identified to be made quickly. The framework has been reviewed and a new version is being introduced in January 2023.

2.2 The new framework provides greater clarity for auditors (in respect of the expectations on them) and introduces a moderation process, to quality assure the audit process itself. This will further enable us to identify areas of learning and improvements to practice, will highlight areas of development for those undertaking audits and will provide greater levels of assurance with regards to quality of practice.

2.3 The Audits are completed on the Mosaic system, using tools relevant to the area of work:

- Ethical Decision-Making Tool (used by most of the community, occupational therapy and hospital social work teams).
- Mental Health Act and Mental Capacity Assessments.
- Deprivation of Liberty Safeguards and Best Interest Assessments.
- Safeguarding.

These are supported by 'What Good Looks Like' guidance (developed by the Quality, Practice and Service Development Team) which baselines required performance and gives an indication as to what degree criteria have been met.

An anonymised audit is attached as Appendix A.

2.4 By completing audits on the Mosaic system, the service can collect key performance data, including:

- Rates of completion of audits (against the expected standard of 2 per worker per year).
- Identification of trends / themes.
- Measures of success against standards, i.e., Outstanding, Good, Standard Partially Met (Requires Work) or Inadequate.

- 2.5 This data will be used to: monitor completion of audit activity, develop action plans, ensure learning is embedded, inform operational and strategic planning, target practice and guidance development, and to highlight areas for further quality assurance activity. Reports will be shared with and discussed at the appropriate governance meetings.
- 2.6 The audit data from 01/04/2022 to the 05/12/2022 is as follows and current performance is rated amber:
- 251 audits completed
  - Outstanding 22.7%
  - Good 63.3%
  - Requires improvement 13.5%
  - Inadequate 0.4%
- 2.7 The data allows us to interrogate areas for further learning and this has helped in the development of work regrading cultural considerations, the management of risk and the recording of consent.
- 2.8 As reported to HASC in the October QA workshop, work is underway to review the collation of data, the balance of scoring and the selection of cases to audit, to ensure that the audit processes are providing a true reflection of the quality of practice and that areas of improvement are being highlighted effectively. This work will be supported by the introduction of moderation processes from January 2023, which are designed to ensure impartiality of case selection and to upskill auditors.
- 2.9 Other audits, e.g., those identified by the Safeguarding Adults Board (SAB), are completed off the Mosaic system and reported separately. An audit of self-neglect cases was completed for the SAB in May 2022 and identified the following themes:
- There were difficulties in engaging some customers and maintaining contact was subsequently challenging.
  - Clarity of case recording requires improvement.
  - Application of the Mental Capacity Act requires improvement.
  - When held, multi-disciplinary team meetings were generally effective.
  - Partner agencies were generally kept informed.
  - Risk planning and risk management could be improved.

This learning was shared with the service at quality assurance governance meetings and informed further learning for sharing via Learning Bulletins and has directly informed updated guidance for practitioners. The impact of these changes will be monitored through the audit process.

- 2.10 The service is currently supporting an audit of Safeguarding Complex Cases, which is due to be completed and reviewed by the end of January 2023.

### **3 Learning Reviews**

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- 3.1 Learning Reviews offer the service the opportunity to study, in detail, the background, decisions and actions taken that led to circumstances in which the customer had a poor health and wellbeing outcome. This helps us to identify where improvements can be made to how we work and to the processes and guidance that support our teams.
- 3.2 Learning reviews are triggered in the following instances:
- An adult in West Sussex, who has unexpectedly died while in contact with West Sussex Adults' Services, whose death is required to be reported to HM Coroner for West Sussex or to the Care Quality Commission.
  - An adult in West Sussex, who has unexpectedly died while in contact with West Sussex Adults' Services, where there is a concern that West Sussex Adults' Services staff could have worked more effectively to support their health and wellbeing.
  - There is concern that the health and wellbeing outcomes of an adult in contact with West Sussex Adults' Services, has been or could have been adversely and seriously affected by the practices and processes employed by the Council.
- 3.3 Cases eligible for a review are considered by a panel of senior managers, that identifies immediate actions, considers the holding of a multi-agency rapid review, agrees terms of reference and selects a reviewing officer.
- 3.4 Guidance is provided to reviewing officers regarding:
- Stakeholders.
  - Conduct of interviews.
  - Reporting structures.
- 3.5 On completion, the panel reviews the report and once approved, an action plan is established. Information for learning is shared via QA governance structures and an anonymised report is placed on the new Adults' Services SharePoint site.
- 3.6 From June 2020 to 5 December 2022, 25 cases have been submitted for review and of these:
- 18 have been completed.
  - 3 are ongoing.
  - 2 have not yet started.
  - 1 will not be progressed (insufficient information available).
  - 1 is being led by another agency.
- 3.7 The learning reviews and the action plans that they generate have identified issues that have been escalated at a strategic level, have highlighted areas of individual practice which have been addressed through supervision processes and have further informed the development of practice guidance and learning bulletins which are shared directly with Team Managers to support reflective practice sessions.
- 3.8 Information for learning is also shared via QA governance structures and an anonymised report is placed on the new Adults' Services SharePoint site.
- 4 Local Government Social Care Ombudsman (LGSCO) and Customer Complaints**

- 4.1 The LGSCO investigates complaints from customers who remain unsatisfied with the outcome of internal complaints processes and makes a determination based on the case details. They will identify remedial actions which are then monitored for completion.
- 4.2 23 decisions have been received in the last 24 months, of which 11 were upheld, 2 partially upheld and 10 not upheld.
- 4.3 The focus of most complaints relates to charging and charging decisions.
- 4.4 Most remedies identified by the Ombudsman relate to compensation and letters of apology, but guidance has been amended because of their investigations. The latter has included changes to Deprivation of Assets Guidance where changes were made to allow customers to submit additional information to support their position, and to the Direct Payments Policy where greater clarity has been provided to practitioners regarding the process and other means of supporting the customer.
- 4.5 Action plans are developed where required and learning is shared through QA governance processes.
- 4.6 Customer complaints data and Adults' Services response performance is regularly brought to the Performance, Quality & Practice Board and to the Quality Assurance Management Board so that themes can be identified and addressed. For the period covered in this report, most complaints have related to charging and assessment, and these have been addressed under a separate project and in conjunction with Financial Services colleagues and has been presented to a previous HASC meeting.

## **5 Sharing Learning**

- 5.1 The learning identified via the processes described above is shared regularly through QA governance meetings.
- 5.2 Learning Bulletins have also been developed that highlight where things could have been improved. These are shared with all team managers and are designed to be immediate and used in team meetings to promote reflective discussions. They are also shared via all service emails and on the new Adults' Services SharePoint site.
- 5.3 The learning has also been used to inform updates to practice guidance, e.g., Case Recording and Risk Enablement guidance.
- 5.4 The Adults' Services SharePoint site is accessible by all members of the directorate and holds all LGSCO decisions, Learning Bulletins and anonymised Learning Review reports.

## **6 Guidance Updates**

- 6.1 A significant amount of work is underway to ensure that all the policies and practice guidance that supports practitioners is up to date and fit for purpose. This work is being conducted by an oversight group, which reports regularly through QA governance processes.
- 6.2 Learning identified from reviews and other mechanisms is considered within these updates to ensure that learning is captured and used to improve practice.

## **7 Finance**

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

## **8 Risk implications and mitigations**

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

## **9 Policy alignment and compliance**

- 9.1 Our Council Plan – This section is not applicable as this is an update report and does not make any proposals. However, quality assurance of Adults’ Services directly supports:
- Keeping people safe from vulnerable situations
  - Helping people and communities to fulfil their potential
  - Making the best use of resources
- 9.2 Legal implications – This section is not applicable as this is an update report and does not make any proposals. However, quality assurance of Adults’ Services supports the Council’s obligations under the Care Act 2014.
- 9.3 Equality duty and human rights assessment – This section is not applicable as this is an update report and does not make any proposals. However, quality assurance of Adults’ Services supports the fair treatment of people irrespective of their characteristics or status.
- 9.4 Climate change – This section is not applicable as this is an update report and does not make any proposals and does not impact directly on this responsibility.
- 9.5 Crime and disorder – This section is not applicable as this is an update report and does not make any proposals and does not impact directly on this responsibility.
- 9.6 Public health – This section is not applicable as this is an update report and does not make any proposals. However, quality assurance of Adults’ Services supports the health and wellbeing of residents who require social care support, their carers, friends and family.
- 9.7 Social value – This section is not applicable as this is an update report and does not make any proposals and does not impact directly on this responsibility.

**Julie Phillips**

**Assistant Director: Safeguarding, Planning and Performance**

**Contact Officer:** Graham Tabbner, Quality Assurance Lead (Adults’ Services), 0330 22 22150, [graham.tabbner@westsussex.gov.uk](mailto:graham.tabbner@westsussex.gov.uk)

**Appendix A:** Anonymised Ethical Decision-making Audit

**Background papers:** None.



## **Anonymised Ethical Decision-making Audit**

The following is taken from an audit completed on the Mosaic system. The only changes made are to meet accessibility, to define abbreviations and to meet data protection requirements.

### **The following have been considered as part of the audit and overall judgement of the quality of the work adjusted accordingly:**

- Mental Capacity Act assessment undertaken where indicated
- Decisions made at key points captured
- Analysis of information gathered
- Statutory Section 42 duty identified and/or discharged
- Timeliness of work undertaken, including contacting the person and recording the work
- Identification of caring responsibilities
- Need for independent advocacy considered and arranged where necessary
- Consent has been obtained
- Good quality recording, including use of plain English and avoidance of jargon/abbreviations
- Information has been shared with the person

This audit tool is based on the principles of the Ethical Framework for Adult Social Care which was developed by the Department of Health and Social Care, and the checklist developed within the Council.

Respect and Reasonableness are the fundamental, underpinning principles and will hold the greatest weight in determining an overall audit outcome. Each principle must be considered to the extent possible in the context of the individual circumstances.

Outcomes for each principle should be rated as either:

- 1 - Outstanding
- 2 - Good
- 3 - Standard partially met (requires work)
- 4 - Standard not met (inadequate)

An overall outcome should then be given and general comments provided.

**Overall Grade:** Good

**Comments on strengths as evidenced:** Consent was addressed, worked at the pace of xxxxxx and spent time to build up a trusting relationship working alongside the community mental health nurse. A referral was also made to the Team around the person (safe and habitable homes service) and there was a multi-agency meeting on xx/xx/xxxx.

xxxxxx living situation was significantly improved to the point xxxxxx was able to sell the home.

The social worker liaised with the hospital, GP, environmental health, Fire & Rescue Service re fire safety check.

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Appendix A

The views of xxxxxx are well documented and strengths were documented. xxxxxx is a very private person and mental health was not good so did not always share thoughts and feeling and did feel very embarrassed about the state of the property. This was a very time-consuming piece of work, and it was a difficult balance between respecting right to privacy (Human Rights Act - right to a private and family life) with self-neglect concerns and MDT (multi-disciplinary working being a model of good practice).

The social worker found using the "team around the person" and the "hoarding toolkit" very helpful we had a talk at our team meeting around this arranged by the social worker.

**Comments on areas for improvement as evidenced:** None other than perhaps completing the wellbeing conversation in a timelier way - was started in xx/xxxx, finished xx/xxxx. Could have been completed then additional work in a review conversation.

**Comments on areas for wider learning:** xxxxxx had a deep clean in 2019 (another team was involved) but there was no plan to monitor and there was a significant deterioration in living conditions over time.

This time we are considering a plan to try to maintain living standards (what is a minimum acceptable living standard is outlined in the safer and habitable homes tool kit).

Advertising the benefits of the Team around the person approach/ safer and habitable homes.

**1. RESPECT: Every person and their human rights, personal choices, safety and dignity matter. Has evidence of the following been clearly documented?**

Consent to share information obtained: Fully Met

The need for advocacy has been considered: Fully Met

The person's views and wishes on matters affecting their care and support are recorded: Fully Met

If not possible, clear reasons why not are recorded: N/A

Personal choice has been considered: Fully Met

Record of information provided – both relevant now and informed of potential for change, including financial and charging information (that charges can be applied retrospectively): Fully Met

Does the person have the mental capacity to make a specific decision? Yes

Comments: Social worker addressed consent, worked at the pace of xxxxxx and spent time to build up a trusting relationship working alongside the community mental health nurse. A referral was also made to the Team around the person (safe and habitable homes service) and there was a multi-agency meeting on xx/xx/xxxx. xxxxxx living situation was significantly improved to the point xxxxxx was able to sell the home. The social worker liaised with the hospital, GP, environmental health, Fire & Rescue Service re fire safety check. The views of xxxxxx are well documented and strengths were documented. xxxxxx is a very private person and mental health was not good so did not always share thoughts and feeling and did feel very embarrassed about the state of the property. At end of xxx/xxxx the situation was xxxxxx home has been cleared, cleaned and was placed on the market for selling. xxxxxx has secured an offer on the property and the selling of it is now in process. xxxxxx has

placed an offer on a flat in xxxxxx and this has been accepted (including furniture) xxxxxx has decided to stay at xxxxxx nursing home until xxxxxx can move into the new flat (self-funding). xxxxxx vision is improving gradually and no longer causing any significant problems. Mental health is currently evidenced to be in a good place and xxxxxx is successfully taking antidepressants that appeared to have improved mood. xxxxxx has not sustained any falls since xxxxxx has been at xxxxxx nursing home and has no issues surrounding mobility. xxxxxx diabetes is now managed with insulin medication and on leaving xxxxxx nursing home the GP of choice will support with this. xxxxxx is aware that if it feels eyesight is compromised in terms of administering insulin injections, that the new GP in xxxxxx will need to be contacted to ensure the appropriate support in getting the medication happens in a timely manner. We discussed that this may be a community nurse. The social worker will remain involved with xxxxxx until moves into apartment in case anything changes in the interim. When I close the case to me as allocated social worker, should xxxxxx require adult services support in the future, xxxxxx will be able to contact the city council for support. xxxxxx spoke to me about future plans and living in dependently in xxxxxx. xxxxxx plans to employ Age UK to support with cleaning, shopping, and meal planning whilst settling into independent living again.  
Respect Outcome: Good

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

Person's strengths are evidenced: Fully Met.

The proposed plan for care and support is practical and has a reasonable chance of working: Fully Met.

Evidence is based on information available: Fully Met.

Cultural considerations taken into account: Fully Met.

Clear rationale for decision is recorded: Fully Met.

Relevant information about the person's needs/meeting need has been provided to those providing care and proposed care provider: Fully Met.

The decision to provide funded care is applied consistently and equitably across the whole community: Fully Met.

Comments: No concerns.

Reasonableness Outcome: Good.

**3. Minimising Risk and Harm: whilst we are not specifically auditing safeguarding, has evidence of the following been clearly documented?**

Risks and potential risks have been considered: Fully Met.

Clear plan to reduce/minimise risk evidenced: Fully Met.

The customer/representatives view about risk is clearly evidenced: Partially Met.

A Risk enablement approach is clearly evidenced and appropriately recorded: Partially Met.

Contingency plan clearly recorded: Partially Met.

Safeguarding concerns have been raised and taken forward appropriately: N/A.

Comments: No section 42 Safeguarding Enquiry concerns were sent into the safeguarding hub although one had been sent in 2019 and outcome was no further action as deep clean was planned. Risk was addressed and shared using the team around the person/ safer and habitable homes service.

Risk Outcome: Good

**4. Inclusiveness: People are given a fair opportunity to understand situations and be involved in decisions that affect them. Aim to minimise inequality.**

Provision of information (e.g. copies of assessments, etc.) are recorded: Fully Met.  
A range of communication methods/formats as appropriate to the situation/person have been used: N/A.

Carer/s have been identified and an assessment offered: N/A.

Comments: Copy of wellbeing conversation shared with xxxxxx. No carer identified.

Inclusiveness Outcome: Good.

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

The practitioner has done what they said they would and when they said they would do it: Fully Met.

The practitioner has been transparent with the person/representative as to how and which decisions need to be made on what basis: Fully Met.

The practitioner has justified decisions made and why and kept appropriate records: Fully Met.

Work was completed in a timely manner and, if not, there is evidence for why not: Partially Met.

Comments: The wellbeing conversation started in xxx/xxxx and was finished by the social worker in xxx/xxxx. I have fed back that it may have been better to complete this in a timelier way - although no timescale is set under the Care Act in the Council the expectation is this document would take up to 28 days to complete. The social worker could have completed this earlier, outcomed to review and then completed the later work in the review document. Case notes are good and there is supervisor oversight - notes of supervision.

Accountability Outcome: Good.

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

The practitioner has evidence checked information and other disciplines involved as needed: Fully Met.

The practitioner has worked collaboratively within and across disciplines, teams and partner agencies: Fully Met.

Evidence seen that the practitioner has accessed available support within supervision, or by discussion with their manager as appropriate: Fully Met.

Comments: Occupational therapist involved. Fire & Rescue Service for fire safety check involved - co-ordinated multi-agency approach - Team around the person, involved environmental health and Community Psychiatric Nurses were involved in joint working. Enable Ltd was involved - a local solicitors who support people with managing finances often with general power of attorney, can help with house moves and other financial issues for a cost.

Flexibility Outcome: Good.

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

Provision of support is proportionate to needs and potential risks: Fully Met.  
Case recordings/assessments/support plans/reviews are recorded proportionally: Fully Met.  
Comments: Good case recording, proportionate assessments.  
Proportionality Outcome: Good.

**8. Community: The person's wider community assets and community led support solutions have been considered.**

Informal care, community and voluntary services have been considered: Fully Met.  
A range of services and resources have been considered to meet needs: Fully Met.  
Comments: Use of Enable Ltd - xxxxxx has sold the house, buying a new place out of area. Friends were supportive.  
Community Outcome: Good.

**Overall Outcome**

Overall general comments: This was a very time-consuming piece of work, and it was a difficult balance between respecting xxxxxx right to privacy (Human Rights Act - right to a private and family life) with self-neglect concerns and MDT working being a model of good practice. The social worker found using the "team around the person" and the "hoarding toolkit" very helpful we had a talk at our team meeting around this arranged by the social worker.

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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:

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

### Finance, assets, performance and risk management

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

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

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

For questions contact Katherine De La Mora on 033 022 22535, email [katherine.delamora@westsussex.gov.uk](mailto:katherine.delamora@westsussex.gov.uk).

**Published: 22 December 2022**

## Adults Services

### Director of Adults and Health

<b>Housing Related Support Contract Extensions and Reprocurement Home Services</b>	
<p>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.</p> <p>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.</p> <p>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.</p>	
<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	27 October 2022
<b>Month</b>	January 2023
<b>Consultation/ Representations</b>	<p>Stakeholder meetings held with Housing Needs/Options Managers at the District and Borough Councils. Consultation with providers also carried out.</p> <p>Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.</p>
<b>Background documents</b> (via website)	None
<b>Author</b>	Sarah L Leppard Tel: 0330 022 23774
<b>Contact</b>	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.

<b>Decision by</b>	Cabinet Member for Adults Services (Councillor Amanda Jupp)
<b>Date added</b>	18 October 2022
<b>Month</b>	January 2023
<b>Consultation/ Representations</b>	<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>
<b>Background documents</b> (via website)	None
<b>Author</b>	Juliette Garrett Tel: 033 022 23748
<b>Contact</b>	Erica Keegan Tel: 033 022 25060

**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).

<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	16 June 2022
<b>Month</b>	January 2023
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.
<b>Background documents</b> (via website)	None
<b>Author</b>	Mark Greening Tel: 033 022 23758
<b>Contact</b>	Erica Keegan Tel:033 022 26050

**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.

<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	15 September 2022
<b>Month</b>	February 2023
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made via the officer contact.
<b>Background documents</b> (via website)	None
<b>Author</b>	Carrie Anderson Tel: 0330 022 22996
<b>Contact</b>	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 3<sup>rd</sup> 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 31<sup>st</sup> December 2022.

<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	1 November 2022
<b>Month</b>	February 2023
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made via the officer contact.
<b>Background documents (via website)</b>	None
<b>Author</b>	Chris Clark Tel: 033 022 25305
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

# Public Health and Wellbeing

## Cabinet Member for Public Health and Wellbeing

<b>Procurement: Healthy Child Programme</b>	
<p>The Health and Social Care Act 2012 sets out the statutory responsibility for the County Council to deliver and commission public health services for children and young people aged 5-19 years. On 01 October 2015 the Council became responsible for statutory children's public health services, a national programme of pre-school and school age services from health visitors including the Family Nurse Partnership (FNP) and school nurses delivering Public Health outcomes for children and young people 0-19 years of age (25 years of age for young people with special educational needs and disabilities). The current HCP contract will conclude in March 2024.</p> <p>The Cabinet Member for Public Health and Wellbeing will be asked to endorse the procurement of a new contract to deliver the HCP in West Sussex, to commence from April 2024 at a contract value of approximately £10.7m per annum and to delegate to the Director of Public Health the authority to award the contract(s). Further decision reports will be published as appropriate.</p>	
<b>Decision by</b>	Cabinet Member for Public Health and Wellbeing (Councillor Bob Lanzer)
<b>Date added</b>	17 November 2022
<b>Month</b>	January 2023
<b>Consultation/ Representations</b>	<p>Market suppliers; Service Users: residents via the Your Voice Engagement Hub</p> <p>Representation can be made via the officer contact in the month prior to that in which the decision is to be taken.</p>
<b>Background documents</b> (via website)	None
<b>Author</b>	Fiona Mackison Tel: 033 022 27049
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Director of Public Health**

**Provision of Public Health Services Contract Extension**

The Public Health directorate of the County Council uses Public Health Grant funding to commission services via contracts with general practices and community pharmacies as follows: NHS Health Checks, Smoking Cessation, Long-Acting Reversible Contraception (Contraceptive Implants and Intra-Uterine Contraceptive Devices), Emergency Hormonal Contraception and Alcohol Identification and Brief Advice Services for the population of West Sussex.

Local Authorities are mandated to provide the NHS Health Checks Programme and the provision of contraception is a prescribed service under the conditions of the Public Health Grant. All these services contribute to the improvement public health outcomes and tackle health inequalities.

Cabinet Member decision [AH619/20](#) authorised an extension to the current contract from March 2023 for a further two years. The Director for Public Health will be asked to approve the extension of the current contract to March 2025.

<b>Decision by</b>	Director of Public Health (Alison Challenger)
<b>Date added</b>	23 November 2022
<b>Month</b>	January 2023
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made via the officer contact.
<b>Background documents</b> (via website)	None
<b>Author</b>	Kate Bailey Tel: 033 022 28688
<b>Contact</b>	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
<b>Committee Meetings</b>			
<b>Progress update on Adult Social Care Strategy (including Quality Assurance)</b>	Service	Outcome	Jan 23
<b>Terms of Reference for Mental Health Task &amp; Finish Group</b>	NHS	Outcome	Jan 23
<b>An update on the West Sussex Stroke Programme</b>	CCG	Outcome	Jan 23
<b>End of December 2022 (Quarter 3) Quarterly Performance and Resources Report</b>	Service	Outcome	Mar 23
<b>Update from South East Coast Ambulance Service on its improvement journey</b>	NHS	Outcome	Mar 23
<b>Transition from Children to Adults Services</b>	Service	Outcome	June 23
<b>End of March 2023 (Quarter 4) Quarterly Performance and Resources Report</b>	Service	Outcome	June 23
<b>Update on "make ready centres"</b>	Service	Outcome	TBC
<b>Update on the improvement journey</b>	Service	Outcome	TBC
<b>The recommendations from the Task and Finish Group concerning Marjorie Cobby House and Shaw Day Service and the impact of closure</b>	Service	Outcome	TBC
<b>Informal information sharing sessions</b>			
<ul style="list-style-type: none"> <li>• Update on virtual wards</li> <li>• Dentistry</li> <li>• Shaw Healthcare Contract Update</li> </ul>			<ul style="list-style-type: none"> <li>• Mar 23</li> <li>• Jan 23</li> <li>• TBC</li> </ul>
<b>Task and Finish Groups (TFGs)</b>			
<ul style="list-style-type: none"> <li>• <b>Mental Health:</b> To include self harm and a focus on children/young people</li> </ul>			2023
<b>Business Planning Group</b>			
<b>Work Programme Planning</b> <ul style="list-style-type: none"> <li>• To consider updates from the services and stakeholders and consider whether any issues should be subject to formal scrutiny by HASC</li> </ul>	-	-	Each meeting
<ul style="list-style-type: none"> <li>• NHS performance report</li> </ul>			Nov 22
<ul style="list-style-type: none"> <li>• To consider if an item on discharge pathways should go to Committee</li> </ul>			
<b>Items raised by the committee in the previous council term</b>	-	-	N/A

Topic (including focus for scrutiny)	Corporate or Service Priority	Performance, Outcome or Budget	Timing
<ul style="list-style-type: none"> <li>• <b>Long Covid</b> – To investigate the impact/treatment of long Covid</li> <li>• <b>The award of block contracts for residential care and support services</b></li> </ul>			
<b>Integration and Governance</b>			N/A
<b>Low Vision Services (To monitor – discuss when required)</b>	-	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			
<b>Committee Suggestions</b>			
A review of Care Point capacity			
Health Inequalities			
Domestic Abuse			

**Appendix A** - Checklist



## Checklist

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

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