

# Public Document Pack

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30 June 2022

## Health and Adult Social Care Scrutiny Committee

A virtual meeting of the Committee will be held at **10.30 am** on **Friday, 8 July 2022**.

**Note:** This meeting will be held virtually with members in remote attendance. Public access is via webcasting.

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

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

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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.
- 10.35 am    3.    **End of March 2022 (Quarter 4/end of year) Quarterly Performance and Resources Report** (Pages 3 - 32)
- A report by the Chief Executive and Director of Finance and Support Services setting out the corporate performance, finance, workforce, risk and capital programme positions as at the end of March 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 or Scrutiny Committee.

11.35 am

4. **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.

5. **Date of Next Meeting**

The next meeting of the Committee will be held on 16 September 2022 at 10.30 am at County Hall, Chichester. Probable agenda items include:

- Access to Primary Care
- Progress update on Adult Social Care Strategy
- Financial Assessments Update

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 1 September 2022.

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

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

**8 July 2022**

### **End of March (Quarter 4) Quarterly Performance and Resources Report – Focus for Scrutiny**

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

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#### **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 March 2022.

The Adults Services Portfolio has a number of performance highlights to report this quarter, set out in Appendix B, which detail a demand at the 'front door' and increased acuity of need being experienced across all locality teams throughout the county (something which is a national trend) and staffing pressures in some parts of the service, exacerbated by the impact of the Omicron Covid-19 variant as well as a need to prioritise support to the NHS in respect of hospital discharges throughout the year. The majority of other indicators have remained constant across the year and are expected to remain so, as the Council moves into the next financial year.

The Public Health and Wellbeing Portfolio, set out in Appendix C, highlights the Local Stop Smoking Services, West Sussex Wellbeing Programme and the NHS Influenza Vaccination Programme.

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 the report

Appendix B – Adults Services Portfolio – Summary

Appendix C – Public Health and Wellbeing Portfolio - Summary

Appendix D – Corporate 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 – Covid-19 Summary
- Appendix 3 – Service Transformation
- Appendix 4 – Capital Monitor
- Appendix 5 – Corporate Risk Register Summary
- Appendix 6 – Workforce

**Scrutiny Committee Documents**

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

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

**PRR Matrix – Documents for Scrutiny Committees**

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

<b>KEY:</b>
Specific Committee Responsibility
To Be Included In Committee Papers



## Adults Services Portfolio – Summary

### Performance Summary

- The Portfolio has a number of performance highlights to report this quarter:
  - Unprecedented demand at the 'front door' and increased acuity of need is being experienced across all locality teams throughout the county, something which is a national trend, 'as more people live to older ages, more of us are living with illness and disability, often with complex comorbidities and more challenges in managing everyday life' (Department for Health and Social Care Evidence review for adult social care reform: summary report – 1 December 2021). Yet in line with Our Council Plan outcome to 'provide support to people when they need it', even with this unprecedented demand at the 'front door', the County Council has achieved its 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. Also meeting the target of adult social care assessments that result in a support plan by focussing review activity on new customers with eligible social care needs.
  - However, staffing pressures in some parts of the service, exacerbated by the impact of the Omicron Covid-19 variant as well as a need to prioritise support to the NHS in respect of hospital discharges throughout the year, as well as the ability to react to the unprecedented demand at the 'front door', has impacted on the ability for the service to achieve other performance measures. This includes the percentage of users of adult services and their carers that are reviewed and/ or assessed in the last 12 months and the percentage of adults with a learning disability in paid employment. The latter is dependent on review activity so that the service can ascertain which customers are in paid employment or not. It is anticipated that the dedicated assessment work that has started to be carried out by social work teams across the county, will see performance improve in respect of these indicators that have not been achieved during 2021/22.
  - The majority of other indicators have remained constant across the year and are expected to remain so, as we move into the next financial year.

### Our Council Performance Measures

Adults Services		2021/22 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis	Actions
			Sep-21	Dec-21	Mar-22			
11	Percentage of contacts to adult social care that progress to a social care assessment Reporting Frequency: Quarterly	20-30%	20.2%	19.3%	18.1%	↗	Mar-22: As a result of workflow remapping to allow for accurate data collection, performance is now reflecting an accurate picture of the impact of interventions throughout the customer journey to meet people's needs through information and advice as well as provision of preventative services. This indicator is now within target.	Monitoring demand and complexity of need will continue as will working with health and voluntary and community sector partners, as part of the emerging Adult Social Care Strategy 2022-25 to look to address this national trend in West Sussex.
12	Percentage of adult social care assessments that result in a support plan Reporting Frequency: Quarterly	65-75%	77.2%	76.3%	74.8%	↘	Mar-22: Following changes to workflows and processes to allow for accurate data collection, performance has now improved and the target has been achieved.	The service will continue to monitor demand and capacity in respect of this measure.

## Agenda Item 3 Appendix B

Adults Services		2021/22 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis	Actions
13	Percentage of safeguarding concerns that become a Section 42 enquiry  Reporting Frequency: Quarterly	37.0%	Sep-21	Dec-21	Mar-22	↓	Mar-22: Performance against this measure has moved away from the target for the second half of the year, although it should be noted that it is not within the control of the County Council as to how many safeguarding concerns will be received over the year.	Safeguarding concerns are being raised and progressed using the correct pathway and referrals are closely monitored through audit so that officers are assured that the decision making continues to be robust. The pan Sussex Safeguarding Adult threshold guidance has now been published which supports consistent, timely and robust decisions.
			58.2%	62.8%	64.2%			
14	Time to complete outstanding 'deprivation of liberty' cases  Reporting Frequency: Quarterly	4.4 Months	Sep-21	Dec-21	Mar-22	→	Mar-22: Performance has stabilised in the second half of 2021/22 and aim is to maintain at this level moving into 2022/23.	Continued monitoring of performance to ensure the target continues to be met.
			2.9 Months	3.4 Months	3.4 Months			
36	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	↓	Dec-21: Data is not available for this quarter due to issues with data collection, following changes to workflows and processes. However, the service continues to be impacted by reduction in staffing levels due to covid, which has reduced capacity in the service. In addition the complexity of customers remains high. The service has also in this quarter provided service to non-reablement customers to support service failures in the domiciliary care market. These impacts are likely to have a negative impact on this performance indicator.	Contract management and oversight will continue throughout quarter 4, working with the provider in respect of performance mitigations that are within the control of the County Council.
			85.5%	85.4%	81.3%			
37	Percentage of adults that purchase their service using a direct payment  Reporting Frequency: Quarterly	27.4%	Sep-21	Dec-21	Mar-22	↓	Mar-22: Performance is marginally above target, so intervention is not required at this stage. This continues to be monitored moving into 2022/23.	Continued monitoring of performance to ensure the target continues to be met.
			27.9%	28.5%	28.4%			
38	Percentage of users of adult services and their carers that are reviewed and/or assessed in the last 12 months  Reporting Frequency: Quarterly	73.2%	Sep-21	Dec-21	Mar-22	↓	Mar-22: Due to unprecedented pressure related to demand for assessments, hospital discharge work and the impact of the Omicron variant, a decision was made by the directorates management team to suspend routine activity in November 2021 to reduce this pressure. This has caused performance to deteriorate in this quarter.	The suspension of review activity ceased at the beginning of March 2022 and a new review team has been established to manage reviews for older people moving into 2022/23. The main focus of this work is to embed a strength based approach and any financial savings will be used to meet the ongoing demands of the market and allow the department to manage financial pressures within the agreed budget envelope. Moving into 2022/23 the percentage of reviews undertaken within a 12 month period, should also improve. A plan is being developed to implement a similar approach for Life Long Services and Mental Health services.
			67.1%	63.4%	60.0%			
39	The percentage of adults with a learning disability in paid employment  Reporting Frequency: Quarterly	3.6%	Sep-21	Dec-21	Mar-22	↑	Mar-22: Performance has improved throughout 2021/22, however this measure is dependent on case reviews/assessments within the last 12 months to record employment, which has not been undertaken due to overall capacity issues within the service during the year.	A project to focus on completing case reviews/assessments will be ongoing throughout 2022/23, which is expected to see a significant increase in performance over the coming year.
			0.4%	0.6%	1.1%			
40	The percentage of adults in contact with secondary mental health services living independently with or without support  Reporting Frequency: Quarterly, Reported a quarter in arrears.	71.0%	Jun-21	Sep-21	Dec-21	↑	Mar-22: This is an NHS led measure and is dependent upon the number of patients open to the Sussex Partnership Foundation Trust Mental Health Trust, hence the variability of performance throughout the year. Current performance has increased and this trend is likely to increase as reviews are undertaken and outcomes are recorded through to year end.	Work is on-going in relation to promoting a strength based approach and reducing new admissions to residential care for customers with a mental illness.
			52.0%	67.0%	69.0%			

Adults Services		2021/22 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis	Actions
			Sep-21	Dec-21	Mar-22			
44	Percentage of people affected by domestic violence and abuse who feel safe upon leaving the service  Reporting Frequency: Quarterly	80.0%	89.1%	86.0%	91.3%	↗	Mar-22: Data is available for 23 of the 72 clients that exited from Services this quarter. Of those 23 clients, 21 agreed, or strongly agreed that they felt safe, 2 were not certain, 0 client disagreed/strongly disagreed. The overall % of clients that felt safe upon exiting the service was 91.3%, and 8.7% were uncertain.	To maximise data capture the following has been agreed:- <ul style="list-style-type: none"> <li>• Early Help service manager with operational lead responsibility for the IDVA (Independent domestic violence advisor) service to speak to senior staff, reiterating the importance of full completion for dissemination to staff and teams.</li> <li>• Community Safety DSVA lead (domestic &amp; sexual violence and abuse) to join IDVA service team meeting to discuss key performance indicator reporting and why a 'full picture' is required</li> <li>• Senior IDVA service staff have been upskilled in accessing the data capture forms to monitor recording compliance.</li> </ul>

## Finance Summary

### Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Covid-19 pandemic expenditure	£2.947m	Covid-19 Grant –funding from Covid-19 grants and contributions	(£2.947m)	
Older People – delays in delivering 2021/22 savings due to increased care costs and demand	£4.361m	Covid-19 Grant – allocation of Contained Management Outbreak Fund (COMF) towards eligible costs within Older People and Learning Disability cohorts	(£11.291m)	
Older People – delays in delivering 2021/22 savings on non-residential customers with reduced care package	£0.360m	Covid-19 Grant – use of Omicron Support Fund and the Workforce Recruitment and Retention Fund to manage market pressures	(£2.182m)	
Delays in delivering 2021/22 savings from the closure of Marjorie Cobby House and Shaw day care services. Delayed until April 2022	£0.890m	Use of external funding sources including Winter Pressures Grant and Improved Better Care Fund (iBCF) to manage market pressures	(£3.270m)	
Older People – under-utilisation of the Shaw contract and exceptional spending on short term residential placements	£6.862m	Underspending from the closure of in-house services during the pandemic	(£0.631m)	
Learning Disabilities– delays in delivery of savings 2020/21 & 2021/22	£2.827m	Underspending across a mix of services including the Domestic Abuse service	(£0.173m)	
Learning Disabilities – expenditure relating to residence dispute adjudication outcome against the County Council (including backdated costs)	£1.800m			
Learning Disabilities –changes in care packages for a small number of customers with complex care needs	£0.273m			
<b>Adults Services Portfolio - Total</b>	<b>£20.320m</b>		<b>(£20.494m)</b>	<b>(£0.174m)</b>

### Significant Financial Issues and Risks Arising

Key Financial Issues and Risks Arising	Narrative	Cost Driver	Q1	Q2	Q3	Q4	Action	Trajectory	
Older People's Care Budget	Key cost driver data influencing the trajectory of the Older People's care budget	No. of older people with a care package	4,681	4,694	4,670	4,505	↘	Customer numbers are below pre-Covid levels, having fallen by over 160 during the fourth quarter. Some of this reflects difficulties in obtaining care packages, so numbers may rise by more than would be expected in the first quarter of 2022/23. However, demand continues to represent less of a budget risk than care costs. These are being driven by market-related factors, especially shortages of care workers. At the end of quarter 4, the real terms rate of price increase was 3.95%, if the 1.75% inflationary uplift agreed for 2021/22 is excluded.	↗
		% increase in the average gross weekly cost of a care package for older people	3.0%	4.5%	5.7%	5.7%	↔		
		% increase in the average net weekly cost of a care package for older people	2.8%	4.1%	5.8%	5.8%	↔		

### Financial Narrative on the Portfolio's Position

- The 2021/22 outturn position for the Adults Services Portfolio budget is an underspending of £0.174m, however the underlying position is the product of £12.9m of overspending being met by £12.9m of additional funding contributions. It is an outcome which reflects the impact of Covid-19 and the influence it had on demand for adult social care and the provider market together with associated knock-on effects, notably in relation to delivery of savings targets. This enabled the County Council to use Covid-19 funding streams to manage the financial risk that otherwise would have existed. However, those sources are all time-limited, so they will not be available in 2022/23 should any of the pressures persist. Given the challenges currently facing providers it would be premature to assume that these will abate, especially when set in context of workforce shortages and rising inflation. Consequently, it is important to see the County Council's ability to deliver a balanced budget as being the result of circumstances because the financial risks facing adult social care have increased during the past year.

### Key Explanations For The 2021/22 Outturn

- Older People - Demand.** Outwardly the level of demand was steady. Compared to March 2021, customer numbers rose by around 30, which is a lower level of increase than implied by population growth. The result is that the proportion of people aged over 80 with a care package has fallen from approximately 7.3% to 7.1%. At around 4,500, the total is now in the region of 200 fewer than the corresponding figure pre-pandemic.
- That appearance of stability is misleading since it masks the increasing challenge that the County Council faced in obtaining care. Some of the reasons which contributed to this should prove time-limited, e.g., the needs of hospital discharge and the closure of care homes to new admissions because of Covid-19, whilst others will continue into the medium term. This has led to an imbalance of demand and supply developing in the market, which, in turn, has led to growing waiting lists. As such the possibility of numbers rebounding at a future date cannot be discounted.

5. **Older People – Cost of Care.** Those same market-related factors have resulted in the cost of care rising sharply. The average cost of a care package now stands at approximately £505 per week, which is £27 per week more than in March 2021. That represents an annual rate of increase of 5.7%, which equates to a real terms pressure of almost 4% when discounted for the inflationary uplift of 1.75% agreed by the County Council for 2021/22. To put this in context, approximately £125m is spent on care costs through the older people's budget, so every 1% increase in the average price equates to a pressure of £1.25m. In financial terms this exceeded the benefit of the relative reduction in customer numbers by £0.6m as well as meaning that the £4.361m savings target for absorbing demand growth through demand management was not delivered because care could not be purchased at the price on which that plan had been predicated.
6. Among the explanations for the position is that fewer residential providers are accepting new placements at the County Council's usual maximum rates. Over 60% of admissions are now being made at an agreed price and it has become increasingly common for providers to be seeking payment of over £1,000 per week for fairly standard provision. If any encouragement can be drawn, it is that the rate of growth slowed during the last quarter. Whilst it is hoped that this is a sign that the market may be moving towards an equilibrium state, it remains the biggest unknown when trying to assess the implications of the outturn for the 2022/23 budget.
7. Exacerbating the situation, utilisation of the 590 beds that the County Council is contracted to purchase through the Shaw contract fell below 80% in some months. Whilst this was often due to homes being closed to new admissions due to the pandemic, there were occasions when the budget was paying for over 100 unoccupied Shaw beds plus the additional beds that needed to be bought in the market. The cost of doing this was around £4.7m, which took the total pressure relating to Shaw to £5.5m because the decision to close the day services provided under the contract, which was necessary to deliver a savings target of £0.750m, was not implemented until April 2022.
8. At the same time, fragilities within the domiciliary care market caused an additional £2.5m to be spent on short term residential placements to hold customers until suitable care could be sourced to enable them to return home. In different circumstances some of this spending would not have been value for money, but it was incurred as part of the response to the pandemic. This made it legitimate to charge against Covid-19 funding and uncommitted resources within the Winter Pressures Grant and the market fragility allocation in the Improved Better Care Fund. As a result, £5.0m of the £8.0m pressure bound up in these factors was externally funded, leaving £3.0m to be met by the County Council. When added to the £4.961m of overspending attributable to care costs, the level of the overspend on the older people's budget became £8.0m.
9. Through its budget strategy for 2022/23 the County Council has taken action to try and mitigate the risk that it faces, partly through specific savings plans, for example to increase occupancy of the Shaw contract, and partly through the resources it has provided to fund fee increases, which has resulted in uplifts of in excess of 10% being approved for some providers. This means that the older people's budget enters 2022/23 with an underlying risk in the region of £4m,

which will reduce further if those actions that are being taken are completely successful and if Covid becomes less of an influence on the market

10. **Learning Disabilities.** As a relatively static customer group, weekly expenditure on learning disabilities care costs was largely steady. Despite that for the County Council's share of the pooled budget, there was overspending of £4.9m. £2.8m of that amount relates to under delivery of savings. Again Covid-19 was the principal reason for this, since the personal contact on which many of those plans were dependent was not possible. In addition, where the release of savings was contingent on new services being commissioned the market became a limiting factor.
11. Compounding the position, adjudications were made against the County Council in four cases involving disputed residence. Since such decisions are backdated (one of which was to 2014) they resulted in payment of historic arrears as well as on-going care costs. In total these account for £1.8m of the overspending, though as circa £1.4m is bound up in the arrears this will be one-off in 2021/22 rather than spending that will recur. The remaining £0.3m is a consequence of changes in package costs following reassessments.
12. Plans have been laid in the budget for 2022/23 to replace the lost savings. Allowing for this, and discounting the one-off nature of the arrears payments, it follows that the Learning Disabilities budget moves into 2022/23 with a need to manage an underlying risk of around £0.7m, in addition to its savings targets
13. **Summary Position.** Between Older People and Learning Disabilities the aggregate overspend was £12.9m. Elsewhere across Adults Services there were a mix of mainly minor variations which were largely self-balancing. Due to the extent to which the causes are attributable to Covid-19, £11.3m of the overspend was charged against the County Council's Contained Outbreak Management Fund (COMF) allocation and £1.6m was met from the Improved Better Care Fund.
14. The level of the underlying risk which transfers into 2022/23 is in the region of £4.7m. When combined with existing savings targets that makes for a challenging outlook, even if the market returns to a settled state. This may mean that the Adults budget will continue to require temporary funding to enable it to be balanced in 2022/23. In that event, £14m is being carried forward through the Improved Better Care Fund, of which £7m is uncommitted and could be used to mitigate the effect of timing delays.
15. **Repurposing of Social Care Reform Reserve.** The reforms to adult social care that are scheduled to take place in October 2023 expose the County Council to significant financial risks. In part this is because of the additional expenditure that they will bring. There is also a possibility that the formula which Government will use to allocate funding will target insufficient resources towards local authorities in relatively wealthier areas of the country, since this is where the cost impact of the reforms will be greatest. To mitigate that risk, the Adult and Health Pressures and Recovery Reserve is to be repurposed as the Adult Social Care Reform Risk Reserve. This action is being taken as a proactive measure and will mean that funding of £5m is available to manage adverse financial implications, particularly in relation to the one-off spending which will be incurred in 2023/24 from the surge in activity that is expected as self-funders approach the County Council for an assessment so that they may

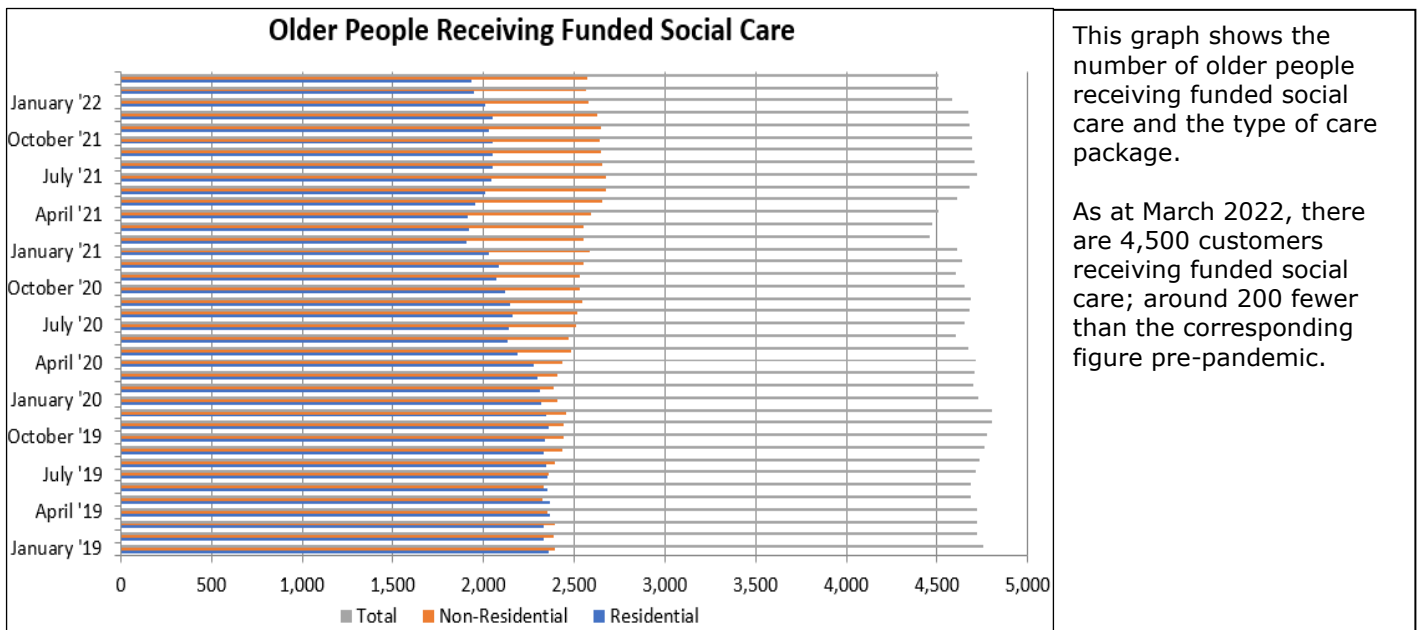
benefit from the reforms. In addition, the reserve will support the County Council in managing any unforeseen market effects that may arise.

**Proposed Carry Forward Requests**

16. A number of carry forward requests have been actioned during the closing of the accounts, including the following item within the Adults Services Portfolio:

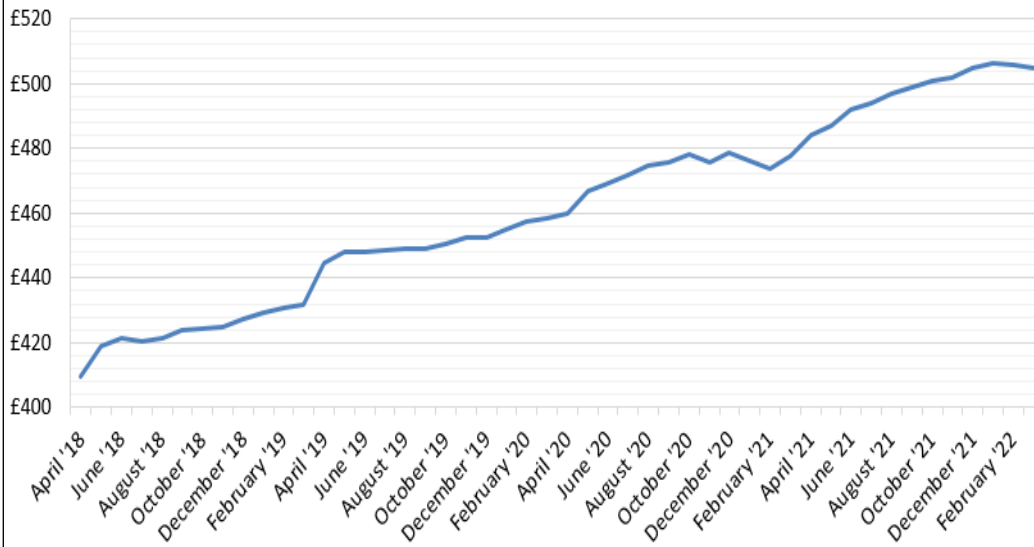
2021/22 Carry Forward Requests	Amount
<b>Domestic Abuse Grant</b> – A Decision ( <i>AS03 21/22</i> ) was taken in January 2022 which approved the Pan Sussex Domestic Abuse Accommodation and Support Strategy. Grant funding allocated to the County Council in 2021/22 has been carried forward to enable this work to be undertaken.	£1.498,174

**Cost Driver Information**





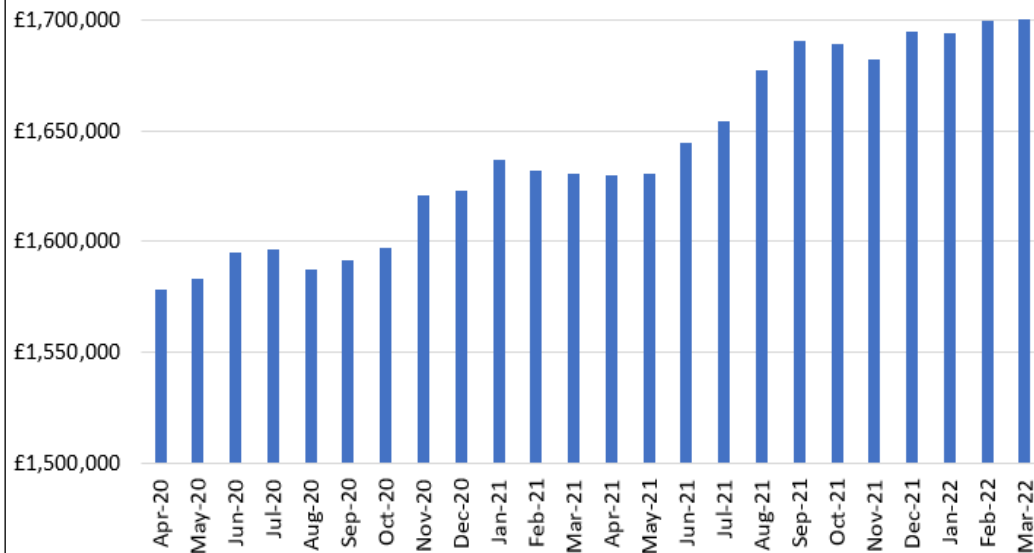
**Average Gross Weekly Cost - Older People**



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

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

**Net Weekly Cost - Learning Disabilities**



This graph shows the net weekly cost of learning disability care packages since April 2020.



## Savings Delivery Update

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

Saving Activity	2020/21 Savings £000	March 2022		Narrative	2022/23
Lifelong Services ( <i>Learning Disabilities</i> )	1,900	800	G		G
		1,100	R Covid19	Plans have been revised as part of budget preparation for 2022/23. The same level of saving will be pursued but through a different set of initiatives.	A
Saving Activity	2021/22 Savings £000	March 2022		Narrative	2022/23
Review of in-house residential services ( <i>Older People</i> ).	640	640	R	A decision to close Marjorie Cobby House was made by Cabinet in November. This will result in the saving being delivered in full in 2022/23. The shortfall in 2021/22 was mitigated from savings within the in-house services budget, mainly as a result of day services being closed during the pandemic.	G
Review of Shaw day services ( <i>Older People</i> ).	250	250	R	A decision to close Shaw day services was made by Cabinet in November. This will enable the saving to be delivered in full in 2022/23.	G
Absorption of demand growth for adult social care from older people through demand management ( <i>Older People</i> ).	4,361	4,361	R Covid19	This is a saving which was planned to be delivered from the benefit of actions previously taken, e.g., the Home First contract. The impacts of Covid-19 and market-related factors overtook everything else, leading the older people's budget into a significant overspend in 2021/22. This made it impossible to evidence whether the saving had been achieved. Plans have been laid as part of budget preparation for 2022/23 to avoid this becoming a recurring pressure.	A
Non-residential customers to remain at home with reduced package ( <i>Older People</i> ).	890	530	G	Savings to date from the additional capacity available in the Reablement contract.	G
		360	R	Capacity constraints due to provider staff shortages led to fewer additional hours of reablement being delivered than the County Council had sought. When the decision to increase investment in the contract was made in February 2021, funding was earmarked from the Improved Better Care Fund to mitigate the risk of under-performance in 2021/22, so it did not result in overspending.	A
Increase supply and use of shared lives carers ( <i>Learning Disabilities</i> ).	448	448	R Covid19	Recruitment and training of additional shared lives carers has taken place. Although this did not enable any additional placements to be made before 31st March, it is expected that it will mean the saving is delivered in full in 2022/23.	G

Agenda Item 3  
Appendix B

Saving Activity	2021/22 Savings £000	March 2022		Narrative	2022/23
Supported Living - transfer of customers from residential provision ( <i>Learning Disabilities</i> ).	1,059	1,059	R Covid19	Plans have been revised as part of budget preparation for 2022/23. The same level of saving will be pursued but through a different set of initiatives.	A
Increase number of customers supported by live-in care ( <i>Learning Disabilities</i> ).	106	106	R Covid19	Plans have been revised as part of budget preparation for 2022/23. The same level of saving will be pursued but through a different set of initiatives.	A
Reduce use of single person services for customers where shared services may be suitable ( <i>Learning Disabilities</i> ).	114	114	R Covid19	Plans have been revised as part of budget preparation for 2022/23. The same level of saving will be pursued but through a different set of initiatives.	A
Review of Agency Staffing	108	108	B		B

**Savings Key:**

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

## Capital Programme

### Performance Summary - Capital

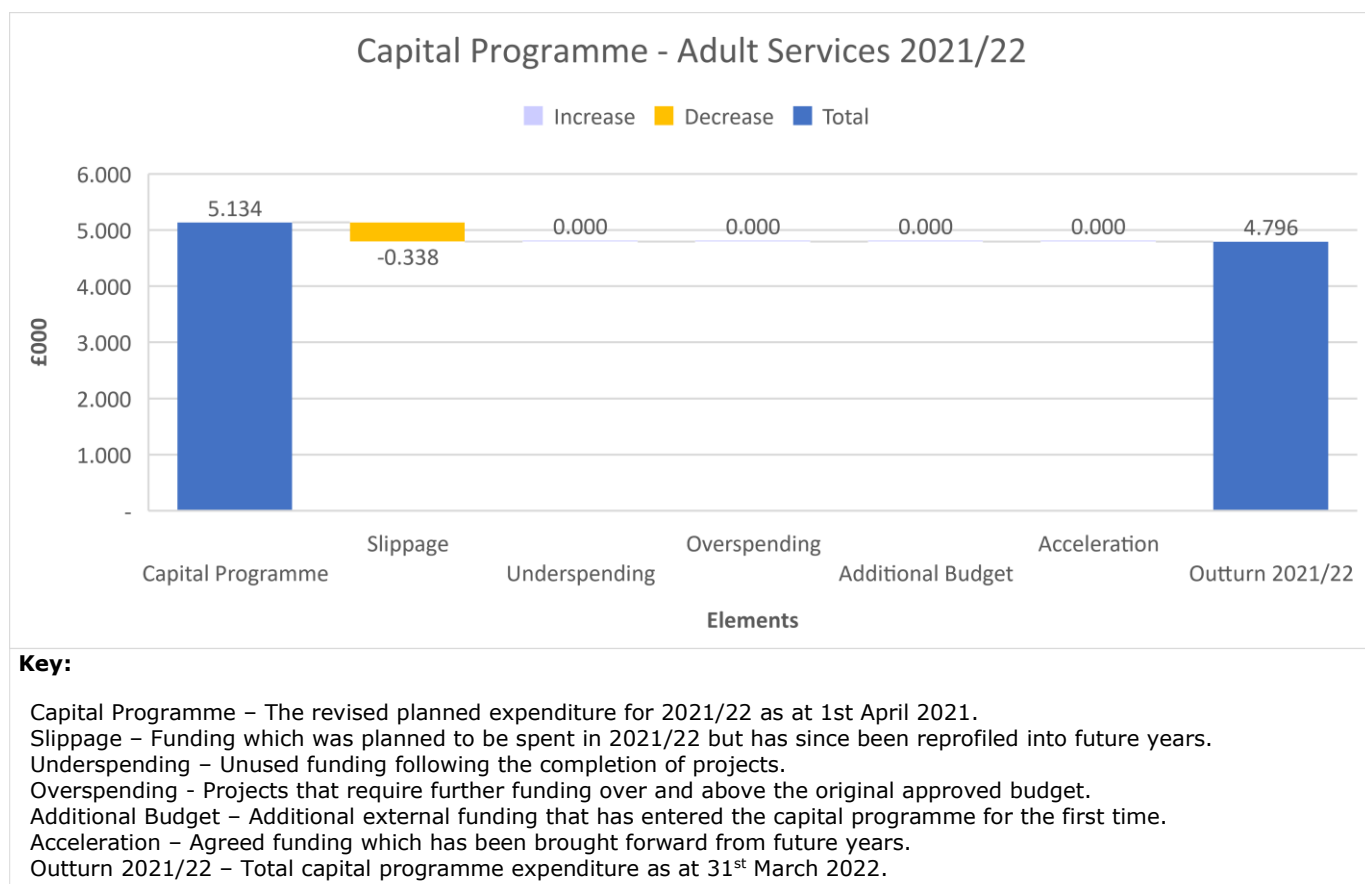
18. There are eight schemes within this portfolio; five of the schemes in delivery are rated green, indicating that the schemes are progressing as planned and three schemes are rated amber indicating that there is an issue, but that it can be dealt with by the project manager or project delivery team.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

Scheme	RAG Status at 31 <sup>st</sup> March	Reason	Latest RAG Status	Updated Position
Adults In-House Day Services Part B - Laurels	AMBER	Site completed and handed back to Service but close out works remain in progress.	AMBER	Project completed but some quality issues remain which are being managed as part of the aftercare process.
Adults In-House Day Services Part B – The Rowans	AMBER	Site completed and handed back to Service but close out works remain in progress	AMBER	Project completed but some quality issues remain which are being managed as part of the aftercare process.
Adults In-House Day Services Part B - Glebelands	AMBER	Site completed and handed back to Service but close out works remain in progress.	AMBER	Project completed but some quality issues remain which are being managed as part of the aftercare process.

### Finance Summary - Capital

19. The capital programme; as approved by County Council in February 2021, agreed a programme totalling £2.039m for 2021/22. £3.095m of expenditure, originally profiled to spend in 2020/21, was slipped into 2021/22, revising the capital programme to £5.134m.

20. During the year, the Portfolio spent £4.796m, a reduction of £0.338m when compared to the profiled spend in December 2021.



21. Details of movements of the financial profiling within the capital programme between December and March are as follows:

- **Slippage: (-£0.338m). Movement since Q3 report: (-£0.338m).**
  - **Alinora Crescent – (-£0.020m)** – Small amount of slippage into 2022/23.
  - **Choices for the Future Part A – (-£0.187m)** - This project has completed. £0.187m has been reprofiled into 2022/23 whilst the final invoices are negotiated. It is likely there will be a small underspend that would be returned corporately.
  - **Choices for the Future Part B – (-£0.131m)** – This project is now complete with sites being handed back to the County Council. The contractor is completing the 'aftercare process' having agreed an extension of term to the contract.

## Risk

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

Agenda Item 3  
Appendix B

Risk No.	Risk Description	Previous Quarter Score	Current Score
CR58	<p>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 <b>failure of social care provision</b> which will result in funded and self-funded residents of West Sussex left without suitable care.</p>	25	25

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

## Public Health and Wellbeing Portfolio - Summary

### Performance Summary

1. The Portfolio has a number of performance highlights to report this quarter:

- **Local Stop Smoking Services:** Smoking remains the number one cause of preventable illness and premature death in England and is a major risk factor for cancer, cardiovascular disease, and respiratory illness. Smoking rates have gradually fallen over recent years, however, approximately 70,000 people in West Sussex still smoke. With increased smoking rates among young adults in England since the outbreak of the Covid-19 pandemic, and alongside the risks and impacts of the virus itself, there has never been a more important time to quit. Together with partners, including the Smokefree West Sussex Partnership, District and Borough Councils, universities and colleges, pharmacies, and local NHS organisations across West Sussex, the Council's Public Health Directorate and Communications team, have continued to raise awareness following No Smoking Day (9<sup>th</sup> March) of the health and financial benefits of quitting smoking, and encourage people to visit the [West Sussex Wellbeing website](#) to find out more information about local Stop Smoking Services available to anyone who lives or works in West Sussex.
- **West Sussex Wellbeing Programme:** Thousands of local people are healthier and more active thanks to the West Sussex Wellbeing service which celebrates more than 10 years of supporting people across the county since it was established countywide in 2011. Commissioned by the Council's Public Health Directorate and funded by the Public Health Grant via a partnership agreement with the seven District and Borough Councils in the county, the service offers free impartial, friendly advice and support on a one to one basis through groups and activities, helping people to make positive choices to tackle risk factors such as excess weight, sedentary behaviour, smoking and drinking too much alcohol. [A countywide wellbeing website](#) provides further support, information, and advice on a range of topics, as part of the overall programme.
- **NHS Influenza Vaccination Programme:** Local Authority Public Health (LAPH) provides an oversight and assurance role for immunisation and screening programmes, working closely with delivery partners to tackle inequalities, including access to vaccination, to increase uptake across the local population of West Sussex. Local NHS partners, Sussex Health and Care Partnership (SHCP) delivered the NHS Influenza Vaccination Programme during the period November 2021 to January 2022; the Council's Public Health Directorate supported the programme during this time by encouraging all eligible residents to take up the offer of the free flu vaccine, via a wide range of communication channels and engaging with key stakeholders. They also encouraged uptake amongst County Council staff and members, and WSCC offered and promoted free flu vaccination to all staff who were not eligible for the free NHS flu vaccine, including school staff, teachers, Capita staff, and foster carers.

## Our Council Performance Measures

Public Health and Wellbeing		2021/22 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis	Actions
			2018/19	2019/20	2020/21			
5a	Uptake of flu vaccine in over 65s or at risk Reporting Frequency: Annually	75.0%					<p>Mar-22: 2021/22 results due in August 2022.</p> <p>Local NHS partners, Sussex Health and Care Partnership (SHCP) delivered the NHS Influenza Vaccination Programme during the period November 2021 to January 2022; the Council's Public Health Directorate supported the programme during this time by encouraging all eligible residents to take up the offer of the free flu vaccine, as well as encouraging take-up among all WSCC staff and Elected Members. Activities included delivering key public health messages to local residents and communities (including at-risk groups) in newsletters and press releases, banners in WSCC libraries, an extensive local social media campaign (Facebook and Instagram), and providing information and advice on the West Sussex Wellbeing website. WSCC also offered and promoted free flu vaccination to all County Council staff who were not eligible for the free NHS flu vaccine, including school staff, teachers, Capita staff, and foster carers.</p>	<p>Director of Public Health is member of Sussex wide Covid-19 and Flu Vaccination Board to support and promote uptake across the system including and bringing in local authority involvement and support. Consultant in Public Health is member of Sussex Vaccine Inequalities Group working across the system and for West Sussex to promote uptake in most vulnerable groups.</p>
			73.4%	74.2%	83.7%	↑		
5b	Update of flu vaccine in 'at risk' groups Reporting Frequency: Annually	47.0%					<p>Mar-22: 2021/22 results due in August 2022.</p> <p>Local NHS partners, Sussex Health and Care Partnership (SHCP) delivered the NHS Influenza Vaccination Programme during the period November 2021 to January 2022; the Council's Public Health Directorate supported the programme during this time by encouraging all eligible residents to take up the offer of the free flu vaccine, as well as encouraging take-up among all WSCC staff and Elected Members. Activities included delivering key public health messages to local residents and communities (including at-risk groups) in newsletters and press releases, banners in WSCC libraries, an extensive local social media campaign (Facebook and Instagram), and providing information and advice on the West Sussex Wellbeing website. WSCC also offered and promoted free flu vaccination to all County Council staff who were not eligible for the free NHS flu vaccine, including school staff, teachers, Capita staff, and foster carers.</p>	<p>Director of Public Health is member of Sussex wide Covid-19 and Flu Vaccination Board to support and promote uptake across the system including and bringing in local authority involvement and support. Consultant in Public Health is member of Sussex Vaccine Inequalities Group working across the system and for West Sussex to promote uptake in most vulnerable groups.</p>
			49.1%	45.8%	56.7%	↑		
6	Healthy weight of 10-11 year olds Reporting Frequency: Annually	62.9%					<p>2021/22 results due in November 2022</p> <p>Dec-21: West Sussex is one of only 19 local authorities who met the criteria to have National Child Measurement Programme (NCMP) data published for the Year 6 cohort. (Local authority data was only published where more than 75% of children were measured compared with previous full measurement years).</p> <p>The data shows that there was a significant reduction in the prevalence of healthy weight for 10 to 11 year olds in England, the South East, and West Sussex by 5.6 percentage points, 4.2 percentage points, and 6.6 percentage points respectively, to 57.8% in England, 62.9% in the South East, and 63.2% in West Sussex in 2020/21. Despite this reduction in healthy weight, the prevalence in healthy weight in this cohort of children in West Sussex, remains significantly higher (better) than England. It is recognised that there are likely to be many confounding factors in additional weight gain, for example, the impact of the Covid-19 pandemic with a number of lockdowns, a reduction in children and young people undertaking physical activity, and changes in dietary intake.</p>	<p>The latest data provides a good basis for ongoing and developing obesity work for both Reception and Year 6 children for 2021/22. Obesity is a complex issue affecting all ages, which emphasises the importance of the need for a family targeted approach, working across all age groups. The National Child Measurement Programme (NCMP) for Reception and Year 6 for 2021/22 is on track and will be completed later in the year.</p>
			70.4%	69.8%	63.2%	↓		



Public Health and Wellbeing		2021/22 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis	Actions
			2016/17	2017/18	2018/19			
31	Healthy life expectancy for men Reporting Frequency: 3 Year Rolling Average	66 (2017/19 Baseline Data)					Mar-22: The latest local authority level data available for healthy life expectancy for men and healthy life expectancy for women was published in May 2021 and relates to the period 2017-2019.	Nationally, women's Healthy Life Expectancy is worse than men and often for different reasons e.g. cancer type. We are looking to address this inequality in the county as with other approaches to inequality e.g. disadvantaged communities and minority groups.
			65.8 Years	64.6 Years	66.0 Years	↗	An update, for the period 2018-2020, will be released later in 2022, and this includes the first year (2020) of the Covid-19 pandemic. It is important to note, however, that the impact of Covid-19 continues and there may be on-going, direct, and indirect, effects of the pandemic on health.	Work has been undertaken locally to detail the main causes of ill health, disability and death, and also the underlying risk factors, such as smoking, diet (including those high in salt, low in fibre and fruit and vegetables) and obesity. This work is informing a population level approach, agreed at West Sussex Health and Wellbeing Board and with local partners.
32	Healthy life expectancy for women Reporting Frequency: 3 Year Rolling Average	64.8 (2017/19 Baseline Data)					Mar-22: The latest local authority level data available for healthy life expectancy for men and healthy life expectancy for women was published in May 2021 and relates to the period 2017-2019.	Nationally, women's Healthy Life Expectancy is worse than men and often for different reasons e.g. cancer type. We are looking to address this inequality in the county as with other approaches to inequality e.g. disadvantaged communities and minority groups.
			63.6 Years	64.3 Years	64.8 Years	↗	An update, for the period 2018-2020, will be released later in 2022, and this includes the first year (2020) of the Covid-19 pandemic. It is important to note, however, that the impact of Covid-19 continues and there may be on-going, direct, and indirect, effects of the pandemic on health.	Work has been undertaken locally to detail the main causes of ill health, disability and death, and also the underlying risk factors, such as smoking, diet (including those high in salt, low in fibre and fruit and vegetables) and obesity. This work is informing a population level approach, agreed at West Sussex Health and Wellbeing Board and with local partners.
35	Number of people completing evidence-based falls prevention programmes Reporting Frequency: Annually	400					Feb-22: Covid-19 restrictions during the pandemic have impacted on the provision of group exercise classes; they were paused for a significant period of time, and in the main, re-established at the beginning of Autumn 2021. Programmes run for approximately 6 months and thus, data for completers will be available in Q1 2022-23.	Falls are a significant risk factor for reducing independence in older people. The Covid-19 pandemic is likely to have further increased this risk due to deconditioning taking place as a result of shielding for the Clinically Extremely Vulnerable (CEV) and other social distancing requirements. Reduction in activity levels can lead to loss of muscle strength and postural stability, which both increase falls risk. Work is currently taking place with NHS and district and borough partners to assess and review the current situation and actions to respond.
			New Measure No Data	New Measure - No Data	New Measure No Data		A range of partners and providers deliver falls prevention programmes in West Sussex, and therefore data is combined from a range of areas. Due to this, the reporting frequency has been reviewed and revised to annual reporting.	

## Finance Summary

### Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Covid-19 pandemic expenditure	£9.692m	Funding from Covid-19 grant	(£9.692m)	
<b>Public Health and Wellbeing Portfolio - Total</b>	<b>£9.692m</b>		<b>(£9.692m)</b>	<b>£0.000m</b>

### **Significant Financial Issues and Risks Arising**

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

### **Financial Narrative on the Portfolio's Position**

3. The 2021/22 outturn position for the Public Health and Wellbeing Portfolio is a balanced budget. This is due to any underspending within the ring-fenced Public Health Grant being carried forward into 2022/23 and costs associated with the Covid-19 pandemic being met from specific Government grants.

### **Review of the 2021/22 Financial Year**

4. Public Health has been impacted heavily by the consequences of the Covid-19 pandemic. This has resulted in £1.9m of underspending within the Portfolio, primarily because activity levels in demand-led areas like NHS health checks and sexual health were lower than usual during the pandemic.
5. As the Public Health Grant is a ring-fenced grant, the £1.9m in-year underspend will be carried forward, where it will add to the underspending of £1.2m that was brought forward from 2020/21. In total this means that a sum of £3.1m will transfer into 2022/23.

### **Savings Delivery Update**

6. The portfolio has no named savings target for 2021/22, however it should be noted that there is a direct link to the Support Services and Economic Development saving – Use of Public Health Grant (PHG). This comes about because £1.2m of opportunity was available within the Public Health budget, partly from uncommitted Public Health Grant and partly from cost reductions secured in spending areas like the Help at Home Contract. That has allowed £1.2m of corporate overhead costs that support delivery of Public Health activities to be recharged against the PHG, so enabling delivery of the saving within the Support Services and Economic Development Portfolio. This £1.2m saving is reported as delivered.

### **Capital Programme**

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

### **Risk**

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



# Corporate Risk Register Summary

**CR58**

Current Score

**25**

Target Score

**9**

Initial Score

**25**

Risk Change  
**Unchanged**



**Risk Description**

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

**Date Risk Raised**

**05/09/2018**

**Risk Owner**

**Director of Adults and Health**

**Risk Strategy**

**Treat**

**Risk Control/Action**

**Target Date**

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

**CR39a**

Current Score

**25**

Target Score

**16**

Initial Score

**20**

Risk Change  
**Unchanged**



**Risk Description**

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

**Date Risk Raised**

**01/03/2017**

**Risk Owner**

**Director of Finance & Support Services**

**Risk Strategy**

**Treat**

**Risk Control/Action**

**Target Date**

Transition to a controlled framework for process and practice.	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
Provide capacity & capability to align with National Cyber-Security centre recommendations.	Ongoing
Maintain IG Toolkit (NHS) & Public Service Network security accreditations.	Ongoing
Improve staff awareness of personal & business information security practices & identification of cyber-security issues. Continued actions due to evolving threats.	Ongoing
Ensure that cyber-attack is identified early, that reporting & monitoring is effective, and recovery can be prompt.	Ongoing
Conduct tests including penetration, DR and social engineering. (conducted 6 monthly)	Ongoing

# CR11

Current Score

16

Target Score

8

Initial Score

20

Risk Change  
**Increasing**



## 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 skilled staff to manage and deliver quality services.

## Date Risk Raised

01/03/2017

## Risk Owner

Director of Human Resources & Org Dev

## Risk Strategy

Treat

## Risk Control/Action

## Target Date

Benchmarking of salaries against peers to attract and retain talent for key areas.	01/07/2022
Conduct planning session with HR team to review current recruitment practices, and meet with key stakeholders to develop comprehensive plan to address areas needing improvement.	01/07/2022
Development and regular communication of comprehensive employee value proposition.	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.	Ongoing

# CR61

Current Score

15

Target Score

10

Initial Score

25

Risk Change  
**Unchanged**



## Risk Description

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

## Date Risk Raised

01/06/2019

## Risk Owner

Director of Children, Young People and Learn...

## Risk Strategy

Treat

## Risk Control/Action

## Target Date

Implement Practice Improvement Plan (PIP). Improvement Plans include management development and HCC intervention.	Ongoing
Provide proactive improvement support to services to assure effective safeguarding practices.	Ongoing

# CR68

Current Score

15

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

Treat

## Risk Control/Action

## Target Date

Develop communications when required to manage expectations of staff and residents on WSCC response position. Ongoing

Regular engagement with MHCLG and ensure information and direction is discussed and implemented through the Strategic Coordinating Group (SCG-Gold) and Tactical Coordination Group (TCG-Silver). Ongoing

Review and update business continuity and service critical plans. Ongoing

Services to consider impacts should government impose restrictions (via tier system) at a district level as opposed to county. Ongoing

To continue to lobby government groups to influence funding decisions. Ongoing

# CR69

Current Score

15

Target Score

10

Initial Score

25

Risk Change  
Decreasing



## Risk Description

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

## Date Risk Raised

01/03/2020

## Risk Owner

Director of Children, Young People and Learning

## Risk Strategy

Treat

## Risk Control/Action

## Target Date

Continue to work with Hants CC as a partner in practice to improve the breadth of children's service. Ongoing

Deliver Children First Improvement Plan. Ongoing

Implement the Children First Service transformation model Ongoing



# CR60

Current Score <b>15</b>	Target Score <b>10</b>	Initial Score <b>20</b>	Risk Change <b>Unchanged</b> ➡
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**Risk Description**

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

Date Risk Raised  
**01/04/2019**

Risk Owner  
**Chief Fire Officer**

Risk Strategy  
**Treat**

Risk Control/Action	Target Date
Ensure robust project and programme governance in place and monitor delivery.	Ongoing

# CR72

Current Score <b>12</b>	Target Score <b>8</b>	Initial Score <b>20</b>	Risk Change <b>Decreasing</b> ⬇️
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**Risk Description**

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

Date Risk Raised  
**01/08/2021**

Risk Owner  
**Director of Children, Young People and Learning**

Risk Strategy  
**Treat**

Risk Control/Action	Target Date
Develop and publish a market position statement to be sent out to care providers and other LA's to engage them in placements and requirements, in line with the needs of children.	01/09/2022
Escalate to Assistant Directors and Exec Director any situation where a child or young person is at risk of being without a registered provision when they require one.	Ongoing

# CR22

Current Score

12

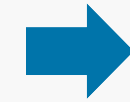
Target Score

12

Initial Score

16

Risk Change  
Unchanged



## Risk Description

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

## Date Risk Raised

01/03/2017

## Risk Owner

Director of Finance & Support Services

## Risk Strategy

Tolerate

## Risk Control/Action

## Target Date

Financial impacts arising from the Covid-19 national emergency need to be reflected and addressed within the PRR and MTFS as appropriate.

Ongoing

Monitor the use of additional funds made available to improve service delivery.

Ongoing

Pursue additional savings options to help close the budget gap.

Ongoing

# CR70

Current Score

12

Target Score

12

Initial Score

12

Risk Change  
Unchanged



## Risk Description

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

## Date Risk Raised

01/08/2020

## Risk Owner

Chief Executive

## Risk Strategy

Tolerate

## Risk Control/Action

## Target Date

Continue to monitor service resource impact.

Ongoing

Provision of support to services when required.

Ongoing

# CR73

Current Score

12

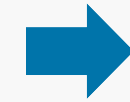
Target Score

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

# CR39b

Current Score

9

Target Score

9

Initial Score

20

Risk Change  
**Unchanged**



## Risk Description

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

## Date Risk Raised

01/03/2017

## Risk Owner

Director of Law & Assurance

## Risk Strategy

Tolerate

## Risk Control/Action

## Target Date

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



# CR50

Current Score

9

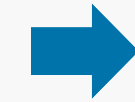
Target Score

6

Initial Score

20

Risk Change  
Unchanged



## Risk Description

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

## Date Risk Raised

01/03/2017

## Risk Owner

Director of Human Resources & Org Dev

## Risk Strategy

Treat

## Risk Control/Action

## Target Date

Conduct a training needs analysis, produce gap analysis to understand requirements and produce suitable courses as a consequence.

Ongoing

Develop and introduce a more comprehensive risk profile approach and front line service based audits.

Ongoing

Incorporate HS&W information into current performance dashboard.

Ongoing

Purchase, develop and introduce an interactive online H&S service led audit tool.

Ongoing

Regular engagement with other LA's on best practice and lessons learned.

Ongoing

# CR7

Current Score

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

01/03/2017

## Risk Owner

Director of Law & Assurance

## Risk Strategy

Treat

## Risk Control/Action

## Target Date

Audit plan focussing reviews on key corporate support systems to identify areas in need of improvement.

Ongoing

Data on areas of non-compliance used to inform Directors to enforce compliance with standards.

Ongoing

Guidance to CLT on governance. Schedule and deliver associated training

Ongoing

Regular compliance monitoring and active corporate support when non-compliance happens to establish better practice.

Ongoing

# CR65

Current Score

6

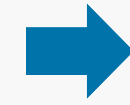
Target Score

6

Initial Score

20

Risk Change  
Unchanged



Risk Control/Action

Target Date

Risk Description

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

Date Risk Raised

01/12/2019

Risk Owner

Chief Executive

Risk Strategy

Tolerate