

# Public Document Pack

**Tony Kershaw**

Director of Law and Assurance

If calling please ask for:

Rob Castle on 033 022 22546

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

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

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



14 September 2022

## Health and Adult Social Care Scrutiny Committee

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

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

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

**Tony Kershaw**

Director of Law and Assurance

### Agenda

**(papers as per meeting postponed from 16 September 2022)**

#### Part I

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. **Committee Membership**

The Committee to note the appointment of Cllr Graham McKnight in place of Cllr B Cooper, Cllr Baldwin as the second Conservative substitute and to approve the latest confirmed co-optee appointments as follows: -

Cllr Adam Peacock - Mid Sussex District Council  
Cllr Ian Irvine – Crawley Borough Council  
Cllr Cathy Glynn-Davies – Worthing Borough Council

3. **Minutes of previous meetings**

The Committee is asked to agree the Part I minutes of the meeting held on 15 June 2022 and the minutes of the meeting held on 8 July 2022 (cream paper).

(a) **Part I minutes from 15 June 2022** (Pages 5 - 8)

(b) **Minutes from 8 July 2022** (Pages 9 - 12)

4. **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.

5. **Part II Matters**

Members are asked to indicate at this stage if they wish the meeting to consider bringing into Part I any items on the Part II agenda.

6. **Responses to Recommendations** (Pages 13 - 14)

The Committee is asked to note the responses to recommendations made at its 15 June 2022 and 8 July 2022 meetings.

10.35 am 7. **Financial Assessment Improvement Plan** (Pages 15 - 48)

Report by the Director of Finance and Support Services.

The report details the progress in responding to the issues and concerns arising from the financial assessment review process undertaken since the improvement plan was presented to the last meeting of the Health and Adult Social Care Committee on 21 January 2022. The report includes an update on recommendations made by the committee at its January meeting.

11.25 am 8. **Response by University Hospitals Sussex NHS Foundation Trust to Care Quality Commission (CQC) Inspection** (Pages 49 - 70)

A presentation by University Hospitals Sussex NHS Foundation Trust outlining the findings of inspections by the Care Quality Commission and the Trust's response.

The Committee is asked to seek assurance that actions taken to address areas of concern raised by the Care Quality Commission have been addressed.

12.15 pm 9. **End of June 2022 (Quarter 1) Quarterly Performance and Resources Report** (Pages 71 - 106)

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 June 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.

1.00 pm      10.      **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 107 - 112)

Extract from the Forward Plan dated 1 September 2022 – attached.

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

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

(b)      **Work Programme** (Pages 113 - 116)

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

11.      **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.

12.      **Date of Next Meeting**

The next meeting of the Committee will be held on 23 November 2022 at 10.30 am at County Hall, Chichester. Probable agenda items include:

- Access to Primary Care
- Terms of Reference for Mental Health TFG
- Progress update on Adult Social Care Strategy (including Quality Assurance and hospital waiting lists)

- Quarter 2 Performance & Resources Report

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 8 November 2022.

13. **Exclusion of Press and Public**

The Committee is asked to consider in respect of the following item whether the public, including the press, should be excluded from the meeting on the grounds of exemption under Part I of Schedule 12A of the Local Government Act 1972, as indicated below, and because, in all the circumstances of the case, the public interest in maintaining the exemption of that information outweighs the public interest in disclosing the information.

Exempt: paragraph 3, Financial or business affairs of any person (including the authority).

**Part II**

14. **Part II minutes of the 15 June meeting of the Committee**  
(Pages 117 - 118)

The Committee is asked to agree the Part II restricted minutes of the meeting held on 15 June 2022 (attached for Members of the Committee only, gold paper).

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

**Webcasting**

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

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

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

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

Present: Cllr Wall (Chairman)

Cllr Ali	Cllr Patel	Cllr Bevis
Cllr Atkins	Cllr Pudaloff	Cllr Irvine
Cllr Cooper	Cllr Walsh	Cllr Peacock
Cllr Dunn	Cllr Burgess	Cllr Pendleton
Cllr Forbes	Katrina Broadhill	
Cllr O'Kelly	Cllr Bangert	

Apologies were received from Cllr Nagel and Cllr Loader

Also in attendance: Cllr A Jupp and Cllr Lanzer

### **Part I**

#### **1. Election of Chairman**

- 1.1 Cllr Wall was proposed as Chairman by Cllr Patel. The proposal was seconded by Cllr Cooper. There were no other nominations.
- 1.2 Resolved – that Cllr Wall is elected as Chairman of the Committee for the year.

#### **2. Election of Vice Chairman**

- 2.1 Cllr Walsh was proposed by Cllr O'Kelly. The proposal was seconded by Cllr Bangert. Cllr Cooper was proposed by Cllr Wall. The proposal was seconded by Cllr Ali. A secret ballot was held.
- 2.2 Resolved – that Cllr Cooper was elected as Vice Chairman by eight votes to three.

#### **3. Business Planning Group Membership**

- 3.1 The Business Planning Group membership was agreed as Cllr Wall (Chairman), Cllr Cooper (Vice Chairman), Cllr Patel, Cllr Walsh and Cllr Pudaloff.

#### **4. Committee Membership**

- 4.1 The membership of the Committee was noted with the addition of Cllr Irvine as the representative for Crawley Borough Council.

**5. Declarations of Interest**

- 5.1 In accordance with the code of conduct, the following personal interest was declared: -
- 5.2 Cllr Bevis in respect of item 11a, Forward Plan of Key Decisions - Community Advice and Support Service Award of Contract – as a volunteer with Citizens Advice.

**6. Part II Matters**

- 6.1 Members queried the fact that part of the item on the Shaw Healthcare Contract was to be excluded from public debate. The reasons for the exclusion were provided by the Monitoring Officer and read out by Rachel Allan, Senior Adviser. Alan Sinclair, Director of Adults & Health advised that he would deal with as much as possible in open debate, but would delay responses where necessary until the Committee was in closed session.

**7. Minutes of the last meeting of the Committee**

- 7.1 Resolved – that the minutes of the meeting held on 7 March 2022 are approved as a correct record and are signed by the Chairman.

**8. Responses to Recommendations**

- 8.1 Resolved – that the Committee notes the responses to recommendations made at its 7 March 2022 meeting.

**9. Care Quality Commission Inspection of University Hospitals Sussex NHS Foundation Trust**

- 9.1 This item was deferred to a later date as the information was not available in time for this meeting.

**10. Forward Plan of Key Decisions**

- 10.1 The decision on YMCA Blended Counselling Contract Extension relates to commissioning of funding so will be taken by the Director of Adults & Children with Children’s Services being consulted.
- 10.2 Care and Support at home would be discussed when the Committee looks at the Adult Social Care Strategy and access to primary care.

**11. Work Programme**

- 11.1 The following items were suggested as items to be added to the work programme and would be discussed at the next meeting of the Business Planning Group: -
- The Children & Adolescent Mental Health Service (including self-harm)

- South East Coast Ambulance NHS Trust performance, especially response times

## 12. Shaw Healthcare Contract

12.1 The Committee scrutinised a report by the Assistant Director Commissioning (copy appended to the signed minutes) which was introduced by Alan Sinclair, Director of Adults' Services who advised the Committee that: -

- The Council and Shaw Homes were trying to increase occupancy, but were not satisfied with the level as yet
- The Care Quality Commission (CQC) ratings for Shaw Homes had improved over the years with none presently rated as inadequate – the improvement had come about due to the joint efforts of the Council and Shaw Homes
- The Council now had a dedicated Contracts Manager to deal with any problems as soon as possible in conjunction with the CQC if necessary
- The Council was working with the CQC and the NHS to improve quality of care in the homes taking feedback from residents and their families/carers into consideration
- Some Shaw Homes day services had been successfully decommissioned
- Confirmation that any future plans will involve residents, families, carers and the public taking into account lessons learned with engagement with the provider as early as possible
- The complex nature of the contract meant that specialist help would be needed for legal and financial matters
- It was expected that a progress report would be ready by September and a full report in November

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

- The Council does not place people in or pay for unoccupied beds in homes that are rated as inadequate and is cautious about placing people in homes that require improvement – this is a factor in low occupancy levels
- The contracts team was working on improving quality of service through the contract
- Confirmed that even before covid, Shaw Homes day services were running at between 10% and 50% of capacity which did not represent value for money and quality would have suffered due to low numbers **ACTION:** Catherine Galvin to supply the Committee with information on quality of services pre covid
- After consultation with day services users, reprovision had been offered to all that wanted it
- Nursing beds cost more per person than residential beds
- Large contracts such as the one with Shaw Homes were reviewed regularly
- Any Adults Services complaints were reported to the Quality & Practice Board. If there were recurring incidents or themes the

Council would work with providers and staff to resolve the matter

12.3 Resolved – that the Committee agreed that the appendix to the report would be discussed in closed session (Part II).

### **13. Exclusion of Press and Public**

13.1 Resolved - That under Section 100(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Part I, of Schedule 12A, of the Act by virtue of the paragraph specified under the item and that, in all the circumstances of the case, the public interest in maintaining the exemption of that information outweighs the public interest in disclosing the information.

### **14. Shaw Healthcare Contract Appendix**

Summary of discussions in Part II – the Committee learned that all options would be discussed in the review of the Shaw Healthcare Contract taking into account the Cost of Care exercise and Market Sustainability Plan.

Resolved – that: -

- i. An update report to come to the September meeting, with a fuller report to November meeting of the Committee
- ii. Future reporting gives the committee further data on quality
- iii. Future renegotiations concentrate on quality of care

### **15. Date of Next Meeting**

15.1 The next meeting of the Committee will take place on 8 July 2022.

The meeting ended at 12.52 pm

Chairman



## Health and Adult Social Care Scrutiny Committee

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

Present: Cllr Wall (Chairman)

Cllr Cooper	Cllr O'Kelly	Cllr Bevis
Cllr Ali	Cllr Patel	Cllr Irvine
Cllr Atkins	Cllr Pudaloff	Cllr Loader
Cllr Dunn	Cllr Walsh	Cllr Peacock
Cllr Forbes	Katrina Broadhill	

Apologies were received from Cllr Nagel, Cllr Bangert and Cllr Pendleton

Also in attendance: Cllr A Jupp and Cllr Lanzer

### 16. Declarations of Interest

16.1 No declarations were made.

### 17. End of March 2022 (Quarter 4/end of year) Quarterly Performance and Resources Report

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

17.2 Summary of responses to committee members questions and comments: -

- **Adults' Services**

- At the end of Quarter 4 2021-22, a number of the measures had finished the year with a green status.
- Challenges to targets had been the unprecedented demand at the front door of the service, and the priority had remained to manage the impact of Covid-19 and the completion of reviews.
- It was explained that it was necessary to change the Key Performance Indicator (KPI) relating to safeguarding triage. This has been corrected with an improved triage process and the introduction of the safeguarding hub. The proposed measure better aligns with adults' outcomes measures and can be benchmarked against other local authorities in the South East Association of Directors of Adults Social Services group annually.
- It was noted that the additional funding provided by outside grants was not a certainty in coming years.

- Two indicators were highlighted to the committee, the KPI relating to people in employment required a better collection mechanism as at present it was not counting all cases, therefore a new system was being examined. The KPI relating to safeguarding was overperforming, and should not be marked as red.
  - It was explained that in relation to KPIs about workforce, that the Service was having to prioritise, and that there were other factors contributing to workforce challenges, such as the current economic climate.
  - In consideration of KPI 13 relating to the cost of care, it was explained that price pressures were concerning, and inflation did have an impact on this. It was confirmed that an update on this topic would be brought to the Committee in the Autumn.
  - In response to a query about the budget, it was explained that the workforce was moving away from this industry due to a number of factors, including levels of pay.
  - It was confirmed that the service was working closely with partners (including service users).
  - A concern was raised on the reporting response rate of domestic violence incidents, it was suggested that work was needed to be undertaken in order to increase this.
  - It was confirmed that the way reporting is undertaken in the future may change to reporting against the new Care Act, the Committee will be kept updated on this.
  - In regard to the mental health of the workforce, it was advised that the service was working with team managers to ensure staff were supported.
- **Public Health and Wellbeing**
    - At the end of Quarter 4 2021-22, it was noted that all indicators were green.
    - The cost of living was a strand having a substantial impact.
    - It was advised that more detailed data relating to the breakdown by district/borough could be provided to the Committee
    - Regarding the collation of data relating to falls, it was confirmed that the Service was awaiting data for a more accurate picture.
    - It was confirmed that there was no clear reasoning as to why more young people were starting to smoke.
    - It was advised that work was being undertaken to ascertain if the flu vaccine could be combined with boosters for Covid-19.
    - Work was being undertaken to ensure the health needs of refugees were being supported in West Sussex.
    - Previous work by the Council relating to the obesity of young people was highlighted, and a request to revisit this work and its recommendations, alongside how it could be supported by other areas of the Council to ensure it is joined-up.

- It was noted that work relating to health inequalities crossed all areas, and that this was an important subject to keep under consideration.

17.3 Resolved that –

- i. The Committee supports the change of indicator relating to safeguarding
- ii. The recent reports on safeguarding considered by the Health and Wellbeing board at its meeting on 7 July to be circulated to the Committee
- iii. The Service to consider how to present evidence to the Committee in future reporting on how it is engaging with the Council for Voluntary Services and service users
- iv. The Committee asks for work to be undertaken to increase the response rate of domestic violence incident reporting
- v. The Committee asks to be signposted to the Khan report on smoking
- vi. The Committee asks the Service to provide public health data broken down by district/borough where available; and
- vii. To revisit the work undertaken in previous years on obesity in young children, specifically the recommendations that were developed.

**18. Date of Next Meeting**

- 18.1 The next meeting of the Committee will take place on 16 September 2022.

The meeting ended at 12.20 pm

Chairman

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## 15 June 2022 - Shaw Healthcare Contract

Request	Responder	Response
<b>ACTION</b> - The Committee to be supplied with information on quality of services pre covid	Assistant Director Commissioning	This will be incorporated into the interim update report, which will be circulated virtually to the committee.
<b>Resolution 2</b> - Future reporting gives the committee further data on quality	Cabinet Member for Adults' Services	This will be incorporated into the report to the November meeting of the committee.
<b>Resolution 3</b> - Future renegotiations concentrate on quality of care	Cabinet Member for Adults' Services	This request has been noted and will be taken into account as contract negotiations are taken forward.

## 8 July 2022 - End of March 2022 (Quarter 4/end of year) Quarterly Performance and Resources Report

Request	Responder	Response
The Service to consider how to present evidence to the Committee in future reporting on how it is engaging with the Council for Voluntary Services and service users	Director of Adults and Health	This will be incorporated into the report to the November meeting of the committee.
The Committee asks for work to be undertaken to increase the response rate of domestic violence incident reporting	Head of Community Safety and Wellbeing	Due to organisational change, the number of completed returns from victims leaving the service is lower than what is expected. We have continued to fund the Insights system until we are confident that any new recording will capture the information we need and also briefed staff via service managers, or the need to continue to use and complete the required forms.
The Committee asks the Service to provide public health data broken down by district/borough where available	Director of Public Health	The service will endeavour to provide public health data at district/borough level where available.
To revisit the work undertaken in previous years on obesity in young	Director of Public Health	In line with national trends, childhood obesity in West Sussex is increasing. Public health will work

<p>children, specifically the recommendations that were developed</p>		<p>with colleagues across the Council and wider health and care system to assess current population need, review the latest evidence, and develop proposals to tackle this issue. Working in partnership through a whole systems approach to increase healthy weight and reduce overweight and obesity will be central to this, including reflecting on previous work and any learning that can be applied to the current context to meet population needs.</p>
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**Unrestricted****Ref:**

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**Health and Adult Social Care Scrutiny Committee****16 September 2022****Financial Assessment Improvement Plan****Report by Deputy Chief Finance Officer****Electoral divisions: All**

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**Summary**

A Financial Assessment Improvement Plan was put into place in June 2021 to develop the quality of customer service provided throughout the financial assessment process, for customers in receipt of adult social care and support. This report details the progress in responding to the issues and concerns arising from the financial assessment review process undertaken since the improvement plan was presented to the last meeting of the Health and Adult Social Care Committee on 21 January 2022. The report includes an update on recommendations made by the committee at its January meeting.

**Focus for Scrutiny**

The Committee is asked to consider the report which updates the Committee on the of the Financial Assessments Improvement Plan.

Key areas for scrutiny include:

- a) To comment on the progress made to deliver the Financial Assessments Improvement Plan and ongoing plans for further improvements
- b) To identify areas the Committee wishes to highlight to the Cabinet Member for Adults' Services based on the feedback from the customer survey, or otherwise arising from the work on the improvement plan.

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

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**Proposal****1 Background and Context**

- 1.1 Following a review of the financial assessment process for residents in receipt of adult social care and support in 2021 and the subsequent issues and concerns raised by the Health and Adult Social Care Scrutiny Committee (HASC) identified the resulting improvement plan for scrutiny. At its meeting

on 21 January 2022, the Committee considered a report on the Plan and information provided by Healthwatch. It was agreed that the Committee would receive a further progress report on the Financial Assessment Improvement Plan at its September meeting.

## **2 Financial Assessment Improvement Plan**

- 2.1 A number of priorities were identified as part of the improvement plan, which are overseen by a senior officer working group. An updated position in respect of those priorities is set out as follows.

### *Addressing and Resolving Issues from the Reassessment Process*

- 2.2 All customers receive an annual financial re-assessment and the majority of the 2020/21 non-residential re-assessments were reviewed by December 2021. In some circumstances, customers will be asked to provide additional information and documents to support their income declaration, which is required to complete the re-assessment process. The Financial Assessment service is waiting on some information to complete the re-assessment for some customers. There are currently 67 customers who have not yet responded to the request for a financial re-assessment to be undertaken. These customers and/or their representatives will have received a letter explaining the outcome of a provisional reassessment in the absence of all relevant information.
- 2.3 The County Council received 391 recorded complaints about Charging/Financial Assessment between 1 January 2021 and 1 September 2022. Of those, 335 have been closed and a further 7 are now being treated as 'Appeals'. There are further 6 at Final Response stage, leaving 23 awaiting a first stage response. Of the 19 remaining, 1 is on hold as agreed with the customer and 1 has been responded to outside of the County Council's complaint recording system. Of the last 17 'live' complaints, 4 were received in August 2022, so are still in date to be responded to and 3 were in June, so 10 predate 1 June 2022. Their position is due to the complexity of circumstances and provision of additional information.

### *Improving Communications & Documentation of the Financial Assessment Process*

- 2.4 The improvement plan included an action to communicate with stakeholder groups and customers to obtain feedback. The main issue raised by customers was the issue of understanding the financial assessment process, how it sits within the social care process and who to contact and when. Therefore, to support customers in understanding the process, an "Understanding your financial assessment" information booklet is in the process of being co designed with service users, family and friend carers and community engagement groups, including representatives from the County Council's Adults' Services Customer and Carer Group, Independent Lives, Aldingbourne Trust and Impact Initiatives. An initial draft was shared in July with those who participated, asking for any further comments. The draft will be reviewed following these comments and then shared with Healthwatch. This booklet will be published on the Council's website as soon as



consultation with stakeholders has been completed and will include an easy read version.

- 2.5 The feedback also identified the need to improve the information sent out in the initial letter informing customers of their re-assessment. This letter has now been re-designed to explain the process and timescales in advance of the start of the financial re-assessment more clearly. The revised letter was sent to all non-residential customers in April 2022 as part of the 2022/23 financial re-assessment process. The letter also included details of where to find further information on the County Council's website.
- 2.6 Customers and their representatives are given a full breakdown of the calculation and can review and provide any additional information before the contribution is finalised. In addition, customers are advised at the start of the re-assessment process what information is required for consideration of Disability Related Expenses (DRE) and household expenses. These are both considered as part of the financial assessment process. The County Council has a charging policy, which is informed by statutory requirements but if, during the financial assessment process, a customer is concerned that they may not be able to afford their financial contribution they can contact the financial assessment team and a review of the customers individual circumstances will be undertaken. Details of who to contact are included on email communications and at the bottom of letters sent to customers.

#### *Review of the Charging Policy*

- 2.7 The County Council's charging policy is reviewed and updated as required by any change of legislation. Any discretionary part of the policy, if it is to be changed, would be consulted upon, with the opportunity for member scrutiny and formally agreed by the relevant Cabinet Member. The current charging policy, updated with annual rates for fees and charges was published on the County Council's website in April 2022 and is available to the public via the following link: [www.westsussexconnecttosupport.org/professional-zone/policy-strategies-frameworks/documents](http://www.westsussexconnecttosupport.org/professional-zone/policy-strategies-frameworks/documents)
- 2.8 It is expected that a review of the County Council's charging policy will take place in 2023 to support the delivery of the new Social Care and Charging Reforms from 1 October 2023. These changes are expected to include a £86,000 cap for personal care costs, extending means tested support for anyone with less than £100,000 in chargeable assets and an increase in the lower capital threshold to £20,000.

#### *Accessibility of Direct Payments via a Pre-Paid Card*

- 2.9 A project has been set up to scope the work involved in transitioning all customers from the current process, where individuals set up their own bank account for the direct payments (DP) to be paid into. This provides the continuity of payments into an account from the County Council and payments out to providers by the customer. All customers will be offered the chance to move to the pre-paid card, where they choose to do so. However, if customers prefer to remain with the current process, they have the opportunity to transfer in the future.

- 2.10 As on-going customer service reviews are completed, the option of moving to a pre-paid card will be discussed so that DP customers have a joined up holistic discussion on the process. This work started in June 2022 and will be ongoing for the rest of this financial year.

*Review of the Debt Recovery Processes*

- 2.11 A review of the debt recovery process has been undertaken to improve communication with customers. As part of this work invoices, invoice reminders and debt protocols are being redesigned and form part of a wider programme of change with a move to a new financial system in the new year. Consideration is being given to the issues raised by customers, such as the difficulty in understanding the explanations on the invoice and the wording used in reminders.
- 2.12 A new monthly dashboard detailing debt information is being prepared for autumn 2022 to coordinate any actions required for customers who need additional support. If customers make an appeal on any part of the financial re-assessment including the Disability Related Expenditure (DRE) or household costs, reminders for any invoices are suspended until the appeal has been considered.

*Review Business Processes to Improve Communications & Interaction*

- 2.13 There was a requirement for the County Council to undertake a review of all related business processes to improve communications and interactions with the customers. The Operational Finance Manager and Adult Social Care colleagues have worked collaboratively to deliver the following improvements:
- The internal standard operating model and standard procedures for financial assessments have been drafted and will be adapted and implemented as part of the Government changes with the Adult Care Social Care Reforms and Cap on Care from 1 October 2023.
  - The County Council's charging policy and practice guidance regarding DRE have been reviewed and updated. These have been published and revised internal documents to support the delivery of the process are also now in place.
  - Updated business processes for the financial assessment team have been devised and a new process for ensuring customers are contacted in a timely manner when a referral for a financial assessment is received. This new process started in July 2022.
  - The recording of the customer's information now follows the established protocols and full use is made of the recording facility in the Adult Social Care System Mosaic to ensure that any member of the County Council supporting a customer has the full updated financial position available to them.
  - Monitoring processes have been refined to ensure consistency with a standard single version of the monitoring tool in place across the teams.

New reporting tools are being introduced corporately throughout the County Council with a move from Tableau to Power BI (a data reporting tool) and the change will include reports for the Financial Assessment team.

- Customer letters are being reviewed in a staged programme of work as part of the improvement plan with the initial letters and outcome communications updated as described above.

### **3 Update on additional recommendations, not addressed elsewhere in the report, from the Health and Adult Social Care Scrutiny Committee meeting on 21 January 2022**

*Mandatory disability awareness training for all financial assessment staff by the end of the first quarter of 2022/23 that provides learning to improvement practice and communication.*

- 3.1 All staff have completed the full annual programme of mandatory training, which includes disability awareness by the corporate deadline of 31 May 2022. Staff will continue to complete refresher training on an annual basis.

*The Council Quality Assurance process is extended to include the end of the customer journey for Adult Social Care, including case audits of staff twice yearly.*

- 3.2 The Committee is receiving separate reports on the Quality Assurance process with a workshop arranged for members on 12 October 2022.

*Community organisations that support people who may or receive adult social care are given an appropriate level of information/ training so they can support people going forward*

- 3.3 Circulation of current information to voluntary and community groups who are part of the Adult Social Care communication list is regularly updated. No training is provided as third-party advisers should secure independent training. Organisations are asked to refer to the Council any concerns in relation to customers.

*Data to be provided to members on how many people are affected by the review of financial assessments.*

- 3.4 All customers have an annual review of their financial assessment as recommended in the Care Act 2014. Each customer assessment is individual and takes account of their own personal financial circumstances. In addition, many customers have changes which mean an additional re-assessment during the year i.e., a change in benefits or a move from working age to pensionable age. Each change can affect the customer contribution, although current reporting does not track individual changes.

*Future work on the Adults' Social Care Strategy ensures effective engagement takes places with residents*

- 3.5 The Adult Social Care Strategy (The Life you want to Lead) 2022-25 clearly sets out the priorities and the high level 'we will' statements for the service,

with the intention to work with people to work out how these aspirations are delivered. Co-production and effectively engaging with residents is therefore integral. Having developed the priorities set out in the strategy with local people and partners, this provides the County Council with the basis to work together to enable more people to realise their vision of a good life.

*Examples to be provided to residents to better understand the new process.*

3.6 This is attached as Appendix A.

*A survey to be co-designed with customer input to go out to people affected by the change in charging policy to get their opinions and to see if there are any outstanding issues*

### Methodology

3.7 An officer group was established in May 2022 to develop a survey to all customers who had received a financial reassessment to ask them about their experiences of the process.

3.8 Due to time and resource constraints this process could not be co-designed so as to secure a timely response to inform the improvement plan. As a result, the survey questions were developed with reference to issues raised in feedback to the Finance Assessment Service over the previous 18 months, received from people who had stated that the financial reassessment process had not always worked well for them.

3.9 The survey was launched on 30 May and closed on 7 August. The survey was posted to 7,181 customers or their representatives. A prepaid return envelope was included. An easy read version of the survey was posted to all people in Lifelong Services who had received a financial reassessment. A link to an online version of the standard and easy read text surveys was included in the accompanying letters. Other versions, including large print and audio were also available.

### Overview of findings

3.10 1,101 responses were received, comprising 888 standard text and 213 easy read text responses. This was 15% of the total customers surveyed, a strong response rate for a postal survey.

3.11 63% (699) of respondents received care and support at home or in the local community, whilst 32% (356) received care in a residential or nursing home. 4% (46) did not provide this information.

3.12 The full analysis of the survey findings is given at appendix B, and it indicates that respondents had an extremely mixed experience of the process for their most recent financial reassessment. Slightly more than one third (35%) of respondents were satisfied (satisfied/very satisfied) with the process, whilst 28% were dissatisfied (dissatisfied/very dissatisfied).

- 3.13 Residential customers were more satisfied with the process than the overall figure, whilst home/community customers were more dissatisfied. Home/community customers completing the easy read survey reported the lowest levels of satisfaction of all customer groups.
- 3.14 Responses to the open text questions further emphasised the mixed overall experience, with respondents reporting a wide range of views on the process, including some of the following key findings.

Positive comments included that for some people:

- The process was straightforward.
- Information and communication were provided throughout.
- Staff were helpful and responded to contact throughout the process.

Issues raised included:

- The process, forms and information were complex and hard to understand and complete, and there was a lack of explanation or clarity for outcomes and how contributions were formulated.
- The process was lengthy and subject to delay and sometimes error. Some felt this had contributed to backdating.
- The process did not consider individual circumstances and relatedly, issues were reported with disability related expenses.
- Issues with communication were reported including poor quality communication, a lack of response or delayed response to attempted contact.
- Some people had found the process stressful, while for others it had led to feelings of frustration and anger.
- There were a range of concerns about high charges and large increases to charges. These raised issues of affordability, particularly when combined with rapid increases to the cost of living.
- The impact of backdated charges was also cited.

#### Response to survey findings

- 3.15 The issues raised in the survey correspond closely with those identified from the customer complaints which had informed the actions set out in the improvement plan, as outlined in section 3.
- 3.16 Additional insight from the survey results has identified some further improvements that can be made and have been added to the plan. These include:
- Improving the outcome of the assessment letters to make the explanation of the calculation clearer
  - Ensuring that leaflets and information documents are available in Easy Read too
  - A target of undertaking a financial assessment within 20 working days to reduce the number of backdated payments
  - Clearer information in advance to explain Disability Related Expenditure and any evidence needed
  - Providing more channels of communication and better collaborative working to reduce delays in responding and hand offs to other colleagues where there are multiple queries

- Exploring the opportunity for a named contact where there are particularly complicated circumstances

3.17 The findings of the survey showed there was a correlation between the complexity of national charging arrangements and customer satisfaction. Home and community customers who are subject to greater complexity, were the least satisfied with the process for their reassessment, whilst residential customers, with more straightforward arrangements were the most satisfied. It is anticipated that the actions which have been added to the improvement plan as a result of the survey will improve the customer journey. In addition, the council will review when and how financial information can be co-designed with customers to further improve the financial assessment journey.

#### **4. Other options considered (and reasons for not proposing) consultation, engagement, and advice**

4.1 There is a need for improvement in the services delivered and the council is committed to implementing the financial assessment improve plan.

4.2 The improvement programme also needs to dovetail with related development projects within Adult Social Care and Finance, for example developments of the MOSAIC database, the replacement of the Council's financial management system and the Government's White Paper Reforms.

#### *Consultation, engagement and advice*

4.3 Consultation, engagement and advice will be sought on an on-going basis across Finance and Adult Social Care internally and Healthwatch and Independent Lives externally. As the improvement plan develops and capacity permits, this engagement and consultation will be expanded to engage directly with individuals and their representatives with the aspiration to introduce mystery shopping to support on-going improvement and feedback.

#### **5. Finance**

5.1 The improvement plan is being delivered from within existing budgets and resources, therefore there are no financial implications arising from this proposal.

5.2 The County Council acknowledges the current cost of living crisis and the impact on customers. In addition to any support provided nationally by central government, the council provide information and advice to support customers via the community hub.

## 6 Risk implications and mitigations

Risk	Mitigating Action (in place or planned)
Staffing vacancies within Operational Finance could impact upon the capacity to deliver improvements as quickly as desired.	The Operational Finance Manager is engaged in several recruitment campaigns currently to address the vacancy situation with the support of the HR Recruitment Team. The potential use of interim resources to address specific skill gaps is being kept under review.
Cost of living impact on income levels to sustain overall service costs.	Any reduction in income levels would result in service reductions within Adult Social Care services and other services across the Council. The Council has a duty to set and deliver a balanced budget.
Some of the improvements are dependent upon other developments within Finance or Adult Social Care.	The Operational Finance Manager is a member of the Finance Senior Management Team and meets regularly with Adult Social Care colleagues to ensure that the projects are effectively coordinated.

## 7 Policy alignment and compliance

The Improvement Plan will complement and support the development of a revised Charging Policy by Adult Social Care and the implementation of the Government's planned Adult Social Care and Finance reforms. In the meantime, the improvements will support the delivery of services in line with the existing statutory duties set out within the Care Act 2014.

Clare Williams  
**Deputy Chief Finance Officer**

Alan Sinclair  
**Director of Adults and Health**

**Contact Officer:** Clare Williams, Deputy Chief Finance Officer  
[Clare.Williams@westsussex.gov.uk](mailto:Clare.Williams@westsussex.gov.uk);

### Appendices

Appendix A – Process examples  
 Appendix B – Customer Survey Results

### Background Papers

None

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**Example Non- residential financial assessment (New)**

Mrs B contacts a WSCC Community Team regarding her mother who is requiring non- residential social care. The social worker starts a Care and Support assessment and informs the customer, and/or Mrs B as her representative that a financial assessment is required and asks them to sign a form confirming that if chargeable services are provided, they will pay any assessed contribution required.

The social worker also informs the financial assessment team that a financial assessment is needed, and the request is allocated to an assessor. The assessor evaluates how the financial assessment can be undertaken and determines that as the customer is in receipt of state benefits only, she can be assessed remotely via access to the DWP benefits system which saves Mrs B from having to complete a form or provide any evidence. A financial assessment is completed and a breakdown of the calculation along with details of how any additional information can be provided is sent to the customer. The customer confirms that all information has been considered and then the contribution is finalised and a letter explaining how the charge will be collected is sent back to the customer along with contact details if there should be any further query

**Example Non-residential financial assessment (Re assessment)**

Mr W is an existing customer and has DWP benefits and an Occupational Pension.

In April/May the financial assessment team write to Mr W and explain that his annual re assessment is due and that as he has an occupational pension, he will need to provide an update of his income for the new financial year. The letter includes an information sheet of the type of evidence he might need to submit.

Mr W is offered a telephone assessment as the update to his pension should be straightforward. Following the telephone call, a financial assessment is completed and as Mr W had identified in the telephone call that he had additional disability related expenses, the letter sent to Mr W not only confirms the contribution that had been calculated but also that it was subject to any evidence that had been requested and that he should submit that evidence as soon as possible. Details of how to submit the information along with contact details for any further queries are included.

Mr W sends in his evidence but also explains that he is worried that he cannot afford the contribution. A financial assessor looks at his circumstances and explains how a review of all his circumstances can be undertaken. After consideration of Mr W's individual circumstances his financial contribution is confirmed, and the revised contribution (if applicable) is amended for the financial year and Mr W continues to pay.

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## Customer Survey Results

### 1. Introduction

- 1.1 In total, 1,101 responses were received to the survey, comprising 888 standard text responses and 213 easyread text responses.
- 1.2 63% (699) of respondents received care and support at home or in the local community, whilst 32% (356) received care in a residential or nursing home, 4% (46) did not provide a response. The breakdown of customer group and survey response format is given in table 1.

**Table 1: customer group and survey response format, number and % of total.**

Customer group and survey type	Number of responses	% of total response
Home/community – standard	554	50%
Home/community - easyread	145	13%
Residential - standard	294	27%
Residential – easyread	62	6%

- 1.3 The survey’s closed-text questions have been analysed using the four groups given in table 1. This approach was adopted to highlight key trends and to understand any specific issues encountered by groups with differing communication requirements. It is however important when interpreting the findings presented in this report to note the numbers of respondents in each group.
- 1.4 In interpreting the findings throughout this report, the respondents who skipped specific questions, or said the question was not applicable to their experience have been excluded and the totals presented are for the numbers of people responding to the specific question. The numbers of responses to each question are given below the accompanying tables.

## 2. Overall satisfaction

2.1 There was an extremely mixed experience of the overall process for people's most recent financial reassessment. As table 2 shows overall, only slightly more than one third (35%) of people answering the question were satisfied (satisfied/very satisfied), whilst 28% were dissatisfied (dissatisfied/strongly dissatisfied). Residential customers were more satisfied than the overall figure, whilst home/community customers were more dissatisfied.

**Table: 2 Satisfaction or dissatisfaction with the process for the most recent financial reassessment (by response group, %)**

	Overall	Home/ comm - standard	home/ comm - easyread	residential - standard	residential - easyread
Very satisfied	9	10	4	11	13
Satisfied	26	25	23	33	28
Neither	22	21	16	26	20
Dissatisfied	13	13	14	13	7
Very dissatisfied	15	19	24	5	2
Don't know	14	12	20	12	31

total responding: 1,065 (97%)

2.2 It is notable that uniquely amongst the response groups, more home/community easyread respondents were dissatisfied (38%) than were satisfied (27%). A key theme of the findings analysis is that this group recorded the lowest level of agreement or satisfaction across all aspects of the financial reassessment process.

## 3. Statements about the financial reassessment process

3.1 Respondents were asked how far they agreed or disagreed with a series of statements about the financial reassessment process. The findings for each of these statements is presented in the following section.

Information provided to understand the financial reassessment process

3.2 Clear majorities of residential respondents who answered the question agreed (agree/strongly agree) that they had been given the right information to understand how the financial reassessment would be carried out (65% standard, 69% easyread). This fell to 45% of home/community standard survey respondents and only 34% of easyread survey home/community respondents.

**Table 3: I was provided with the right information to understand how the financial reassessment would be carried out (by group and survey version, %)**

	Overall	Home/ comm - standard	home/ comm - Easyread	residential - standard	residential - Easyread
Strongly agree	11	10	8	13	11
Agree	40	35	26	52	58
Neither	18	19	24	13	15
Disagree	10	11	16	5	5
Strongly disagree	8	8	11	3	0
Don't know	6	5	15	4	11
I did not receive all the information		12		8	

Total responding: 1,089 (99%)

3.3 Please note that there was an unintentional difference in the answer options between the survey versions. As a result, the easyread survey did not include the 'I did not receive all the information' option. This may in part explain the higher proportion of easyread respondents selecting 'don't know'.

Additional information and how to provide this

3.4 It is notable that, as shown in table 4, whilst majorities of residential respondents answering the question agreed (agree/strongly agree) that they could understand any additionally required information and how to provide this (57% standard, 56% easyread), this fell to 49% for the home/community standard survey and only 32% for the home/community easyread respondents.

**Table 4: It was easy for me to understand the additional information that was required and how I could provide this. (by group and survey version, %)**

	Overall	Home/ comm - std	Home/ comm - ER	Residential - Std	Residential - ER
Strongly agree	10	12	8	10	7
Agree	39	37	24	47	49
Neither	20	21	20	20	21
Disagree	14	15	24	10	3
Strongly disagree	9	10	13	3	5
Don't know	8	5	12	9	15

Total responding: 926 (84%)

Understanding how the contribution is worked out

3.5 As shown in table 5, majorities of residential survey respondents who answered the question agreed (agree/strongly agree) that they could easily understand how their contribution was worked out (51% standard, 57% easyread). Only a minority of home/community respondents agreed. The proportions for this statement are notably low for both standard (39%) and easyread respondents, at only 27%.

**Table 5: It was easy for me to understand how my contribution to the cost of my care was worked out (%)**

	Overall	Home/ comm - std	Home/ comm - ER	Residential - Std	Residential - ER
Strongly agree	9	8	8	11	13
Agree	33	31	19	40	44
Neither	17	16	18	16	21
Disagree	18	19	24	16	3
Strongly disagree	13	15	17	8	8
Don't know	10	9	14	9	11

Total responding: 1,087 (99%)

3.6 Respondents were also asked how far they agreed or disagreed that it was easy to get additional information to understand the reasons for the contribution. The results are shown in table 6.

3.7 Overall, the proportion of people answering the question who agreed it was easy (37% agree/strongly agree) essentially mirrored with those disagreeing (36% disagree/strongly

disagree). Nearly half (49%) of home/community easyread respondents to the question disagreed, whilst only 25% agreed.

**Table 6: It was easy for me to get the additional information I needed to understand the reasons for the outcome of the financial reassessment**

	overall	Home/ comm - std	Home/ comm - ER	residential - std	residential - ER
Strongly agree	7	6	7	8	5
Agree	30	29	18	36	46
Neither	17	17	12	22	20
Disagree	20	21	29	15	13
Strongly disagree	16	19	20	9	5
Don't know	9	8	14	10	11

Total responding who needed more information: 983 (89%)

3.8 Respondents who selected 'disagree or strongly disagree' to the statement were asked to select the reasons why from a list of options. The findings are presented in table 7.

**Table 7: If you chose 'Disagree' or 'Disagree a lot' to the question above, please tick the boxes to tell us why. Select all that apply (%)**

Issue	Overall	Home/ comm - std	Home/ comm - ER	Residential - std	Residential - ER
couldn't speak to anyone when called	36	42	31	42	31
couldn't leave message when called	9	10	5	10	5
left message but no response	31	36	31	36	31
no response to email	16	19	15	19	15
took long time to get response	27	28	15	28	15
response didn't answer question	31	35	40	35	40
Other	44	47	34	47	34

Total responding: 320 (29%)

- 3.9 Amongst the most frequent comments given for people selecting 'other' were:
- general comment/individual reassessment issue
  - no response to contact/messages
  - person had not had a reassessment
  - not enough information was given to explain what the result of the reassessment process might be
  - not being informed of the outcome of the reassessment

Making an appeal or complaint

3.10 Respondents were asked two statements about making an appeal or complaint. The first of these asked them how far they agreed or disagreed that they have been provided the information they needed to do this. The results are given in table 8, which shows that only around a quarter to a third of people who answered the question in each response group agreed (agree/strongly agree) that they had received information about making an appeal or complaint. The only exception to this was the 44% of residential easyread survey respondents who agreed.

**Table 8: I was provided with the information I needed to make an appeal or complaint (by response group, %)**

	overall	home - std	home - ER	residential - std	residential - ER
Strongly agree	5	6	4	5	5
Agree	25	24	21	28	39
Neither	23	20	22	27	25
Disagree	12	15	18	7	4
Strongly disagree	11	13	14	4	4
Don't know	24	23	21	28	25

Total responding: 993 (90%)

3.11 One reason for the relatively low numbers may be that overall, 53% of respondents did not make an appeal or complaint. This may also help explain the high proportion of 'don't know' responses.

3.12 Of those who had made an appeal or complaint, table 9 shows how far they agreed or disagreed they were satisfied with the way it had been handled. Overall, more people disagreed (35% disagree/strongly disagree) than agreed (29% agree/strongly agree). Consistent with findings throughout this analysis,



home/community respondents were less likely to agree and more likely to disagree than the overall figures.

**Table 9: I was satisfied with how my appeal or complaint was handled (by response group, %)**

	overall	home - std	home - ER	residential - std	residential - ER
Strongly agree	6	6	6	6	4
Agree	23	19	15	33	48
Neither	32	34	16	47	28
Disagree	17	18	21	10	8
Strongly disagree	18	23	21	3	8
Don't know	4	x	21	x	4

Total responding who made an appeal or complaint: 459 (42%)

3.13 Please note that owing to an unintentional difference in the answer options between the survey versions, the standard survey did not include the 'don't know' option.

#### 4. Open-text responses

4.1 Respondents were asked to provide more information about the reasons for their view of the process for their most recent financial reassessment. In total 520 comments were received, which was 47% of total responses.

4.2 Consistent with the overall findings, the responses to the open text questions point towards a highly mixed picture of experiences and issues.

4.3 When interpreting the findings presented below, it is important to understand that respondents who were dissatisfied or very dissatisfied with the process for their most recent financial assessment were far more likely to provide a response than people who were satisfied or very satisfied. This is shown in table 10.

**Table 10: selected respondent satisfaction, number and percentage providing more information**

<b>Overall view of process for most recent financial reassessment</b>	<b>Number of respondents</b>	<b>Number giving more information</b>	<b>Percentage giving more information</b>
Satisfied/very satisfied	382	124	32%
Dissatisfied/very dissatisfied	298	242	81%

- 4.4 As a result of this sharp divide the open-text responses analysed in this report are heavily tilted towards the issues and challenges that some people experienced during the process of their most recent financial reassessment.
- 4.5 The responses have been coded to group together common issues and experiences, and these have been loosely organised around three main categories.
- Re-assessment process
  - Communications
  - Impact and affordability
- 4.6 The main issues and experiences for each of the three categories are explored in turn. The number of times the issue or experience was cited has been given for all main points, although it is important to note that these numbers are indicative only, as they are the result of a process of interpretation and coding for the purpose of meaningfully presenting diverse experiences.
- 4.7 All quotes state whether the respondent was a residential or community customer or representative, where this information was given in the survey response.

## **5. Re-assessment process**

- 5.1 Of the comments received, the largest number were themed around people’s experiences of and issues with the financial reassessment process (390).

### Positive experiences

- 5.2 Most positive comments related to general experiences of the process and its outcome (48), and the information and communications provided throughout the process (14).

*"Everything was clearly explained to me. It was not rushed and I felt I understood what was being explained to me."*

*(residential)*

*"Enough information for me to understand what was needed of me, what was happening and what will be paid for that time period"*

*(community)*

*"Easy to understand and fill out. Quick response times"*

*(community)*

- 5.3 Positive experiences with staff input in the process, including the availability of staff for contact (13) and the positive role of social care staff in the process (5) were also cited.

*"Found it all reasonable but the best thing was being able to speak to someone when needed"*

*(not given)*

*"Given a few weeks to collect information needed. Easy to email over to the team and to get a response about financial assessment. Happy with the service"*

*(Community)*

*"I pay for everything but didn't realise I could include the cost of my disabled child's clothing laundry etc. This was sorted out by one of your staff who was very helpful"*

*(community)*

#### Issues, challenges, and negative experiences

- 5.4 45 comments related to the lack of information, explanation, and clarity provided throughout the process.

*"No information was given to explain that the customer will now be charged. No charging sheet was provided until we asked for one...back payment charges not highlighted beforehand. Appeal – was not informed this would not change things. Not clear why. Overall, the process was not done properly and not enough information given beforehand."*

*(community)*

- 5.5 Related issues included that the process was complex (12), information and forms were complex, hard to complete or vague

(9). Some people felt that there was a lack of clarity or explanation of the outcome, including that the calculation for contributions was unclear and that there was a lack of explanation of income and outgoings (18).

*"The analysis of income/outgoings was not clear e.g. charge sheet for people entering a residential care home. What is tariff income? Income disregard? It would be better for me if all income was listed so I could check this to be correct and then explain what deductions are made to arrive at the final contribution"*

*(residential)*

*"I have great difficulty in understanding the facts and figures that are sent out, they need to be at a level of understanding without having to need an A Level in maths"*

*(Community)*

*"We just paid whatever you told us had to be paid. We were unable to disagree as we were not sure of anything, how things work or how the amount is worked out. Nobody explained the process".*

*(Residential)*

5.6 Some felt the process was too lengthy and time-consuming (11). There were general comments on delays to the process (14) and some felt that delays had led to people facing higher than anticipated charges, backdated invoices, becoming overdrawn, or receiving support late (11).

*"I realise covid is getting the blame for some delay, but the inefficiency has occurred in previous years resulting in a lump sum being required. In the case of my relative the only change in income during the last years has been the increase in state pension which should not be beyond the ability of your team/s to calculate/anticipate, by the way it occurs every April"*

*(not given)*

*"The tone of the letter requesting financial information was that I had to submit the information by a certain date and that this MUST be complied with. After submitting the claim, I heard nothing for a long time, then I got told the payment adjust was to be backdated. This was through no fault of mine. It seems as though I was given a short time to submit the information, and then the council took a long time to reply – all at MY inconvenience"*

*(residential)*

*"It takes too long between my last payments and when the reassessment is completed and leaves me very short on money when the assessment is complete as there is always backdated money owing. When living on a budget it is very difficult to wait for the next amount owed"*

*(community)*

- 5.7 Errors, sometimes multiple, were experienced by some during the process (14) and whilst some of these were rectified, even if after a lengthy process (4), some remained unresolved (5).

*"Dissatisfied because my contribution was raised by about £20 per week. Sometime later, I received notification that my contribution was/had been reduced to the previous level (without explanation). This meant I had struggled with my personal finances whilst paying the higher amount. I then had to go through some more complex transactions to ensure I received refunds etc."*

*(community)*

- 5.8 There were relatively few direct references to complaints, or the appeals process (15), although many comments focussed on challenges related to attempted follow-up contact to get information, explanation for outcomes and to challenge perceived errors (see section 6). Comments relating to complaints and appeals included that the process was complex; that the outcome did not change; that disputed charges still had to be paid while the appeal progressed and that the same evidence could produce differing results.

*"I provided the evidence... for the original financial reassessment – it is incredibly worrying that the same evidence could provide such different outcomes"*

*(community)*

- 5.9 28 comments related to the perception that individual circumstances and changes to income and outgoings were ignored in the reassessment process and that there was no opportunity for involvement in the process (10). Some also felt that rules were applied rigidly and without flexibility (9).

*"I just received a letter in the post saying my client contribution had increased and it gave a date that had passed when it would commence from. At no point either by telephone, post or email was I asked if my outgoings had increased. Surely this should be sent as a matter of course prior to welfare and benefits guessing amounts?"*

*(not given)*

*"The questions are always black and white with no leeway for people with special needs"*

*(community)*

*"I am unique in my disabilities and weeks/days are never the same. But it appears that there is too much of one size fits all"*

*(community)*

- 5.10 Relating to this, issues with disability related expenses (DREs) were also cited, including that no advice was given, it was unclear how to claim, and that claims were disregarded (25).

*"I think it's difficult to understand what disability-related expenditure might be considered in the assessment. This information is not readily available but should be."*

*(community)*

*"As I was unaware of the financial reassessment, I was not able to put in any information in relation to my child's DREs. I have/had not been offered any guidance whatsoever in relation to this. Therefore, my child is paying the maximum amount that the council can legally take from them. The council are not taking any surrounding circumstances into account"*

*(community)*

*"We asked for a number of items of expenditure to be considered, but they were not because we didn't have receipts. I argued that I don't get receipts for petrol for short trips but this was pointless. We also didn't have receipts for other significant expenditure items so they were also disregarded. The whole experience disregards the person being reviewed... what you are missing is that they are our child and not a business. Therefore, we don't keep individual receipts for all items of expenditure"*

*(community)*

- 5.11 As illustrated by the above quote, some responses cited a perceived lack of compassion in the reassessment process (8). There were also criticisms of the government's approach to charging, the application of charging by the county council and the principle of charging (17).

*"I don't see why you have to take money from the poorer people of the community and leave them with not enough to live on"*

*(community)*

*"Financial assessors...only seem interested in taking ever increasing amounts of money away from disabled people's pathetic benefits, as 'care contributions'. WSCC Adults' Services does not seem interested in the effects of its financial assessments on the lives of its disabled 'customers'.*

*(community)*

*"The upper limit of £23,250 savings is unrealistic in this day and age especially those persons who have saved into a private pension for years to be penalised for doing so"*

*(community)*

## **6. Communications**

- 6.1 There were 147 comments grouped around people's experiences and issues with communications. The most frequent of these were general issues with communications (31). These include poor communication, a lack of explanation and detail, the use of 'jargon' and impersonal and automated letters.

*"It seems to be a very impersonal process with standard letters that don't fully apply to my child's situation. No timescales are given, and I feel we've been left waiting a long time without further communication causing worry as to whether my child's contribution will be increased"*

*(community)*

- 6.2 Amongst the most frequently cited issues was the lack of a response to contact. This had been experienced with all forms of contact and was a major source of frustration for many, and genuine anger for some (27).

*"When I last called the young man that I spoke to said that they received all my emails and can see I have called and he couldn't understand why no one had got back to me. He said he would leave an urgent request on my file and as to date STILL NO ONE HAS CALLED!"*

*(community)*

- 6.3 Delayed responses, including being passed around with no ownership were also cited as issues (15).

*"I cannot tell you how frustrated and angry I am! I am yet to even have my reassessment after six months of waiting. ... My point of contact moved jobs, yet I wasn't told and wasn't provided with a new contact. I have a phone number which is never answered – I can never leave messages. My messages are not responded to. These delays are UNFORGIVABLE – we have burnt through ALL savings. This is unacceptable"*

*(community)*

*"Very difficult to contact someone about the assessment, never the same person, so repetition, lots of paperwork to plough through. Very stressful overall experience"*

*(residential)*

- 6.4 11 people had not been informed prior to their assessment taking place and 30 comments stated that no confirmation of the outcome of the reassessment had been received (although this figure may include cases where the reassessment had only recently taken place).



*"Was not informed prior to assessment. Just got a large bill backdated plus huge rise in costs. Only explained after the fact plus the backdated bill... was taken out of the account without even asking if relative had the money. Badly handled."*

*(residential)*

- 6.5 For some (3) face-to-face contact was needed to fully understand and engage with the reassessment process.

*"I would prefer more face-to-face contact at the house and have somebody explain in person how things are being reassessed. Unable to access the internet and computer to do things online."*

*(community)*

- 6.6 Other issues included the perceived threatening tone of reminders for payment (5), representatives not receiving information or being involved in meetings (6) and a lack of information for self-funders (2). There were also some reports of letters being sent to incorrect or old addresses.

## **7. Impact**

- 7.1 For some, the experience of the financial reassessment process had caused stress and anxiety (17), whilst others felt frustration and anger (12). Some people also felt the process had negatively impacted their health and wellbeing (5).

*"I have found it all very distressing and it has left me very worried for my future"*

*(residential)*

- 7.2 The impact of the high increase to assessed contributions was cited (23), as was the high amount of the charge/unaffordability of the charge (20).

*"due to the ridiculous 240% increase in my contribution to West Sussex I am now unable to afford most essentials for everyday living. The amount of money this is currently taking leaves nothing for me to contribute to my costs ie council tax, electricity, water, gas, food etc."*

*(community)*

*"My contribution is still set at a rate that I can't afford to maintain. It will put me in debt which is really worrying me. I have never been in debt before. In the last 25 years I've never been asked to make a contribution and don't understand why I'm asked to pay or why it is so much"*  
(community)

- 7.3 High and increasing living costs were also cited (23), which for some were becoming unaffordable. Some felt that these costs were not reflected in the amount of their reassessed contribution (10).

*"You do not take into account the cost of electricity and gas, it's gone up so much. You do not take into account the cost of food and fuel prices... My spouse left me a very small pension when they died and you take 90% of it. Leaving me no money for anything"*

(community)

*"Inflation has taken a huge chunk of income and this is not part of the consideration when working out contribution"*

(community)

- 7.4 The low level of the nationally set personal expenses allowance for people living in residential and nursing accommodation was also cited (8).

*"Yes, I understand she has to contribute but she has to feed and keep herself clean, let alone buy clothes or have a life"*

(residential)

- 7.5 Some noted that there had been cost-of-living increases to benefits, although these had then been taken by increases in contributions (5).

*"The reassessment was made after a cost-of-living increase in benefits received. A cost-of-living increase in benefits is because the cost of living has gone up! To then take away those extra few pounds to pay towards care costs means that the disabled person will struggle to pay the increased living costs"*

(community)

- 7.6 The impacts of backdating were cited (25) including difficulties in managing everyday budgets, anxiety over debt and the use of credit cards to try and manage high levels of overall debt.

*"An invoice of £4,000 backdated to January. This was a red reminder without a first invoice, which I found infuriating because I always pay my bills on time and with no explanation whatsoever. I cannot pay these extortionate charges as I am a disabled housebound pensioner."*

*(community)*

*"The council should not be able to backdate the contribution increase as this could cause financial hardship as its impossible for disabled people to budget for an unknown amount of increase"*

*(community)*

- 7.7 The impact of COVID-19 on care and support was also cited (10), particularly that people had been required to continue to pay for support that had been suspended during the pandemic, and that some were making the same contribution for support that had been reduced or had not returned because of COVID-19.

*"I looked after my relative the whole pandemic. Your charges never stopped, you kept taking every penny. On top of that you decided to increase the charges to fill your salaries. My relative didn't go to their service for over a year. You took your payments on time, while their health deteriorated, and we struggled and continue to do so but there is no talk or sign of a refund"*

*(community)*

- 7.8 There were also concerns over support becoming unaffordable (6) or support being reduced or stopped because of charges (7).

*"(individual) has not been in respite for over two years, yet you are asking them to contribute more money. If respite becomes available, they will not have enough money in their account"*

*(community)*

*"WSCC have increased the payments to totally ridiculous amounts. If this year's has increased again then I will no longer be able to receive the care I need!!!"*

*(community)*

**8. Sources of information and advice about financial reassessments and paying for care**

8.1 Respondents were also asked whether they were familiar with the main information sources about paying for social care provided by the council’s Adults’ Services. The results are given in table 11, by survey type.

**Table 11: Do you know about the following county council provided information and advice about financial assessments and paying for care? (survey type, %)**

Adults’ Services information source	Standard	Easyread	Overall
County council website - Paying for social care webpages	51	39	49
leaflet - Do I need to pay for social care in my home or local community	37	31	36
leaflet - Choosing and paying towards care in a residential or nursing home	27	15	25
Leaflet - Appeals for social care	14	20	15
leaflet - Comments, compliments and complaints: adults' social care	12	24	15
leaflet - Your life, your choice: information for people who need social care and for family and friend carers	31	28	31

Total responses: 474 (43%)

8.2 Respondents were also asked which sources of information about getting and paying for care they were most likely to use, and the results are given in table 12 by survey type.

**Table 12: Sources of information about getting and paying for care most likely to use? (by survey type, %)**

	standard	easyread	overall
County Council website	36	29	34
County Council information booklets/leaflets	29	23	28
Social care worker	54	55	54
County Council welfare benefits adviser	24	18	23
Library	3	6	4
GP Surgery	14	17	15
Family and friends	18	19	18
Citizens Advice	12	11	12
Age UK West Sussex Brighton and Hove	13	5	11
Healthwatch West Sussex	2	3	2
Independent Lives	11	12	11
Carers Support West Sussex	2	11	4
Other	10	13	11

Total responses: 1,002 (91%)

## 9. About you questions

9.1 Respondents were asked four voluntary questions about their personal background. The responses are provided below, giving the overall percentage figures and the standard and easyread survey respondent percentages.

### Age

9.2 As per table 13, 37% of easyread survey respondents were aged under 45 years old. In contrast, 36% of standard survey respondents were aged 75 years and above.

**Table 13: which of the following age groups best describes you, by survey type %**

Age group	Overall	Standard	Easyread
18-24	4	3	7
25-34	9	7	15
35-44	8	7	15
45-54	9	8	13
55-64	16	16	16
65-74	14	15	11
75-84	15	17	5
85+	16	19	2
Prefer not to say	6	4	15
Skipped	3	3	0

Gender

9.3 46% of easyread respondents were male, while 56% of standard survey respondents were female.

**Table 14: Are you?, by survey type, %**

	Overall	Standard	Easyread
Male	38	36	46
Female	54	56	44
Other	3	3	0.5
PNS	0.3	0.3	0
Skipped	5	4	10

Ethnicity

9.4 As table 15 shows, large majorities of respondents overall and for both survey types were White British.

**Table 15: What is your ethnicity? by survey type, %**

	Overall	Standard	Easyread
White British	85	86	84
White other	2	2	0
Mixed	1	1	2
Black	1	1	1
Asian	1	1	1
Chinese	0.5	0.2	1
Gypsy/Traveller	0.2	0.2	0
Other	1	1	1
Prefer not to say	2	3	0
skipped	6	5	8

Disability

9.5 As per table 16, nearly three quarters of standard survey respondents (74%) and 92% of easyread survey respondents had a disability

**Table 16: Do you consider yourself to have a disability? By survey type, %**

	Overall	Standard	Easyread
Yes	77	74	92
No	14	17	1
PNS	3	4	0.5
skipped	6	5	6

**Table 17: Please tell us what your disability is. Select all that apply. By survey type %**

9.6 81% of easyread survey respondents had a learning disability and 60% of standard survey respondents had a physical impairment.

	Overall	Standard	Easyread
physical impairment	53	60	30
sensory impairment	16	18	10
mental health condition	30	33	21
Learning disability	41	29	81
Long-term illness	35	41	13
Other	16	16	12

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## **Heath and Adult Social Care Scrutiny Committee**

**16 September 2022**

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

**Report by Director of Law and Assurance**

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#### **Summary**

University Hospitals Sussex NHS Foundation Trust (UHS) was created on 1 April 2021 through the merger of Western Sussex Hospitals and Brighton and Sussex University Hospitals NHS Trusts. In September 2021, inspectors from the Care Quality Commission (CQC) visited the new Trust to inspect all maternity services as well as the surgery service provided at the Royal Sussex County Hospital (RSCH) in Brighton and identified a number of areas for improvement. In April 2022, the CQC reinspected these services and carried out an unannounced inspection of urgent and emergency care at the RSCH. This showed that had improvements had been made, however it subsequently instructed that planned surgery on gastro-intestinal cancer services (at RSCH) should be suspended. The Health and Adult Social Care Committee (HASC) identified this as an issue for future scrutiny as part of its work programme planning.

The report (Appendix A) updates the Committee on the findings of the inspection and sets out the actions put in place to address these.

#### **Focus for scrutiny**

The focus for scrutiny is to seek assurance that actions taken to address areas of concern raised by the CQC have been addressed, relating to surgery, maternity, urgent and emergency services and gastro-intestinal cancer services (at RSCH).

Key lines of enquiry include:

- 1) The effectiveness and resilience of measures taken to improve services
- 2) Whether any further improvements are planned or required
- 3) The impact on service users and their families/carers as appropriate
- 4) To identify whether any further scrutiny of this matter could add value

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

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**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:** Presentation on CQC findings, feedback and response

**Background Papers:** None

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

West Sussex Health & Adult Social Care Scrutiny Committee, 16  
September 2022  
Dr George Findlay, Chief Executive

Dr Andy Heeps, Chief Operating Officer

# Today's agenda

- Background
- Overview of current Care Quality Commission (CQC) ratings by hospital
- A more detailed look at
  - Maternity
  - Surgery at Royal Sussex County Hospital (RSCH)
  - Urgent and Emergency Care at RSCH
  - Upper Gastro-Intestinal (GI) cancer surgery at RSCH
- Summary
- Q&A



# Background

**University Hospitals Sussex NHS Foundation Trust (UHSussex) was created on 1 April 2021 through the merger of Western Sussex Hospitals and Brighton and Sussex University Hospitals trusts**

- UHSussex operates seven hospitals in Sussex, including the RSCH in Brighton and the main district general hospitals in Haywards Heath, Chichester and Worthing
- In September 2021, inspectors from the CQC visited the new Trust to inspect all UHSussex maternity services as well as the surgery service provided at RSCH in Brighton
- A number of issues were raised and improvements sought from the Trust
- In April 2022, the CQC reinspected these services and carried out an unannounced inspection of urgent and emergency care at the RSCH
- In July 2022, the CQC's findings were published, to be discussed today

# Overview of CQC ratings

Following its inspections, the CQC downgraded three services and made a number of recommendations for improvements

## Maternity

Maternity services at Worthing Hospital, Princess Royal in Haywards Heath and St Richard's in Chichester downgraded to 'Requires Improvement' and at RSCH in Brighton to 'Inadequate'

## Surgery

Surgery services at RSCH were rated 'Inadequate'

## Urgent and Emergency

Urgent and emergency services at RSCH were rated 'Requires Improvement'



# Princess Royal CQC ratings

Princess Royal Hospital

 Overall: Good


Ratings for specific services

Medical care (including older people's care)	8 January 2019	Good	
Services for children & young people	8 August 2014	Good	
Critical care	8 January 2019	Good	
End of life care	10 August 2017	Good	
Maternity	10 December 2021	Requires improvement	
Outpatients	8 January 2019	Requires improvement	
Surgery	8 January 2019	Good	
Urgent and emergency services	8 January 2019	Good	



# St Richard's CQC ratings

## St Richard's Hospital

 Overall:  
Outstanding


Medical care (including older people's care)	20 April 2016	Outstanding	
Services for children & young people	20 April 2016	Outstanding	
Critical care	22 October 2019	Outstanding	
End of life care	20 April 2016	Outstanding	
Maternity	10 December 2021	Requires improvement	
Outpatients	22 October 2019	Good	
Surgery	20 April 2016	Good	
Urgent and emergency services	20 April 2016	Outstanding	





# Worthing Hospital CQC ratings

## Worthing Hospital

 Overall:  
Outstanding

Medical care (including older people's care)	20 April 2016	Outstanding	
Services for children & young people	20 April 2016	Outstanding	
Critical care	22 October 2019	Outstanding	
End of life care	20 April 2016	Outstanding	
Maternity	10 December 2021	Requires improvement	
Outpatients	22 October 2019	Good	
Surgery	20 April 2016	Good	
Urgent and emergency services	20 April 2016	Outstanding	



# RSCH CQC ratings

## Royal Sussex County Hospital

● Overall: Good

### Ratings for specific services

Medical care (including older people's care)	8 January 2019	Good	●	
Services for children & young people	10 August 2017	Outstanding	☆	
Critical care	8 January 2019	Good	●	
End of life care	10 August 2017	Good	●	
Maternity	10 December 2021	Inadequate	●	↘
Outpatients	8 January 2019	Requires improvement	●	
Surgery	10 December 2021	Inadequate	●	↘
Urgent and emergency services	8 January 2019	Good	●	↘

● Requires improvement



# Comments on current CQC ratings

## We welcome the CQC's inspection of our services and are pleased with the improvements it identified between its first and second visits

- We are confident maternity services are on their way to previous ratings when they are next formally inspected but recognise that we still have further to go in maternity, as well as for surgery and emergency care at RSCH
- We understand the reasons for the downgrade in the rating of urgent and emergency services at RSCH. It is also important to recognise that these are primarily related to issues such as environment and pressures on staffing and demand rather than the efforts of our staff
- The pressures on the NHS are felt across all our services and our people continually step-up to meet the challenges and make sure patients get good care
- We are particularly pleased that the inspectors recognised the dedication of staff and praised colleagues for the care they provide in every service

# Maternity – a more detailed look

## Significant improvements in staffing and standards of care have been demonstrated in our maternity services

In addition to follow-up visits by the CQC, we have also welcomed NHS England Ockenden review visits that have each returned excellent feedback.

### ***CQC inspectors of maternity said:***

*“During this re-inspection we met a happier and more motivated workforce. There was recognition that significant improvements to the culture had occurred and they felt hopeful this would continue going forward. No staff reported any bullying behaviour to us during the inspection.”*

# Maternity improvements noted

## The inspectors noted a number of significant improvements at each of our hospitals

- Introduction of Birmingham Symptom Specific Obstetric Triage Tool to manage risk
- Maternity Obstetric Early Warning Score (MEOWS) widely used and compliant
- Staffing has improved (though still challenged at Princess Royal)
- Incidents are managed effectively
- “most staff felt supported, listened to, and felt able to raise concerns” (Worthing)
- Clinical guidelines are up-to-date
- Risk register reviewed and updated
- Low and falling staff-turnover and sickness rates
- No ‘never events’
- New director of midwifery recruited
- Introduction of Patient First improvement approach to maternity service
- One-to-one care 100% of the time (St Richard’s)
- Listening events have enabled staff to talk through the challenges staff face
- 21 midwives have joined the team and unit will be fully staffed by October (RSCH)
- All notes are electronic (RSCH)

# RSCH Surgery – a more detailed look

**We have increased staffing levels, reinforced minimum safety standards and reduced the number of patients waiting for operations – but we know more improvements are required**

## **CQC inspectors of surgery at RSCH said:**

*“Leaders were passionate about the service and worked to try to deliver good outcomes for patients despite the challenges the department faced”*

### **Additional actions include**

- External review by Professor Peter Dawson commenced 6 July
- Cultural deep-dive undertaken by consultancy Edgcumbe
- Chief Medical Officer chairing a new oversight group on training and education
- Weekly CQC reporting to track incident management



# RSCH surgery – improvements noted

## The CQC inspectors noted a number of improvements

- Staff use control measures to protect patients, themselves and others from infection and said they have recently been reminded about this
- Only three vacancies – trust has recruited 26 new staff in the department
- Improved incident management - staff recognised and reported incidents and near misses and lessons were learned and shared

## The service has also

- Set up an Emergency Care Forum
- Set up risk assessments for delays to emergency surgery
- Achieved 90% statutory and mandatory training rates for staff
- Created all day governance meetings
- Introduced skills assessments and weekly 30-minute training sessions







# RSCH surgery – theatres

## Following the CQC visit, we launched a Theatre Improvement Programme to better understand and address challenges

- The programme uses the feedback from the CQC and from colleagues shared during listening events held after the inspection
- The improvement programme has focused on
  - Workforce
  - Training
  - Infection Prevention and Control standards
  - Management of safety incidents
  - Leadership and culture



# RSCH Urgent and Emergency – CQC rating

Safe	Requires improvement		
Effective	Good		
Caring	Good		
Responsive	Requires improvement		
Well-led	Good		

# RSCH Urgent and Emergency developments

**We have opened a new Urgent Treatment Centre in Brighton to reduce pressure on the constrained Emergency Department and introduced new 'fit to sit' areas for patients who do not need the use of a bed**

We have secured investment for a business case to develop plans to improve the layout and functionality of the Emergency Department once new space is freed up by services moving into our new £500 million hospital building in 2023



# RSCH Urgent and Emergency - improvements noted by CQC

## The inspectors praised care in a number of areas

- Staff provided safe emergency care and treatment, enough food and drink and pain relief
- Staff could call for support from doctors and other disciplines and diagnostic services 24/7
- Staff treated patients with compassion and kindness and provided emotional support
- Staff felt respected, supported and valued by immediate leaders.
- Staff were committed to continually learning and improving services
- Staff expressed that their ideas were listened to and acted upon
- Service collaborates with external NHS providers to support safe care and improvements
- Staff knew how to protect patients from abuse
- All areas were clean and had suitable furnishings
- Staff responded quickly to patient calls for assistance
- Staff completed risk assessments for each patient swiftly
- Staffing is improving
- Staff kept detailed records of patients' care and treatment

# RSCH Upper GI cancer surgery update

**The CQC made an unannounced inspection of the specialist Upper Gastro-Intestinal cancer surgery service at RSCH in August 2022 and subsequently instructed that planned surgery should be suspended**

- The number of patients cared for by the service is very small and so while the potential impact on individuals is significant, thankfully the number of people affected is currently low
- Our priority now is rearranging care for the people directly affected, and we are working with partners to secure this.
- We are also working with the CQC and our partners to agree next steps for the specialist cancer service



# Summary

**Significant improvements have been made and acknowledged by the CQC but we know we still have outstanding 'must do' actions in all services, including:**

## Maternity

- The service must monitor regular checks on life-saving equipment (must do – all sites)
- Ensure maternity triage ratings are recorded in electronic patient record (must do – RSCH)
- Improve staffing (must do – Princess Royal)

## Surgery

- Mandatory training is still below target, despite improvements
- Ongoing delays and cancellations could put some patients at risk
- Low staffing levels led to staff speaking about exhaustion and feeling pressured

## Urgent and emergency

- Requires improvement for safety and responsiveness
- Mandatory training and appraisal rates are too low
- Too many patients stay longer than four hours before leaving and 12 hours before admission

# Thank you

**Q&A with chief executive Dr George Findlay and chief operating officer and deputy chief executive Dr Andy Heeps**



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

**16 September 2022**

### **End of June (Quarter 1) 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 how, despite ongoing demand at the 'front door', 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 and information on an extra care housing development in East Grinstead that has been opened, promoting and enabling independence for West Sussex residents.

Staffing pressures are also highlighted as having an impact on the service achieving a number of performance measures. However, to address vacancy gaps for qualified social workers and occupational therapists, improved pay and reward has been implemented. In addition, a number of qualified social workers from overseas have been arriving in West Sussex and are taking up posts across the county.

The Public Health and Wellbeing Portfolio, set out in Appendix C, highlights the Children of Alcohol Dependent Parents Innovation Fund, Pharmaceutical Needs Assessment (PNA) and an update on the Integrated Care System (ICS) for Sussex.

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 Performance and Resources Report

Appendix B – Adults Services Portfolio – Summary

Appendix C – Public Health and Wellbeing Portfolio - Summary

Appendix D – Corporate Risk Register Summary - Q1 2022/23

## **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 and 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

#### Scrutiny Committee Elements of Performance and Resources Report

		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	✓	✓	✓	✓	✓
Appendix 5	Workforce					✓

<b>KEY:</b>
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:
  - Despite ongoing demand at the 'front door', 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. Work to further improve this performance has begun, with an access programme to enable the service to have a greater understanding of the complexity of need being presented at the 'front door'.
  - Directors of Adult Social Services (ADASS) published a report in May 2022 that set out a summary of an ADASS survey carried out in April 2022. Between November 2021 and February 2022, there had been:
    - 28% increase in the number of people awaiting assessment, care or direct payment, or review,
    - 71% increase in the number of people awaiting care and support or a direct payment to begin,
    - 26% increase in the proportion of people who are awaiting an assessment and have been waiting for six months or more.
    - The number waiting for an assessment on the Community Social Work Teams waiting list increased by 46%.

The County Council has robust triage systems in place, which enable teams to respond immediately to critical situations and deal with other cases on the basis of urgent, normal or low need.

- An extra care housing development in East Grinstead has been opened, promoting and enabling independence for West Sussex residents. Extra care housing schemes allow people to stay in their own home wherever possible, with extra care and support available when needed. This scheme also delivers on key priorities as set out in the Adult Social Care Strategy 2022-25.
- Staffing pressures are having an impact on the service achieving a number of performance measures. However, to address vacancy gaps for qualified social workers and occupational therapists, improved pay and reward has been implemented, using the additional £2m allocated for this purpose in the County Council's 2022/23 agreed budget. In addition, a number of qualified social workers from overseas have been arriving in West Sussex and are taking up posts across the county in community, hospital, learning disability and mental health teams.

### 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

Agenda Item 9  
Appendix B

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	Performance Analysis and Actions	Year End Forecast	
			Dec-21	Mar-22	Jun-22				
11	Percentage of contacts to adult social care that progress to a social care assessment  Reporting Frequency: Quarterly	20% - 30%	19.3%	18.1%	23.6%		<p><b>Performance Analysis:</b> Jun-22: Performance is within target reflecting the impact of interventions throughout the customer journey to meet people's needs through information and advice as well as provision of preventative services.</p> <p><b>Actions:</b> The Access Review Programme will assess the impact of the dissolved Section 75 mental health agreement, which has increased the percentage of contacts that progress to social care assessments, as well as providing a better understanding of the complexity of need being presented at the front door.</p>	G	
12	Percentage of adult social care assessments that result in a support plan  Reporting Frequency: Quarterly	65% - 75%	76.3%	74.8%	40.0%		<p><b>Performance Analysis:</b> Jun-22: Currently reporting low, but as the year progresses, additional assessments will be completed and reported performance will be retrospectively updated, with performance increasing. Previous quarter data will always be subject to change because the outcome of the assessment and the need for a support plan or not may not yet have been determined. Current results are better than Q1 for 2021-22 which reported 30.8% and still met the year-end target.</p> <p><b>Actions:</b> This measure will be continually monitored, and performance will be updated throughout the year to reflect the additional assessments.</p>	G	
13	Outcomes of safeguarding risk – where a risk was identified, the outcome/expected outcome when the case was concluded for Section 42 enquires (% where risk remains).  Reporting Frequency: Quarterly	7.0%	2020/21 8.9%	2021/22 8.4%	Jun-22 7.4%			<p><b>Performance Analysis:</b> Jun-22: This new measure is based on outcomes of safeguarding risk reduction for concluded section 42 enquiries and better aligns with adults' outcomes measures and can be benchmarked against other local authorities annually. The key measure is where the risk remains even after the section 42 enquiry has been concluded. This should be as low as possible, and the target is 7% as there will be appropriate circumstances when the authority has considered all risk reducing strategies but risk will</p>	G

Adults Services		2022/23 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis and Actions	Year End Forecast
							<p>remain. This is in line with the key principles of making safeguarding personal and acknowledges that despite all practical efforts made by the Local Authority, people with capacity can, and will make unwise decisions. Performance is improving and currently just above the target, although final results can only be confirmed once the system issues have been resolved.</p> <p><b>Actions:</b> There are mechanisms in place to monitor and review safeguarding plans and actively promote strength based and risk enablement practice. This new measure will be monitored by the Adults Directorate Leadership Team and via the Performance, Quality and Practice Board, both chaired by the Director for Adults and Health.</p>	
14	Time to complete outstanding 'deprivation of liberty' cases  Reporting Frequency: Quarterly	4.4 Months	Dec-21	Mar-22	Jun-22		<p><b>Performance Analysis:</b> Jun-22: Performance has been impacted by staff sickness and reduced administrative support, which hinders work being processed and completed in a timely manner. This should improve as staff return from sick leave.</p> <p><b>Actions:</b> Continue to monitor and utilise external agency resource to undertake work.</p>	G
			3.4 Months	3.4 Months	4.1 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		<p><b>Performance Analysis:</b> Jun-22: Council data is not available this quarter due to ongoing system issues that are impacting reporting. In the absence of County Council's data source, the provider has reported that the service is currently (June 22) achieving 69% of customers that have no on-going care needs following an episode of reablement and the aggregated percentage from July 2021 – July 22 is 71%. Due to a number of challenges during 2022-23 financial year the reablement provider has not delivered the 38 contractual reablement starts each week. The average during this period has been 26 per week.</p> <p><b>Actions:</b> The reablement provider is currently working to an improvement plan to increase the number of starts per week and is monitored on a daily, weekly and monthly basis via existing processes. The reablement provider</p>	A
			85.5%	85.4%	81.3%	↓		

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Adults Services		2022/23 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis and Actions	Year End Forecast
							has conducted an extensive recruitment drive and uplifted the Community Care Assistants salary by 33% per annum which is now realising benefits with six new members of staff in the recruitment pipeline awaiting start dates.	
37	Percentage of adults that purchase their service using a direct payment	27.4%	Dec-21	Mar-22	Jun-22		<p><b>Performance Analysis:</b> Jun-22: Performance is marginally below target, so intervention is not required at this stage.</p> <p><b>Actions:</b> This measure will be monitored by the Adults Directorate Leadership Team and via the Performance, Quality and Practice Board, both chaired by the Director for Adults and Health.</p>	G
	Reporting Frequency: Quarterly		28.5%	28.4%	27.3%	↓		
38	Percentage of users of adult services and their carers that are reviewed and/or assessed in the last 12 months	77.0%	Dec-21	Mar-22	Jun-22		<p><b>Performance Analysis:</b> Jun-22: The percentage of reviews undertaken within a 12-month period is expected to improve over 2022/23. A dedicated project is in place to manage reviews for older people and Lifelong Services customers with a focus on embedding a strength based approach.</p> <p><b>Actions:</b> The project will 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 will improve the performance of this measure.</p>	R
	Reporting Frequency: Quarterly		63.4%	60.0%	54.2%	↓		
39	The percentage of adults with a learning disability in paid employment	3.8%	Sep-21	Dec-21	Mar-22		<p><b>Performance Analysis:</b> Jun-22: Q1 data will be reported in Q2 PRR following a detailed exercise to understand the data collection methodology used by comparative local authorities, to ensure that the County Council is collecting data to accurately measure this performance indicator.</p> <p><b>Actions:</b> A project to focus on completing reviews/assessments continues throughout 2022/23, which is expected to see an increase in performance over the coming year. Work is also underway to establish better ways of working with the market and other stakeholders to increase the number of people in employment and/or engaged in meaningful activities.</p>	R
	Reporting Frequency: Quarterly		0.4%	0.6%	1.1%	↗		



Adults Services		2022/23 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis and Actions	Year End Forecast
40	The percentage of adults in contact with secondary mental health services living independently with or without support	71.0%	Dec-21	Mar-22	Jun-22		<p><b>Performance Analysis:</b> Jun-22: Performance remains stable and close to target.</p> <p><b>Actions:</b> Like last year, 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.</p>	A
			69.0%	69.0%	69.0%	→		
44	Percentage of people affected by domestic violence and abuse who feel safe upon leaving the service	85.0%	Dec-21	Mar-21	Jun-22		<p><b>Performance Analysis:</b> Jun-22: Only a limited number of completed returns from victims leaving the service were received this period, lower than previously and lower than expected. As a result, the sample size is too small to provide meaningful results. The RAG status has been set to amber to reflect this.</p> <p><b>Actions:</b> We have continued to fund the Insights system until we are confident that any new recording will capture the information we need and also briefed staff via service managers, on the need to continue to use and complete the required forms. WORTH services has undergone a restructure with some activities relocated to the Communities directorate. The relocation project has ensured that residents in West Sussex continue to have access to a high-risk domestic abuse advocacy service, alongside specialist domestic abuse support provision within the family safeguarding model, where families are provided with statutory social care support. Due to the significant impact of relocating the service, including system migration there has been uncertainty and discussion around service evaluation and how this is best determined across the services.</p>	G
			86.0%	91.3%	-	↓		

## Finance Summary

### Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Older People – Underlying overspend pressure brought forward from 2021/22.	£4.000m	Older People – Delays and reduction in admissions.	(£4.000m)	
Older People – Delays in delivering savings due to timing and capacity restraints.	£2.600m	Adults – Staffing vacancies within the service.	(£2.300m)	
Lifelong Services – Underlying overspend pressure brought forward from 2021/22.	£1.400m	Adults – In year staffing budget surplus generated from the implementation of the new pay grades for social workers and occupation therapists.	(£1.300m)	
Lifelong Services – Delays in delivering savings due to timing and capacity restraints.	£4.400m	Adults – Deferral of the use of the Market Management Fund.	(£2.200m)	
		Adults – Reduction in the reablement block contract – lower level of service than sought is being delivered.	(£0.600m)	
		Adults – Other funding opportunities – including additional Better Care Funding.	(£2.000m)	
<b>Adults Services Portfolio - Total</b>	<b>£12.400m</b>		<b>(£12.400m)</b>	<b>(£0.000m)</b>

### Significant Financial Issues and Risks Arising

Key Financial Issues and Risks Arising	Narrative	Cost Driver	Q1	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	4,391	↘	Customer numbers are around 300 lower than June 2021, mainly due to reducing admissions.	↘
		% increase in the average gross weekly cost of a care package for older people	5.4%	↘	Waiting lists are growing, so, if these cannot be managed, some rebounding is likely.	
		% increase in the average net weekly cost of a care package for older people	8.4%	↘	Although average costs are rising, the rate is lower than the uplifts agreed for providers in 2022/23, which is in line with the savings target for customer reviews.	

**Key:**

<b>Arrow:</b>	Decreasing	↘	Increasing	↗	Static	↔
<b>Colour:</b>	Improving	Green	Worsening	Red	Static	Yellow

### Financial Narrative on the Portfolio's Position

- Although the Adults Services Portfolio is projecting a balanced budget, the challenge for 2022/23 is to deliver £15.8m of savings; of which, £14.5m require action to enable delivery. Progress to date has been limited, so the

budget is already under significant pressure. That risk is concentrated in the Older People and Lifelong Services budget.

### **Older People Care Costs**

4. The number of older people with a care package continues to fall and is now over 110 lower than in March and almost 300 below the comparative figure for June 2021. This is not an outcome for which the County Council had planned, because it was expected that demand would rise in line with population growth, for which additional funding has been provided.
5. That position is not attributable to excess deaths as the number of people who have passed away per month since January 2022 has been close to the long-term average. Instead, it is a reflection of a pronounced reduction in admissions. These averaged around 200 per month in the first half of last year, before falling to approximately 150 in the second half. Amongst the main explanations for this are rising waiting lists (at all levels from initial contact to assessment) and market shortages of available care. Consequently, management of those waiting lists over the coming months will be key to determining whether the current position can be sustained.
6. Average weekly costs remain largely in line with budget assumptions. Key to note is that the amount being paid in June was lower than in April, despite an average uplift for providers of 9% having been agreed for 2022/23. That fall is a leading indicator of the initial impact that the review of customer packages is achieving. This aims to embed a strength-based approach whilst delivering an average reduction in cost of 10% as part of the savings target from community care.
7. In other circumstances the combination of falling demand and stable prices would free the growth funding allocated for 2022/23 to cover the underlying £4m overspending pressure in the older people's budget carried forward from 2021/22. However, the picture is less favourable, due to delays in the delivery of savings. Although plans have been prepared, the return on these is building more slowly than required. In part this is because of workforce constraints, which are putting a cap on the amount of activity which can take place.
8. Another complicating factor is that there is often a time-lag in arising benefits thus are not immediately visible in the accounts; so, it is on this caveat that an overspending risk of £2.6m exists. That figure assumes that plans for the remainder of the year will be delivered in full. Since there is an amount of £3.4m attached to these, even a small variation will materially worsen the outturn.

### **Lifelong Services Care Costs**

9. There is even greater risk facing the Lifelong Services budget. If measured by weekly expenditure and allowing for the price uplifts agreed by the County Council for 2022/23, outwardly there is an appearance of stability.
10. That presentation masks the absence of any contribution of note towards a savings target of £8.5m. Nevertheless, additional capacity has recently been recruited which should lead to impetus being created. Delivery plans have also

been confirmed that will put momentum around other workstreams. If delivered in line with service forecasts, £4.1m of benefits will be secured in the last three quarters. When added to underlying overspending pressures of £1.4m brought forward from 2021/22, this leaves a projected overspend in Lifelong Services of £5.8m.

### **Summary Position**

11. Between the Older People and Lifelong Services budgets, the cumulative overspending pressure is £8.4m. As things stand this can be mitigated from opportunities available elsewhere in the budget:
  - £2.3m of vacancy savings. Within parts of the social work teams and occupational therapy, turnover is currently running at 20%. In addition, in-house day services have yet to return to pre-Covid activity levels.
  - £2.2m from the market management fund created as part of the fees uplift decision report. Use of this could be deferred until 2023/24.
  - £1.3m funding available from the new pay grades for social workers and occupational therapy. The budget recognises the potential full cost of the 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.
  - £0.6m reduction in the reablement block contract because a lower level of service than was sought is being delivered by the provider.
  - £2.0m from 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.
12. This enables a balanced budget forecast to be made for Adults. However, it is contingent on £7.5m of savings being realised in the rest of the year and on effective management of waiting lists for older people. Whilst it would be premature to see either of those outcomes as being certain, it demonstrates the extent to which the outturn will depend directly on service actions. If delivered successfully, the timing delays to date will be manageable within the limits of existing resources. It will also ensure that full year benefits will be available from 2023/24 onwards. If that is not the result, the budget will overspend and will require a draw-down from the £6m of uncommitted resources carried forward from 2021/22 through the Improved Better Care Fund. That would make for second best use of funding that otherwise would be available for transformational purposes as well as jeopardising the ability of the service to balance its budget in 2023/24.

### **Revenue Grant Update**

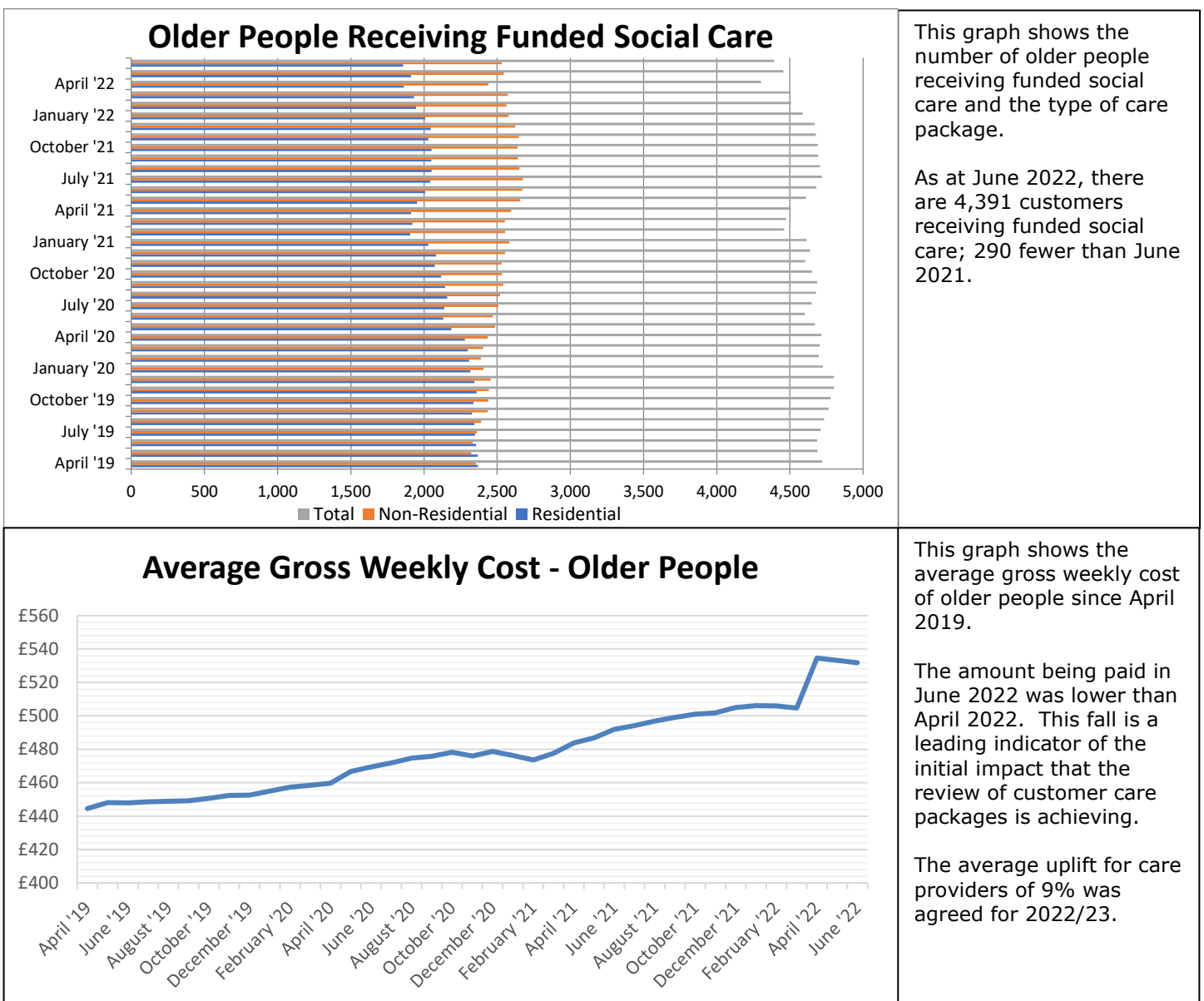
13. In June the County Council was awarded £98,649 of Adult Social Care Charging Reform: Implementation Support Funding. It is assumed that this non-ringfenced grant will be allocated to the Adults Service Portfolio and employed

in accordance with the grant guidance to contribute towards the cost of the required preparations for the Social Care Charging Reform.

### Covid-19 Expenditure Update

14. As the pandemic continues, there remains a need to provide quality services and assistance to residents. Within the Adult Services Portfolio, a need to continue to fund locum staff to manage the impact of the pandemic has been identified. This has resulted in £1.2m of the non-ringfenced Covid-19 grant being earmarked for 2022/23.

### Cost Driver Information



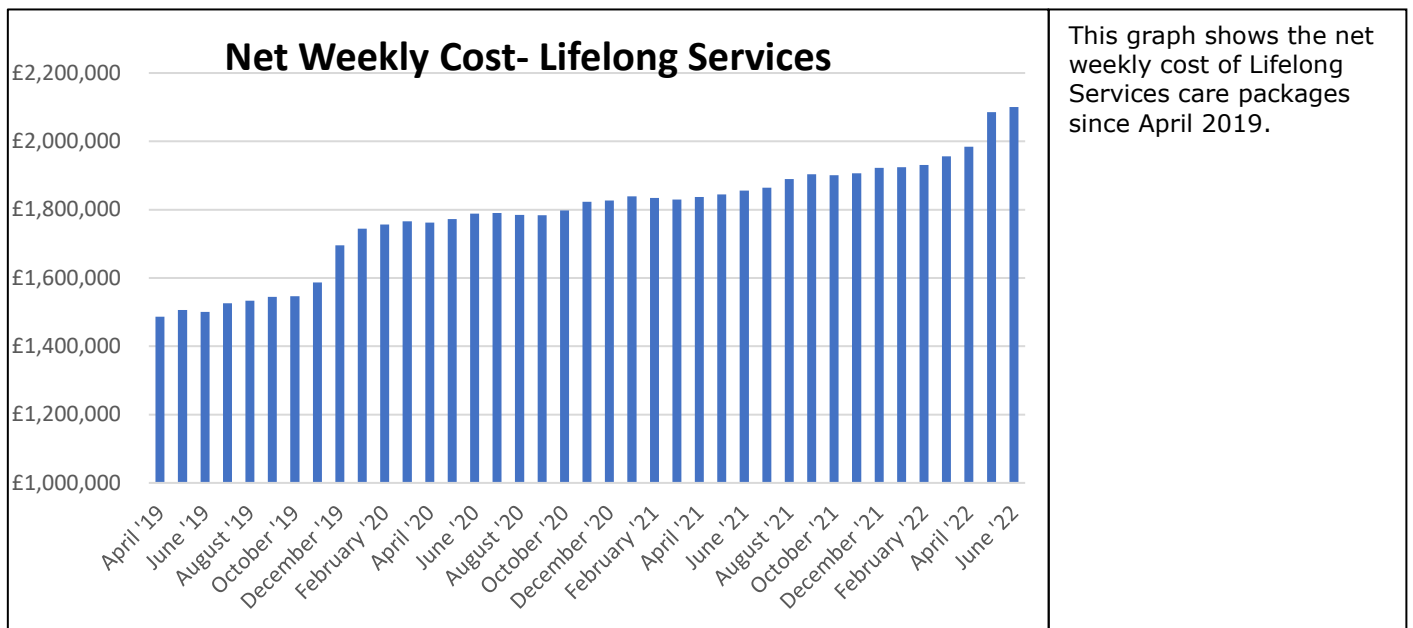
This graph shows the number of older people receiving funded social care and the type of care package.

As at June 2022, there are 4,391 customers receiving funded social care; 290 fewer than June 2021.

This graph shows the average gross weekly cost of older people since April 2019.

The amount being paid in June 2022 was lower than April 2022. This fall is a leading indicator of the initial impact that the review of customer care packages is achieving.

The average uplift for care providers of 9% was agreed for 2022/23.



### Savings Delivery Update

15. 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 savings were reviewed to ensure realistic savings plans were incorporated.
16. 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.
17. However, delivery to date has been limited with £7.0m currently reported as 'At Significant Risk' and a further £7.5m reported as 'At Risk'.

Saving Activity	Saving to be Delivered in 2022/23 (£000)	June 2022		Narrative
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.
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.
Increase supply and use of shared lives carers	448	448	G	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.

Saving Activity	Saving to be Delivered in 2022/23 (£000)	June 2022		Narrative
		Value	Rating	
Community Care	7,200	2,700	A	Plans have been developed. Progress to date has been limited, partly due to workforce constraints.
		4,500	R	Savings that will not be delivered in 2022/23 because of timing reasons.
Redirecting residential customers to home-based care	1,000	1,000	A	Plans have been developed. Progress to date has been limited, partly due to workforce constraints.
Non-residential customers to remain at home with reduced package	1,990	1,166	A	Plans have been developed, which are in the process of being implemented.
		824	R	Savings that will not be delivered in 2022/23 because of timing reasons.
Continuing Healthcare	2,060	560	A	Plans have been developed, which are in the process of being implemented.
		1,500	R	Savings that will not be delivered in 2022/23 because of timing reasons.
Placement costs	1,000	1,000	A	Plans have been developed, which are in the process of being implemented.
Occupancy of Shaw contract	1,250	1,074	A	Plans have been developed, which are in the process of being implemented.
		176	R	Savings that will not be delivered in 2022/23 because of timing reasons.

**Savings Key:**

<b>R</b> Significant Risk	<b>A</b> At Risk	<b>G</b> On Track	<b>B</b> Delivered
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## Capital Programme

### Performance Summary - Capital

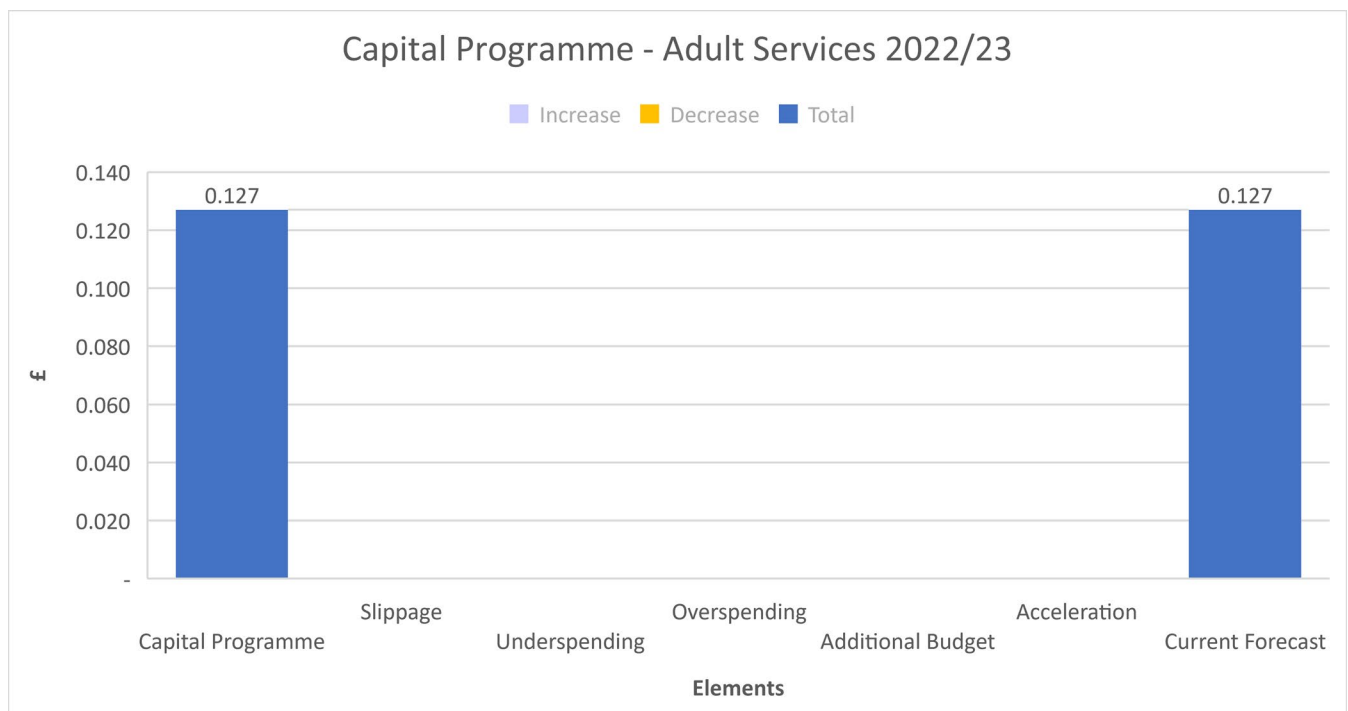
18. There are four schemes within this portfolio. One scheme is rated green, indicating that the project is reporting to plan and three of the schemes are rated amber, indicating that this is an issue, but that it can be dealt with by the project manager or project delivery team. An update on progress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

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Scheme	RAG Status at 30 <sup>th</sup> June	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 - 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 2022, agreed a programme totalling £0.127m for 2021/22. As at the end of June, the profiled spend 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.

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



## Risk

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

Risk No.	Risk Description	Previous Quarter Score	Current Score
CR58	The care market is experiencing an unprecedented period of fragility, particularly due to staff shortages and increasing demand. This has been further exacerbated by Covid-19, including the mandatory requirement for care staff to have a vaccination; however, this also extends to WSCC staff requiring access to these facilities (i.e., Social Workers, 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.	25	25
CR74	The <b>overdue re-procurement of care and support at home services</b> 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.	New	15

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

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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:

- **Children of Alcohol Dependent Parents Innovation Fund**  
The success of the Children of Alcohol Dependent Parents Innovation Fund in West Sussex was celebrated at a high-profile event in May, hosted by the Department of Health and Social Care (DHSC). Funding from the DHSC and Department for Work and Pensions enabled the development and implementation of a new service aimed at early identification and support to people drinking alcohol during their pregnancy, as well as the county-wide expansion of an existing specialist therapeutic service for children and young people (CYP) affected by parental alcohol use. Additional funding from NHS partners enabled the scope of the therapeutic service to be extended to children affected by parental drug use. Local evaluation by West Sussex Public Health comprised some positive outcomes, including reduced alcohol use reported by pregnant and new parents, and improved outcomes in CYP receiving therapy. The evaluation's findings and recommendations will contribute to the evidence base for commissioning of services and improving outcomes for children and families affected by alcohol use.
- **Pharmaceutical Needs Assessment (PNA)**  
The West Sussex Health and Wellbeing Board has published its draft Pharmaceutical Needs Assessment (PNA) in line with its statutory duty, and is seeking feedback from organisations, community groups and residents with an interest in local pharmaceutical services. The PNA is a statement of the current and future needs for pharmaceutical service provision within a local area and is used by NHS England and NHS Improvement (NHSE&I) when considering applications for new pharmacies, dispensing doctors or appliance contractors and changes to existing services. It is also used to inform commissioning of services from community pharmacies by NHSE&I, and local commissioners such as the NHS and local authorities. The consultation runs from 20 June until 28 August.
- **Integrated Care System (ICS) for Sussex**  
The way health and care works across Sussex (East Sussex, West Sussex, Brighton & Hove) changed on Friday, 1 July, with organisations including West Sussex County Council, formally becoming part of an Integrated Care System (ICS) for Sussex, having been a partner in the ICS since April 2020.

With the Health and Care Act 2022 coming into law in April, two new statutory entities are now in place; the Integrated Care Board (ICB), to be known as NHS Sussex, and the Integrated Care Partnership (ICP), to be known as the Sussex Health and Care Assembly. Both will have duties to consider Health and Wellbeing Board plans, and Joint Strategic Needs Assessments and health and wellbeing strategies will set the


evidence base and strategic framework within which priorities for each place within the ICS are identified. These changes will strengthen our commitment to working more closely with our partners to help improve the health and wellbeing of people in communities across the county. Cllr Lanzer, Chairman of the West Sussex Health and Wellbeing Board, is the Council's representative on the Sussex Health and Care Assembly and Alison Challenger, Director of Public Health (DPH), is the representative on the Integrated Care Board, as a Partner Member, for all three local authority DPH. Alison Challenger presented a paper at the inaugural meeting of NHS Sussex Board in July 2022 on the population of Sussex outlining what are the most important health needs of our population across the area, based on the latest evidence available.

### 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.

Public Health and Wellbeing		2022/23 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis and Actions	Year End Forecast
			2019/20	2020/21	2021/22			
<b>5a</b>	Uptake of flu vaccine in over 65s or at risk	75.0%	74.2%	83.7%	85.0%	↗	<p><b>Performance Analysis:</b> Jun-22: During the 2021-2022 flu season, the health and social care system faced a very challenging environment, over and above the usual winter pressures. Additional cohorts had been added into the flu vaccination programme and they were delivering the extensive Covid-19 vaccination programme. This was against a backdrop of increased demand for services due to the pandemic, staff shortages and managing outbreaks. Despite this, a successful flu vaccination program was delivered - for West Sussex in some groups, uptake exceeded previous years and overall West Sussex uptake compares favourably in the majority of eligible groups to the South East average</p> <p><b>Actions:</b> Director of Public Health is 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.</p>	<b>A</b>

Public Health and Wellbeing		2022/23 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis and Actions	Year End Forecast
			2019/20	2020/21	2021/22			
5b	Update of flu vaccine in 'at risk' groups  Reporting Frequency: Annually	50.0%	45.8%	56.7%	58.5%	↗	<p><b>Performance Analysis:</b> Jun-22: During the 2021-2022 flu season, the health and social care system faced a very challenging environment, over and above the usual winter pressures. Additional cohorts had been added into the flu vaccination programme and they were delivering the extensive Covid-19 vaccination programme. This was against a backdrop of increased demand for services due to the pandemic, staff shortages and managing outbreaks. Despite this, a successful flu vaccination program was delivered - for West Sussex in some groups, uptake exceeded previous years and overall West Sussex uptake compares favourably in the majority of eligible groups to the South East average.</p> <p><b>Actions:</b> Director of Public Health is 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.</p>	A
6	Healthy weight of 10–11-year-olds  Reporting Frequency: Annually	Top Quartile in South East (62.9%)	70.4%	69.8%	63.2%	↘	<p><b>Performance Analysis:</b> 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</p>	G

Public Health and Wellbeing		2022/23 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis and Actions	Year End Forecast
							<p>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><b>Actions:</b> 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 2021/22 is on track and will be completed later in the year.</p>	
31	Healthy life expectancy for men  Reporting Frequency: 3 Year Rolling Average	66 Years  (Pre-Pandemic Levels)	2017/18	2018/19	2019/20		<p><b>Performance Analysis:</b> Jun-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).</p> <p>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.</p> <p><b>Actions:</b> Work continues to be 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. 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 &amp; Hove) outlining what are the most important health needs of our population across the area, based on the latest evidence available.</p>	A
			64.6 Years	66.0 Years	63.8 Years			

Public Health and Wellbeing		2022/23 Target	Performance Over The Last 3 Periods			DoT	Performance Analysis and Actions	Year End Forecast
			2017/18	2018/19	2019/20			
32	Healthy life expectancy for women  Reporting Frequency: 3 Year Rolling Average	64.8 Years (Pre-Pandemic Levels)					<p><b>Performance Analysis:</b> Jun-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).</p> <p><b>Actions:</b> Work continues to be 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. 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 &amp; Hove) outlining what are the most important health needs of our population across the area, based on the latest evidence available.</p>	A
			64.3 Years	64.8 Years	63.9 Years	↓		
35	Number of people completing evidence-based falls prevention programmes  Reporting Frequency: Annually	400			2021/22		<p><b>Performance Analysis:</b> 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.</p> <p><b>Actions:</b> 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.</p>	A
			New Measure – No Data	New Measure – No Data	354			

## Finance Summary

### Portfolio In Year Pressures and Mitigations

Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
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 within this section.

### Financial Narrative on the Portfolio's Position

- Due to the impact of the Covid-19 pandemic, activity levels within a number of areas of the Public Health budget 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. Numbers are expected to increase, and opportunities to add in new ways of working to reflect public preferences for easy access to services and more choice, will be explored. Consequently, a ring-fenced underspend of £3.1m was carried forward from 2021/22, and in line with grant requirements will be spent on public health, enabling the local authority to discharge its statutory public health functions.
- Plans are progressing to utilise this underspend to address Public Health issues that have emerged over the last two years including the impacts of the Covid-19 pandemic. As the Public Health Grant is a ring-fenced grant, any unspent funds for 2022/23 will transfer into 2023/24; the potential level of that underspending will become clearer in future months.

### Revenue Grant Update

- In February 2022, the Department for Health and Social Care announced an additional £0.990m of Public Health Grant in 2022/23 for the County Council. Although this is an uplift of 2.7%, the grant needs to provide for additional elements, including the HIV prevention drug Pre-Exposure Prophylaxis (PrEP), NHS wage uplifts, test, track and trace and outbreak planning, and other public health spend relating to Covid-19. As detailed above, the Public Health Grant is a ring-fenced grant which means that funds must be spent on eligible activities. Any unspent funds will transfer into 2023/24.



## **Covid-19 Expenditure Update**

7. 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. £3.651m from the Contain Outbreak Management Fund was brought forward from 2021/22 and is expected to be utilised during the financial year.

## **Savings Delivery Update**

8. 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 and Home contract being decommissioned in July 2021. This has allowed £0.088m of eligible corporate overheads to be charged against the grant which has enabled the delivery of a saving within the Support Services and Economic Development Portfolio.

## **Capital Programme**

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


## **Risk**

10. 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 4** - Corporate Risk Register Summary.

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# Corporate Risk Register Summary - Q1 2022/23

## CR11

Current Score	Target Score	Initial Score	Risk Change
25	8	20	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.	01/09/2022
Conduct planning session with HR team to review current recruitment practices, and meet with key stakeholders to develop comprehensive plan to address areas needing improvement.	01/09/2022
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

## 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
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
Administration of central government funding to provide financial support to the sector.	ongoing

## CR39a

Current Score	Target Score	Initial Score	Risk Change
<b>25</b>	<b>16</b>	<b>20</b>	<b>Unchanged</b> ➡

**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
<b>20</b>	<b>12</b>	<b>16</b>	<b>Increasing</b> ⬆️

**Risk Description**

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

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

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

# CR61

Current Score  
**15**

Target Score  
**10**

Initial Score  
**25**

Risk Change  
**Unchanged**  
➡

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

Risk Description

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

Date Risk Raised  
**01/06/2019**

Risk Owner  
Director of Children, Young People and Learning

Risk Strategy  
**Treat**

# CR69

Current Score  
**15**

Target Score  
**10**

Initial Score  
**25**

Risk Change  
**Unchanged**  
➡

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

Risk Description

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

Date Risk Raised  
**01/03/2020**

Risk Owner  
Director of Children, Young People and Learning

Risk Strategy  
**Treat**

## CR60

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

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

### 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

## CR74

Current Score	Target Score	Initial Score	Risk Change
<b>15</b>	<b>10</b>	<b>15</b>	<b>New</b>

Risk Control/Action	Target Date
Focus resource onto managing provider relationships to improve contract management.	ongoing
Regular communication and engagement with providers on programme development/progress, and strategic direction/consequences of changes.	ongoing
Service commitment to undertake re-procurement if and when required	ongoing
Subject to appropriate approvals, opening up the Contingency Contract wider for providers to work with the Council in the interim	ongoing
Update the 2009 contract terms and conditions by variation where these are significantly out of date	01/07/2022

### 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

# CR72

Current Score  
**12**

Target Score  
**8**

Initial Score  
**20**

Risk Change  
**Unchanged**  
➡

## Risk Description

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

## Date Risk Raised

01/08/2021

## Risk Owner

Director of Children, Young People and Learning

## Risk Strategy

Treat

## Risk Control/Action

## Target Date

Develop and publish a market position statement to be sent out to care providers and other LA's to engage them in placements and requirements, in line with the needs of children.

01/09/2022

Escalate to Assistant Directors and Exec Director any situation where a child or young person is at risk of being without a registered provision when they require one.

ongoing

# CR73

Current Score  
**12**

Target Score  
**8**

Initial Score  
**12**

Risk Change  
**Unchanged**  
➡

## Risk Description

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

## Date Risk Raised

01/01/2022

## Risk Owner

Director for Place Services

## Risk Strategy

Treat

## Risk Control/Action

## Target Date

Align pipeline of projects for existing and future funding opportunities

ongoing

Built into county-wide Business Planning and budgeting process

ongoing

Clear prioritisation of CC Strategy delivery within Our Council Plan

ongoing

Existing estate & infrastructure made climate change resilient & future developments designed to be as low carbon & climate change resilient

ongoing

Recruitment and training policy to ensure all staff & elected members are suitably informed on climate change issues & that specialist skills are embedded through recruitment & training to enable delivery

ongoing

SMART programme of actions based on clear definitions and metrics

ongoing

## CR68

Current Score  
**10**

Target Score  
**10**

Initial Score  
**25**

Risk Change  
**Decreasing**  
↓

### 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  
**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
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  
**01/03/2017**

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

## CR70

Current Score  
**8**

Target Score  
**8**

Initial Score  
**12**

Risk Change  
**Decreasing**  
↓

### 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

## CR65

Current Score  
**6**

Target Score  
**6**

Initial Score  
**20**

Risk Change  
**Unchanged**  
→

### 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**

Risk Control/Action	Target Date
---------------------	-------------



## Forward Plan of Key Decisions

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

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

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

A key decision is one which:

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

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

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

### Finance, assets, performance and risk management

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

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

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

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

**Published: 1 September 2022**

## Adults Services

### Director of Adults and Health

<b>YMCA Blended Counselling Contract Extension</b>	
<p>The Contract with YMCA Downlink to provide Blended Counselling began in November 2018, to run three years until October 2021, with the facility for a 2 year extension.</p> <p>The contract is monitored quarterly by the Children and Young People Joint Commissioning Unit and has been fully funded through Clinical Commissioning Group (CCG) which is then recharged to West Sussex County Council.</p> <p>Blended Counselling is a key component of West Sussex’s Emotional Wellbeing Offer and throughout 2022-20223 YMCA Downlink will have a lead role in the implementation of the new West Sussex Single Point of Advice (SPOA).</p> <p>The NHS have agreed ongoing funding for the proposed extension period.</p> <p>The Director of Adults and Health is requested to extend the contract with YMCA Downlink to supply Blended Counselling for children aged 11-18 in West Sussex by applying the +2 year extension provision in the contract until 31<sup>st</sup> October 2023.</p>	
<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	23 February 2022
<b>Month</b>	September 2022
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made via the officer contact.
<b>Background documents</b> (via website)	None
<b>Author</b>	Linda Jones Tel: 033 022 28559
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Cabinet Member for Adults Services****Short Break Services for Family and Friend Carers (Adults) Procurement**

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

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

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

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

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

<b>Decision by</b>	Cabinet Member for Adults Services (Councillor Amanda Jupp)
<b>Date added</b>	17 June 2022
<b>Month</b>	September 2022
<b>Consultation/ Representations</b>	Extensive stakeholder consultation, including all partners on the Carers Strategic Partnership Group. Carer Support West Sussex has undertaken on our behalf questionnaires and focus groups specifically around day breaks for carers.  Representations concerning this proposed decision can be made to the Cabinet Member for Adults Services via the officer contact.
<b>Background documents (via website)</b>	None
<b>Author</b>	Mark Greening Tel: 033 022 23758
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Director of Adults and Health**

**Deprivation of Liberty Safeguards (DoLS) Direct Award: Action First Assessments**

Deprivation of Liberty Safeguards ('DoLS') is the legal framework that protects people's human rights if they are deemed to be 'deprived of liberty' in a hospital or care home. To meet high levels of demand for DoLS assessments, West Sussex County Council uses a range of in-house and externally commissioned DoLS assessors. From Autumn 2019 a significant tranche of this work has been carried out by a national provider: Action First Assessments Ltd, via a framework agreement created by Nottinghamshire County Council.

Approval for this arrangement was initially agreed until 31/03/21. The agreement was then extended for a further period until 31/08/22. The Nottinghamshire CC framework agreement has now ended and therefore West Sussex County Council is seeking to directly award the contract from 31/08/22.

Future contracting decisions are being made in the context of legal changes which will be implemented in the coming years. These changes will replace DoLS with a new legal framework: the Liberty Protection Safeguards. As yet government have not confirmed an implementation date but this new scheme could come into effect from October 2023 onwards.

To deliver business as usual DoLS workload and manage waiting lists ahead of the legal changes, the Director of Adults and Health will be asked to approve a direct contract award for a further 19 months until 31st March 2024. This will ensure continuity of service. A revised timetable will allow the County Council to review viability of future delivery models and explore opportunities to enhance the service offer to meet increased customer need.

<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	18 July 2022
<b>Month</b>	September 2022
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made via the officer contact.
<b>Background documents</b> (via website)	None
<b>Author</b>	Loretta Rogers Tel: 033 022 27985
<b>Contact</b>	Erica Keegan Tel:033 022 26050

**Director of Adults and Health****Integrated Community Equipment Service Contract Award**

West Sussex County Council (WSSCC) has a contract with NRS Healthcare for the provision of Community Equipment Services. Community equipment (such as beds, chairs, perching stools and mattresses) is widely recognised as a cost-effective method of meeting eligible social care need and evidence suggests it is also effective in preventing, reducing and delaying the need for ongoing care, reducing unplanned admissions and enabling people to remain safe and independent in their own homes.

The existing service expires on 31st March 2023. It is led and managed, via section 75 agreement, between West Sussex County Council and West Sussex CCG on behalf of the health and social care system. The annual cost, currently budgeted between £9-10 million, is split almost equitably between Health and Social Care. All equipment is prescribed by a range of professionals and attributable cost of each piece depends on circumstances, such as the location of the customer and the type of equipment.

Following the decision taken to re-commission, to provide an all age countywide Integrated Community Equipment Service, it is proposed that once the tender process is complete the Director of Adults and Health will be asked to award the contract to the most economically advantageous bidder.

<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	28 February 2022
<b>Month</b>	October 2022
<b>Consultation/ Representations</b>	Representations, on the proposed decision, can be made via the officer contact by the beginning of the month in which the decision will be taken.
<b>Background documents</b> (via website)	None
<b>Author</b>	Chris Jones Tel: 0330 022 28249
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Director of Adults and Health**

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

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

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

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

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

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

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



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

Topic (including focus for scrutiny)	Corporate or Service Priority	Performance, Outcome or Budget	Timing
<b>Committee Meetings</b>			
<b>Care Quality Commission Inspection of University Hospitals Sussex NHS Foundation Trust</b>	NHS	Outcome	Sept 22
<b>Financial Assessments Update</b>	Service	Outcome	Sept 22
<b>Quarter 1 Performance &amp; Resources Report</b>	Service	Outcome	Sept 22
<b>Access to Primary Care</b>	CCG	Outcome	Nov 22
<b>Terms of Reference for Mental Health TFG</b>	NHS	Outcome	Nov 22
<b>Progress update on Adult Social Care Strategy (including Quality Assurance and hospital waiting lists)</b>	Service	Outcome	Nov 22
<b>Quarter 2 Performance &amp; Resources Report</b>	Service	Outcome	Nov 22
<b>An update on the West Sussex Stroke Programme</b>	CCG	Outcome	Jan/Mar 23
<b>Self-Harm</b> <ul style="list-style-type: none"> <li>• Timing and focus for scrutiny to be determined by the BPG further to consideration of discussions at previous HASC meetings</li> </ul>	Service	Outcome	TBC
<b>The recommendations from the Task and Finish Group concerning Marjorie Cobby House and Shaw Day Service and the impact of closure</b>	Service	Outcome	TBC
<b>Informal information sharing sessions</b>			
• <b>Shaw Healthcare Contract Update</b>			
<b>Task and Finish Groups (TFGs)</b>			
• <b>None</b>			
<b>Business Planning Group</b>			
<b>Work Programme Planning</b> <ul style="list-style-type: none"> <li>• To consider updates from the services and stakeholders and consider whether any issues should be subject to formal scrutiny by HASC</li> </ul>	-	-	Each meeting
• NHS performance report			Nov 22
• To consider if an item on discharge pathways should go to Committee			
<b>Items raised by the committee in the previous council term</b> <ul style="list-style-type: none"> <li>• <b>Long Covid</b> – To investigate the impact/treatment of long Covid</li> </ul>	-	-	N/A

Topic (including focus for scrutiny)	Corporate or Service Priority	Performance, Outcome or Budget	Timing
<ul style="list-style-type: none"> <li>The award of block contracts for residential care and support services</li> </ul>			
<b>Integration and Governance</b>			N/A
<b>Low Vision Services (To monitor – discuss when required)</b> <ul style="list-style-type: none"> <li>To consider the outcome of the consultation and confirm whether the item should be subject to further formal scrutiny by HASC, following a Joint Strategic Needs Assessment of services</li> </ul>	-	Outcome	N/A
The interface between the Local Transport Plan, which was subject to public consultation and public health outcomes with a focus on eliminating carbon			
<b>Committee Suggestions</b>			
A review of Care Point capacity			
Health Inequalities			
Dentistry			
Domestic Abuse			
Ambulance Response Times			
Health Provision in relation to new developments			

**Appendix A - Checklist**

## **Scrutiny Business Planning Checklist**

### **Priorities - Is the topic**

- a corporate or service priority? In what way?
- an area where performance, outcomes or budget are a concern? How?
- one that matters to residents? Why?

### **What is being scrutinised and Why?**

- What should the scrutiny focus be?
- Where can the committee add value?
- What is the desired outcome from scrutiny?

### **When and how to scrutinise?**

- When can the committee have most influence?
- What is the best approach - committee, TFG, one-off small group?
- What research, visits or other activities are needed?
- Would scrutiny benefit from external witnesses or evidence?

### **Is the work programme focused and achievable?**

- Have priorities changed – should any work be stopped or put back?
- Can there be fewer items for more in-depth consideration?
- Has sufficient capacity been retained for future work?

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