

Public Document Pack

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28 February 2023

Health and Adult Social Care Scrutiny Committee

A meeting of the Committee will be held at **10.30 am** on **Wednesday, 8 March 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 - 10)

The Committee is asked to agree the minutes of the meeting held on 11 January 2023 (cream paper).

4. **Responses to Recommendations** (Pages 11 - 14)

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

10.35 am 5. **South East Coast Ambulance Service NHS Foundation Trust Improvement Update** (Pages 15 - 34)

Report by South East Coast Ambulance Service NHS Foundation Trust.

The report updates the Committee on the Trust's improvement journey and asks it to assess the performance of services provided by SECAmb and whether these have improved in line with the requirements set out by the Care Quality Commission.

11.15 am 6. **Changes To Children's Specialised Cancer Services Principal Treatment Centre Programme** (Pages 35 - 64)

Report by NHS England – London Region.

The report seeks to inform the discussion on whether the move of the South London and South East England Principal Treatment Centre service from the Royal Marsden Sutton site to a single site provider, is considered a substantial variation for West Sussex.

11.35 am 7. **Dentistry in West Sussex - Feedback from Evidence Gathering Session** (Pages 65 - 70)

Report by the Director of Law and Assurance.

This report asks the Committee to consider the evidence set out in the report, as discussed at the evidence gathering session, and agree next steps.

12.05 pm 8. **End of December 2022 (Quarter 3) Quarterly Performance and Resources Report** (Pages 71 - 102)

A report by the Chief Executive and Interim Director of Finance and Support Services setting out the corporate performance, finance, workforce, risk and capital programme positions as at the end of December 2022.

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

12.50 pm 9. **Work Programme Planning and Possible Items for Future Scrutiny**

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

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 103 - 112)

Extract from the Forward Plan dated 22 February 2023 – 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 113 - 116)

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

12.55 pm 10. **Requests for Call-in**

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

11. **Date of Next Meeting**

The next meeting of the Committee will be held on 14 June 2023 at 10.30 am at County Hall, Chichester. Probable agenda items include:

- Integrated Care Strategy
- Transition from Children to Adults Services
- End of March 2023 (Quarter 4) Quarterly Performance and Resources Report

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 30 May 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

11 January 2023 – 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 O'Kelly, Left at 12.31	Cllr Bangert
Cllr Ali	Cllr Patel	Cllr Bevis
Cllr Dunn	Cllr Pudaloff	Cllr Glynn-Davies
Cllr McKnight	Cllr Walsh	Cllr Irvine
Cllr Nagel	Katrina Broadhill	Cllr Pendleton

Apologies were received from Cllr Atkins, Cllr Forbes, Cllr Loader and Cllr Peacock

Also in attendance: Cllr A Jupp and Cllr Lanzer

41. Declarations of Interest

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

- Cllr Cooper declared a personal interest in respect of item 5, West Sussex Stroke Programme, as a Governor of University Hospitals Sussex NHS Foundation Trust
- Cllr McKnight declared a personal interest in respect of item 5, West Sussex Stroke Programme, as an employee of University Hospitals Sussex NHS Foundation Trust

42. Minutes of the last meeting of the Committee

42.1 Resolved – that the minutes of the meeting held on 23 November 2022 are approved as a correct record and are signed by the Chairman.

43. Responses to Recommendations

43.1 The Committee considered the responses to recommendations and requested an update on recommendations relating to Financial Assessments – Action: Scrutiny Advisor to liaise with Finance Service to request an update on this recommendation ahead of the next meeting.

43.2 Resolved – that the Committee: -

- Agrees that the letter requested to be sent to MPs in regard to extra capacity in hospital beds has been superseded by the recent decision taken by the Cabinet Member for Adults' Services

and that the committee will be kept informed by the service on ongoing development

- Asks for a response to be chased and circulated ahead of the next Committee relating to the request for more information on disability related expenditure

44. West Sussex Stroke Programme

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

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

- The consultation will cover the general population, including those covered by the Equality and Health Inequality Impact Assessment and areas of deprivation and will provide reassurance with clinical evidence
- The consultation documents will be available in easy read format and other languages, including sign language
- Bed numbers will increase at Brighton and Chichester hospitals to allow for extra stroke patients due to the reconfiguration and an estimated 2% increase due to population growth in the next five years
- Travel analysis assessments carried out during the options appraisal process, confirmed by South East Coast Ambulance NHS Foundation Trust, found that the maximum ambulance travel time for any patient to either the Brighton or Chichester Acute Stroke Centre (ASC) would be 45 minutes – travel and the impact on family, friends and carers, will be further investigated during the public consultation
- Concerns were expressed around current ambulance response times and it was noted that this would be covered in the SECamb agenda item scheduled for March
- Patients will be triaged by paramedics and clinicians to get them to the most suitable ASC as quickly as possible where they will be met by stroke specialist nurses with the triage information leading to quicker treatment and better outcomes
- Stroke patients in the north of the county will still be conveyed to the East Surrey hospital in Redhill
- Staffing is a key element of the programme and will receive investment in all areas
- Detailed plans for recruitment and retention of staff would be developed and should be helped by the range of services provided at an ASC
- There is a need to work on the public perception of the ambulance service and the complexities of different types of strokes
- The voluntary sector would be engaged to help reach vulnerable people

44.3 Resolved – the Committee: -

- i. Fully supports the current proposal for acute stroke centres

- ii. Requests further data on travel times to be provided as part of the consultation process
- iii. Requests that information on the decision-making process for residents on which stroke centre they will be transferred to be included as part of the FAQs in the consultation process
- iv. Agrees that the changes proposed constitute a substantial variation on services
- v. Asks to be engaged formally as part of the consultation process via email, and a central response from the Committee will be collated
- vi. Asks that all county and district/borough councillors affected by this proposal be consulted as part of the consultation process

45. Delivery of the Adult Social Care Strategy 2022-2025 - 'The life you want to lead'

45.1 The Committee considered a report by the Director of Adults and Health (copy appended to the signed minutes).

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

- Work to develop further Extra Care Schemes across the county would include Crawley
- The Strategy would prioritise people who were homeless or sleeping rough due to their social care situation
- No changes were foreseen in the way national government funds local government
- The Council continues to support adult social care as much as possible through its budget and partnership working
- The Council welcomes a national workforce strategy to help with recruitment of social care staff. Until this is published, workforce has been made one of the top priorities of the Integrated Care System Strategy and the Council is pushing for a south east strategy for social care and is close to signing-off a local council strategy
- The Council's strength-based approach to social care is fundamental to delivering preventative services and treating issues such as getting people discharged from hospital and will lead to better outcomes for people
- The percentage of adults with learning difficulties in paid employment could be higher than reported as not all may be known to social services with some finding paid work following on from undertaking voluntary work
- The Council is trying to work at pace whilst developing a sustainable model of social care for the future and meeting criteria set out in the Care Act
- The Council monitors the services it commissions and has very few providers that are rated inadequate
- Care Quality Commission inspections of Adults' Services stopped for a number of years during which time the Council ran a sector-led model with peer-to-peer reviews, inspections are due to start again this year - Care Quality Commission inspections of

registered social care provider services – care homes and domiciliary care has continued

- Adult social care key performance indicators align with Care Act requirements and may alter if changes are made nationally
- Commissioning is an important part of the strategy, with the commissioning team restructure supporting work on mental health, disabilities and preventative and early help interventions
- There was a query regarding the amount of money owed to the Council by social care funders

Resolved – that the Committee: -

- i. Requests further information on Extra Care Housing relating to the Crawley area
- ii. Asks the Cabinet Member for Adults' Services to ensure that the issues of adult social care funding continues to be on the agenda for the recurring meetings with local MPs
- iii. Share information requested at December's County Council meeting relating to the total monies owed to the Council by social care funders to the Committee
- iv. Agrees that an annual update on the Adult Social Care Strategy be added to the work programme

46. Adults' Services Quality Assurance Update

46.1 The Committee considered a report by the Director of Adults and Health (copy appended to the signed minutes).

46.2 Resolved – that the Committee supports the Quality Assurance activities relating to Adults' Services.

47. Forward Plan of Key Decisions

47.1 Resolved – that the Committee requests a briefing note on the latest position on the Avila House Extra Care Housing Scheme to be circulated to the committee.

48. Work Programme

48.1 Resolved – that the Committee asks the Business Planning Group to consider when an item relating to the Integrated Care Strategy and an update on the Task & Finish Groups relating to Marjorie Cobby House and Shaw Day Services could be scheduled on the Committee's work programme.

49. Terms of Reference for Mental Health Task & Finish Group

49.1 The Committee suggested the following areas of focus for the Task & Finish Group: -

- Suicide prevention
- Children and adolescent mental health services
- Eating disorders
- Transition to adults' services

- Digital/social media impact on young people's mental health
- Minority groups
- Older people on medication
- Existing provision
- Stigma

49.2 Resolved – that all suggestions be collated and circulated to the Committee by email so that members can give them more consideration and pass their final thoughts to the Senior Advisor.

50. Date of Next Meeting

50.1 The next meeting of the Committee will be held on 8 March 2023 at 10.30am at County Hall, Chichester.

The meeting ended at 12.58 pm

Chairman

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Recommendations and Actions Tracker

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

Recommendations

Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
PRR	23/09/22	Requests that the report presents indicators relating to each other, such as the customer journey, together to ensure clarity	Director of Adults and Health	June 2023	The Director of Adults and Health is currently reviewing current KPIs and will take into account member comments as part of this process.	In progress
PRR	23/09/22	Asks Public Health to explore barriers concerning people of a working age and falls prevention	Director of Public Health	January 2023	Update has been requested from Public Health.	In progress
Financial Assessments	23/09/22	That the Service shares the principles the Council works to when engaging with people who are having financial difficulties and how it deals with challenges from the public	Director of Adults and Health	January 2023	The best way to share the principles will be considered.	In progress
Responses to Recommendations	25/1/23	Agrees that the letter requested to be sent to MPs in regard to extra	Cabinet Member for	June 2023	The Cabinet Member for Adults Services and Director for Adults and	Completed for 8/3/23

Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
		capacity in hospital beds has been superseded by the recent decision taken by the Cabinet Member for Adults' Services and that the committee will be kept informed by the service on ongoing development	Adults' Services		Health will ensure the committee is kept informed as requested.	
West Sussex Stroke Programme	25/1/23	Requests further data on travel times to be provided as part of the consultation process	NHS	n/a	This was added.	Completed
West Sussex Stroke Programme	25/1/23	Requests that information on the decision-making process for residents on which stroke centre they will be transferred to be included as part of the FAQs in the consultation process	NHS	n/a	This was added.	Completed
West Sussex Stroke Programme	25/1/23	Asks to be engaged formally as part of the consultation process via email, and a central response from the Committee will be collated	NHS	n/a	HASC Members have had the formal consultation circulated to them.	Completed.

Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
West Sussex Stroke Programme	25/1/23	Asks that all county and district/borough councillors affected by this proposal be consulted as part of the consultation process	NHS/Senior Adviser	n/a	All county council and district and borough councillors have had a letter regarding the West Sussex (Coastal) acute stroke consultation and how to respond. These letters were sent through the relevant county, district or borough committee officers to circulate to all their elected members via their internal communication channels. These were all sent and a copy of the letter is attached as Appendix 4. With the letter, we have offered to follow up with specific conversations and meetings if that would be helpful – and we are very happy to have any of these conversations.	Completed for 8/3/23

Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
					We also welcome all councillors to support the consultation publicly and are happy to provide further information if anyone wishes for that.	
Delivery of the Adult Social Care Strategy 2022-2025 - 'The life you want to lead'	25/1/23	Asks the Cabinet Member for Adults' Services to ensure that the issues of adult social care funding continue to be on the agenda for the recurring meetings with local MPs	Cabinet Member for Adults' Services		The Cabinet Member for Adults Services will utilise any opportunity to raise the issue of adult social care funding with local MPs and welcomes the Committee's support that she does this.	Completed for 8/3/23
Delivery of the Adult Social Care Strategy 2022-2025 - 'The life you want to lead'	25/1/23	Share information requested at December's County Council meeting relating to the total monies owed to the Council by social care funders to the Committee	Cabinet Member for Adults' Services		A response has been shared with the relevant member on 28/2/23, which will be shared with the committee virtually.	Completed.

Heath and Adult Social Care Scrutiny Committee

8 March 2023

South East Coast Ambulance Service NHS Foundation Trust Improvement Update

Report by Director of Law and Assurance

Summary

South East Coast Ambulance Service NHS Foundation Trust (SECAMB) provides the ambulance and NHS 111 service across the whole of Sussex, Surrey, Kent and North East Hampshire. The Trust was inspected twice in 2022 by the Care Quality Commission (CQC). The first inspection, which took place in February 2022, focused on management and leadership and the NHS 111 service. As a result of this inspection, the associated 'well led' domain rating reduced from 'good' to 'inadequate', whilst the NHS 111 service retained its 'good' rating.

The most recent inspection, which took place in August 2022, looked at SECAMB's urgent and emergency care as well as its resilience teams, whilst also checking on the progress of recent recommendations. This inspection saw the Trust's overall rating move from 'Good' to 'Requires Improvement'. Following this, the Committee asked for a report, which was considered at its meeting on 23 November 2022. At that meeting, members requested an updated report be brought to a future Committee with some specific updates requested, including further information on "make ready centres" and an assurance that waiting and transfer times were reducing. The report at Appendix A provides an update on the overall improvement journey for scrutiny by the Committee and addresses the concerns raised by members at the previous meeting.

Focus for Scrutiny

To receive an update on the improvement journey and assess the performance of services provided by SECAMB and whether these have improved in line with the requirements set out by the CQC.

Key lines of enquiry include:

- 1) Assurance that SECAMB has the capability and capacity to deliver the necessary improvements.
- 2) Whether SECAMB is meeting its operational performance targets, including evidence that response and handover times are reducing.
- 3) How patient outcomes are being impacted by current challenges experienced by SECAMB, and how these are being addressed.
- 4) To identify whether any further scrutiny of this matter could add value (and if so, when and what the focus for this should be).

1. Background and context

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

Tony Kershaw

Director of Law and Assurance

Contact Officer

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

Appendices

Appendix A: Report on South East Coast Ambulance Service Update

Background Papers: None

West Sussex Health and Adult Social Care Scrutiny Committee

Wednesday 8th March 2023

South East Coast Ambulance : Update from 23rd November 2022

Report from: Emma Williams, Executive Director of Operations

David Ruiz-Celada, Executive Director of Planning and Business Development

Author: Helen Wilshaw, Strategic Partnerships Manager

Summary

This report updates the committee on the 3 areas requested at the 23rd November meeting as follows:

- (1) the Make Ready Centres strategy and rollout
- (2) the Improvement Journey progress following 2022 Care Quality Commissioner inspections
- (3) the Ambulance Response Performance and trends since last report

Strategic Estates Update and Make Ready Centres Rollout

1. The current Estates Strategy covers the period of 2019 – 2024 and the most recent progress update of 22 August 2022 provides details of the make ready centre rollouts. The following update is scheduled for quarter 4 2022/23.
2. The full update covers the following areas: -
 - The Facilities Management contract review
 - The Infrastructure Development Plan across Operations, Fleet, Logistics and Medicines departments
 - The team development to support the Infrastructure Development Plan
 - The NHS carbon footprint, net zero update
 - The Make Ready Centres update, as part of the Trust's estate's deliverables.
3. Some key highlights of Make Ready initiative are that:

- It enhances and improves the service it provides to the community.
 - It minimises the risk of cross-infection, frees up front-line staff – who traditionally cleaned and re-stocked ambulances – to spend more time treating patients, and keeps vehicles on the road for longer.
 - The initiative ensures that specially trained operatives regularly deep-clean, restock and check vehicles for mechanical faults.
 - Make Ready Centres are supported by a network of Ambulance Community Responses Posts (ACRPs) across the area with staff beginning and ending their shifts at the new centre.
 - During their shifts, staff will respond from the MRC and ACRPs which will provide facilities for staff. These are located based on patient demand.
 - Crews continue to respond from the same towns under the system but begin and end their shifts at staggered times with a vehicle that is fully prepared for them.
 - The system ensures crews have access to improved training facilities and opportunities and increased support from managers.
4. As part of the Estates Strategy, the following provides relevant extracts with regards to the Make Ready Centre (MRC) rollout and redevelopment programme.

The latest update to the Estates Strategy was developed in 2019-20. Since then, the pipeline has been progressed to successfully deliver circa £50m of major infrastructure projects as follows: -

Deliverables

- Brighton Make Ready – completed Jan 2021
- Banstead Make Ready – completed May 2022
- Medway Make Ready, incorporating new EOC and 111 call centres – implementation is in progress, and it's anticipated that staff will start moving into the new site during [Jun 2023](#).
- Worthing Make Ready - redevelopment completed Jun 2021
- Sheppey Make Ready - redevelopment completed Aug 2021

The update also indicated the priorities for future infrastructure investment to continue progress against our Make Ready programme. The following Operating Units were identified as the areas of focus for our future MRC investment:

Pipeline Projects

- Chertsey – requires a larger footprint for a MRC – significant remedial and remodelling work completed following site flooding
- Guildford – requires larger footprint for a MRC
- Dartford – leased unit has no capacity to expand
- Paddock Wood – leased unit requires a new MRC in a better location to support operational performance

Early feasibility studies have been completed to establish the possibility of redeveloping the existing sites, however both Chertsey and Guildford require larger footprints should we wish to build our standard MRC. Land purchases at Chertsey and Guildford have been investigated, the challenge being the lack of suitable and affordable sites in the right locations which has caused a delay in the business case phase.

Dartford is a leased industrial unit and would require an alternative site to be identified to establish a new MRC, particularly considering the likely significant increase in residential and industrial activity planned for the region. The existing unit has no capacity to expand so requires a new larger site to enable this.

Paddock Wood is also a leased industrial unit and the next break opportunity is 2026. The site is suitable but has two key restraints, firstly the location is not ideal to support operational performance for Maidstone and Tunbridge Wells. Secondly parking is very limited. The current site also hosts a range of non-operational and support services

Learning Points

To ensure our Make Ready programme remains fit for purpose and delivers the benefits identified in Business Cases it is vital we review the delivery model and standard design to take advantage of opportunities to improve. A key input will be the data available from our Performance Cell for demand modelling of patient care, operational responsiveness, and efficiency of support services.

1. Use of Performance Cell modelling data to ensure the optimum location for the MRC and supporting Ambulance Community Responses Posts (ACRP's) are efficient in supporting operation performance
2. Review of the Make Ready operating model, for example should fleet be integral or managed on its own hub and spoke model. What training facilities are necessary and how does this link with Clinical Education strategy.
3. What impact will the Green Plan have on the mechanical and electric design.
4. Production flow through the building of vehicles is this still the best model
5. Benefits realisation reporting needs to be more robust
6. Review of the procurement model for new MRCs for example Design & Build vs Traditional and the range and scope of external contractors. Plus the evaluation process for appointments and contract awards

The benefits realisation for Brighton MRC is being collated and outputs used to inform our future decision making.

We have taken early learning and identified opportunities to improve our delivery by better co-ordination of our service requirements to ensure we capture all our requirements and are able to consolidate investment and activity across all our support services. By taking feedback from our internal customers, we have been able to enhance our facilities management specification to provide a one-stop call process for operational staff and the need to provide 'on call' arrangement to cover business continuity issues. A full lesson learned methodology will be completed to help inform our decision making.

A key risk to delivery of the identified c £70m of Pipeline Projects in the short/mid-term over the next 1-5 years is 'affordability' and the potential impact and prioritisation against the other demands on our Capital Plan. This will require a new risk-based approach to our future estate infrastructure investment.





CQC Inspection, Rating, and Improvement Journey

4. Following the report provided in November 2022, the Trust has continued to address the findings highlighted in the August and October 2022 CQC reports and deliver outcomes from the Improvement Journey and its 4 pillars of focus (see below).
5. Work includes improving learning from incidents, as well as further recruitment and greater retention of staff. It also involves growing the Trust's voice within the wider NHS system to support improved patient pathways, reduce hospital handover delays and develop new partnerships.
6. Through the Recovery Support Programme, the Trust will receive intensive support from NHS England to help it improve and the Trust must set out clear actions and objectives on how it will bring its services up to the required standard.
7. Trust Board updates are provided by David Ruiz-Celada, Executive Director for Planning & Business Development and Matt Webb, Associate Director of Strategic Partnerships, most recently for the 2nd February 2023 Trust Board and the following relevant extracts (noting original report numbering retained for cross referencing purposes) are shared with the committee to provide an overview of recent progress: -

1. Background and portfolio aim and objectives

1.1. The Improvement Journey is the delivery framework across the organisation, developed in response to the Care Quality Commission (CQC) and NHS Staff Survey feedback in early 2022.

1.2. Each programme is led by an executive, with support from a second member of the Executive Management team. The oversight of the Improvement Journey portfolio sits with the Director of Planning and Business Development and Director of Quality and Nursing:

	Executive Lead	Secondary Lead	Workstream Aim
 <p>QUALITY IMPROVEMENT</p>	Director for Quality and Nursing	Medical Director	<i>We listen, we learn and improve</i>
 <p>PEOPLE & CULTURE</p>	Director of HR and OD	Director of Operations	<i>Everyone is listened to, respected, and well supported</i>
 <p>RESPONSIVE CARE</p>	Director of Operations	Director of Planning and Business Development	<i>Delivering modern healthcare for our patients</i>
 <p>SUSTAINABILITY & PARTNERSHIPS</p>	Director of Finance	Director of Planning and Business Development	<i>Developing partnerships to collectively design and develop innovative and sustainable models of care</i>

1.3. The objectives for each programme were initially defined by the immediate need to address Section 29A warning notices issued to the Trust by the CQC, and the associated “must-do” (MD) and “should-do” (SD) actions outlined within the inspection reports in June and October 2022 (Appendix 1).

1.4. In addition to this, on 14 June 2022, the Trust formally entered the national NHS England Recovery Support Programme (RSP), provided to all trusts and integrated care boards (ICBs) in segment 4 of the NHS Oversight Framework (2022). As a result of this, the Trust has been allocated an Improvement Director and is required to meet a set of “RSP Exit Criteria” (Appendix 2).

1.5. Lastly, the Board commissioned RSM UK (provider of audit, tax and consulting services) to conduct a review of the governance arrangements put in place by the Trust to assure 2022 progress against the Improvement Journey. As a result of this review, 11 “RSM considerations” were made (Appendix 3).

1.6. As our Trust-wide approach to continuous improvement is developed, any Trust improvement initiative, whether it be directly or indirectly impacting patients, will continue to be facilitated through this framework.

1.7. Whilst there has been every effort to involve staff at all levels in the development of the plans through the setting of the Trust priorities in June, this plan has been mainly driven by the executive and middle-to-senior

management due to the immediate nature of the requirements for improvement and the focus on Well-Led.

1.8. The Trust has now commenced the transitional period focused on implementing and developing a “Patient-to-Board” approach to continuous improvement, ensuring anybody across SECAMB can be a part of our Improvement Journey.

1.9. This continuous improvement approach based on empowering those closest to patients to drive improvements will be a key enabler for the Trust to deliver its long-term strategic goals on a sustainable basis.

2. Summary since the last report (Board Report – December 2022 (reporting on 22.01.23))

2.1. People & Culture

2.1.1. The Culture Working Group has been established by the Executive Management Board to oversee and provide assurance on the implementation of the NHS England Culture & Leadership Programme and associated workstreams covered by the umbrella programme.

2.1.2. The purpose of the Culture & Leadership Programme is to develop and implement strategies for collective leadership which result in a culture that delivers high quality, continuously improving, compassionate care, improving the health and wellbeing of staff and leading to better health outcomes for patients.

2.1.3. The working group is completing the scoping phase, determining project resources, funding, communications and associated plans. The Culture Working Group will next be moving into the discovery phase, diagnosing, identifying, and establishing existing organisational culture using six culture tools. These include patient experience assessments, leadership behaviour surveys, culture focus groups, Board interviews and leadership workforce analyses.

2.1.4. As a result of the external HR review, a Programme Director (Culture & Leadership) has been recruited to lead this programme, commencing on the 8th of March 2023, whilst a business case for additional support is pending approval (expected by the end of January 2023).

2.1.4.1. The Programme Director (Culture & Leadership) will also be supported by an external associate commissioned by the NHS England Transformation Team, who will assist with programme implementation and help the Board to define its vision.

2.1.4.2. The People & Culture programme temporary project lead post, introduced to ensure progress against warning notice four, was discontinued in December 2022.

2.1.5. Over 394 managers have now completed the Sexual Safety workshops and there have been 4 cohorts of 12-14 people each on the first-line managers' Fundamentals leadership development programme, a total of 59 managers have attended this programme.

2.1.6. In terms of key risks, the Trust continues to operate at a sustained level of high operational pressure leading to challenged recruitment with increased staff turnover and sickness, further impacted by ongoing industrial action. (Risk ID 348 – Culture & Leadership and Risk ID 14 – Operating Model).

2.2. Sustainability & Partnerships

2.2.1. Following the Executive Management Team facilitating workshops with the Board, Council of Governors and wider leadership team to develop the strategic priorities for the Planning team will be meeting with each executive director and their teams during the next 3 weeks to help define the objectives and key results for 2023/24 based on the strategic objectives set by the Board and Council of Governors in November and December of 2022.

2.2.2. These will form the bases of our interim delivery and improvement plan for the course of 2023/24 and the Board will sign them off as part of the Planning and Budgeting at the Board in April 2023.

2.2.3. A review of each executive director's portfolio and their respective accountability is ongoing, as part of our review against the RSP-L2 requirement "Clear lines of responsibility and accountability for individual executives", with any amendments to be agreed on by Tuesday 28th February. This aligns with the ongoing effectiveness and governance reviews of corporate functions which follow those undertaken across the Trust's clinical governance groups.

2.2.4. Reporting arrangements have been revised to ensure regular monthly finance Board reporting, including current financial position, mitigating actions and forecasts, together with regular reporting to the wider system via the Trust's lead commissioner and System Assurance Meeting (SAM).

2.2.5. Development of a new Sustainability & Partnerships section within the IQR is in progress and is due to be completed by 31st January 2023.

2.2.6. The Board conducted its first review of the internal Well-Led self-assessment led by the Improvement Director. Our position remains as "Requires Improvement", and the gaps identified will be used to shape the Board Development programme going forward.

2.3. Quality Improvement

2.3.1. The Quality Improvement Group (QIG) has not met since early December 2022, however, reconvened bi-weekly as of 24th January 2023. The delivery lead for this programme has changed to the recently appointed Head of Quality & CQC Compliance, with a handover having taken place from the prior delivery lead (Associate Director of Quality & Compliance – Medical).

2.3.1.1. The Quality Improvement programme temporary project lead post, introduced to ensure progress against warning notices two and three, was discontinued in December 2022.

2.3.2. As part of the transition of the Improvement Journey delivery into existing governance, day-to-day oversight of the majority of the QIG workstreams has now transferred to the Quality Governance Group (QGG). Strategic oversight of overall progress remains with the Improvement Journey Steering Group which meets weekly and is co-chaired by the Director of Quality and Nursing.

2.3.3. Delivery and workstream leads have identified key metrics aligned with the CQC must-do requirements. These are currently being added to the existing Quality Dashboard to support timely triangulation and escalation of issues.

2.3.4. Significant BI development is ongoing to develop robust patient-to-board quality, performance, and workforce integrated reporting, following the implementation of “Make Data Count”. All reporting is now being migrated to SPC charts, not only the Board’s Integrated Quality Report.

2.3.5. The Trust’s first Quality Improvement (QI) training session for Trust staff is scheduled for 25th January 2023, with the first QI project concerning keeping patients safe in the 999-stack having commenced with process flow mapping started on the 4th of January. Both activities are currently being led by the recently appointed Deputy Director of Quality Improvement and actively publicised through our communications channels to increase the visibility of the QI agenda.

2.3.6. The Learning from SI Forum has been established and is coordinating the identification and cascade of learning from incidents and SIs. This forum will inform the next Trust Quality Summit, which is scheduled for March 2023.

2.3.7. Formal planning for the introduction of the Patient Safety Incident Response Framework (PSIRF) is underway to ensure readiness for implementation in September 2023, with the PSIRF Implementation Lead position currently out to advert.

2.3.8. In terms of key risks, the programme has highlighted that the timely review of risks in accordance with Trust policy may become challenged once

the high-level director input stops post-CQC improvement. Additionally, concerns continue regarding the capacity within the End-of-Life Care (EOLC) team to effectively reduce the needs for unanticipated EOLC (Risk ID 282 – Risk review within policy arrangements and Risk ID 75 – End of Life Care).

2.4. Responsive Care

2.4.1. In light of current operational pressures, a prioritisation exercise has been undertaken by the Executive Lead and as a result, several changes have been made to the Response Care programme and have been subsequently approved by the Responsive Care Group (RCG) and the Improvement Journey Steering Group.

2.4.2. The following RCG workstreams are currently being prioritised: -

- Field Operations Rota Implementation
- Emergency Operations Centre Recruitment & Retention - particularly Emergency Medical Advisors (Call handlers)
- Hear & Treat Optimisation (with a focus on keeping patients safe during periods of high demand).
- Review of Dispatch Processes

2.4.3. The scope of the following workstreams has been revised to ensure prioritisation of the CQC must-do requirements:

- Operational Support - primary focus altered to asset tracking and equipment management (Must-Do 12 and Must-Do 13).
- Job Cycle Time - the innovation work with the Clinical Advisory Group to improve 'time on-scene' will be paused until 1 April 2023.
- Operational Workforce Delivery - this workstream will be de-scoped from the Responsive Care programme as it will now form part of the People & Culture programme and Annual Planning Group.

3. Progress against Warning Notices

3.1. The Section 29A warning notices issued to the Trust by the CQC expired on 18th November 2022. CQC colleagues will conduct a review of our progress on the 31st of January 2023 in the form of a management presentation.

3.2. Overall progress against meeting the WN target evidence achieved 100% by the end of December 2022, with all supporting evidence being quality assured.

3.3. Appendix 4 provides a summary of the actions taken together with the expected impact and links to relevant evidence. This will support a presentation by the Executive Management Team to the CQC at the end of January 2023.

	Sep-22	Oct-22	Nov-22	Dec-22
Overall Progress against WN	42%	60%	99%	100%

- Note that 100% completion relates to our target evidence as scoped and approved at Board in July 2022. There remain clear next steps across all warning notices to deliver the full scope of the improvements we require, and those are tracked through within the Must-Do, Should-Do and RSP exit criteria, as well as our Strategic Priorities for 2023/24.
- As of the 31st of January 2023, the Board had an engagement session with CQC where the progress to date was presented to CQC inspectors. The progress to date was noted and the Warning Notices expired as of the 18th of November.
- The Trust’s focus now shifts to deliver continued improvements in line with the Must-Do actions, with a specific focus on improving the Culture, and Quality and Performance Management Governance Frameworks.

4. Progress against Warning Notices and Must-Dos

4.2. As part of the transition to CQC must-do actions, the Improvement Journey delivery leads have been empowered to develop and determine metrics to support the monitoring of each programme’s respective actions, providing evidence that the assurance target fulfils the regulatory requirements.

4.3. Appendix 1 (full report) provides a summary of the 15 must-do requirements, together with the key CQC report findings, governance and assurance mechanisms, associated metrics and additional evidence requisites. This will form the basis of assurance for the Board on an ongoing basis.

5. Progress against RSP Exit criteria

5.1. The Improvement Journey Portfolio Team will be reviewing all outstanding RSP exit criteria during Q1 2023/24, determining how these will be progressed by the September 2023 deadline, with assurance continuing to be provided through the Improvement Journey Steering Group to the Trust Executive Management Team and Board.

5.2. Whilst the current Improvement Journey priority is the achievement of and demonstrating significant process against the CQC must-do requirements,

considerable progress has been noted in relation to the leadership and governance, and communications and engagement RSP Exit criteria.

5.3. Of the 19 RSP Exit criteria, eleven actions are on-track, seven are delayed with outstanding milestones considered achievable prior to the deadline, and one requirement is delayed with mitigations currently being determined by the responsible persons.

6. Progress against Internal Audit (RSM) considerations

6.1. Overall progress against achieving the RSM considerations is 85%, up from 82% as reported in December's Board report.

8. The subsequent update report is scheduled for the April 2023 Trust Board.

Performance

9. The committee has requested an update on patient wait and transfer times. This is illustrated via the Ambulance Response Performance metrics and Ambulance Quality Improvement metrics since last reporting November 2022.
10. As per last report, it is important to note that whilst there is no budget deficit to the 2022/23 plan submission, it does not provide the budgetary resources for the Trust to meet the Ambulance Response Programme (ARP) performance standards, against which all NHS ambulance services are benchmarked. The Trust continues to engage in dialogue with its commissioners to look at the resources available across the four Integrated Care Boards (ICBs) to mitigate this for the coming financial year 2023/24.
11. Additionally, there has been a change in activity profile and acuity of calls being received with the percentage of the combined higher acuity Category 1 and Category 2 calls, growing from 55-60% of all ambulance responses to over 70% since October 2021, requiring increased resources to meet the targets. 2022 has been as equally challenging as 2021 and as a result, the Trust's 999-service has struggled to achieve its Ambulance Quality Indicators (AQI), for both its Emergency Operations Centre (EOC) call answering and ambulance response times. This is not isolated to the Trust, where the performance challenges of the past two years have been experienced by all ambulance trusts across the UK.
12. During 2022 the Trust's ARP performance has generally performed either in line or slightly better than the 'mean' results for ambulance services across England for the higher acuity activity Category 1 (C1) and Category 2 (C2), whereas the

lower acuity Category 3 (C3) and Category 4 (C4) response performance remains challenged and is a key focus of current UEC transformation initiatives aligned to the Responsive Care deliverables as outlined in the Improvement Journey update above.

13. **Annex A** illustrates the Trust's October 2022 to January 2023 ARP performance for all categories and position against the national average. Whilst these results are still below the required quality indicators, it is noted that performance is above the national average for C1 and C2 mean, particularly notable across C2, where the Trust has remained on average 2nd or 3rd as a direct comparison between the 11 English ambulance services for both the 'mean' and '90th percentile' performance. The Trust's position for C1 has also improved in January 2023, after a challenged December where reduced patient flow resulting from lack of care packages and community beds severely impacted system results. Also to note that there has been a change in pattern of demand and hence related performance since the commencement of Industrial Action in December which has seen a general reduction in activity in the period since then; however whilst this was a significant decrease initially, more recently the demand has returned to a level more consistent with that seen pre-industrial action.
14. C3 and C4 performance is more challenged at +14 mins and +18 mins respectively above the mean England position in January 2023, however, this is showing a significantly improved response time versus the preceding Summer 2022 and Winter 2022/23 months and improvement remains a key focus of UEC development initiatives for the Trust.
15. The West Sussex geography is served by 3 dispatch desks, Worthing, Tangmere and Gatwick. The combined ARP January 2023 performance versus the October 2022 performance is highlighted in **Annex B** and is also showing an improved position for all C1- C4 mean and 90th centile metrics versus the Trust region wide, including achieving C3 and C4 targets of 2 hours and 3 hours response respectively.
16. **Annex C 1)** Illustrates an increased handover time across Sussex, however **Annex C 2)** shows an improved January 2023 trend for West Sussex hospitals. ARP performance links closely with the handover performance at both Worthing District General Hospital and St. Richards Hospital have both improved in January, alongside reduced 999 acute conveyances.
17. There remains ongoing dialogue to provide a more effective front door process, alongside development work for a full and consistent Same Day Emergency Care pathway offer as a non-bedded alternate to the Emergency Department presentation which aims to better provide swift acute intervention whilst returning to community support where able for appropriate patients. This is

imperative to provide the most effective support for the falls and frailty cohort and is additionally supported by the Trusts CQUIN (Commissioning for Quality and Innovation framework) to improve care for elderly fallers. This includes introducing falls specific community first responders.

West Sussex Stroke Reconfiguration

18. The Trust has supported the West Sussex stroke reconfiguration programme since inception 2018 and fully support the preferred option presented for public consultation. We will also support the public consultation online and in person events as part of Trust system engagement.

Recommendations and Next Steps

19. SECamb requests the Health and Adult Social Care Scrutiny Committee to note the report update areas as requested from the November 2022 committee and the West Sussex stroke reconfiguration engagement.

Report contact

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Mobile : 07901 515523 **Email** : helen.wilshaw@secamb.nhs.uk

Annex A

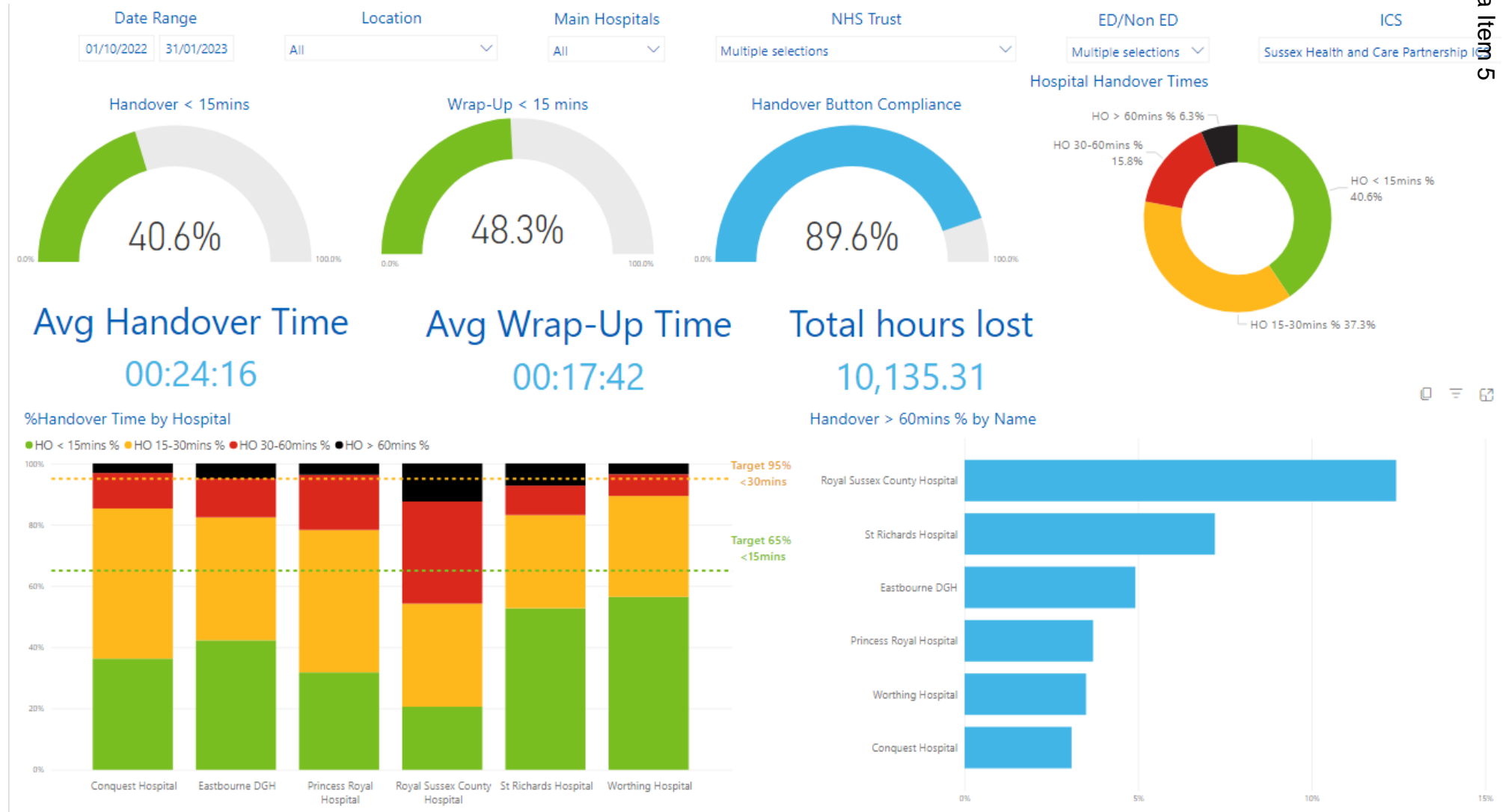
Ambulance Response Performance Metrics October 2022 – January 2023

Date		October			November			December			January		
Incident Response Level		England	SECAMB	SECAMB National Position	England	SECAMB	SECAMB National Position	England	SECAMB	SECAMB National Position	England	SECAMB	SECAMB National Position
Category 1	Mean	00:09:56	00:09:42	6th	00:09:19	00:09:38	6th	00:10:57	00:11:02	8th	00:08:30	00:08:26	4th
	90 th Centile	00:17:42	00:17:40	6th	00:16:38	00:17:20	7th	00:19:25	00:19:28	6th	00:15:11	00:15:36	7th
Category 2	Mean	01:01:19	00:36:54	2nd	00:47:59	00:38:47	4th	01:32:54	00:46:14	2nd	00:32:06	00:23:53	2nd
	90 th Centile	02:16:11	01:15:33	2nd	01:45:45	01:19:08	3rd	03:41:48	01:36:50	2nd	01:08:01	01:48:05	2nd
Category 3	Mean	03:34:34	02:51:50	4th	02:42:28	03:01:00	8th	04:19:10	03:52:13	4th	01:26:09	01:39:58	7th
	90 th Centile	08:49:35	06:52:54	4th	06:51:31	07:17:45	8th	11:05:56	09:55:36	5th	03:17:28	03:39:20	7th
Category 4	Mean	04:01:52	04:01:22	7th	03:12:34	04:11:33	11th	04:35:09	05:05:14	7th	01:48:46	02:07:04	9th
	90 th Centile	09:54:11	09:22:58	7th	07:48:12	10:07:35	10th	11:39:08	12:38:11	7th	04:16:35	4:58:52	9th

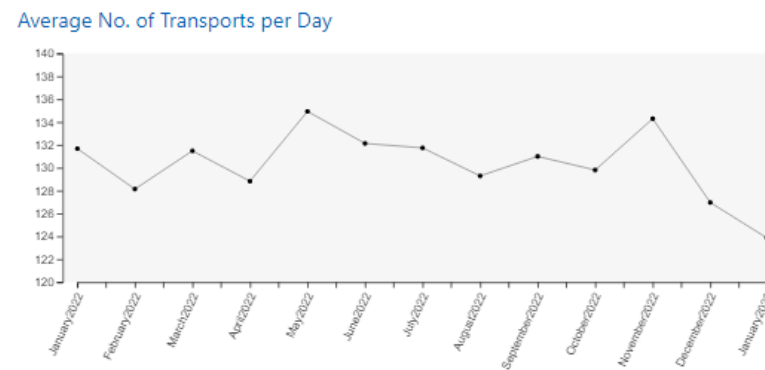
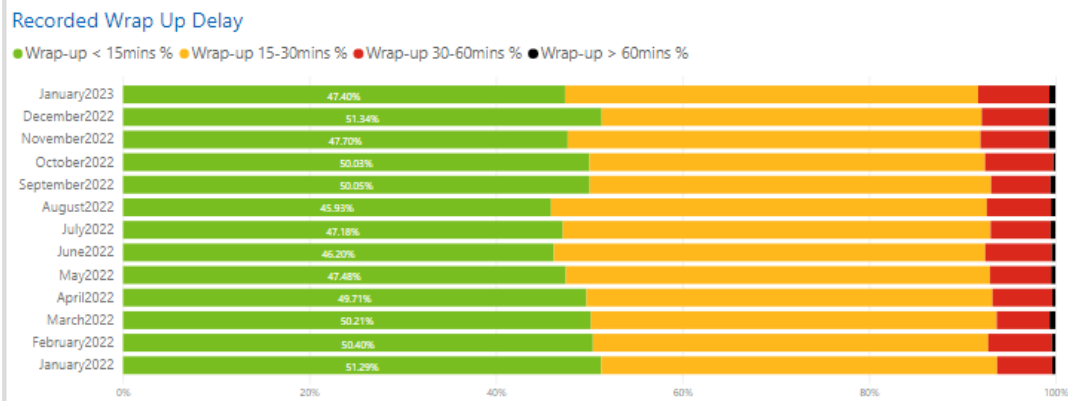
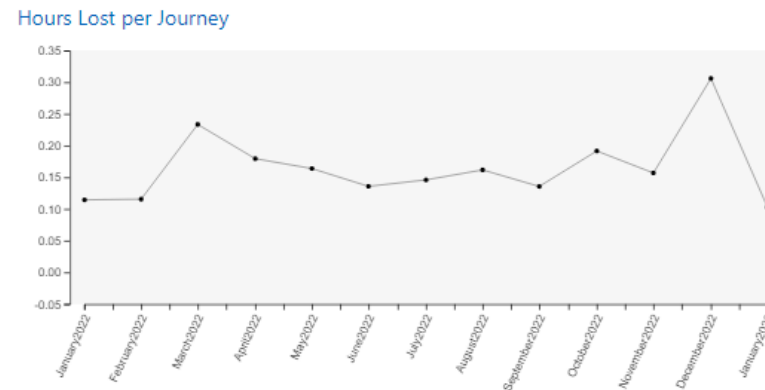
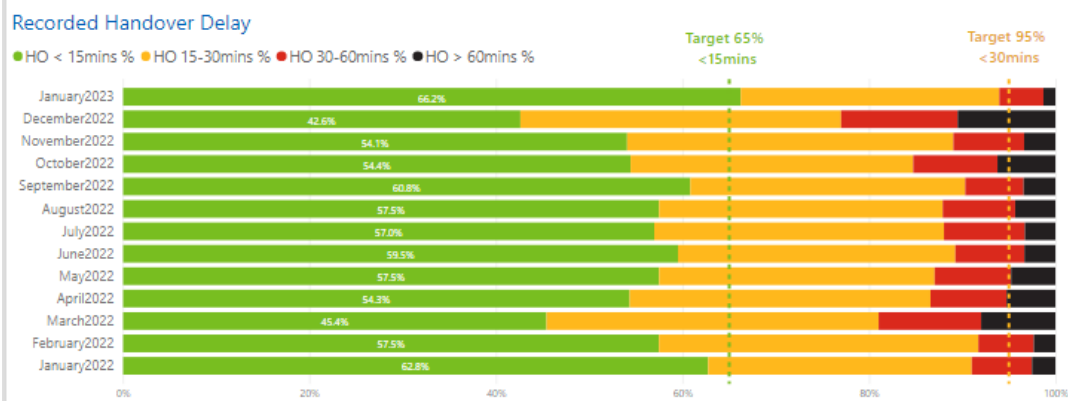
Annex B West Sussex ARP Performance metrics – January 2023: Gatwick, Worthing, and Tangmere Dispatch Desks

Category	Target		AQI								
	Mean	90th Centile	Incidents	Mean	90th Centile	95th Centile	99th Centile	Incidents %	H&T %	S&T %	S&C %
C1	00:07:00	00:15:00	673	00:08:02	00:15:33	00:18:21	00:23:56	7.75%		37.44%	62.56%
C1T	00:19:00	00:30:00	421	00:09:24	00:17:43	00:18:26	00:27:08			37.44%	62.56%
C2	00:18:00	00:40:00	5449	00:21:28	00:44:09	00:59:13	01:35:50	62.78%		31.33%	68.67%
C3		02:00:00	2477	01:30:46	03:19:15	04:32:15	07:29:03	28.54%	0.12%	49.36%	50.52%
C4		03:00:00	80	02:01:56	05:10:20	05:57:57	11:23:03	0.92%		40.00%	60.00%
HCP 3			148	01:14:34	03:03:44	04:03:40	05:15:19				
HCP 4			129	01:25:47	03:38:26	04:30:21	06:23:31				
IFT 3			76	01:03:00	02:18:48	03:05:05	04:48:13				
IFT 4			13	01:10:06	01:18:26	03:54:46	07:01:56				
HCP 60				0:0:0	0:0:0	0:0:0	0:0:0				
HCP 120				0:0:0	0:0:0	0:0:0	0:0:0				
HCP 240				0:0:0	0:0:0	0:0:0	0:0:0				
ST	All Incidents		3274	32.85%							
SC	All Incidents		5769	57.89%							
HT	All Incidents		923	9.26%							
Count of Incidents			9966								
Count of Incidents with a Response			9043								
999 Mean	Call Answer Target 00:05		61064	00:26							
999 90th	Call Answer Target 00:10			01:45							
Trust EOC 999 Abandoned Calls			1250	2.0%							
A0	EOC All Calls		11489								

Annex C 1) : Ambulance Handover Performance – Sussex Health & Care Partnership ICS October 2022 - January 2023



Annex C 2) Ambulance Handover Performance – West Sussex, University Hospitals Trust West January 22 – January 23



Worthing – continues to provide the best handover performance in West Sussex. Urgent Treatment Centre 999 access is via a non-direct ED pathway; however this enables single queue visibility. Emergency Floor access review versus SDEC criteria ongoing.

St. Richards – handover process good but discharge flow has remained challenging. Escalation process includes boarding & peer review.

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Heath and Adult Social Care Scrutiny Committee

8 March 2023

Changes To Children's Specialised Cancer Services Principal Treatment Centre Programme

Report by Director of Law and Assurance

Summary

NHS England (NHSE), London and NHSE South East commission Children's Specialised Cancer Services Principal Treatment Centres (PTCs) which serve South London and the South East Region. The Heath and Adult Social Care Scrutiny Committee has been asked to consider some proposed changes to Children's Specialised Cancer Services PTC, currently provided jointly by The Royal Marsden NHS Foundation Trust (Sutton site) and St George's University Hospital NHS Foundation Trust in south London.

The Committee will need to consider whether this constitutes a substantial variation by referring to the checklist at Appendix B and if further scrutiny is required. This proposal is being considered by a number of other Scrutiny Committees in the region that cover South London, Kent & Medway, Surrey and Sussex. The Committee need to note that if considered to require further scrutiny, it will need to form a joint Health Overview & Scrutiny Committee (HOSC) with any other HOSCs which also consider the proposal to be a substantial variation and require further scrutiny. This proposal has been considered by the Business Planning Group, who recommended this was not a substantial variation.

Focus for Scrutiny

For the Committee to assess the NHS England proposal for changes to children's specialist cancer services and determine whether this constitutes a substantial variation in the provision of service, and if so, whether it requires further scrutiny. In carrying out this assessment, the Committee should refer to the guidance for determining NHS service change proposals attached at Appendix B.

Key lines of enquiry include:

1. The reasons for the proposed change, and whether it will improve patient outcomes and clinical quality.
2. How the proposed change will impact on parents/carers and families.
3. The views of the relevant NHS provider organisations
4. Any consultation or engagement to be carried out

1. Background and context

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

Tony Kershaw

Director of Law and Assurance

Contact Officer

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

Appendices

Appendix A: Report on Changes to Children's Specialist Cancer Services Principal Treatment Centre Programme

Appendix B: Presentation on Changes to Children's Specialised Cancer Services Principal Treatment Centre Programme

Appendix C: Checklist for NHS Service Change Proposals

Background Papers: None

West Sussex Health Overview and Scrutiny Committee

8th March 2023

Changes To Children's Specialised Cancer Services Principal Treatment Centre Programme – South London & South East England

Report from: NHS England – London Region
Author: Hazel Fisher, Director of Transformation and Programmes,
NHS England – London Region

1. Summary

- 1.1 All children and young people in England who are diagnosed with cancer are treated in one of 13 Principal Treatment Centres (PTCs) which are responsible for coordinating and delivering care. Children and young people in West Sussex, predominantly access care at the PTC in Southampton, while others may access the same services, but travel into London. This paper is concerning the PTC service in London, and so West Sussex patients accessing care in Southampton will not be impacted by this programme of work.
- 1.2 Currently in South London the Royal Marsden NHS Foundation Trust (RMH) and St George's University Hospitals NHS Foundation Trust (SGUH) provide a joint PTC over their two sites which covers the catchment area of Sussex, Kent & Medway, Surrey, South East and South West London.
- 1.3 Following the publication of a new national service specification for PTCs in November 2021, the RMH/SGUH service is not compliant with the requirement to provide a paediatric intensive care unit (PICU) on the same site as the PTC, and for joint site services this means a PICU on each site thus avoiding the need to transfer critically sick children. While the current specialist children's cancer service is high quality and safe, the Royal Marsden has confirmed that it would not be sustainable clinically or financially to provide a PICU on its Sutton site. The current service provider therefore does not meet this new requirement, and a compliant single site is needed for this service going forward.
- 1.4 This report seeks to inform the discussion on whether the move of the South London and South East England PTC service from the RMH Sutton site to a single site provider in South London, is considered a substantial variation for West Sussex.

2. Background

- 2.1 Children in the UK currently receive some of the best cancer care in the world, utilising cutting-edge treatments and technology. However, following a number of national service reviews, NHS England has worked and

consulted with professionals, patients and the public on a new set of service specifications which set out how services should be organised in the future. As part of this work, in January 2020 the NHS England Board received a report by Professor Sir Mike Richards that recommended that all PTCs must be co-located with a PICU and other specialised children's services.

- 2.2 This work resulted in a new service specification for PTCs which includes a requirement for PTCs to be delivered on site with PICUs, alongside paediatric surgery, radiology, haematology and paediatric anaesthetics, with ideally a range of other specialist children's services too. As a result of this, the current PTC service provision will need to move from the RMH in Sutton and SGUH to a single site PTC for South London, Kent & Medway, Surrey and Sussex, subject to public consultation.
- 2.3 Cancer care for children under 16 would no-longer be provided at the RMH Sutton site, but services for young adults over 16 would continue on the RMH Sutton site.
- 2.4 The two short listed options being considered are:
 - a) To move the RMH service to SGUH which currently provides a component of the PTC service.
 - b) Move the PTC service from RMH to the Evelina Children's Hospital, part of Guy's & St Thomas' NHS Foundation Trust (GSTT), which already provides a dedicated children's hospital. Both options will need estates changes to accommodate the new service. Capital monies have been identified for this change.
- 2.5 In 2019/20, 26 children from across West Sussex accessed inpatient care at the PTC.
- 2.6 This report seeks to inform the discussion on whether this is considered a substantial variation for West Sussex. This discussion will then help to shape the consultation engagement for this service change.

3. Options

- 3.1 NHS England London region established the South London & South East Principal Treatment Centre (PTC) Programme Board to oversee this service reconfiguration.
- 3.2 In line with NHS reconfiguration guidance a short list of options was derived from a long list of all potential options through a process of applying fixed points and hurdle criteria. The final short list was evaluated against an agreed set of evaluation criteria, as per NHS England's reconfiguration guidance. From this process, there were a shortlist of two providers who could already meet the requirement to deliver a co-located PICU:

- SGUH, the current partner with RMH in delivering the existing PTC. This would mean all activity for those under 16 moving to SGUH from the RM; or
- The Evelina Children's Hospital part of GSTT, the largest children's tertiary centre in South London. This would mean all activity for those under 16 moving to the Evelina, and all PTC activity, other than neurosurgery, moving from St George's to the Evelina. All SGUH paediatric oncology shared care unit (POSCU) activity would remain at SGUH and could potentially be enhanced in line with the new service specification for POSCUs.

3.3 Both options would mean that children with cancer from West Sussex going into London for their treatment at a PTC, would continue to travel into London, as is currently the case.

3.4 The detail behind both options will be set out in a pre-consultation business case, and consultation document, and shared when formal consultation is launched, planned for June 2023. As with all NHS England consultations there is an internal formal assurance process to work through, including presentation at the clinical senate, which for this reconfiguration will be joint between London and the South East Regions.

4. Advice and analysis

4.1 As commissioners of this PTC service, advice is sought on how best to work with Health Overview & Scrutiny Committees (HOSCs) across Sussex, Surrey, Kent, Medway and South London on this service change. It is understood that guidance suggests forming a Joint HOSC in these circumstances, but that this requires significant time and energy – especially as this programme involves HOSCs from across five areas in London and the South East.

4.2 NHS England would want to engage with HOSCs at several key points in the process, to:

- Brief all members about the programme and impact in their area
- Present and consult on plans for consultation and seek feedback
- Share key documents like the pre-consultation business case and consultation materials once consultation has begun.
- Share the outcome of the consultation and the decision
- Share plans for implementation and the impact this may have on each area

4.3 Following an initial briefing to HOSC chairs over December 2022 and January 2023, it was recommended that this come to the Committee to decide whether this service change is viewed as a substantial variation, given that in 2019/20, 26 children from West Sussex used the existing specialised service, and childhood cancer rates have historically remained relatively static (please refer to accompanying slide deck).

- 4.4 As part of the reconfiguration process for this service change, an Equalities and Health Inequalities Impact Assessment, Pre-Consultation Business Case and Travel Time Analysis are being developed, which are intended to help make decisions by assessing the consequences for different groups within the population to which the decision will apply. There will also be a 12-week consultation period, indicatively to start in summer 2023.

5. Consultation

- 5.1 As NHS England, we understand how critical this service is to those children, young people and families who use it. The services under discussion are small but critical. NHS England's activities are proportionate to this and will take account of people having varying levels of interest and prior involvement in our proposals. NHS England's consultation activities have been designed to reach and collect feedback from a broad range of audiences, including:
- those most impacted by our proposals
 - under-served communities
 - those with protected characteristics
 - the digitally excluded.
- 5.2 How people want to participate in public consultations varies widely and NHS England will offer different ways to receive information and participate.
- 5.3 NHS England's engagement process is being designed to ensure we deliver effective patient and public engagement and involvement as part of our obligations and legal duties under:
- the five tests for service change laid down by the Secretary of State for Health and Social Care and NHS England
 - the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)
 - the Equality Act 2010
- 5.4 The public consultation will seek to:
- ensure children with cancer, their parents and carers, clinical and non-clinical staff providing the service, and other engaged stakeholders from the impacted geography are aware of and understand the case for change and the proposed options for change. We will do this by providing information in clear and simple language and in a variety of formats.
 - hear their views on the proposed options for the future location of the PTC for children's cancer in the South Thames area

- understand the impact of implementing each option and any mitigations or enhancements that could be put in place
- ensure NHS England, as decision-makers, are made aware of any information which may help to inform the options and the decision-making process.

Appendix

- Changes to Specialised Children's Services presentation

Background Paper

- [NHS England » Children's cancer services: Principal treatment centres service specification](#)

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Changes to Children's Specialised Cancer Services Principal Treatment Centre Programme – South London & South East England

West Sussex

8 March 2023

Purpose of the discussion

- Explain the background to the programme and why changes to the current service provision is required i.e. the case for change
- Explain how Children's Cancer services are currently organised and which services are in scope for this service change
- Describe the implications for people from West Sussex
- Describe the work of the programme to date
- Demonstrate how we have already been engaging to support our thinking
- Outline the broad timeline we are working to
- Discuss next steps – understanding how we best engage with you

A new national service specification for PTCs

- Children in the UK currently receive some of the best cancer care in the world, utilising cutting-edge treatments and technology. Following a number of reviews of services nationally, NHS England has worked with professionals and patients and consulted the public on a new set of service specifications which set out how services should be organised in the future. These have been published and are available [here](#). In particular they wanted to:
 - **Improve integration** between different children’s cancer services;
 - **Improve experience of care**
 - **Improve participation in clinical trials**
 - Tackle variation, ensuring that patients got the **same high quality care, regardless of where they were treated**
- Standards for Principal Treatment Centres were developed by clinicians, patients, families and providers to ensure that wherever children and young people receive specialist cancer services, it would be the same excellent care across the country from diagnosis to management and follow-up of cancer
- The outcomes of the 2019 consultation on the standards was reflected in a new service specification for PTCs (published [here](#) in November 2021) which includes **a requirement for Principal Treatment Centres to be delivered on site with Paediatric Intensive Care Units**, alongside paediatric surgery, radiology, haematology and paediatric anaesthetics, with ideally a range of other specialist children’s services too.
- These specifications set out how services should be provided in future and meet the highest safety considerations, as well as ensuring that services are able to meet the needs of new technologies and treatments.

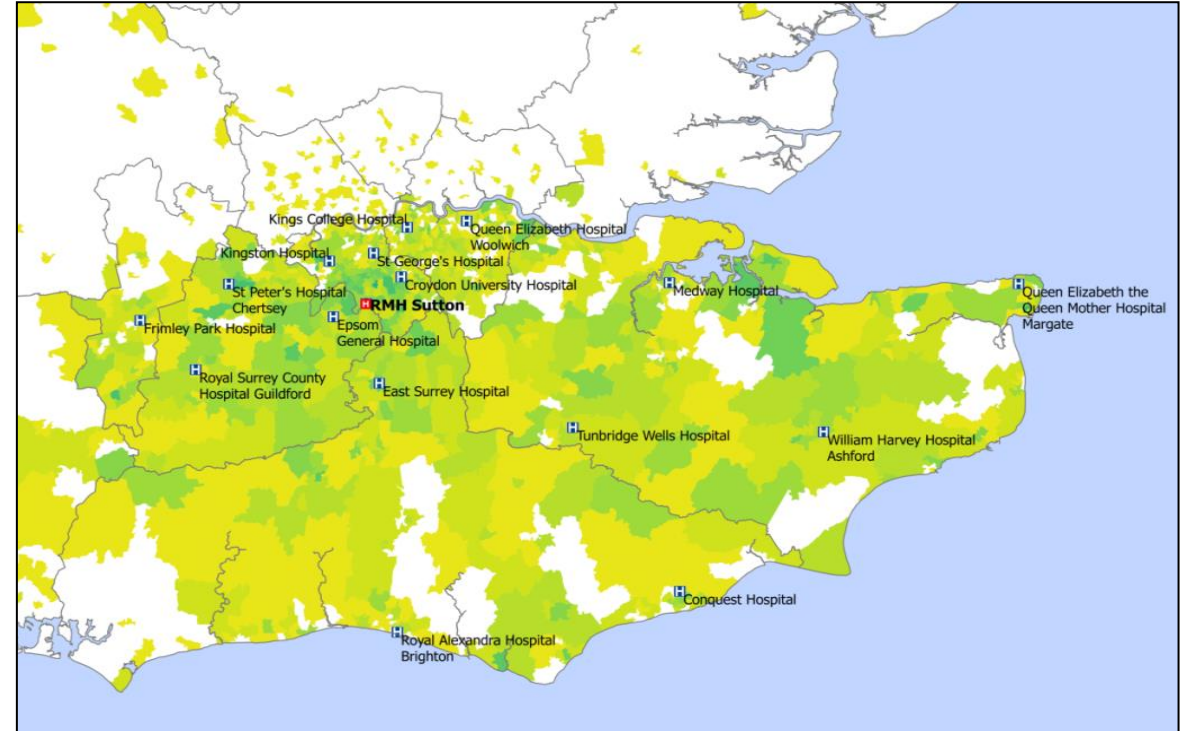
Changes are needed to meet the new service specification

- London has internationally renowned paediatric cancer services – **the new specification helps strengthen them even further** by creating future facing services able to excel in new treatments modalities making the need for an on-site PICU is even more necessary
- The **Royal Marsden NHS Foundation Trust** currently provide high quality and safe specialist children’s cancer services on behalf of London and the south east. The research undertaken by the RMH is outstanding.
- The current PTC is provided across The Royal Marsden (Sutton site) and St George’s University Hospital NHS Foundation Trust, **but there is no PICU at The Royal Marsden (Sutton site)** meaning the PTC does not comply with the new specification
- Professor Nicholas van As, Medical Director for The Royal Marsden NHS Foundation Trust, has said recently: “it is not economic to provide PICU services with a highly specialised workforce at a greater number of locations including The Royal Marsden, Sutton. Given this decision, The Royal Marsden will not be bidding to remain a PTC but will work in partnership for the benefit of children with either St George’s Hospital, our existing partner, or Evelina London Children’s Hospital.”
- The programme is in the process of undertaking an **options appraisal process** on a shortlist of options, in order that services can be **relocated to comply with the new specification.**

Though the number of children, young people, families and carers using these services is very small, what is provided is vital and specialist care. Therefore, our Programme Board feels that any changes to these services would be significant and we are planning for a formal consultation.

About the programme – the current service

- NHS England is **responsible** for commissioning specialist services, including **children's cancer services for those aged 1-15 years**.
- In England on average **1,400 children (under 15 years) are diagnosed with cancer every year** – meaning **very small numbers** of children need to access these services.
- The age-specific incidence rates for childhood cancer across the South Thames geography are similar to England as a whole, at around 15 cases per 100,000 population per year.
- **All children and young people** in the UK who are diagnosed with cancer are treated in **one of 19 Principal Treatment Centres (PTCs)** which are responsible for coordinating and delivering care.
- Currently, the joint PTC in this area (**The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust**) covers; **Kent and Medway, Surrey, Sussex, south east and south west London**.
- **Paediatric Oncology Shared Care services (POSCUs)** allow children and young people with cancer to be treated closer to home so that families do not need to travel long distances to the nearest PTC for some procedures. The map shows the POSCU's associated with the joint PTC in London



Paediatric Oncology Shared Care services associated with the joint PTC run by The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust in London.

In 2019/20 **26 children** aged 15 and under from West Sussex accessed inpatient care at the joint PTC.

The current principal treatment service in south London

South Thames Joint PTC (Children aged 1-15 years): **c400 referrals per annum**
Active caseload of c1500 patients

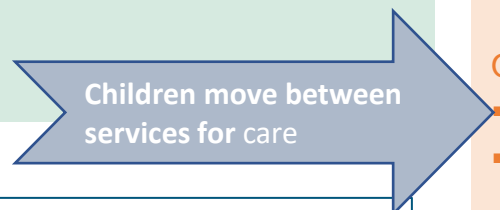
The Royal Marsden (RM) - primarily oncology, chemotherapy radiotherapy & bone marrow transplant

INPATIENT

- Inpatients (18 beds of which 75% used by -16s, c470 admissions pa).
- Palliative care (c100 palliative and symptom patients per year)

AMBULATORY

- Outpatients (c5,800 attendances pa)
- Chemotherapy (c3,600 attendances pa)
- Radiotherapy (c800 treatments pa)
- Imaging & nuclear medicine (3,700 images pa)
- Day case treatment/procedures (1,800 procedures pa)



- Almost all specialist ambulatory cancer care is provided at RM
- Other providers, in particular KCH (for neurosurgery and liver) and GOSH/UCLH (for under 1s) play significant role

St George's Hospital (SGUH) - primarily surgery & critical care

INPATIENT

- PICU (c65 admissions pa, average 1.5 beds)
- Inpatients (4 beds, c135 admissions pa).

PROCEDURES

- Biopsies (c45 pa)
- Line insertion / removal (c190 pa)
- Surgery incl. neuro-surgery and tumour resections (c20 pa)

OTHER

- Neuro-rehab
- Specialist paed's including gastroenterology, neurology, dental, bronchoscopy/respiratory, infectious diseases, gynae, urology, Max Fax, plastics

Other specialist centres providing/supporting cancer care for South patients.

- ↔ **Kings College Hospital (KCH)**
 - Provides 2/3 of all neuro-surgery
 - All liver surgery
 - Endocrine & ophthalmology OPD
- ↔ **GOSH/UCLH PTC**
 - All children aged under 1
 - CAR-T therapy
 - Some surgical procedures
- ↔ **Evelina London (GSTT)**
 - Cardiology service, including echo cardiograms as part of cancer care, and renal.
- ↔ **RNOH** – bone sarcoma
Barts - retinoblastoma
- ↔ **Other key providers:**
- ↔ **Epsom & St Helier**
 - Ophthalmology OPD (c40 referrals pa)
 - Endocrine OPD
 - Audiology OPD (c70 patients pa)
- ↔ **Oxford/Hammersmith**
 - Fertility services

What are the expected benefits of any change?

A service ready for the future

With paediatric intensive care available on the same site as the principal treatment centre for children's cancer, the service will be ready to deliver new types of care, such as immunotherapies to very sick children.

More care delivered on a single site

We won't address all of the service fragmentation in London, but we do want to maximise the number of other specialist children's services delivered on the same site as the PTC, meaning that children will be able to receive care from clinicians skilled in a wider range of specialist care for children. This will not just mean that treatment transfers are reduced, but coordinated holistic care is also increased.

Good treatment for staff

We aim to match and ideally improve on the current training and support offer to staff.

Compliance with the national service specification

The service specification includes standards which are in place to ensure all children receive the best possible care.

7 Compliance in itself should be seen as a very positive step.

Fewer treatment transfers

Streamlining access to critical care will happen immediately once the PTC is on the same site as a PICU. This will remove the need for emergency transfers. Availability of a wider range of clinical specialties on the same site as the PTC should also reduce the limited number of other transfers that also occur currently. Care models that reduce transfers further will be one of the evaluation criteria.

Although The Royal Marsden/St Georges service is safe and offers excellent care, all treatment transfers carry risk, and the aim should be to minimise these where possible.

Managing Risks during the transition

We are assessing the two short-listed options against four key criteria:

- Clinical
- Research
- Patient and Carer Experience
- Enabling support (workforce, capacity, resilience)

We aim, by taking this approach, to protect what is excellent in the current service, including research, and build on this for the future. We will work with all parties to ensure the benefits of this change are realised.

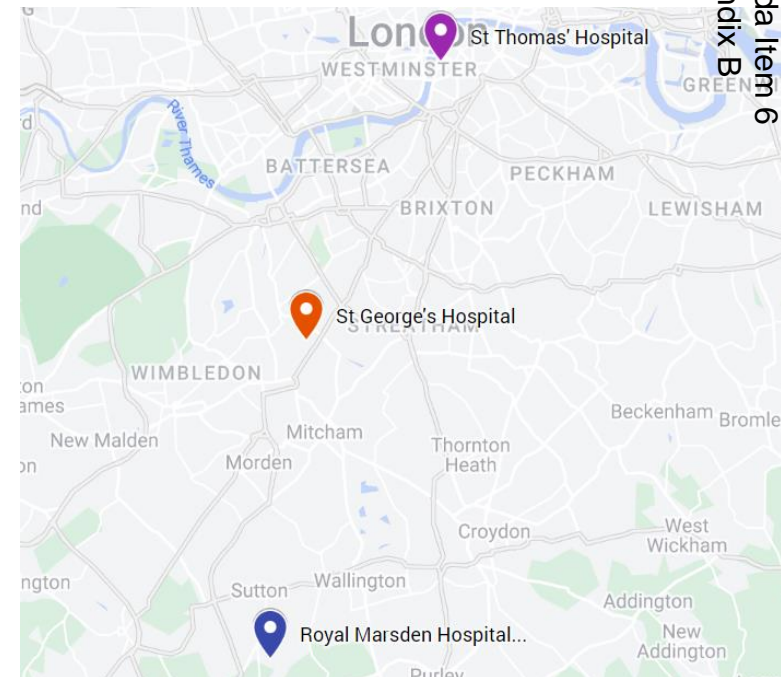
The picture in West Sussex

Potential impacts

- In 2019/20 **26 children aged 15 and under from West Sussex accessed inpatient care at the PTC out of a total of 411 children aged 15 and under who used RMH PTC in 2019/20.**
- Any changes proposed are unlikely to be implemented until 2026 at the earliest, following consultation.
- Both options being considered will require travel into London when services for those aged 15 and under cease at the Royal Marsden Hospital in Sutton.
- Travel time has been looked at by deprivation and geography. For both SGUH and GSTT public travel times improve over public transport access to RMH for the majority of patients. However, car transport travel times are longer by at least 15 minutes for 50% of patients when travelling to SGUH and 70% when travelling to GSTT. Travel time impacts have not yet been looked at on a borough basis.
- Travel is only one of a number of considerations in making this change. The equality impact assessment for this service change will look at mitigations for the impact of poorer car travel times.

Involvement in the programme

- Involvement from ICBs, Trusts and the Children and young peoples cancer network in our governance.
- Heard from parents and young people through our early engagement.
- As we begin planning for consultation we are working to ensure we are connected with charities and local groups working with children and young people with cancer across geography's.



Map depicting where services may be provided in future (St. Georges Hospital or Evelina London) and where they are currently provided (St. Georges Hospital and the Royal Marsden)

Children who use this PTC come from a broad geography and therefore we will want to engage all OSCs likely to be affected as we plan for consultation. We want to discuss with you the most time and resource efficient way to do this.

The picture across the entire affected geography – slide 1

(Children aged 1-15 accessing inpatient paediatric cancer care at the Royal Marsden in 19/20 – Local Authorities) **England**
London



CCG and Local Authority	Day Case		Elective		Non-Elective		Total	
	Patients	Activity	Patients	Activity	Patients	Activity	Patients	Activity
NHS Kent and Medway CCG	88	842	28	78	12	14	94	934
Maidstone	12	81	3	11	1	1	13	93
Tonbridge and Malling	12	130	5	15	3	3	12	148
Swale	10	73	2	3			10	76
Thanet	10	77	2	5	2	2	10	84
Medway	7	47	3	4	1	2	9	53
Sevenoaks	8	134	3	14	2	2	8	150
Canterbury	6	93	2	6	1	1	6	100
Tunbridge Wells	4	31	2	6			5	37
Gravesham	4	32	1	2			5	34
Dover	5	33	1	1			5	34
Folkestone and Hythe	4	16	2	8	1	1	5	25
Dartford	4	79	2	3	1	2	4	84
Ashford	2	16					2	16
NHS South West London CCG	80	958	23	53	10	11	84	1,022
Croydon	26	379	9	28	5	5	28	412
Wandsworth	18	187	3	3	3	4	18	194
Sutton	13	156	4	6	1	1	15	163
Merton	15	140	5	13	1	1	15	154
Kingston upon Thames	6	57	1	2			6	59
Richmond upon Thames	2	39	1	1			2	40
NHS South East London	80	666	26	89	10	12	83	767
Bromley	17	171	8	18	3	4	19	93
Lambeth	15	96	5	13	3	3	16	112
Bexley	14	110	3	19	2	2	14	131
Southwark	13	134	5	18	1	2	13	154
Greenwich	12	80	3	6	1	1	12	87
Lewisham	9	75	2	15			9	90

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Appendix B

Note: patients may appear in more than one admissions category – the total number patients column represents the total number of individual patients accessing inpatient paediatric cancer care at the Royal Marsden in 19/20

The picture across the entire affected geography slide 2

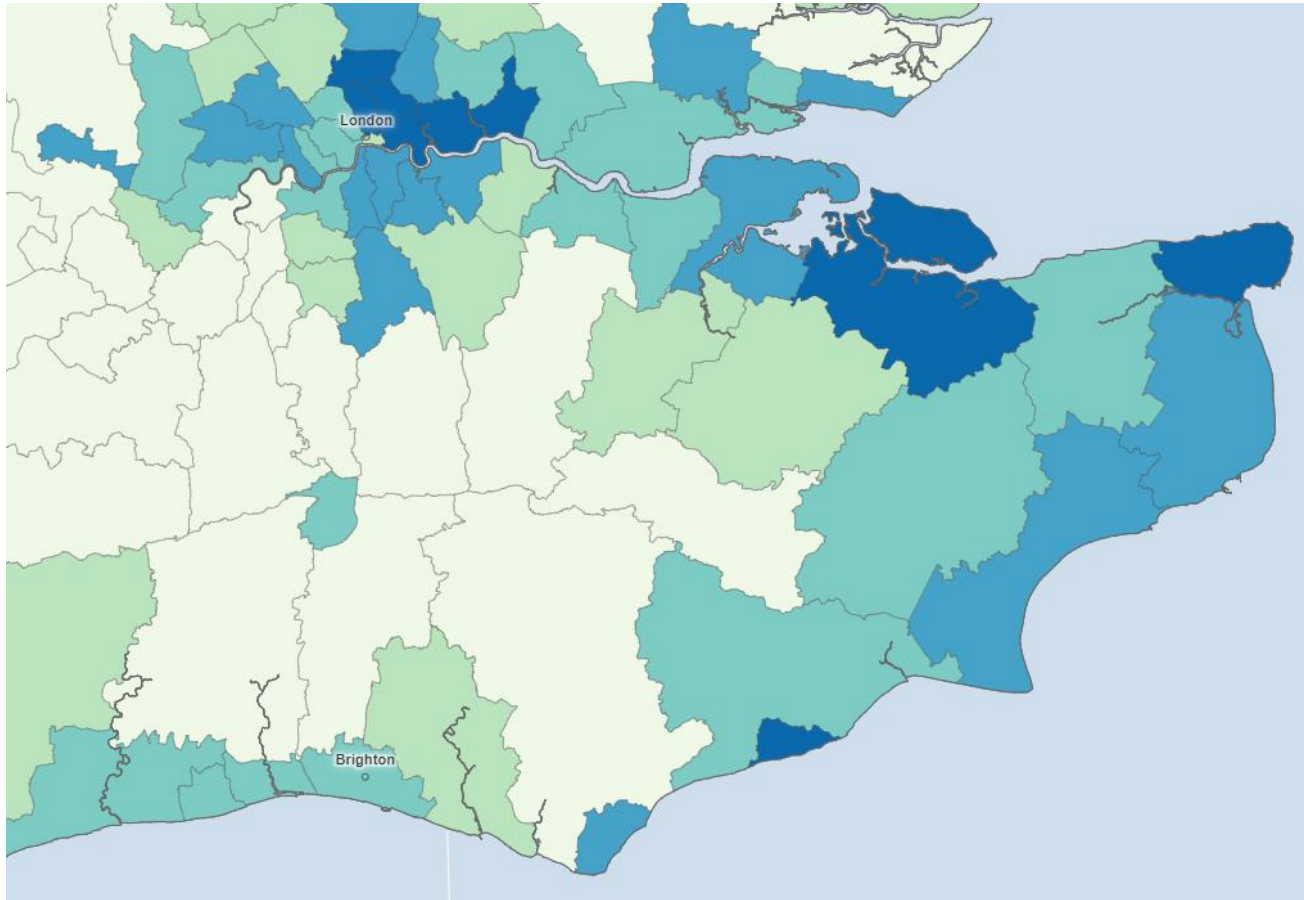
(Children aged 1-15 accessing inpatient paediatric cancer care at the Royal Marsden in 19/20 – Local Authorities)

CCG and Local Authority	Day Case		Elective		Non-Elective		Total	
	Patients	Activity	Patients	Activity	Patients	Activity	Patients	Activity
NHS Surrey Heartlands CCG	81	667	25	74	5	5	83	746
Elmbridge	15	139	3	8	2	2	16	149
Reigate and Banstead	13	114	1	4			13	118
Tandridge	9	104	4	5			9	109
Waverley	5	60	3	19	2	2	5	81
Woking	6	52	3	7			6	59
Runnymede	8	47	4	11			8	58
Guildford	6	48	2	5			6	53
Mole Valley	7	38	1	9			7	47
Epsom and Ewell	6	38	4	6	1	1	7	45
Spelthorne	5	26					5	26
Surrey Heath	1	1					1	1
NHS West Sussex CCG	24	300	12	27	1	1	26	328
Crawley	11	131	4	10	1	1	12	142
Horsham	4	121	2	5			4	126
Adur	2	19	1	3			2	22
Chichester	2	14	3	4			3	18
Mid Sussex	3	11	1	4			3	15
Worthing	2	4	1	1			2	5
NHS East Sussex	28	284	9	17	1	1	28	302
Hastings	11	130	2	3			11	133
Eastbourne	6	96	2	3			6	99
Wealden	7	43	2	5	1	1	7	49
Rother	3	14	2	5			3	19
Lewes	1	1	1	1			1	2
NHS Brighton and Hove CCG	10	69	5	10	1	1	13	80
Brighton and Hove	10	69	5	10	1	1	13	80
Grand Total	389	3,786	126	348	40	45	411	4,179

Note: patients may appear in more than one admissions category – the total number patients column represents the total number of individual patients accessing inpatient paediatric cancer care at the Royal Marsden in 19/20

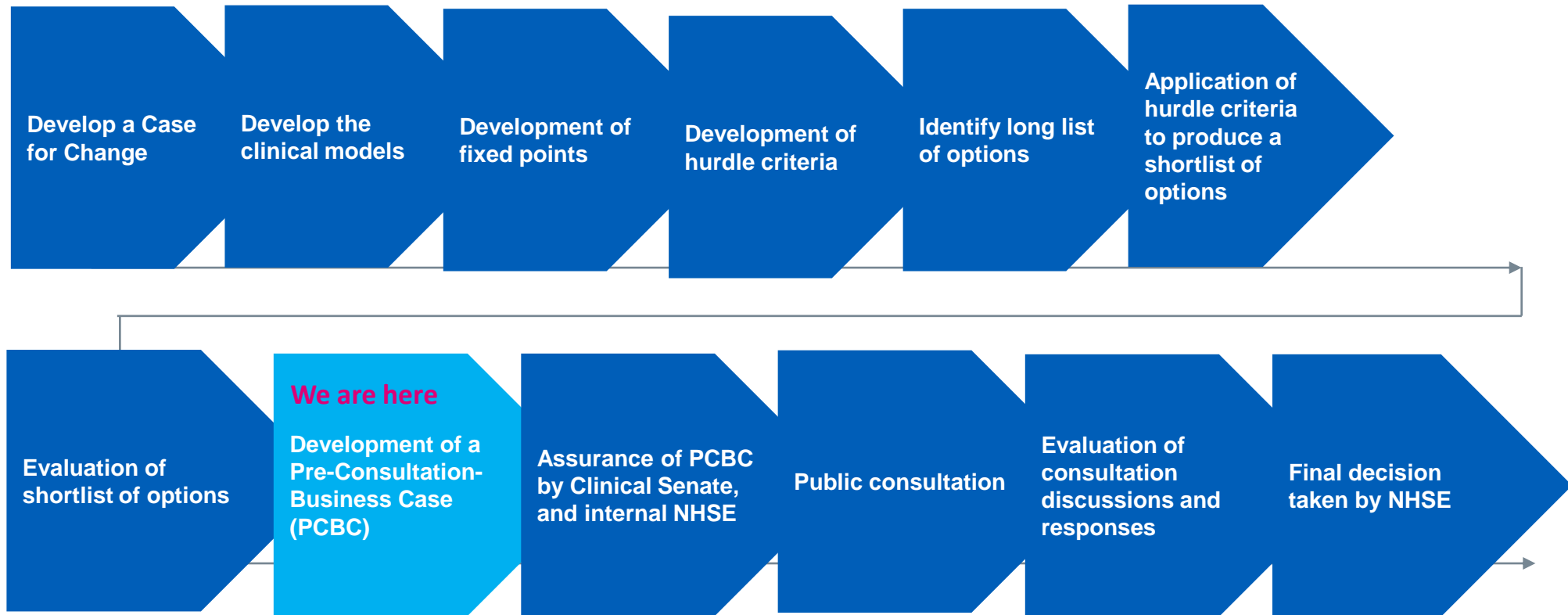
Deprivation across London and the South East

Index of Multiple Deprivation (IMD) 2019 score by lower tier local authority (LTLA)



The darker colours relate to areas classified as being the most deprived (according to the IMD 2019).

Where we are in the formal reconfiguration process



Programme timeline/ expected milestones

January - June

- Options appraisal concluded
- Planning for consultation
- Development of Pre Consultation Business Case
- Development of Equalities Impact Assessment
- Meeting with Clinical Senate
- **Meeting with OSCs/JOSCs**
- Commissioning of expert organisation(s) to support engagement
- Preparing consultation materials and questions

June - September

- **Expect to launch and conduct consultation**
- Equalities Impact Assessment updated
- Conduct mid-point review

September - December

- Consultation feedback analysed and outcome report prepared
- Programme Board considers feedback ahead of decision making
- Decision Making Business Case Prepared
- Decision confirmed and communicated – consultation respondents notified
- Begin planning to implement decision

Engagement to date with Overview and Scrutiny Committees

In November, we started a cycle of early conversations with OSC Chairs from all areas affected by the programme, to brief them and discuss how we best work together. Since then, we have met, informally, with all democratic services officers and most OSC Chairs as well as attending several committees, formally. We are attending further, formal committee briefings in February and March.

We are engaging, at this point, to understand if you believe the changes are substantial for your residents. If more than one committee agrees the changes are substantial, then there will need to be a Joint HOSC. The services involved cover a large geographic area and each population will have unique concerns and views which we will want to take into account as we plan further engagement work. Those affected areas include: Kent, Medway, Surrey, Sussex and South East and South West London).

Formal committee meetings attended – to date		
Date	Committee	Feedback/ decision on whether the change is substantial
25.01.23	SWL and Surrey JOSC	Further information requested.
31.01.23	Kent OSC	Change not felt to be substantial.

Discussion and next steps

- Do you, as a committee, view this change as **substantial**?
- If you do not think it is substantial, how would you like us to engage with you moving forward?
- If you think it is substantial, what further information would be helpful at this time?

We are working with SWL & Surrey JOSC on how other JOSCs could join them (possibly via a sub-committee) to form a single JOSC to consider this change.

Next steps:

- Agreeing arrangements for engagement and working together moving forward
- Meetings with other OSCs involved to understand their views
- Background work with democratic services teams to take forward feedback from today's session

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

Purpose:

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

Background – NHS duty to consult

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

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

Process

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

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

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

Trigger questions – the checklist

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

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

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

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Appendix C

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

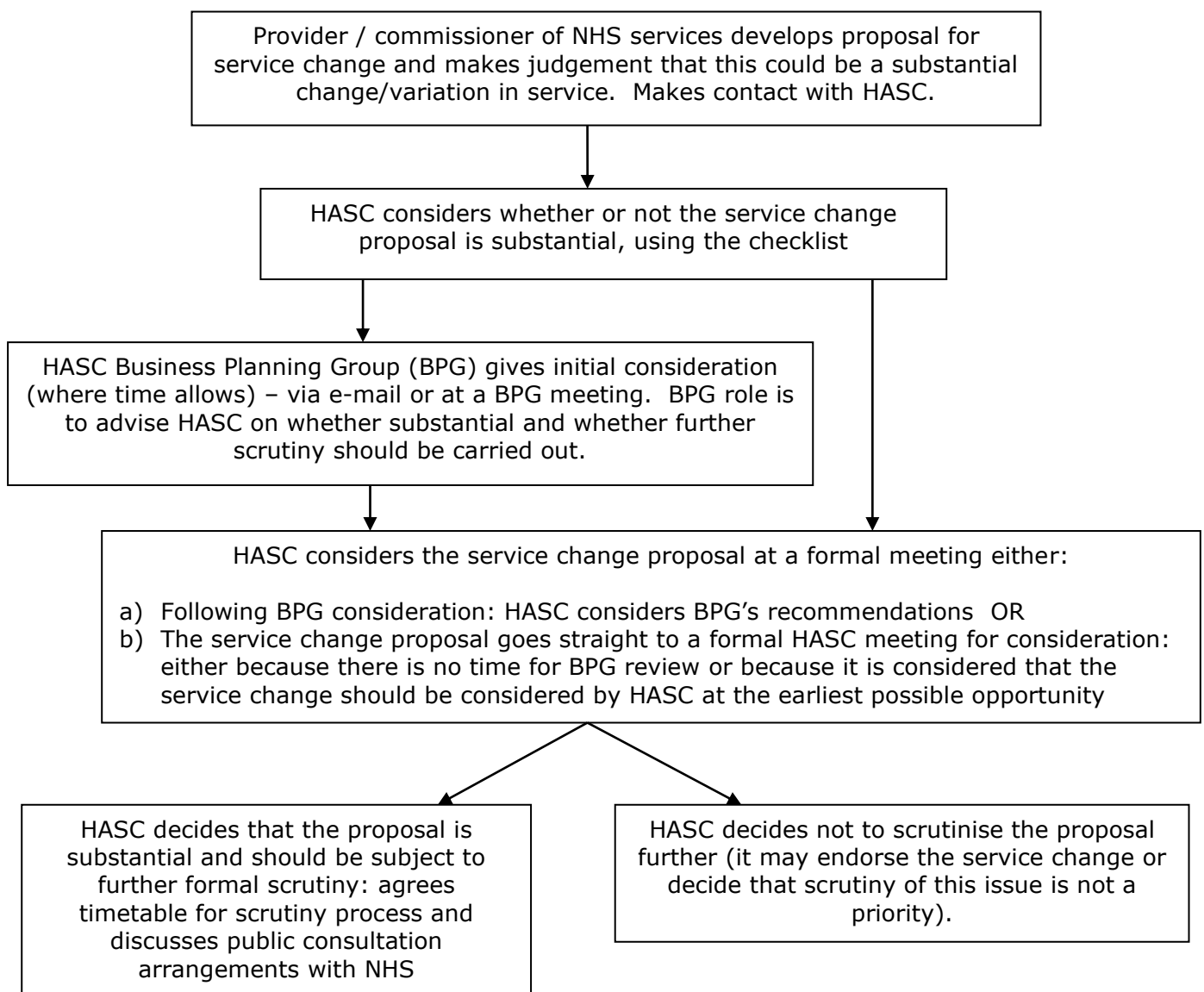
Supporting Information HASC will need

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

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

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

Outline of Process



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Report to Health and Adults' Social Care Scrutiny Committee

8 March 2023

Dentistry in West Sussex – Feedback from Evidence Gathering Session

Report by: Director of Law and Assurance

Electoral division(s): All

Summary

The Health and Adult Social Care Scrutiny Committee has identified access to NHS Dentistry as an issue of concern and carried out an evidence gathering session on 19 January 2023 to learn more about provision in West Sussex. Evidence was provided by NHS Sussex, NHS England and Public Health as well as a number of key witnesses, who provided context and views on how to address the challenges identified. This report sets out the evidence gathered, for the Committee to consider any next steps.

Focus for Scrutiny

The Committee is asked to review the evidence set out in the report and identify any next steps.

Key Lines of Enquiry include:

1. The evidence provided (sections 2 and 3 of the report) - how well this reflects the current situation regarding NHS dentistry and whether there are any other aspects to consider
2. Whether the Committee is assured by the work being undertaken by NHS Sussex to address the challenges identified
3. The conclusions of the evidence gathering session (Section 4) and if the committee wishes to take forward any of the next steps identified
4. Whether there would be any value in carrying out further scrutiny of this issue, and if so, how and when and what outcomes are being sought

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

Proposal

1 Background and context

- 1.1 The topic of dentistry was first considered by the Health and Adult Social Care Scrutiny Committee on 21 January 2022, where a series of recommendations was sent to NHS England in order to make the availability of dentistry more easily accessible to West Sussex residents.
- 1.2 Following the meeting, members still had concerns on this topic, therefore the Business Planning Group established an evidence gathering session for 19

January 2023 in order to hear from key witnesses on the ground, as well as receiving an update from NHS Sussex.

- 1.3 Evidence gathering sessions are a key way in which scrutiny committees can inform their work, as recommended by the new Statutory Guidance on Overview and Scrutiny in Local and Combined Authorities.
- 1.4 The session was run virtually, with NHS Sussex setting the scene of current work. This was followed by the testimony of three key witnesses (as detailed below) and a summing up session, where members were able to consider next steps.
- 1.5 The Committee agreed that a formal report of this session should be brought to the next meeting of the committee in order to consider its conclusions formally, and whether any further scrutiny of this topic area was required.

2 NHS – Setting the Scene

2.1 NHS Sussex attended the session in order to set the scene on the topic, with further input from Public Health at West Sussex County Council and NHS England, who previously commissioned this work and attended the meeting of the Committee when this was last discussed in January 2021. They set out the following key points through a presentation and answers to member questions as follows:

- On 1 July 2022, a new way of working was enacted for health and care across the country and here in Sussex, the Sussex Health and Care Integrated Care System (ICS) and NHS Sussex Integrated Care Board (ICB) were established. The creation of this new statutory framework meant that NHS Sussex was one of the first systems in the country to take on delegated commissioning responsibility for Pharmaceutical, General Ophthalmic and Dentistry (Primary, Secondary and Community) services.
- Delegated commissioning involves a very different way of working with the opportunity to create and strengthen links with NHS England South East region Prescription Ordering Direct team, our neighbourhood and placed based partnerships to embed local dental professional and clinical leadership into the co-design and commissioning of dental services at a local level.
- Dentistry in the NHS faces a challenging time ahead. The provision of mandatory dental services is struggling to match demand and in some areas dental providers are unable to provide the capacity required to support local population need. Sussex has seen a rise in NHS dental contract hand-backs. Since April 2020, 17 routine NHS high street dental contracts were handed back in Sussex. This equates to 87,537 units of dental activity (UDAs), or approximately 12.5 full time NHS dentists.
- Access to NHS dental services was adversely impacted by the COVID-19 pandemic and will take some considerable time to return to pre-pandemic levels of activity and access
- The issue of workforce retention was highlighted as a key challenge. The paucity of local oral health data for our most protected characteristic and hard to reach groups is a potential barrier to improving oral health outcomes and commissioning dental services in line with population need.
- The current commissioning activity showed that contracts were not delivered in full, suggesting that practices are not able to deliver
- Areas of higher deprivation are less likely to access dental services.

- NHS Sussex has identified dentistry as a priority area of focus. There are 3 key activities it will undertake in the short term to inform the current position:
 - a) Convene a Dental Working Group comprising representation from system partners including Local Authority Public Health Consultants and Healthwatch Sussex as well as Commissioners from NHS Sussex and NHS England South East region dental team to co-develop the dental plan. One of the immediate priorities is to work with Public Health colleagues to undertake a needs assessment to identify levels of dental care need and to identify gaps and/or inequities in service
 - b) Seek to further understand the challenges facing local dental providers by arranging dental provider engagement event(s) to inform future commissioning and procurement plans.
 - c) Work with Local Dental Networks in Sussex to identify initiatives which focus upon addressing current challenges with dental access, in specific geographies and/or hard to reach members of our communities. Commissioners are looking at additional funding opportunities (that sit outside the current NHS dental contract) referred to as *flexible commissioning arrangements*. This funding would be available if dental providers are willing and have the capacity to provide additional dental activity. Opportunities to locally commission are beneficial
- NHS dentists who have already handed back their NHS contract may be unwilling to take on NHS dental contracts in the future.
- Working outside the national contract is a lot of work for providers and commissioners
- Further work around prevention was unanimously highlighted as where further work was required. Oral health prevention is a priority within the dental plan.
- Good practice interventions being put in in other areas that can be replicated across West Sussex

3 Witness Testimony

- 3.1 The session heard from three witnesses as detailed below in order to set out the issues facing West Sussex residents at a local level.

West Sussex Dental Committee

- 3.2 A representative from the West Sussex Dental Committee highlighted the specific issues faces dentists in West Sussex, as set out below:
- Dentists who spend more of their time on NHS/Health Service work (as opposed to private work) tend to work longer weekly hours and take less annual leave
 - The more time dentists spend on NHS/Health Service work, the lower their levels of motivation
 - The most common contributory factors to low morale were increasing expenses and/or declining income and the risk of litigation and the cost of indemnity fees
 - Regulations are also cited as a major cause of low morale amongst principal dentists
 - Clawback: The rising and significant amount of clawback/underspend on dentistry with funding that is not ringfenced and the lack of urgent access particularly in West Sussex. It's hard to reconcile that at a time of unprecedented problems to access with a record high underspend and

clawback money from the dental budget, this funding is not being targeted right now towards urgent dental care access problems. The offer must be at a value and with conditions that enable not deter more practices to take it up. The current improved offer is still not even in line with urgent dental access slots in the North of England where cost is significantly lower.

- Nearly two-thirds of principal dentists and over half of all associate dentists across the UK often think of leaving dentistry
- Ninety-three per cent of these heavily committed NHS practice owners who had sought to do so said that recruiting an associate had been difficult
- Practice hand-backs were at concerning levels
- Difficulties in recruitment were highlighted, potential reasons for this were new graduate debt, NHS reputation, Brexit, administrative processes and registration events being too infrequent
- Retainment of current NHS dentists was a real challenge, due to cuts in remuneration, terms of work under NHS contracts, competitive market private offer and fewer carer prospects within Primary NHS Dentistry
- Financial challenges were key – practices cannot stay in the NHS as a viable business model
- Health inequalities was highlighted for the most vulnerable groups

Corporate Parenting Panel

3.2 A representative from the Corporate Parenting Panel highlighted the specific issues children in care and care leavers face in relation to access to dentistry:

- Many young people need immediate dental treatment as many have had up to two years of traumatic and perilous journey time getting to the UK for safety with limited, if any access to clean water let alone toothpaste
- Some may have never seen a dentist in their life as they come from poor and extremely rural parts of the world
- Many come into care with severe dental problems, pain or infections
- As foster carers it would be hugely beneficial to have access to initial hygienist appointments for young people.
- Most have private or NHS dentists and they will cover young people for emergencies only but not routine check-ups. When they move into semi-independent or independent accommodation – the private dentists don't allow them to be seen anymore as they are not residing at the same address.
- This has a huge impact for children and young people that apart from the pain and discomfort which they are in – it can result in them hiding their smiles, affecting their self-esteem and confidence, it can affect their concentration with their education as well as their ability to relax and sleep and require long term treatment from neglect
- The Children's Asylum Team were currently paying for private dentistry for emergency treatment (extractions and infections). However, once the emergency treatment is administered – there is not the ability to have ongoing treatment readily available. They may be able to get emergency dental pain relief but not the ongoing treatment that is required and routinely not available

Healthwatch West Sussex

3.3 A representative from the Healthwatch highlighted the impact current provision of dentistry was having on West Sussex residents:

- Health inequalities masked according to Sussex wide data sets
- Live poll and desk top exercise was underway to see if legislation changes in November had made a difference:
 - The trend showed a low confidence being able access NHS dentists
 - Desktop research found only 36 practices on NHS.uk from a NHS Sussex supplied list of 158 had clearly updated their status on accepting or not accepting NHS patients.
 - Research of NHS.uk, carried in the second week of January 2023, only two practices have made it clear they are accepting adult NHS patients, raising to four for children.
- Those who could afford to pay for private treatment are likely to be on NHS waiting lists blocking others who cannot financially consider private treatment
- Need to use resources creatively locally, to target health inequalities
- There appears to be limited data on impact on other parts of the NHS
- Cancer patients can't get dentists even though dentistry is required as part of their treatment. Need simpler pathways for them
- There are good practices e.g. A Chichester practice is promoting services to nurseries but need to use outreach work to get to areas where needed
- Healthwatch in Sussex is submitting evidence to national dentistry scrutiny
- Fluoridisation – need be bold with water companies
- Dentistry connected to children and young people's mental health, oral assessment report needs updating

4 Conclusions and Next Steps

4.1 Members of the Health and Adult Social Care Scrutiny Committee are asked to review the output from this session, and consider what could be taken forward as outcomes or recommendations from this meeting, a summary of areas to consider are:

- Listen to what patients want and need and consider what and how this can be achieved in order to increase provision
- Continue pressure to government to work with profession to deliver contract reform
- Work locally with the ICB to improve what can be done locally
- Consider alternative funding arrangements to UDAs
- Strategies and incentives for recruitment & retention are required
- The Children's Oral Health Assessment report requires updating
- Request that the NHS allocates funds to pay for the university fees for these dentists which then could tie them to work for the NHS for a minimum set time period
- Prevention: There is good practice from other areas to look at
- That the proposed working group from NHS Sussex is a good initiative
- Support dental engagement groups in local areas
- Engage with MPs on this issue
- For the output of this session to be shared with the House of Commons Select Committee undertaking the inquiry into dentistry as part of its evidence gathering
- Consider how specific issues relating to children in care and care leavers could be addressed

Agenda Item 7

- 4.2 Taking into account the conclusions listed above, below are some areas that the committee could chose to take forward:
- 1) Share the findings with relevant NHS bodies and ask them to take action on specific points and report back (with a timeline).
 - 2) The Chairman to write to MPs on behalf of the Committee asking them to take the conclusions of this session into account.
 - 3) Write to the Cabinet Member for Public Health to highlight the importance of preventative work
 - 4) The Committee to review in twelve months to assess progress against the various plans/actions in place and assess progress
 - 5) Request that the Oral Health Assessment Report be updated.
 - 6) An update be provided to the Corporate Parenting Panel on the outcomes of this meeting

5 Finance

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

6 Risk implications and mitigations

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

7 Policy alignment and compliance

- 7.1 Our Council Plan – This section is not applicable as this is an update report and does not make any proposals.
- 7.2 Legal implications – This section is not applicable as this is an update report and does not make any proposals.
- 7.3 Equality duty and human rights assessment – Dentistry has been identified in this session as having some negative impacts on certain groups, which need to be addressed.
- 7.4 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.
- 7.5 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.
- 7.6 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.

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Background papers: None.

Report to Health and Adult Social Care Scrutiny Committee

8 March 2023

End of December 2022 (Quarter 3) Quarterly Performance and Resources Report – Focus for Scrutiny

Report by Director of Law and Assurance

Summary

The Quarterly Performance and Resources Report (PRR) is the Council's reporting mechanism for corporate performance, finance, savings delivery and business performance. It has been re-designed to reflect the new priorities, outcomes and measures included in Our Council Plan. It will be available to each scrutiny committee on a quarterly basis. Each committee will consider how it wishes to monitor and scrutinise performance relevant to their area of business. The report (Appendices B and C) reflects the position at the end of December 2022.

The Adults Services Portfolio has a number of performance highlights to report this quarter, set out in Appendix B. There are no substantial changes from the last quarter, and no information that has not already been discussed in previous meetings. Highlights include the County Council's priority of continuing to support individuals who need critical and urgent care or where there are urgent safeguarding concerns. Also, following a review of data collation, the percentage of adults with a learning disability in paid employment has risen to 3% this quarter and is now much closer to the 3.8% performance target. More people in Sussex are caring for the most vulnerable residents with 30,000 carers now registered for information, advice and support with our partner Carers Support West Sussex. During the third quarter, the Domestic Abuse and Sexual Violence team within Community Safety and Wellbeing received 195 victim/survivors allocated across the team and Worth Services saw a significant increase of referrals into the service throughout November and December 2022 compared to 2021 and 2020. During this quarter, there have been 15 Multi Agency Risk Assessment Conference's (MARAC) in West Sussex and three MARAC Plus meetings. This has involved 302 case discussions for high-risk victims and perpetrators of domestic abuse.

The Public Health and Wellbeing Portfolio, set out in Appendix C, highlights the Member Development Session that focused on Public Health in West Sussex in November 2022, Stoptober, the Autumn Covid-19 Booster Programme and Flu Vaccination Programme, the Social Media Campaign (Mental Health Support) and the Sussex Integrated Care Strategy.

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

Focus for scrutiny

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

- 1) The effectiveness of measures taken to manage the Council's financial position and expectations;
- 2) The particular performance indicators and measures identified as most critical to the focus of the Committee and whether the narrative provides assurance about the position presented and likely outcomes;
- 3) Any areas of concern in relation to the management of corporate risk;
- 4) Whether the report indicates any issues needing further scrutiny relevant to the Committee's portfolio area and, if so, the timing of this and what further data or information may be required; and
- 5) Identification of any specific areas for action or response by the relevant Cabinet Member.

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

1. Background and context

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

Tony Kershaw

Director of Law and Assurance

Contact Officer

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

Appendices

Appendix A – How to read this report

Appendix B – Portfolio Summary – Adults Services

Appendix C – Portfolio Summary – Public Health & Wellbeing

Appendix D – Risk Register

Background Papers

None





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How to Read the Performance and Resources Report

The Performance and Resources Report is separated into three sections:

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

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

- Updates of the performance KPIs agreed in Our Council Plan and the action taking place, including Climate Change  performance measures.
- The KPI measures compare the last three periods - this may be quarterly, annually or other time periods (depending on how regularly data is released); however, each measure will explain the reporting period.
- The arrows on the KPI measures represent the direction of travel compared to the previous quarter:
 - A green upward arrow  shows that performance is improving,
 - A red downward arrow  shows performance is worsening, and,
 - An amber horizontal arrow  shows no change to performance.
- Overview of the revenue financial position, risks and issues and savings update.
- Overview of the capital financial position and latest capital performance.
- Details of the corporate risks which have a direct impact on the specific portfolio.

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

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

Scrutiny Committee Documents

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

A detailed matrix of the Performance and Resources Report’s Sections and Appendices by Scrutiny Committee responsibility is shown below.

The areas in ‘dark green’ indicate the Scrutiny Committees areas of responsibility and the areas in ‘light green’ denote areas of the report which should be included in the Committee papers for context and consideration where appropriate.

PRR Matrix – Documents for Scrutiny Committees

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

KEY:
Specific Committee Responsibility
To Be Included In Committee Papers

Adults Services Portfolio – Summary

Performance Summary

1. The Portfolio has a number of performance highlights to report this quarter:
 - The County Council's priority continues to be providing support to individuals who need critical and urgent care or where there are urgent safeguarding concerns, ensuring people are supported immediately or within 24-48 hours. The service continues to do everything it can to reduce the delay people may be experiencing and are working closely with partners to ensure that vulnerable people are kept safe and well, in line with the commitment set out in Our Council Plan. Even with this pressure the County Council is continuing to stay within target in respect of the percentage of contacts to adult social care that progress to a social care assessment; reflecting the impact of interventions throughout the customer journey to meet people's needs through information and advice as well as the provision of preventative services. In addition, due to the retrospective nature of measuring the percentage of adult social care assessments that result in a support plan, with quarter one data updated to 67.4%, this shows that the service is performing within the target range for this measure.
 - Following a review of data collation, the percentage of adults with a learning disability in paid employment has risen to 3% this quarter and is now much closer to the 3.8% performance target. Moving into quarter four, as set out in the report, work will continue to engage the market to support people to prepare and access paid employment, with a plan to develop a Peer Support role, within Adult Social Care and continued strength-based customer reviews which should increase the numbers of people in paid employment further.
 - More and more people in West Sussex are caring for our most vulnerable residents with 30,000 carers now registered for information, advice and support with our partner Carers Support West Sussex. Carers Rights Day fell within the quarter and was central to a communications campaign to highlight the support that is available to carers across the county. This year there was a particular focus on the support available to carers juggling work and care or looking to return to work or training following a period of caring. This work is integral to the commitments set out in Our Council Plan and the Adult Social Care Strategy to provide the necessary help and support to families/close support networks and ensure people are kept safe and well.
 - During the third quarter, the Domestic Abuse and Sexual Violence team within Community Safety and Wellbeing received 195 victim/survivors allocated across the team. This equated to 164 victim/survivors referred into our high-risk Independent Domestic Violence Advisory (IDVA) service, 19 adult victim/survivors into our Independent Sexual Violence Advisory (ISVA) service and 12 young people referred into our Young Person's Sexual Violence Advisor (YPSVA). Across the team we currently have an active and open caseload of 403 victim/ survivors accessing our support.
 - Worth Services saw a significant increase of referrals into the service throughout November and December 2022 compared to 2021 and 2020. This






spike in referrals correlated with the World Cup 2022 and the festive season. For quarter three, there were 482 referrals compared with 300 in 2022 and 253 in 2021. This is a 61% increase in referrals into the service in this quarter from last year.

- During this quarter, there have been 15 Multi Agency Risk Assessment Conference's (MARAC) in West Sussex and three MARAC Plus meetings. This has involved 302 case discussions for high-risk victims and perpetrators of domestic abuse. The Worth training team within the Community and Safety Team have also delivered seven various domestic abuse training sessions to 223 professionals working in West Sussex. This training has included Domestic Abuse Awareness, Impact on Children, Risk Assessment and MARAC and Domestic Abuse in Young Persons Relationships.

Our Council Performance Measures

2. The following section provides updates of the performance KPIs agreed in Our Council Plan and the action taking place, comprising a wider performance view, with KPI measures comparing performance over the last three periods - this may be quarterly, annually or other time periods (depending on how regularly data is released); however, each measure will explain the reporting period.

Adults Services		2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
13	Measure: Outcomes of safeguarding risk – where a risk was identified, the outcome/expected outcome when the case was concluded for Section 42 enquires (% where risk remains). Reporting Frequency: Quarterly	8.26%	Jun-22 7.40%	Sep-22 9.47%	Dec-22 8.04%		G
	Performance Analysis: Dec-22: The Q3 data shows a slight improvement towards the 2022/2023 target figure. A number of these enquiries will continue to have "risk remains" as people are able to choose to live with risk with no further action required from Adult Social care. Actions: Audits have been undertaken and the findings are being analysed to help seek assurance that risk is appropriately being managed. Work continues to be undertaken on closing safeguarding enquiries open longer than 60 days.						
11	Measure: Percentage of contacts to adult social care that progress to a social care assessment Reporting Frequency: Quarterly	20% -30%	Jun-22 23.2%	Sep-22 22.0%	Dec-22 23.7%		G
	Performance Analysis: Dec-22: Performance continues to be within target continuing to reflect the impact of interventions throughout the customer journey to meet people's needs through information and advice as well as provision of preventative services. Improvements have been made within business-as-usual activity, which has resulted in increased resolution at Care Point 2. Further areas are being identified which along with access review programme should maintain or improve the position. Actions: The Access Review Programme is ongoing and will provide a better understanding of the complexity of need being presented at the front door, to ensure ongoing good performance against this measure and maximising opportunities for resolution within the community. Business as usual activity is also identifying measures to make improvements in the pathway.						

Adults Services		2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
36	Measure: Percentage of adults that did not receive long term support after a period of reablement support Reporting Frequency: Quarterly	85.5%	Mar-21	Jun-21	Sep-21		A
			85.5%	85.4%	81.3%		
Performance Analysis: Dec-22: Council data is not available this quarter due to ongoing system issues that are impacting reporting. Actions: Pathway and recording processes continue to be reviewed for reablement due to an ongoing in-year data quality issue. The review is part of the wider adult social care programme, which is unlikely to be resolved by Q4. However, our reablement provider continues to undertake extensive recruitment drives to improve performance.							
12	Measure: Percentage of adult social care assessments that result in a support plan Reporting Frequency: Quarterly	65% -75%	Mar-22	Jun-22	Sep-22		A
			65.3%	67.4%	54.4%		
Performance Analysis: Dec-22: Performance reported is for Q2, as data for this measure is retrospectively updated, to ensure that the outcome of the assessment and the need for a support plan have been completed. Performance for Q1 has been updated due to the retrospective nature of this measure and is now reporting as 67.4% and within the target range. Actions: This measure will be continually monitored and performance will be updated throughout the year to reflect the additional assessments.							
37	Measure: Percentage of adults that purchase their service using a direct payment Reporting Frequency: Quarterly	27.4%	Jun-22	Sep-22	Dec-22		A
			27.3%	26.4%	25.5%		
Performance Analysis: Dec-22: Performance remains broadly in line with other authorities. Actions: This measure will be monitored by the Adults Directorate Leadership Team and via the Performance, Quality and Practice Board, both chaired by the Director for Adults and Health.							
38	Measure: Percentage of users of adult services and their carers that are reviewed and/or assessed in the last 12 months Reporting Frequency: Quarterly	77.0%	Jun-22	Sep-22	Dec-22		R
			54.2%	52.5%	51.8%		
Performance Analysis: Dec-22: An extended piece of work is being considered for a 2-year review project within Lifelong Services which will greatly improve the performance, as well as embedding the strength-based approach. Actions: The project continues to be monitored on a monthly basis with a project management approach by the Adults Directorate Leadership Team and via the Performance, Quality and Practice Board, both chaired by the Director for Adults and Health, with an expectation that the ongoing work throughout the year will improve the performance of this measure.							
39	Measure: The percentage of adults with a learning disability in paid employment Reporting Frequency: Quarterly	3.8%	Mar-22	Sep-22	Dec-22		A
			1.1%	2.1%	3.0%		
Performance Analysis: Dec-22: Performance has improved from 2.1% in the previous quarter following a review of data to ensure all people are being captured. Actions: Work will continue to engage the market to support people to prepare and access paid employment. Work has also commenced to codesign a new specification for day, employment and volunteering to further improve performance. In addition, a proposal has been drafted, which sets out a plan to develop a Peer Support role, within Adult Social Care. In conjunction with the review project, this will be very beneficial in increasing the numbers of people in employment.							

Agenda Item 8
Appendix B

Adults Services		2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
40	Measure: The percentage of adults in contact with secondary mental health services living independently with or without support Reporting Frequency: Quarterly	71.0%	Jun-22	Sep-22	Dec-22		A
			69.0%	68.0%	69.0%		
Performance Analysis: Dec-22: Performance remains stable and remains close to target. Actions: Work will continue to promote a strength-based approach and reducing new admissions to residential care for customers with a mental illness. This is primarily an NHS measure, so social care have limited ability to influence the performance.							
14	Measure: Time to complete outstanding 'deprivation of liberty' cases Reporting Frequency: Quarterly	4.4 Months	Dec-21	Mar-22	Jun-22		G
			3.4 Months	3.4 Months	4.1 Months		
Performance Analysis: Dec-22: As in quarter 2, cases which would normally have been closed within the Adult Social Care client database system (Mosaic) have remained open due to linked internal processing issues. This has caused reported performance to appear to have deteriorated. Therefore, data has not been reported for this quarter. There have been increased referrals and limited capacity amongst external assessors which will be addressed throughout Q4. Actions: On-going monitoring and work to rectify the process issues will continue.							
44	Measure: Percentage of people affected by domestic violence and abuse who feel safe upon leaving the service Reporting Frequency: Quarterly	85.0%	Jun-22	Sep-22	Dec-22		G
				86%	97%		
Performance Analysis: Dec-22: In the last reporting quarter, the Domestic Abuse Service has seen 76 victim/survivors closed following a period of engagement with the service. The percentage of clients who reported feeling safer following engagement was 97%. In addition to the 76 clients closed in this period, we also submitted two "other contact" forms, clients who received a short-term intervention but whom were all provided with safety planning advice. Current data reflects that we asked and recorded the clients' views of their safety on 79% of clients closed. The 21% reported missing data all relates to clients who disengaged from the service mid-support and is therefore linked with unplanned exits from the service, whereby the client disengaged, and we would not have been able to ask about their safety or views on this. In addition to 97% of clients feeling safer, it is important to recognise that our data evidenced that clients exiting the service have also reported the following: <ul style="list-style-type: none"> • 78% reported improved wellbeing. • 73% reported their quality of life improved. • 70% were optimistic about the future. • 77% reported feeling more confident. Actions: Due to the change in recording with the introduction of the Family Safeguarding Model we still need to establish more accurate reporting from the Domestic Abuse Practitioners in this service but the current picture does reflect the service from the high-risk domestic abuse service.							

Finance Summary

Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Covid-19 pandemic expenditure (Additional agency cost – seven day working)	£1.193m	Covid-19 Grant – Assumed funding	(£1.193m)	
Delays in delivering corporate savings (£8.595m) and internal planned service savings (£0.805m) due to timing and capacity restraints	£9.400m	Staffing vacancies within the service.	(£1.800m)	
Older People – Market-related pressure	£2.900m	Deferral of the use of the Market Management Fund	(£2.200m)	
Lifelong Services – Underlying overspending pressure	£1.800m	In year staffing budget surplus generated from the implementation of the new pay grades for social workers and occupation therapists	(£1.400m)	
		Reduction in the reablement block contract – lower level of service than sought is being delivered	(£0.700m)	
		Community Equipment Service – demand for equipment has been lower than expected	(£0.600m)	
		Use of Improved Better Care Fund	(£4.200m)	
		Other funding opportunities – including additional Better Care Funding	(£3.200m)	
Adults Services Portfolio - Total	£15.293m		(£15.293m)	£0.000m

Significant Financial Issues and Risks Arising

Narrative	Cost Driver	Q1		Q2		Q3		Action	Trajectory
Key cost driver data influencing the trajectory of the Older People's care budget	No. of older people with a care package	4,391	↘	4,415	↗	4,415	↗	Despite the number of customers being higher than the second quarter, the proportion of older people with a care package relative to the size of the population remains on a falling trend.	↔
	% increase in the average gross weekly cost of a care package for older people	5.4%	↘	5.4%	↔	5.6%	↗	Although average costs are rising, the rate is lower than the uplifts agreed for providers in 2022/23, which is consistent with the savings target for customer reviews. The increase in the net cost is expected to reduce once backlogs in financial assessments have cleared.	
	% increase in the average net weekly cost of a care package for older people	8.4%	↘	8.5%	↗	10.1%	↗		

Key:

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

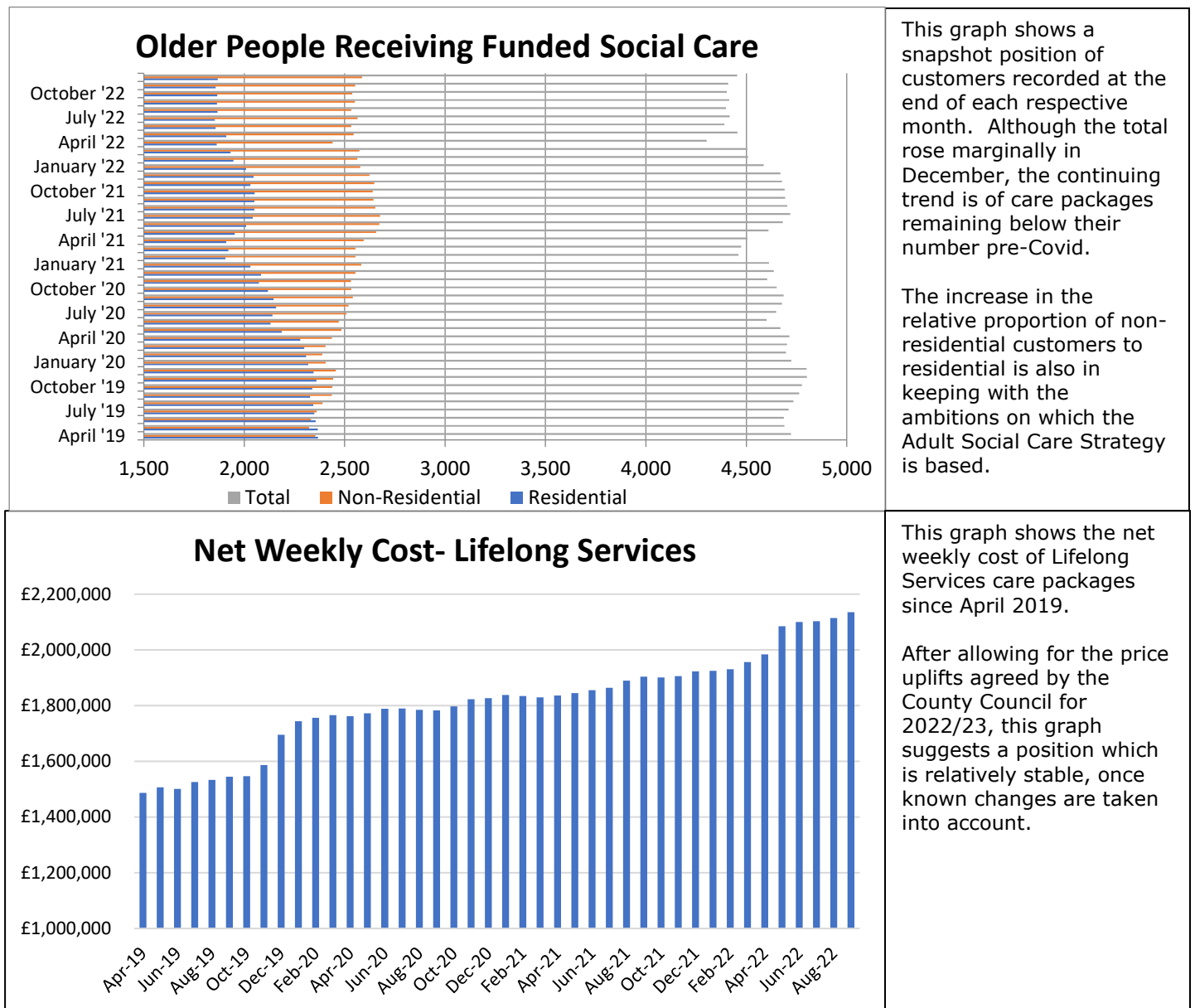
Financial Narrative on the Portfolio's Position

3. Adult social care is currently operating in a turbulent environment because of the multiple priorities that it is needing to manage. The challenges that this is bringing are being compounded by high levels of staff vacancies. Amongst the implications is that key information sources have become less reliable and less timely than usual.
4. Although the total number of Older People receiving funded social care rose marginally in December, the continuing trend is of care packages remaining below their number pre-Covid. The increase in the relative proportion of non-residential customers to residential is also in keeping with the ambitions on which the Adult Social Care Strategy is based.
5. Whilst there is no reason to believe the trend is misleading, the true position is expected to be understated in relation to demand because there will always be a lag between a care package being put in place for a customer and all of the associated administration being completed.
6. Alongside this it is clear that the cost of care, especially for residential placements, is rising. Despite the County Council having agreed average uplifts for older people providers of approximately 9% for 2022/23, prices recently have come under increasing pressure. In part this is because of the additional funding that Government has made available to enable people to be discharged from hospital as soon as they are medically fit to leave. This is intensifying competition for beds and, in areas of the market, is leading to an excess of demand chasing limited supply. It is also resulting in some people being placed into residential care whose needs would best be met in the community. Inevitably this is translating into price rises when new placements are being made. Pre-pandemic, approximately 20% of residential beds were bought at an agreed rate negotiated with a provider, rather than at the County Council's relevant usual maximum price. That figure has now virtually doubled to 39%, with around 70% of new placements in 2022/23 having been bought at an agreed higher rate.
7. Progress against some savings targets has been slower than planned. The occupancy of the Shaw contract has dropped from a peak of 86% to 82%, against a target of 90%.
8. Overall, the outcome is that the overspending pressure on the older people's budget has increased from £3m in September to £5.8m in December.
9. Delays in delivery of savings continues to be the main factor affecting the Lifelong Services budget. Similar to the older people cohort, the magnitude of the risk is not apparent when measured by a high-level presentation of weekly expenditure. After allowing for the price uplifts agreed by the County Council for 2022/23, it shows a position which is relatively stable. However, the level of spending remains greater than the budget can afford because of the delay in delivery of savings.
10. There are a number of discussions with third parties about financial responsibility for customers, which are subject to legal processes. Assumptions are included about the prospective outcome of these, but they remain

uncertain. There was an underlying pressure of £1.8m brought forward from 2021/22, which means the overspending forecast for Lifelong Services has risen by £0.6m from £7.7m to £8.3m.

11. Between the budgets for older people and Lifelong Services, the aggregate overspending risk on care costs is £14.1m. Due to the uncertainty that affects many of the key variables, in practice it is important that this is seen as falling over a range with potential for variation of between +/- £2m. Modest assumptions are included for savings in the fourth quarter, especially as the part-year benefits that will result will be limited. However, this does not mean that the scale of savings activity is being reduced. It remains the case that the shortfall in 2022/23 is due to timing factors and these savings are expected to be delivered in 2023/24.
12. The forecast overall continues to be a balanced budget, because the pressures described above are still expected to be mitigated. It is anticipated that £9.9m of this will arise from a mix of largely one-off opportunities. These include:
 - £1.8m. Vacancy savings. Within parts of the social work teams and occupational therapy, turnover is still running at 20% or above. In addition, in-house day services are operating below pre-Covid activity levels.
 - £2.2m. Market management fund created as part of the fees uplift decision report.
 - £1.4m. New pay grades for social workers and occupational therapy. The budget recognises the potential full cost of arrangements that were introduced in May. Since staff will reach the top of their new pay scales over time, there will be underspending during the intervening years.
 - £0.7m. Reduction in the reablement block contract because lower levels of service are being delivered by the provider.
 - £0.6m. Underspending within the community equipment budget. Growth of £0.5m was allocated for 2022/23 in expectation of demand increases in line with previous trends. This has not materialised, partly as a result of some efficiency changes being introduced.
 - £3.2m. Other funding opportunities, including in relation to the Better Care Fund where there has been an increase in the County Council's allocation for protection of social care.
13. This leaves a balance of £4.2m, some of which may be appropriate for charging against Covid-19 funding due to the on-going impacts that the pandemic is still having. The residual amount will be drawn from the £6m of uncommitted resources carried forward from 2021/22 in the Improved Better Care Fund.

Cost Driver Information



This graph shows a snapshot position of customers recorded at the end of each respective month. Although the total rose marginally in December, the continuing trend is of care packages remaining below their number pre-Covid.

The increase in the relative proportion of non-residential customers to residential is also in keeping with the ambitions on which the Adult Social Care Strategy is based.

This graph shows the net weekly cost of Lifelong Services care packages since April 2019.

After allowing for the price uplifts agreed by the County Council for 2022/23, this graph suggests a position which is relatively stable, once known changes are taken into account.

Savings Delivery Update

14. Since 2020/21, a number of planned savings within the Adults and Health Portfolio have been significantly impacted by the pandemic. As part of the budget setting process for 2022/23, £9.0m of previously unachieved on-going corporate savings were reviewed to ensure realistic savings plans were in place.
15. This review led to the £9.0m of the unachieved 2020/21 and 2021/22 savings being re-cast, with new plans developed for each of the individual saving workstreams. These savings, along with the £6.8m 2022/23 planned savings means that the portfolio has an overall savings target of £15.8m.
16. Delivery to date has been limited with £8.6m currently reported as 'At Significant Risk' and a further £2.3m reported as 'At Risk'.

Saving Activity	Saving to be Delivered in 2022/23 (£000)	December 2022		Narrative	2023/24
Review of in-house residential services	640	640	B	A decision to close Marjorie Cobby House was made by Cabinet in November 2021 and has now been implemented.	B
Review of Shaw day services	250	250	B	A decision to close Shaw day services was made by Cabinet in November 2021 and has now been implemented.	B
Increase supply and use of shared lives carers	448	448	G	Recruitment and training of additional shared lives carers has taken place, which should be the trigger for the delivery of the saving.	G
Community Care (Including Redirecting residential customers to home-based care saving)	8,200	2,200	G	Savings from activity to date.	G
		818	A	Expected savings during the remainder of 2022/23 once financial benefits are received from all reviews undertaken to date and from activity that is planned between January and March.	A
		5,182	R	Savings that will not be delivered in 2022/23 because of limited resources. Delivery in full planned in 2023/24.	A
Non-residential customers to remain at home with reduced package	1,990	1,143	G	Benefits reported by the County Council's reablement provider for the year to date.	G
		23	A	Expected savings during the remainder of 2022/23.	A
		824	R	Savings that will not be delivered in 2022/23. Capacity constraints due to provider staff shortages will result in fewer additional hours of reablement being delivered than the County Council has procured. This will result in underspending on the contract, which will enable around £0.7m of the shortfall to be mitigated.	A
Continuing Healthcare	2,060	1,170	A	Discussions over the eligibility of customers for Continuing Healthcare are taking place with the Sussex Integrated Care Board. It is expected that this will result in some cost recovery during the third quarter.	A
		890	R	Savings that will not be delivered in 2022/23 because of limited resources. Delivery in full planned in 2023/24.	A
Placement costs	1,000	1,000	R	Savings that will not be delivered in 2022/23 because of limited resources. Delivery in full planned in 2023/24.	A
Occupancy of Shaw contract	1,250	254	G	Savings from some increase in occupancy of the Shaw contract.	G

Saving Activity	Saving to be Delivered in 2022/23 (£000)	December 2022		Narrative	2023/24
		Value	Rating		
		297	A	Although occupancy has increased towards its target figure, processing reasons mean that the full extent of the financial benefits has yet to arise.	A
		699	R	Savings that are not expected to be delivered in 2022/23 because occupancy has yet to reach its target level.	A

Savings Key:

R Significant Risk	A At Risk	G On Track	B Delivered
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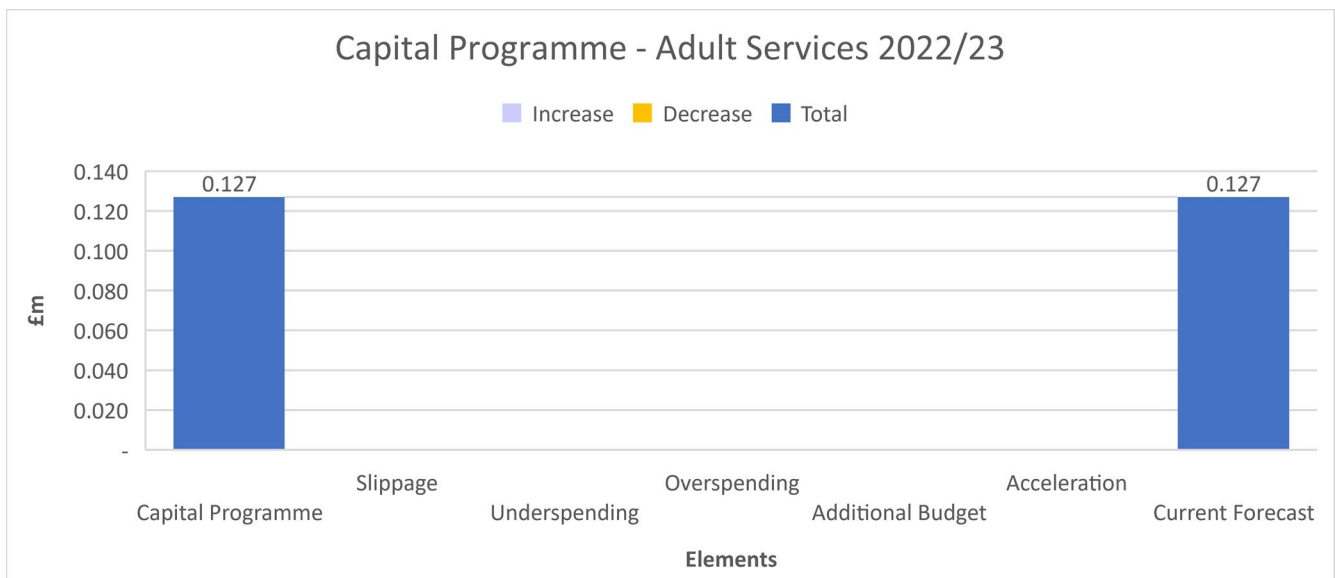
Capital Programme

Performance Summary - Capital

17. There are four schemes within this portfolio which are all in within their final retention phase. Further details of these schemes are set out in the [Budget Report](#) published in February 2022.

Finance Summary - Capital

18. The capital programme; as approved by County Council in February 2022, agreed a programme totalling £0.127m for 2022/23. As at the end of December 2022, the expected spend for the year has remained the same.



Key:

Capital Programme – The revised planned expenditure for 2022/23 as at 1st April 2022.
 Slippage – Funding which was planned to be spent in 2022/23 but has since been reprofiled into future years.
 Underspending – Unused funding following the completion of projects.
 Overspending – Projects that require further funding over and above the original approved budget.
 Additional Budget – Additional external funding that has entered the capital programme for the first time.
 Acceleration – Agreed funding which has been brought forward from future years.
 Current Forecast – Latest 2022/23 financial year capital programme forecast.

19. The latest Capital Programme Budget Monitor is reported in **Appendix 3** and full details of all individual schemes are set out in the [Budget Report](#) published in February 2022.

Risk

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

Risk No.	Risk Description	Previous Quarter Score	Current Score
CR58	The care market is experiencing an unprecedented period of fragility, particularly due to staff shortages and increasing demand. This has been further exacerbated by Covid-19, including the mandatory requirement for care staff to have a vaccination; however, this also extends to WSCC staff requiring access to these facilities (i.e., Social Workers, Occupational Therapists), and contractors. If the current and future commercial/economic viability of providers is not identified and supported, there is a risk of failure of social care provision which will result in funded and self-funded residents of West Sussex left without suitable care.	25	25
CR74	The overdue re-procurement of care and support at home services has been further postponed, meaning the contractual arrangements are non-compliant, inefficient to manage, difficult to enforce and present a risk of challenge and CQC criticism. The delay is to enable more time for the market to stabilise, to complete service reviews and to allow imminent legislative changes to take effect.	15	15

21. Further details on all risks can be found in **Appendix 4** - Corporate Risk Register Summary. Full details of the latest Risk Register, including actions and mitigations can be found under the County Council's [Regulation, Audit and Accounts Committee Agenda](#) website.

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Public Health and Wellbeing Portfolio - Summary



Performance Summary





1. The Portfolio has a number of performance highlights to report this quarter:
 - **Member Development Session – Public Health in West Sussex.** A County Council Member Development Session focused on Public Health in West Sussex took place on 4th November 2022. Hosted by the Cabinet Member for Public Health and Wellbeing and led by the Director of Public Health and members of her leadership team, the session provided an opportunity for members to learn about public health and how it is delivered locally in West Sussex. This included statutory duties, key themes, funding and public health contributions to improving the impacts and outcomes of the four Council priorities. The session also outlined the role of the West Sussex Health and Wellbeing Board and its strong links with the new Integrated Care System for Sussex. There will be opportunities for further learning on public health topics for members at future Member Development Sessions.
 - **Stoptober.** Organisations in the [Smokefree West Sussex Partnership \(PDF, 1MB\)](#), led by the County Council, supported the annual national stop smoking campaign by engaging with smokers through a range of media channels, with an emphasis on targeting smokers aged 25 to 50 from lower socio-economic groups who work in routine and manual jobs. Evaluation of the campaign locally is underway. Between 1 September and 16 October there were over 1,150 unique page views of the stop smoking services page on the West Sussex Wellbeing website - an increase of 135% from the same period last year. Those living and working in West Sussex can continue to access support to stop smoking from [West Sussex Wellbeing](#) and stop smoking support tools are available on the [Better Health website](#).
 - **Autumn Covid-19 Booster Programme and Flu Vaccination Programme.** Led by NHS Sussex, delivery of the Covid-19 Booster Programme and flu vaccination programme across the county has continued throughout the winter period, following their roll-out in September 2022. The County Council is supporting both vaccination programmes, through proactive communications to those eligible, to increase uptake, reduce inequalities, and improve the health of our local population. They are also offering a free flu vaccination voucher to staff and Elected Members who are not eligible for the NHS offer.
 - **Social Media Campaign – Mental Health Support.** The County Council ran a social media campaign from the end of summer and through autumn, to promote mental health support available locally and nationally, ranging from emotional wellbeing, through to support in a crisis, and support for local businesses. The series of 12 messages included key dates, such as World Mental Health Day (10 October 2022), and were also disseminated during the national period of mourning following the death of Queen Elizabeth II. While each post promoted a different service, the series of messages as a whole had an ongoing focus on cost-of-living pressures, each message reiterating that help is available for our residents and communities.

- Sussex Integrated Care Strategy** - With oversight of the Sussex Health and Care Assembly, the Sussex Integrated Care Strategy has been developed, following a period of co-production and suggestions for content, capitalising on opportunities created by being part of an Integrated Care System. The draft strategy was circulated to the West Sussex Health and Wellbeing Board virtually for comments, before the final strategy was presented to the Sussex Health and Care Assembly in December for sign-off, where it was unanimously supported. As per the statutory requirement of the Health and Social Care Act 2022, following approval from the Sussex Health and Care Strategy, the final strategy was received by the NHS Sussex Integrated Care Board on 4 January 2023. NHS Sussex and each local authority are required to respond to the strategy, including preparing a joint forward plan (JFP) before the start of each financial year. Systems are encouraged to use the JFP to develop a shared pan-system delivery plan for the Integrated Care Strategy supported by Joint Local Health and Wellbeing Strategies (JLHWSs), as outlined in draft national guidance.

Our Council Performance Measures

- The following section provides updates of the performance KPIs agreed in Our Council Plan and the action taking place, comprising a wider performance view, with KPI measures comparing performance over the last three periods - this may be quarterly, annually or other time periods (depending on how regularly data is released); however, each measure will explain the reporting period.

Public Health and Wellbeing		2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
	Measure		2020/21	2021/22	2022/23		
5a	Uptake of flu vaccine in over 65s or at risk	75.0%	83.7%	85.0%	80.1%		G
	Performance Analysis: Dec-22: As of the 30th November (last validated and published data) the vaccination uptake for West Sussex was comparing well against the national averages of 76.2% and exceeding this in all 'at risk' groups. Actions: The Director of Public Health is a member of Sussex Covid-19 and Influenza Vaccination Programme Board to support and promote uptake across the system including and bringing in local authority involvement and support. Consultant in Public Health chairs West Sussex Covid-19 and Influenza Placed Based Cell and represents the County Council at the South East Vaccine Equality Network and NHS England Immunisation Programme Board.						
5b	Update of flu vaccine in 'at risk' groups	50.0%	56.7%	58.5%	46.9%		A
	Performance Analysis: Dec-22: As of the 30th November (last validated and published data) the vaccination uptake for West Sussex was comparing well against the national averages of 42.7% and exceeding this in all at risk groups. However, this measure is rated 'Amber' as data is just below the 2022/23 target of 50%, at 46.9%. Actions: The Director of Public Health is a member of Sussex Covid-19 and Influenza Vaccination Programme Board to support and promote uptake across the system including and bringing in local authority involvement and support. Consultant in Public Health chairs West Sussex Covid-19 and Influenza Placed Based Cell and represents the County Council at the South East Vaccine Equality Network and NHS England Immunisation Programme Board.						

Public Health and Wellbeing		2022/23 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
6	Measure: Healthy weight of 10–11-year-olds Reporting Frequency: Annually	Top Quartile in South East (66.1%)	2019/20	2020/21	2021/22		G
			69.8%	63.2%	65.7% (Target: 63%)		
Performance Analysis: Sep-22: 65.7% prevalence of healthy weight in Year 6. Actions: The latest data continues to provide a good basis for ongoing and developing obesity work for both Reception and Year 6 children for 2022/23. Obesity is a complex issue affecting all ages, which emphasises the importance of the need for a family targeted approach, working across all age groups. The National Child Measurement Programme (NCMP) for Reception and Year 6 for 2022/23 is on track and will be completed later in the year.							
31	Measure: Healthy life expectancy for men Reporting Frequency: 3 Year Rolling Average	66 Years (Pre-Pandemic Levels)	2017/18	2018/19	2019/20		A
			64.6 Years	66.0 Years	63.8 Years		
Performance Analysis: Sep-22: Updated local authority data for HLE for men for the 2018-2020 period has been released, which includes the first year of the Covid-19 pandemic (2020). This shows that since the last data period 2017-2019, HLE for men has decreased by 2.2 years to 63.8 years (2017-2019 66.0 years). It is important to note that the impact of Covid-19 continues, and there may be ongoing direct and indirect effects of the pandemic on health. Actions: Analyses have detailed the main causes of ill health, disability and death, and also the underlying risk factors, such as smoking, diet (including those high in salt, low in fibre, and fruit and vegetables) and obesity. This work is informing a population level approach agreed at West Sussex Health and Wellbeing Board and with local partners. In their capacity as Partner Member, the Director of Public Health presented a paper at the inaugural meeting of NHS Sussex Board in July 2022 on the population of Sussex (East Sussex, West Sussex, Brighton & Hove) outlining what are the most important health needs of our population across the area, based on the latest evidence available.							
32	Measure: Healthy life expectancy for women Reporting Frequency: 3 Year Rolling Average	64.8 Years (Pre-Pandemic Levels)	2017/18	2018/19	2019/20		A
			64.3 Years	64.8 Years	63.9 Years		
Performance Analysis: Sep-22: Updated local authority data for HLE for women for the 2018-2020 period has been released, which includes the first year of the Covid-19 pandemic (2020). This shows that since the last data period 2017-2019, HLE for women has decreased by 0.9 years to 63.9 years (2017-2019 64.8 years). It is important to note that the impact of Covid-19 continues, and there may be ongoing direct and indirect, effects of the pandemic on health. Actions: Analyses have detailed the main causes of ill health, disability and death, and also the underlying risk factors, such as smoking, diet (including those high in salt, low in fibre, and fruit and vegetables) and obesity. This work is informing a population level approach agreed at West Sussex Health and Wellbeing Board and with local partners. In their capacity as Partner Member, the Director of Public Health presented a paper at the inaugural meeting of NHS Sussex Board in July 2022 on the population of Sussex (East Sussex, West Sussex, Brighton & Hove) outlining what are the most important health needs of our population across the area, based on the latest evidence available.							
35	Measure: Number of people completing evidence-based falls prevention programmes Reporting Frequency: Annually	400			2021/22		A
			New Measure – No Data	New Measure – No Data	354		
Performance Analysis: Jun-22: 354 older people across West Sussex are recorded as having completed evidence-based strength and balance falls prevention programmes in 2021-22 delivered through West Sussex Wellbeing. These programmes are for older people at significant risk of falls with completion being defined as participating in 75% of programme sessions. Actions: It is important to highlight that NHS services also provide falls prevention programmes and therefore, it is likely that the number of older people completing these programmes across the county is higher than the West Sussex Wellbeing data reported here. It is also acknowledged that the pandemic response continued during 2021-22, impacting on both service delivery and older people's engagement with services. The County Council will explore opportunities to work with local authorities and health and care partners to coordinate and maximise our approach to falls prevention programmes across the county.							

Finance Summary

Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Covid-19 – Contain Outbreak Management Fund projects and expenditure	£3.651m	Covid-19 Contained Management Outbreak Fund Grant. Unspent grant to be C/F into 2023/24	(£3.651m)	
Public Health and Wellbeing Portfolio - Total	£0.000m		(£0.000m)	£0.000m

Significant Financial Issues and Risks Arising

- There are no significant issues to raise this quarter.

Financial Narrative on the Portfolio's Position

- Local Authority Public Health (LAPH) is funded by a ring-fenced Public Health Grant (PHG). Accordingly, the County Council is required to carry forward any underspending at the end of the financial year, so it remains available to spend in accordance with grant requirements. At the end of 2021/22 the amount carried forward into 2022/23 £3.1m.
- A number of elements have contributed to this position, mainly arising from the impact on services following the lockdown periods during the pandemic, additional operational pressures affecting the capacity for services to pick-up activity and changes in the way residents prefer to access and use the services differently, highlighting the need in some services, to review the model of delivery.
- Activity levels within a range of areas within Public Health continue to see fluctuations and have yet to return to pre-pandemic levels. This includes demand-led areas like NHS health checks and sexual health services, which saw lower than usual volumes during earlier phases of the pandemic. This remains the pattern in 2022/23, which makes it likely that the value of the Public Health Grant carry forward will have increased further by the end of the financial year. It is currently forecast, based on known activity, to increase by a further £2.8m.
- In-line with strict grant requirements, the Public Health Grant can only be spent on meeting public health outcomes for our local population, enabling the local authority to discharge its statutory public health functions. Therefore, the County Council is working to ensure any funds are utilised in the most effective way to meet these outcomes, including to address Public Health issues that have emerged over the last two and a half years and the impacts of the Covid-19 pandemic. As at the time of writing this report, the Public Health Grant allocation for 2023/24 still remains unknown.

Covid-19 Expenditure Update

8. As the pandemic continues, there remains a need to provide quality services and assistance to residents. Within the Public Health portfolio, work is continuing to support residents and businesses in containing outbreaks and managing Covid-19 and addressing the impacts of the virus on health outcomes and health inequalities.
9. £3.651m from the Contain Outbreak Management Fund was brought forward from 2021/22 and with the majority of this funding expected to be utilised during the financial year. In December 2022, the UK Health Security Agency wrote to councils to confirm that any unspent grant could be carried forward into 2023/24. It is currently forecast that £1.6m will be available in 2023/24 to help control any further outbreaks of Covid-19 and its consequences and any on-going costs that are being incurred.

Savings Delivery Update

10. The portfolio has no named savings target for 2022/23, however there is a direct link to the Support Services and Economic Development saving – Use of Uncommitted Public Health Grant (PHG). This saving has occurred due to the Help at Home contract being decommissioned in July 2021. This has allowed £0.088m of other eligible spend to be funded through the Public Health Grant.

Capital Programme

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

Risk

12. There are no corporate risks assigned to this portfolio. Risks allocated to other portfolios are specified within the respective portfolio sections. Further detail on all risks can be found in **Appendix 4** - Corporate Risk Register Summary.
13. Full details of the latest Risk Register, including actions and mitigations can be found under the County Council's [Regulation, Audit and Accounts Committee Agenda](#) website.

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Corporate Risk Register Summary - December 2022

CR11

Current Score	Target Score	Initial Score	Risk Change
25	8	20	Unchanged ➡

Risk Description

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

Date Risk Raised

01/03/2017

Risk Owner

Director of Human Resources & Org Dev

Risk Strategy

Treat

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

CR58

Current Score	Target Score	Initial Score	Risk Change
25	9	25	Unchanged ➡

Risk Description

The care market is experiencing an unprecedented period of fragility, particularly due to staff shortages and increasing demand. This has been further exacerbated by COVID19. If the current and future commercial/economic viability of providers is not identified and supported, there is a risk of failure of social care provision which will result in funded and self-funded residents of West Sussex left without suitable care.

Date Risk Raised

05/09/2018

Risk Owner

Director of Adults and Health

Risk Strategy

Treat

Risk Control/Action	Target Date
Review capacity of residential and non-residential services to ensure service availability and to support identification of contingencies if needed.	ongoing
Regular review of care homes business continuity arrangements to address government vaccination directive.	ongoing
Provision of regular support and communication to care homes to monitor financial sustainability (increased engagement during COVID-19 pandemic to monitor Infection Control Grant).	ongoing
Produce and receive approval for final version of the Market Sustainability Plan.	01/02/2023
In the event of an incident, ensure the consistent implementation of Emergency Response Plans, including a full de-brief and lessons learned.	ongoing
Financial analysis of high risk provision - due diligence checks.	ongoing
Collection of market information on Firefly. Analysis of information and appropriate level of quality assurance response.	ongoing

CR39a

Current Score	Target Score	Initial Score	Risk Change
25	16	20	Unchanged ➡

Risk Description

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

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

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

CR22

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

Risk Description

The financial sustainability of council services is at risk due to uncertain funding from central government and economic conditions (mainly inflation and interest rates) impacting on service delivery, and/or failure to make the required decisions to ensure the budget is balanced. This has been compounded further with the COVID-19 pandemic and the now cost of living crisis which is making economic conditions uncertain, and impacting on the cost of council services and demand for services.

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

Risk Control/Action	Target Date
Continue to lobby for fairer funding for Local Government through annual settlements, the Fair Funding Review, Levelling Up Agenda and Business Rates reset.	ongoing
Financial impacts arising from the Covid-19 national emergency need to be reflected and addressed within the PRR and MTFS as appropriate. Jan 23 - removed on change of risk ownership	ongoing
Financial Planning sessions with EMT and JLT taking place to ensure officers and Members understand and own the financial challenge.	ongoing
Monitor the use of additional funds made available to improve service delivery.	ongoing
Monthly monitoring of the financial position in 2022/23 and 2023/24 and reported to ELT and Cabinet Member for Finance to ensure pressures are visible and mitigating action put in place. This includes reporting on the delivery of savings in year.	ongoing
Publication of annual MTFS (Revenue and Capital) across a five year planning period aligned to the Council Plan. The budget gap for 2024/25 remains challenging - currently estimated at £40 to £50m over the medium term that will require a long term approach to financial planning and a different approach to identifying cost reductions and income generation (aligned to the Council Plan and priorities limited resources).	ongoing
Pursue additional savings options to help close the budget gap. Jan 23 - removed on change of risk ownership	ongoing

CR61

Current Score
15

Target Score
10

Initial Score
25

Risk Change
Unchanged
➡

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

Risk Description

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

Date Risk Raised
01/06/2019

Risk Owner
Director of Children, Young People and Learning

Risk Strategy
Treat

CR69

Current Score
15

Target Score
10

Initial Score
25

Risk Change
Unchanged
➡

Risk Control/Action	Target Date
Continue to work with Hants CC as a partner in practice to improve the breadth of children's service.	ongoing
Deliver Children First Improvement Plan.	ongoing
Implement the Children First Service transformation model	ongoing
Service to ensure focus on Ofsted's framework and guidance for Inspecting Local Authority Services for children (ILACS)	01/03/2023

Risk Description

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

Date Risk Raised
01/03/2020

Risk Owner
Director of Children, Young People and Learning

Risk Strategy
Treat

CR74

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

Risk Description

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

Date Risk Raised

01/04/2022

Risk Owner

Director of Adults and Health

Risk Strategy

Treat

Risk Control/Action	Target Date
Focus resource onto managing provider relationships to improve contract management.	ongoing
Regular communication and engagement with providers on programme development/progress, and strategic direction/consequences of changes.	ongoing
Service commitment to undertake re-procurement if and when required	ongoing
Subject to appropriate approvals, opening up the Contingency Contract wider for providers to work with the Council in the interim	ongoing

CR72

Current Score	Target Score	Initial Score	Risk Change
12	8	20	Unchanged ➡

Risk Description

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

Date Risk Raised

01/08/2021

Risk Owner

Director of Children, Young People and Learning

Risk Strategy

Treat

Risk Control/Action	Target Date
Develop and publish a market position statement to be sent out to care providers and other LA's to engage them in placements and requirements, in line with the needs of children.	01/03/2023
Escalate to Assistant Directors and Exec Director any situation where a child or young person is at risk of being without a registered provision when they require one.	ongoing

CR73

Current Score
12

Target Score
8

Initial Score
12

Risk Change
Unchanged
➡

Risk Description

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

Date Risk Raised
01/01/2022

Risk Owner
Director for Place Services

Risk Strategy
Treat

Risk Control/Action	Target Date
Align pipeline of projects for existing and future funding opportunities	ongoing
Built into county-wide Business Planning and budgeting process	ongoing
Clear prioritisation of CC Strategy delivery within Our Council Plan	ongoing
Existing estate & infrastructure made climate change resilient & future developments designed to be as low carbon & climate change resilient	ongoing
Recruitment and training policy to ensure all staff & elected members are suitably informed on climate change issues & that specialist skills are embedded through recruitment & training to enable delivery	ongoing
SMART programme of actions based on clear definitions and metrics	ongoing

CR68

Current Score
10

Target Score
10

Initial Score
25

Risk Change
Unchanged
➡

Risk Description

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

Date Risk Raised
01/03/2020

Risk Owner
Chief Executive

Risk Strategy
Tolerate

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

CR39b

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

Risk Description

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

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

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

CR50

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

Risk Description

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

Date Risk Raised
01/03/2017
Risk Owner
Director of Human Resources & Org Dev
Risk Strategy
Treat


Risk Control/Action	Target Date
Conduct a training needs analysis, produce gap analysis to understand requirements and produce suitable courses as a consequence.	ongoing
Develop and introduce a more comprehensive risk profile approach and front line service based audits.	ongoing
Incorporate HS&W information into current performance dashboard.	ongoing
Purchase, develop and introduce an interactive online H&S service led audit tool.	ongoing
Regular engagement with other LA's on best practice and lessons learned.	ongoing
Regular engagement with services to ensure H&S responsibilities continue to be fully understood and embedded in BAU activities.	ongoing

CR7

Current Score
8

Target Score
4

Initial Score
16

Risk Change
Unchanged


Risk Description

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

Date Risk Raised
01/12/2019

Risk Owner
Director of Law & Assurance

Risk Strategy
Treat

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

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Forward Plan of Key Decisions

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

The most important decisions will be taken by the Cabinet sitting in public. The meetings are also available to watch online via our webcasting website. The schedule of monthly Cabinet meetings is available on the website.

The Forward Plan is updated regularly and key decisions can be taken on any day in the month if they are not taken at Cabinet meetings. The Plan is available on the website. Published decisions are also available via the website.

A key decision is one which:

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

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

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

Finance, assets, performance and risk management

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

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

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

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

Published: 22 February 2023

Adults Services

Housing Related Support Contract Extensions and Reprocurement Home Services	
<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>	
Decision by	Director of Adults and Health (Alan Sinclair)
Date added	27 October 2022
Month	February 2023
Consultation/ Representations	<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>
Background documents (via website)	None
Author	Sarah L Leppard Tel: 0330 022 23774
Contact	Erica Keegan Tel: 033 022 26050

Recommissioning of Hospital Discharge Care Services (Adults)

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

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

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

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

Decision by	Cabinet Member for Adults Services (Cllr Amanda Jupp)
Date added	18 October 2022
Month	February 2023
Consultation/ Representations	<p>The following are being consulted: frontline staff; customers via survey; soft-market testing and workshops with health and social care partners.</p> <p>Representations concerning this proposed decision can be made to the decision-maker via the report author, by the beginning of the month in which the decision is due to be taken.</p>
Background documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 25060

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

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

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

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

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

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

Decision by	Director of Adults and Health (Alan Sinclair)
Date added	15 September 2022
Month	February 2023
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact.
Background documents (via website)	None
Author	Carrie Anderson Tel: 0330 022 22996
Contact	Erica Keegan Tel: 033 022 26050

Fees paid to independent providers of Adult Social Care 2023/2024

Rates and fees paid to independent providers of adult social care provision in the community and in residential and nursing homes are subject to annual review. Following delegation of authority from the Cabinet Member for Adults Services, the Director of Adults and Health will be asked to consider the fees and rates paid for commissioned services related to the Adult Social Care and Health portfolio for 2023-24.

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

Decisions on fees paid will take account of a range of information; including the current market position, the recently completed cost of care exercise, the need and demand for services, the Council's strategic priorities and financial challenges for providers of care and support services and in relation to the budget for Adult Social Care.

Decision by	Director of Adults and Health (Alan Sinclair)
Date added	16 January 2023
Month	February 2023
Consultation/ Representations	Representations concerning this proposed decision can be made via the officer contact.
Background documents (via website)	None
Author	Juliette Garrett Tel: 033 022 23748
Contact	Erica Keegan Tel: 033 022 26050

Integrated Advocacy Service Contract Extension

Key decision [AH7 18-19](#) approved the procurement of an Integrated Advocacy service across Sussex as well as delegating authority to the Director of Adults and Health to award the contract jointly with East Sussex County Council and Brighton and Hove City Council. The contract began on 1st July 2019, to run for an initial four years until 30th June 2023, with the option to extend for a further 2 years, to a maximum of 5 years until 30th June 2025.

The procurement was undertaken jointly with East Sussex County Council and Brighton and Hove City Council with, Brighton and Hove City Council acting as lead commissioner for the contract.

The Director of Adults and Health will be asked to approve a joint decision with East Sussex County Council and Brighton and Hove City Council to extend the contract with POHWER by utilising the full 2-year extension provision allowed for in the contract until 30th June 2025.

Independent advocacy is a statutory duty which local authorities must provide. Advocacy means supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests, and obtain the care and support they need.

The Integrated Advocacy service meets the councils statutory duties for the following advocacy provisions:

- Independent Mental Capacity Advocates (IMCA) under the Mental Capacity Act 2005
- Independent Care Act Advocacy (ICAA) under the Care Act 2014
- Relevant Person Paid Representatives (RPPR) under the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005.

Decision by	Director of Adults and Health (Alan Sinclair)
Date added	7 February 2023
Month	March 2023
Consultation/ Representations	Representations concerning this proposed decision can be made to the decision-maker, via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background documents (via website)	None
Author	Lisa Loveman Tel: 033 022 23430
Contact	Erica Keegan Tel: 033 022 26050

Community Based Social Support Contract Extension

Key decision [AH02 19/20](#) approved the procurement of Community Based Social Support Services and delegated authority to the Director of Adults' Services to agree to future extensions of the contract up to a maximum contract period. The contract began on 1st April 2020, to run for an initial three years until 31st March 2023, with the option to extend for a further 4 years, to a maximum of 7 years until 31st March 2027.

The contract awarded was divided into 2 Lots – Independent Living and Supported Employment – with each Lot awarded independently of each other. Both Lots were awarded to The Aldingbourne Trust.

The Director of Adults and Health will be asked to approve to extend both Lot 1 and Lot 2 contracts by utilising up to 6 months of the up to 4-year extension provision allowed for in the contract until the latest 30th September 2023. This will allow then for a contract variation from this point to align with the re-commission of services contracted alongside this provision until the services are re-tendered.

Promoting the independence of adults with support needs through preventative and early intervention is a key driver of the adult social care strategy to support more people to stay in their own homes, find employment and explore community solutions to support people to maintain their homes.

Lot 1 services include the My Network Hubs, My Network Plus and LIMA (Low Intensity Management of Autism). These services promote individual wellbeing, provide information and advice, and needs through information, advice and less intensive or service-focussed options, and connect people to other community services.

Lot 2 services include the supported employment services called Workaid and Workability. These services support people with lifelong disabilities and family carer, both in and outside of funded services, to find or retain paid employment. This includes supporting people to access mainstream employment services and/or providing specialist employment consultants for one-to-one support.

Decision by	Director of Adults and Health (Alan Sinclair)
Date added	10 February 2023
Month	March 2023
Consultation/ Representations	Representations concerning this proposed decision can be made to the decision-maker, via the contact officer.
Background documents (via website)	None
Author	Lisa Loveman Tel: 033 022 23430
Contact	Erica Keegan Tel: 033 022 26050

Procurement for Professional Service Support (Adult Services)	
<p>To support the delivery of our Council Plan 2021/2025 and the Adult Social Care Strategy 2022-25, the Adults and Health directorate has set out its strategic purpose and outlined how the directorate will deliver services. To achieve this, the directorate will need to deliver a significant programme of work throughout 2023/24 and 2024/25, as well as respond to ongoing service pressures and emerging government legislation.</p> <p>The nature, scale and complexity of the programme means that fixed-term external capacity and skills are needed to work alongside in-house teams to deliver core elements of programme.</p> <p>The Director of Adults and Health (DASS) will be asked to approve the commencement of an open-tender procurement process for professional service support, to provide the fixed-term external capacity required.</p>	
Decision by	Director of Adults and Health (Alan Sinclair)
Date added	10 February 2023
Month	March 2023
Consultation/ Representations	Representations can be made to the decision maker via the contact officer.
Background documents (via website)	None
Author	Helena Cox Tel: 033 022 22533
Contact	Erica Keegan Tel: 033 022 26050

Award of Contract for Professional Service Support (Adult Services)	
<p>To support the delivery of our Council Plan 2021/2025 and the Adult Social Care Strategy 2022-25, the Adults and Health directorate has set out its strategic purpose and outlined how the directorate will deliver services. To achieve this, the directorate will need to deliver a significant programme of work throughout 2023/24 and 2024/25, as well as respond to ongoing service pressures and emerging government legislation.</p> <p>The nature, scale and complexity of the programme means that fixed-term external capacity and skills are needed to work alongside in-house teams to deliver core elements of programme.</p> <p>The Director of Adults and Health (DASS), having previously approved the commencement of an open-tender procurement process, to provide the fixed-term external capacity required, will be asked to award the contract to the preferred bidder.</p>	
Decision by	Director of Adults and Health (Alan Sinclair)
Date added	10 February 2023
Month	May 2023
Consultation/ Representations	Representations can be made to the decision maker, via the contact officer, by the beginning of the month the decision is due to be taken.

Background documents (via website)	None
Author	Helena Cox Tel: 033 022 22533
Contact	Erica Keegan Tel: 033 022 26050

Public Health and Wellbeing

Procurement: Healthy Child Programme	
<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>	
Decision by	Cabinet Member for Public Health and Wellbeing (Cllr Bob Lanzer)
Date added	17 November 2022
Month	March 2023
Consultation/ Representations	<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>
Background documents (via website)	None
Author	Fiona Mackison Tel: 033 022 27049
Contact	Erica Keegan Tel: 033 022 26050

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

Topic (including focus for scrutiny)	Corporate or Service Priority	Performance, Outcome or Budget	Timing
Committee Meetings			
End of December 2022 (Quarter 3) Quarterly Performance and Resources Report	Service	Outcome	Mar 23
Update from South East Coast Ambulance Service on its improvement journey	NHS	Outcome	Mar 23
Outcome of Dentistry Workshop	NHS	Outcome	Mar 23
Transition from Children to Adults Services	Service	Outcome	June 23
Integrated Care Strategy	NHS	Outcome	June 23
End of March 2023 (Quarter 4) Quarterly Performance and Resources Report	Service	Outcome	June 23
Update on "make ready centres"	Service	Outcome	TBC
Update on the improvement journey	Service	Outcome	TBC
Informal information sharing sessions			
<ul style="list-style-type: none"> • Update on virtual wards • Shaw Healthcare Contract Update • Recommendations from the Task and Finish Group concerning Marjorie Cobby House and Shaw Day Service and the impact of closure 			<ul style="list-style-type: none"> • Mar 23
Task and Finish Groups (TFGs)			
<ul style="list-style-type: none"> • Mental Health: To include self harm and a focus on children/young people. This will commence with an evidence gathering session. 			2023
Business Planning Group			
Work Programme Planning <ul style="list-style-type: none"> • To consider updates from the services and stakeholders and consider whether any issues should be subject to formal scrutiny by HASC 	-	-	Each meeting
<ul style="list-style-type: none"> • NHS performance report 			TBC
Items raised by the committee in the previous council term <ul style="list-style-type: none"> • Long Covid – To investigate the impact/treatment of long Covid • The award of block contracts for residential care and support services 	-	-	N/A
Integration and Governance			N/A

Topic (including focus for scrutiny)	Corporate or Service Priority	Performance, Outcome or Budget	Timing
Low Vision Services (To monitor – discuss when required)	-	Outcome	2023
The interface between the Local Transport Plan, which was subject to public consultation and public health outcomes with a focus on eliminating carbon			
Committee Suggestions			
A review of Care Point capacity			
Health Inequalities			
Domestic Abuse			

Appendix A - Checklist

Scrutiny Business Planning Checklist

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

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