

# Public Document Pack

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14 November 2023

## Health and Adult Social Care Scrutiny Committee

A meeting of the Committee will be held at **10.30 am** on **Wednesday, 22 November 2023** at **County Hall, Chichester, PO19 1RQ**.

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

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

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### Agenda

10.30 am 1. **Declarations of Interest**

Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it. If in doubt please contact Democratic Services before the meeting.

10.35 am 2. **Urgent Matters**

Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances, including cases where the Committee needs to be informed of budgetary or performance issues affecting matters within its terms of reference, which have emerged since the publication of the agenda.

3. **Minutes of the last meeting of the Committee** (Pages 5 - 10)

The Committee is asked to agree the minutes of the meeting held on 15 September 2023.

4. **Responses to Recommendations** (Pages 11 - 24)

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

10.40 am 5. **End of September 2023 (Quarter 2) Quarterly Performance and Resources Report** (Pages 25 - 54)

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 September 2023.

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.

11.35 am 6. **Update on the delivery of the two-year improvement programme 2023-25 to assist the delivery of the Adult Social Care Strategy 2022-25** (Pages 55 - 72)

The Report by the Director of Adults and Health and Assistant Director – Improvement and Assurance updates the Committee on progress on the two-year improvement programme.

The Committee is asked to consider and comment on the update on the delivery of the two-year improvement programme.

**Lunch**

The Committee will break for lunch for 35 minutes.

12.55 pm 7. **Update on Council Plan, Medium-Term Financial Strategy and Preparations for 2024/25 Draft Budget** (Pages 73 - 96)

Report by Director of Finance and Support Services.

The Committee is asked to review the County Council's budget pressures, proposed budget reductions and Capital Programme for 2024/25 within the remit of this Committee.

Feedback from the Committee will be considered by Cabinet in preparing the final draft budget and Capital Programme 2024/25 that will be presented to County Council for approval in February 2024.

- 1.40 pm 8. **Sussex System Winter Plan 2023-24 - November 2023**  
(Pages 97 - 114)
- This report sets out NHS Sussex's plans relating to West Sussex residents highlighting any specific challenges and risks and how these are being addressed.
- 2.25 pm 9. **Work Programme Planning and Possible Items for Future Scrutiny**
- The Committee is asked to review its current draft work programme taking into account the Forward Plan of Key Decisions and any suggestions from its members for possible items for future scrutiny.
- If any member puts forward such an item, the Committee's role at this meeting is to assess, briefly, whether to refer the matter to its Business Planning Group to consider in detail.
- (a) **Forward Plan of Key Decisions** (Pages 115 - 126)
- Extract from the Forward Plan dated 7 November 2023 – attached.
- An extract from any Forward Plan relevant to the Committee's portfolio 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 127 - 130)
- The Committee to review its draft work programme taking into consideration the checklist at Appendix A.
- 2.35 pm 10. **Requests for Call-in**
- There have been no requests for call-in to the Committee and within its constitutional remit since the date of the last meeting. The Director of Law and Assurance will report any requests since the publication of the agenda papers.

11. **Date of Next Meeting**

The next meeting of the Committee will be held on 10 January 2024 at 10.30 am at County Hall, Chichester. Probable agenda items include:

- Sussex Health and Care People Plan

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

**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 September 2023 – At a meeting of the Health and Adult Social Care Scrutiny Committee held at 10.30 am at County Hall, Chichester, PO19 1RQ.

Present: Cllr Wall (Chairman)

Cllr Cooper	Cllr O'Kelly, left at 12.53	Cllr Bevis
Cllr Atkins	Cllr Patel, left at 11.57	Cllr Glynn-Davies
Cllr Forbes	Cllr Pudaloff	Cllr Khan
Cllr Johnson	Cllr Walsh	Cllr Long
Cllr Nagel	Cllr Baldwin	Zoehy Harries

Apologies were received from Cllr Ali, Cllr Hastain and Cllr Peacock

Absent: Cllr Dunn and Cllr Loader

Also in attendance: Cllr A Jupp and Cllr Lanzer

### **13. Declarations of Interest**

13.1 No declarations of interest were made.

### **14. Committee Membership**

14.1 Resolved – that the Committee approves the co-optees appointed by Chichester District Council and Healthwatch.

### **15. Minutes of the last meeting of the Committee**

15.1 Resolved – that the minutes of the meeting held on 14 June 2023 are approved as a correct record and are signed by the Chairman.

### **16. Responses to Recommendations**

16.1 There was a concern raised that the Committee had not been updated on the proposed introduction of a Linear Accelerator (Linac) at St Richard's hospital, Chichester – **Action:** Executive Managing Director, NHS West Sussex, to update the Committee as soon as possible, and at the Business Planning Group at its November meeting.

16.2 Resolved – that the Committee notes the responses.

### **17. End of June 2023 (Quarter 1) Quarterly Performance and Resources Report**

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

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

**Adult's Services Portfolio**

- The Council understood the impact of current/future demand on services and the associated costs and was lobbying government on levels of social care funding
- A number of one-off grants are being used to mitigate the overspend, reducing it to £2m
- Savings targets have been challenging with issues regarding delivery (e.g. the fragility of the market) and timescales – the Council was looking at re-profiling the targets so they can be delivered over a longer timescale
- The Council needs to continually recruit good quality permanent and interim staff
- A programme is in place to improve transition arrangements from Children's to Adults' Services to cater for increased demand
- Diagnosis was not a factor in the increased demand as the Council works on level of need under the Care Act, not diagnosis
- Transition, complex needs and the increase in the number of older people is covered in the budget
- Although there is an improved position in the usage of Shaw beds – currently at 92% - any non-usage of a Shaw bed means an increase in spend in other care home beds where market prices are increasing. As we go into winter with increased levels of covid and flu there is a risk with maintaining this improved usage.
- There was a query as to the Care Quality Rating for Shaw homes **Action** - information will be provided by the service to members outside of the meeting on the current Care Quality Commission ratings
- Neighbouring authorities have similar issues with social care in general and adults' services in particular. The Council is learning from others including by meeting treasurers from around the country
- Modelling of next year's budget uses realistic assumptions based on current trends so that an achievable budget can be set
- The Prevention Assessment Team sits in Community Services and works with NHS primary care, including GPs, before people receive a service and has a short waiting list
- Social care assessments are prioritised by needs (including mental health) and although the number of people waiting for an assessment has remained fairly static, individuals do not have to wait too long for an assessment
- Reviews of individuals' care needs are carried out on a priority basis depending on their circumstances and includes information provided by individuals, families and care providers - service provision continues even if a review is still outstanding
- Hospital discharge assessments are also prioritised, but people may need to wait for services to be put in place before being

discharged - due to improvements in the market, this wait has reduced

- The target of reviewing 80% of assessments every year may be reassessed as being too high taking into account risk – any proposals to change the target will come to the Committee for discussion
- The Council works with the NHS on the Home First service to get people back to their own homes quickly, if this is not possible, alternative settings are explored – but for some people it will be more appropriate for them to stay in hospital until they can be discharged
- Although the percentage of adults with a learning disability in paid employment is not improving, the Council supports a range of people with varying levels of need. It can take some people a long time to get into work, if ever. The indicator may need to change to better reflect the overall picture and include volunteering and routes into work.

### **Public Health & Wellbeing Portfolio**

- The issue of disposable vapes is being debated at national level
- Trading Standards can currently prosecute anyone selling vapes to those under age (promotion of vaping to children and young people is totally unacceptable )and district/borough councils may be able to use their licensing powers to prevent illegal sales
- KPIs 60 and 61 are largely about smoking, a risk factor that causes a huge degree of morbidity and mortality and is one of the biggest causes of inequality in our local population
- Vaping as a quit aid is shown to be cost effective, good and an effective way of supporting someone's quit attempt
- Public Health has offered a lunchtime webinar to schools to help inform their policy and practice on vaping - the Council is happy to share this guidance with district and borough councils
- Census 2021 data is coming through on healthy life expectancy measures (KPIs 31 and 32) which are updated annually – a whole range of indicators will impact on improving these measures
- New mental health measure (KPI 53) in the performance report is focused on anxiety and self-reported anxiety. It is recognised that this doesn't reflect all mental health issues, but working on this measure it will likely impact other areas of mental health – **Action** The Director of Public Health to clarify which data are used for life expectancy figures
- Public Health has programmes of work to understand and address HIV late presentation (KPI 54) and chlamydia screening for 15-24 year olds (KPI 55). There may be some data issues, particularly for HIV late presentation, which we are exploring to ensure all data has been captured
- Sexual health services have been impacted by the pandemic, with service users selecting to access online services, probably more than community services, as was before

- Public Health is exploring with providers how uptake of services and diagnosis of chlamydia can be increased, and data is being reviewed
- The Council is due to publish the West Sussex Suicide Prevention Framework and Action Plan, which will be updated following the publication of Government's national suicide prevention strategy. The Sussex Suicide Prevention Strategy is also anticipated to be published shortly.

17.3 Resolved – the Committee asks that: -

- i. An informal session to be arranged for Committee members to gain a broader understanding of the data contained in the Performance & Resources Report
- ii. The current Care Quality Commission ratings of Shaw Homes be circulated
- iii. The current waiting times for assessments by the Prevention Assessment Team be circulated
- iv. To receive further information on how long people are waiting in hospital for an assessment
- v. For the Cabinet Member for Public Health and Wellbeing to make enquiries regarding possible district and borough council enforcement powers around sales of illegal vaping products
- vi. Update on the definition of disadvantaged groups in relation to Key Performance Indicator 60 with further detail to be provided in the next Performance & Resources Report
- vii. An update to be provided on savings delivery as part of the public health portfolio

**18. Care Quality Commission Assurance - West Sussex County Council Self-Assessment for the delivery of Adult Social Care**

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

18.2 Summary of responses to Members' questions and comments: -

- The Committee praised the self-assessment document, but thought that it could be made easier for the public to understand
- The mental health assessments mentioned in the document are those carried out by social care
- The next version of the document will include benchmarking against other local authorities and importantly, stakeholder feedback
- Design panels will be created to work with the voluntary sector to help direct the way services are developed
- The measure for annual reviews doesn't include the fact that some people have more than one review a year – People with the most complex needs do get annual reviews
- During the inspection it is expected that the Care Quality Commission will speak to a number of people from a group chosen at random who are receiving care and support and are willing and able to give their consent



- The Council currently works well with Police concerning people with mental health issues
- The Council has a suite of services to support people living at home including commissioned reablement services which are being reviewed with national support

18.3 Resolved – that the Committee asks for: -

- i. Clarity on “mental health services” and that it relates solely to West Sussex social care services
- ii. The language in the self-assessment be aimed at a wider audience, particularly on areas for improvement
- iii. The Service to consider whether work with the police concerning mental health should be included as part of the Care Quality Commission self-assessment, or considered as part of wider work for the Committee
- iv. Its Business Planning Group to consider the approach scrutiny may wish to take in terms of challenge to the service as ahead of the Care Quality Commission inspection

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

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

## **20. Work Programme**

20.1 Resolved – that the Committee asks for: -

- i. An update to be provided on the stroke services consultation and future plans as part of the recommendations tracker and the Business Planning Group in November
- ii. The Business Planning Group to confirm arrangements for the winter planning item at the November meeting
- iii. The Business Planning Group to consider whether further scrutiny is required relating to the impact of the cessation of contract of Impact Initiatives

## **21. Date of Next Meeting**

21.1 The next meeting of the Committee will be held on 22 November 2023 at 10.30 am at County Hall, Chichester.

The meeting ended at 1.02 pm

Chairman

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<b>Topic</b>	<b>Meeting (date raised)</b>	<b>Recommendation</b>	<b>Responsible Officer/ Member</b>	<b>Follow up</b>	<b>Response/Progress/ Deadlines</b>	<b>Status</b>
PRR	23/09/22	Requests that the report presents indicators relating to each other, such as the customer journey, together to ensure clarity	Director of Adults and Health	November 2023	The Director of Adults and Health is currently reviewing current KPIs and will take into account member comments as part of this process.	In progress
South East Coast Ambulance Service NHS Foundation Trust Improvement Update	8/3/23	The Committee requests data on the number of people using walk in services and those that make their way to A&E using private transport	SECAmb		An update will be provided at the March 2024 meeting.	Completed for 22/11/23
Sussex Shared Delivery Plan	14/6/23	To consider the progress and delivery of the Shared Delivery Plan on an annual basis	RA		Updates will be scheduled in work programme in 2024.	Completed for 22/11/23
Sussex Shared Delivery Plan	14/6/23	Business Planning Group to identify specific strands of work within the Shared Delivery Plan for further, more detailed scrutiny	RA		Updates will be scheduled in work programme in 2024.	Completed for 22/11/23
End of March 2023 (Quarter 4) Quarterly Performance and	14/6/23	The Cabinet Member for Public Health and Wellbeing to consider if future reporting could include data on	Cabinet Member for Public Health and Wellbeing	AC	Update to be provided and circulated to committee once received.	In progress

<b>Topic</b>	<b>Meeting (date raised)</b>	<b>Recommendation</b>	<b>Responsible Officer/ Member</b>	<b>Follow up</b>	<b>Response/Progress/ Deadlines</b>	<b>Status</b>
Resources Report		water/sea pollution and measures to report safety levels for the public				
End of June 2023 (Quarter 1) Quarterly Performance and Resources Report	15/9/23	An informal session to be arranged for Committee members to gain a broader understanding of the data contained in the Performance & Resources Report	Cabinet Member for Adults/ Cabinet Member for Public Health and Wellbeing		This took place on 15 November	Completed for 22/11/23
End of June 2023 (Quarter 1) Quarterly Performance and Resources Report	15/9/23	The current Care Quality Commission ratings of Shaw Homes be circulated	Cabinet Member for Adults		See appendix 1	Completed for 22/11/23
End of June 2023 (Quarter 1) Quarterly Performance and Resources Report	15/9/23	The current waiting times for assessments by the Prevention Assessment Team be circulated	Cabinet Member for Adults		See appendix 2	Completed for 22/11/23
End of June 2023 (Quarter 1) Quarterly Performance and Resources Report	15/9/23	To receive further information on how long people are waiting in hospital for an assessment	Cabinet Member for Adults		Waiting times for assessments vary considerably depending on the number of referrals received, which also	Completed for 22/11/23

<b>Topic</b>	<b>Meeting (date raised)</b>	<b>Recommendation</b>	<b>Responsible Officer/ Member</b>	<b>Follow up</b>	<b>Response/Progress/ Deadlines</b>	<b>Status</b>
					fluctuates considerably, and the complexity of an individual case. The aim is to try and allocate and complete the assessment within a week, so on average this is 7 days, however for the reasons described, each case is unique and therefore it is difficult to provide an exact length of time.	
End of June 2023 (Quarter 1) Quarterly Performance and Resources Report	15/9/23	For the Cabinet Member for Public Health and Wellbeing to make enquiries regarding possible district and borough council enforcement powers around sales of illegal vaping products	Cabinet Member for Public Health and Wellbeing		On behalf of the Cabinet Member for Public Health and Wellbeing, the Director of Public Health is exploring this and will update the Committee accordingly. Ongoing vaping enforcement action may be affected by the results and action following the government's consultation on 'Creating a smokefree	Completed for 22/11/23

<b>Topic</b>	<b>Meeting (date raised)</b>	<b>Recommendation</b>	<b>Responsible Officer/ Member</b>	<b>Follow up</b>	<b>Response/Progress/ Deadlines</b>	<b>Status</b>
					generation and tackling youth vaping' (closes 6 December).	
End of June 2023 (Quarter 1) Quarterly Performance and Resources Report	15/9/23	Update on the definition of disadvantaged groups in relation to Key Performance Indicator 60 with further detail to be provided in the next Performance & Resources Report	Cabinet Member for Public Health and Wellbeing		A description has been included in the Quarter 2 Performance and Resources report for KPI 60, detailing the groups that West Sussex Public Health commissioned smoking cessation services are targeted at, as per National Institute for Health and Care Excellence (NICE) guidance and because these providers can actively engage with these groups.	Completed for 22/11/23
End of June 2023 (Quarter 1) Quarterly Performance and Resources Report	15/9/23	An update to be provided on savings delivery as part of the public health portfolio	Cabinet Member for Public Health and Wellbeing		The Public Health and Wellbeing portfolio has no named savings target for 2023/24, however there is a direct link to the £0.038m Support Services and Economic Development saving – Use of Uncommitted	Completed for 22/11/23

<b>Topic</b>	<b>Meeting (date raised)</b>	<b>Recommendation</b>	<b>Responsible Officer/ Member</b>	<b>Follow up</b>	<b>Response/Progress/ Deadlines</b>	<b>Status</b>
					Public Health Grant (PHG). This saving has occurred due to the Help at Home contract being decommissioned in July 2021 and has enabled other eligible spend within the Support Services and Economic Development portfolio to be funded through the PHG. The saving is reported as delivered in 2023/24.	
Care Quality Commission Assurance - West Sussex County Council Self-Assessment for the delivery of Adult Social Care	15/9/23	Clarity on "mental health services" and that it relates solely to West Sussex social care services	Cabinet Member for Adults		The Committee's feedback has been taken on board, and specific comments will be actioned and incorporated into future revisions of the self-assessment.	Completed for 22/11/23
Care Quality Commission Assurance - West Sussex County Council Self-Assessment	15/9/23	The language in the self-assessment be aimed at a wider audience, particularly on areas for improvement	Cabinet Member for Adults		The Committee's feedback has been taken on board, and specific comments will be actioned and incorporated into	Completed for 22/11/23

<b>Topic</b>	<b>Meeting (date raised)</b>	<b>Recommendation</b>	<b>Responsible Officer/ Member</b>	<b>Follow up</b>	<b>Response/Progress/ Deadlines</b>	<b>Status</b>
for the delivery of Adult Social Care					future revisions of the self-assessment.	
Care Quality Commission Assurance - West Sussex County Council Self-Assessment for the delivery of Adult Social Care	15/9/23	The Service to consider whether work with the police concerning mental health should be included as part of the Care Quality Commission self-assessment, or considered as part of wider work for the Committee	Cabinet Member for Adults		The Committee's feedback has been taken on board, and specific comments will be actioned and incorporated into future revisions of the self-assessment.	Completed for 22/11/23
Update on West Sussex (Coastal) Acute Stroke Transformation Proposals	Covered various meetings	Update on Stroke Services consultation	NHS Sussex and University Hospital Sussex NHS Foundation Trust		The formal public consultation has concluded into the future of acute stroke services in the coastal area of West Sussex. Work has taken place to consider the feedback received and recommendations are now going to NHS Sussex board meeting in public on 29 November. The outcome of this meeting will be shared with West Sussex	Completed



Topic	Meeting (date raised)	Recommendation	Responsible Officer/ Member	Follow up	Response/Progress/ Deadlines	Status
					HASC as soon as possible.	

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### Performance Management Contract Monitoring:

- In 2019/20 out of the 12 Shaw Healthcare services 5 were rated 'good', 3 were 'requires improvement' and 4 were 'inadequate' rated services. As at the current time, 7 are rated 'good' and 5 are rated 'requires improvement.' None of the services are rated inadequate.
- Contracts continue to work with the 'requires improvement' rated services, through the following mechanisms:
  - Monthly meetings with Shaw Healthcare's senior management team monthly to discuss performance, management of COVID, strategic opportunities and issues that may affect the contract continuing to meet the current and future demand.
  - Bi-monthly quality review meetings with Shaw Healthcare, NHS partners and CQC.
  - Shaw Healthcare share a monthly report on quality indicators and contract performance which is used by the Commissioning and Contracts Team to monitor performance.
  - The Commissioning and Contracts teams conduct monitoring of services, including reviewing service improvement plans. This is a supportive measure which Shaw Healthcare find beneficial as it also enables access to the Council's Quality Assurance and Market Support Team.
  - The team reviews contract performance and proactively works with Shaw Healthcare to address quality and performance issues.

### CQC Inspection Ratings:

- The below table provides an overview of the current rating for all 12 Shaw Healthcare services.
- There are times CQC will visit or review a service and do not consider the rating of the service, detail of these additional visits and reviews are not included.

Service	Service Address	Last inspection date	Last inspection rating
Burleys Wood	Furnace Drive, Crawley RH10 6JE	March 2018	Good
Croft Meadow	Tanyard Lane, Steyning, West Sussex, BN44 3RJ	August 2022	Good
Deerswood Lodge	Ifield Green, Ifield, Crawley, West Sussex, RH11 0HG	August 2021	Good

Service	Service Address	Last inspection date	Last inspection rating
Elizabeth House	83 Victoria Drive, Bognor Regis, West Sussex, PO21 2TB	February 2018	Good
Forest View	Southway, Burgess Hill, West Sussex, RH15 9SU	November 2021	Requires Improvement
Glebe House	Stein Road, Southbourne, West Sussex, PO10 8LB	January 2019	Good
Hillside Lodge	Spiro Close, London Road, Pulborough, West Sussex, RH20 1FG	February 2018	Good
Mill River Lodge	Dukes Square, Denne Road, Horsham, West Sussex, RH12 1JF	September 2021	Good
New Elmcroft	St. Giles Close, Shoreham By Sea, West Sussex, BN43 6AT	March 2022	Requires Improvement
Rotherlea	Dawtry Road, Petworth, West Sussex, GU28 0EA	November 2019	Requires Improvement
The Martlets	Fairlands, East Preston, West Sussex, BN16 1HS	April 2021	Requires Improvement
Warmere Court	Downview Way, Yapton, Arundel, West Sussex, BN18 0HN	July 2019	Requires Improvement

- **The current waiting times for assessments by the Prevention Assessment Team be circulated:**

The Prevention Assessment Team (PAT) operates a front door service where customers are provided with preventative information, advice and guidance to remain healthy and well. Where possible, enquiries/contacts are resolved at the front door. The target response time is currently 5 working days for triage of enquiries where customers will be contacted for initial contact assessment. Unfortunately, we are currently only able to achieve a 7-10 working day response within the capacity of the team.

Where enquiries cannot be resolved at the front door, they are triaged and managed by a risk rated allocation system. The majority of assessments are required to be started within 28 days but PAT are increasingly asked to manage some assessments where the risk is higher and requires an assessment to commence within 14 days.

Due to the demand for the services, we are currently managing and prioritising the highest priority cases but are typically managing between 15-25 assessments that are overdue allocation. On average assessments are overdue for approximately 4 weeks. Therefore, customers are waiting up to 2 months for an assessment within the capacity of the team.

Customers are however contacted by our front door service, triaged and provided with information, advice and guidance where possible. Additionally, customers will receive contact prior to becoming overdue to check that their circumstances haven't changed and whether there is a need to escalate for priority, which therefore supports in mitigating the risks of the wait times and maximises prevention opportunities where possible.

- **To receive further information on how long people are waiting in hospital for an assessment:**

Waiting times for assessments vary considerably depending on the number of referrals received, which also fluctuates considerably, and the complexity of an individual case. The aim is to try and allocate and complete the assessment within a week, so on average this is 7 days, however for the reasons described, each case is unique and therefore it is difficult to provide an exact length of time.

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

**22 November 2023**

### **End of September 2023 (Quarter 2) 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, risk and workforce. It has been designed to reflect the priorities, outcomes and measures included in the Council Plan. The report is available to each scrutiny committee on a quarterly basis and each committee will consider how it wishes to monitor and scrutinise performance relevant to its area of business.

The report (Appendices B and C) reflects the position at the end of September 2023 and reports the Quarter 2 2023/24 position.

#### **Adults Services**

Of the 9 performance measures, 44% of measures are reporting as 'green', 22% as 'amber' and 33% as 'red'. The number of red rated Key Performance Indicators (KPIs) has decreased since the quarter 1 PRR.

As at the end of September, the forecast against the Adults Services budget is a projected overspend of £1.2m, a decrease of £0.8m when compared to the reported June position.

The PRR includes information which is specifically relevant to the portfolio responsibilities of the scrutiny committee. This includes preparation for the Care Quality Commission (CQC) assurance assessment of adult social care, additional funding that will be provided to local authorities through the Market Sustainability Improvement Fund, an update on Avila House in Worthing and how the Prevention Assessment Team continues to support residents with early intervention, advice and guidance.

#### **Public Health**

Of the 9 performance measures, 22% of measures are reporting as 'green', 44% as 'amber' and 33% as 'red'. The number of red rated KPIs has increased since the quarter 2 PRR.

As at September 2023, the forecast for the Public Health and Wellbeing Portfolio continues to be a balanced budget.

The PRR includes information which is specifically relevant to the portfolio responsibilities of the scrutiny committee including work with the Local Government

Association (LGA) with the Health and Wellbeing Board, the Government's Major Conditions Strategy, an update on Covid-19 and flu vaccinations and defibrillators.

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

### **Focus for scrutiny**

In reviewing the PRR, the Committee's role is to monitor performance, finance and risk at a strategic level for its portfolio areas. Its focus should be on key performance indicators that are identified as red or amber as well as any budget variations.

Key lines of enquiry include:

- What is being done to address areas of under-performance (KPIs currently showing as red or amber)
- The effectiveness of measures being taken to manage the revenue and capital budget position, specifically in relation to any budget variations, non-delivery of the capital programme or agreed savings.
- Whether concerns raised previously by the committee have been addressed
- To assess key corporate risks set out in the Risk Register relating to the Committee's areas of responsibility and plans to mitigate these
- Using the information on performance and finance, does the service being delivered meet the objectives in the Council Plan and does it provide value for money?
- To identify any issues for further in-depth scrutiny to include in the Committee's future work programme (where scrutiny may influence outcomes/add value)
- Identify any specific areas for action or response by the relevant Cabinet Member or for further scrutiny by one of the other scrutiny committees

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

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## **1. Background and context**

- 1.1 The Performance and Resources Report (PRR) is designed to be used by all scrutiny committees as the main source of the County Council's performance information.
- 1.2 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.
- 1.3 The County Council is focused on delivering the four priorities as set out in the Council Plan: keeping people safe from vulnerable situations, a sustainable and prosperous economy, helping people and communities fulfil their potential and making the best use of resources, all underpinned by tackling climate change.
- 1.4 In the first quarter, the measures relevant to this committee reported:

### **Adult Services**

- 44% (4 measures) as 'Green'
- 22% (2 measures) as 'Amber'
- 33% (2 measures) as 'Red'

### **Public Health**

- 22% (3 measures) as 'Green'
- 44% (2 measures) as 'Amber'
- 33% (2 measures) as 'Red'

1.5 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

**Background Papers:** None

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## How to Read the Performance and Resources Report

The Performance and Resources Report is in three parts:

**a. Summary Report** – An overall summary of the quarter including:

- Performance highlights for delivery of the County Council's priorities,
- Overview of the revenue and capital financial outlook,
- Key corporate risks with a severity graded above the set tolerance level,
- The latest workforce overview.

The summary explains where further detail and explanation can be found in the portfolio reports. It does not seek to include any of this detail.

**b. Portfolio Reports (Sections 1-9):** organised alphabetically by Cabinet Portfolio.

- Section 1 – Adults Services
- Section 2 – Children's and Young People, Learning and Skills
- Section 3 – Community Support, Fire and Rescue
- Section 4 – Environment and Climate Change
- Section 5 – Finance and Property
- Section 6 – Highways and Transport
- Section 7 – Leader
- Section 8 – Public Health and Wellbeing
- Section 9 – Support Services and Economic Development

Each portfolio section is prepared as a stand-alone report and includes:

1. Updates of the performance KPIs in the Council Plan and the action being taken.
2. The KPI measures compare the last three periods - quarterly, annually or other depending on how data. Details include:
  - The last three periods and RAG status,
  - Black arrows show the direction of travel compared to the previous quarter.
3. Overview of the revenue financial position, risks and issues and savings update.
4. Overview of the capital performance and financial position.
5. Details of the corporate risks with a direct impact on the portfolio.

**c. Supporting Appendices** – for additional background and context:

- Appendix 1 – Performance by Priority - KPI Summary Table
- Appendix 2 – Revenue Budget Monitor and Reserves
- Appendix 3 – Revenue Portfolio Grant Listing
- Appendix 4 – Capital Monitor
- Appendix 5 – Corporate Risk Register Summary
- Appendix 6 – Workforce Information

## Scrutiny Committee Documents

Relevant elements of the PRR are presented to Scrutiny Committees.

A matrix of the PRR's Sections and Appendices by Scrutiny Committee is below.

The dark green indicates the Scrutiny Committee's area of responsibility and the light green areas included for context and consideration where appropriate.

### PRR Matrix – Documents for Scrutiny Committees

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

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

## Adults Services Portfolio – Summary

### Performance Summary

1. Performance highlights this quarter:

- As reported in Quarter 1, preparation for the Care Quality Commission (CQC) assurance assessment of adult social care, where all local authorities will be assessed on the delivery of their statutory Care Act 2014 adult social care duties, has begun. **A baseline [self-assessment](#) has been prepared against nine quality statements**, mapped across four themes; working with people, providing support, ensuring safety and leadership. The self-assessment highlights what the service is most proud of and areas for improvement. This is all framed within the context of the challenges faced in adult social care locally and nationally. The self-assessment is a vital piece of preparation for the CQC assurance visit, but it will be regularly updated as progress is made on the priorities outlined in [the adult social care strategy 'The Life You Want to Lead'](#) and the ongoing improvement programme. CQC assurance visits are expected to commence later in 2023, and all local authorities will have been assessed within two years.
- At the end of July 2023, the Department for Health and Social Care (DHSC) announced that additional funding will be provided to local authorities through the **[Market Sustainability Improvement Fund](#)**. West Sussex has been allocated £5.023m in 2023/24. A spending plan has been prepared and submitted to DHSC at the end of September 2023, which largely proposes to direct the funding towards the management of waiting times. Whilst waiting lists in West Sussex reflect the national position, reducing wait times is expected to have a positive impact on those awaiting assessments and use of the funding in this way will support required improvements as highlighted in the self-assessment, by focussing on managing demand in this area. This funding should increase social care capacity and contribute to the ambitions of the developing Improvement Programme'.
- Avila House in Worthing is being converted to provide an **extra care scheme for adults** who require care, support, and suitable housing, delivering against both the Empowerment and Home priorities set out in the Adult Social Care Strategy – The Life You Want to Lead. This will also be the first scheme in the county to accept referrals for adults aged 18 years plus who meet the criteria. Construction at Avila House commenced in September 2022 and the first customers are expected to be able to move in in Winter 2023. This will enable the service to develop in line with other commissioned extra care schemes and ensure a consistent and successful contract management of the care and support provide. The opening of Avila House in the coming weeks will also enable the 2023/24 saving target to be delivered.
- The Prevention Assessment Team continues to **support residents with early intervention, advice and guidance to help them to remain living independently in their own homes** and to reduce the impact and

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demand on adult social care. 465 customers came into the service this quarter and are being provided with a range of support to meet the outcomes most important to the individual.

### Our Council Performance Measures

2. The following section provides KPI updates comparing performance over the last three periods (each measure will explain the reporting period).

Adults Services		2023/24 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
13	<p><b>Measure:</b> 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).</p> <p>Reporting Frequency: Quarterly</p>	8.26%	Mar-23	Jun-23	Sep-23	↗	A
			G	R	A		
			7.8%	9.3%	9.0%		
<p><b>Performance Analysis:</b> Sep-23: This is a slight improvement on the data reported at Q1, Consideration is being given to the possible impact of devolved enquiries particularly in relation to Mental Health Services and the complexity of service users in this area. There has also been additional focus on Care Homes subject to the Provider Concerns framework and the assurance required prior to being satisfied of the reduction of risk for individuals.</p> <p><b>Actions:</b> Greater scrutiny is being applied to open Section 42 enquiries to ensure they are managed in a timely way and risk remains is appropriately considered and recorded. The Enquiries Team Manager is screening all devolved enquiries at sign off to follow up with the respective providers where risk remains. The plan is for these to be only signed off when the risk is reduced and to add further resource to the enquiries team to deal with the delegated enquiries in a more timely way to hopefully reduce the risk for the long term.</p>							
11	<p><b>Measure:</b> Percentage of contacts to adult social care that progress to a social care assessment</p> <p>Reporting Frequency: Quarterly, reported six months in arrears</p>	25.0%	Sep-22	Dec-23	Mar-23	↘	G
			G	G	G		
			14.3%	11.4%	12.1%		
<p><b>Performance Analysis:</b> Sep-23: This KPI measures the number of people that have progressed to an assessment (started, in progress and ended), of all completed initial contacts. Performance reported is an update on Q4 (2022/23), as data for this measure is retrospectively reviewed to ensure that the number of people who have progressed to an assessment have been confirmed on the case management system and therefore reflects the position more accurately. Performance has continued to exceed the target and demonstrates 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> As part of the Adult Services Improvement Programme over the next two years, further work in relation to the council's information, advice and guidance offer will be undertaken, which is likely to increase performance further.</p>							
36	<p><b>Measure:</b> Percentage of adults that did not receive long term support after a period of reablement support</p> <p>Reporting Frequency: Quarterly</p>	85.5%	Sep-21	Mar-23	Jun-23	→	A
			A	A	A		
			81.3%	81.7%	81.7%		
<p><b>Performance Analysis:</b> Sep-23: The County Council has been working closely with the reablement provider to address performance issues noted in 2022/23 in terms of delivering the contracted number of reablement starts. The Q2 result for 2023/24 is based on the outturn position from 2022/23 which was confirmed as part of the statutory reporting to the Department for Health and Social Care in July 2023. National data will be published in October 2023, this will provide benchmarking data to demonstrate how the County Council have performed against national and regional comparator groups.</p>							



Adults Services		2023/24 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
<p><b>Actions:</b> As part of the Adult Services Improvement Programme 2023-25, work will continue with Adult Social Care systems development and the council's reablement provider to improve the recording and submission of data in line with the changes highlighted in the 2023/24 Adult Social Care Framework (ASCOF).</p>							
12	<p><b>Measure:</b> Percentage of adult social care assessments that result in a support plan</p> <p>Reporting Frequency: Quarterly, reported six months in arrears</p>	80%	Sep-22	Dec-23	Mar-23		A
	A		A	G			
			63.3%	62.2%	79.2% (Target 2022/23: 65%-75%)		
<p><b>Performance Analysis:</b> Sep-23: Performance reported is for Q4 (2022/23), as data for this measure is retrospectively updated, to ensure that the outcome of the assessment and the need for a support plan have been completed. There has been a review of the measure which highlighted an error in the calculation. A change in practice recording has contributed to an improvement in performance.</p> <p><b>Actions:</b> This measure will be continually monitored, and performance will be routinely updated throughout the financial year to reflect the additional assessments.</p>							
37	<p><b>Measure:</b> Percentage of adults that purchase their service using a direct payment</p> <p>Reporting Frequency: Quarterly</p>	27.4%	Dec-22	Mar-23	Sep-23		A
	A		R	R			
			25.5%	22.5%	24.3%		
<p><b>Performance Analysis:</b> Sep-23: Although this measure is reported annually as part of the national Adult Social Care Framework (ASCOF), a snapshot has been provided as at Quarter 2 which shows a slight increase since the last available data at Quarter 4. This is broadly in line with other authorities.</p> <p><b>Actions:</b> Providing people with a direct payment to give more choice and control over how care is purchased remains a key priority for adult social care and is fundamental to support planning where this is an appropriate option to meet care and support needs.</p>							
38	<p><b>Measure:</b> Percentage of users of adult services and their carers that are reviewed and/or assessed in the last 12 months</p> <p>Reporting Frequency: Quarterly</p>	80.0%	Mar-23	Jun-23	Sep-23		A
	R		R	R			
			52.4%	44.2%	56.5%		
<p><b>Performance Analysis:</b> Sep-23: The percentage of users of adult services and their carers that are reviewed and/or assessed in the last 12 months continues to remain below target, however, there has been an increase in Quarter 2. Reviews and assessments are currently not being prioritised in date order, on which this measure is based, and therefore this data does not account for all reviews and assessments completed by adult social care operational teams during the last two quarters. Reviews are prioritised and focussed on those with greatest need. Everyone continues to receive their care service and are able to contact the relevant social care team if there are any issues, and then their review will be prioritised. Between October 2022 and the end of September 2023, 4,864 reviews were completed.</p> <p><b>Actions:</b> As part of the Adults Improvement Programme 2023-25, an extended piece of work will be undertaken within Lifelong services to focus on the reviews and assessments of adult services users and their carers, which is expected to improve the performance. Those at greatest risk will continue to be prioritised for review, regardless of whether their last review and/or assessment has been within the last 12 months.</p>							
39	<p><b>Measure:</b> The percentage of adults with a learning disability in paid employment</p> <p>Reporting Frequency: Quarterly</p>	4.0%	Mar-23	Jun-23	Sep-23		R
	R		R	R			
			2.9%	2.6%	3.6%		
<p><b>Performance Analysis:</b> Sep-23: The service is continuing to engage the market to support people to prepare and access paid employment. Changes to the national Adult Social Care Outcomes Framework (ASCOF) has resulted in this measure being removed from statutory returns in 2023/24. However, supporting people into employment remains a priority for the County Council and is within the Adults and Health Business Plan. The Adult Social Care Service will be working with</p>							

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	Adults Services	2023/24 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
	<p>colleagues in Performance and Intelligence to specify a new performance measure to include all working age adults within paid and unpaid (voluntary and work experience) placement, which will be included in the 2024/25 Adult Social Care business plan.</p> <p><b>Actions:</b> The Adult Social Care Service is working with colleagues in Performance and Intelligence to specify a new performance measure to include all working age adults within paid and unpaid (voluntary and work experience) placements. This will be agreed with the Health and Adult Social Care Scrutiny Committee and Cabinet prior to any changes being made to corporate performance measures.</p>						
40	<p><b>Measure:</b> The percentage of adults with a learning disability living in settled accommodation</p> <p>Reporting Frequency: Annually</p>	60.0%	2021/22	2022/23	2023/24	↑	G
		56.3%	60.9%	72.7%			
	<p><b>Performance Analysis:</b> Sep-23: Although this measure is reported annually as part of the national Adult Social Care Framework (ASCOF), a review of the data parameters for this measure and improved reporting and recording methodologies have resulted in an increase for Quarter 2.</p> <p><b>Actions:</b> The service continues to promote a strength-based approach in order to reduce new admissions to residential care for customers. This in line with the aspirations and priorities in the Adult Social Care Strategy – the life you want to lead, supporting empowerment, independence and choice.</p>						
44	<p><b>Measure:</b> Percentage of people affected by domestic violence and abuse who feel safe upon leaving the service</p> <p>Reporting Frequency: Quarterly</p>	90.0%	Mar-23	Jun-23	Sep-23	↑	G
		86% (2022/23 Target: 85%)	86%	95%			
	<p><b>Performance Analysis:</b> Sep-23: In the last reporting quarter, the Domestic Abuse Service has closed 82 victim/survivors following a period of engagement with the service. The percentage of clients who reported feeling safer following engagement was 93%.</p> <p>In addition to the 82 clients closed in this period, 10 "other contact" forms were submitted for clients who received a short-term intervention but whom were all provided with safety planning advice. The current data reflects that clients' views of their safety we asked and recorded on 87% of all clients closed. The 13% reported missing data relates to clients who disengaged from the service mid-support and is therefore linked with unplanned exits from the service, whereby the client disengaged, and we would not have been able to ask about their safety or views on this.</p> <p>In addition to 95% of clients feeling safer, it is important to recognise that our data evidenced that clients exiting the service have also reported the following:</p> <p>81% reported improved wellbeing. 79% reported their quality of life improved. 83% were optimistic about the future. 76% reported feeling more confident.</p> <p>During the quarter, the service have completed an additional 77 intake forms for new victim/survivors allocated to a community keyworker across the Domestic and Sexual Violence and Abuse Service.</p> <p>Following a break over the summer holiday period there are now 'Safer Us' groups running across the whole of West Sussex, with currently 45 victim-survivors either attending or due to start this group programme.</p> <p><b>Actions:</b> Every victim/survivor who engaged with the service was asked this question upon exiting support. The numbers of intake and exits remains lower than expected. The Domestic Abuse Service received 157 new allocations in the last three months and the current active caseload in that part of the service has 405 allocated victim-survivors. Within the Childrens part of the Domestic Abuse Service, there is an active caseload of 147 victim/survivors. Working in close partnership with the Integrated Care Board (ICB), the Domestic Abuse Service have launched a community-based Health Independent Domestic Violence Advisors (IDVA) service, co-located within three acute hospital settings in Worthing, St. Richards in Chichester, and The Princess Royal in Haywards Heath. We have successfully recruited three new Health IDVAs who are able to provide an immediate response to victim/survivors and will be supporting health colleagues via training and consultation to ensure victim/survivors have the specialist support they need.</p>						

## Finance Summary

### Portfolio In Year Pressures and Mitigations

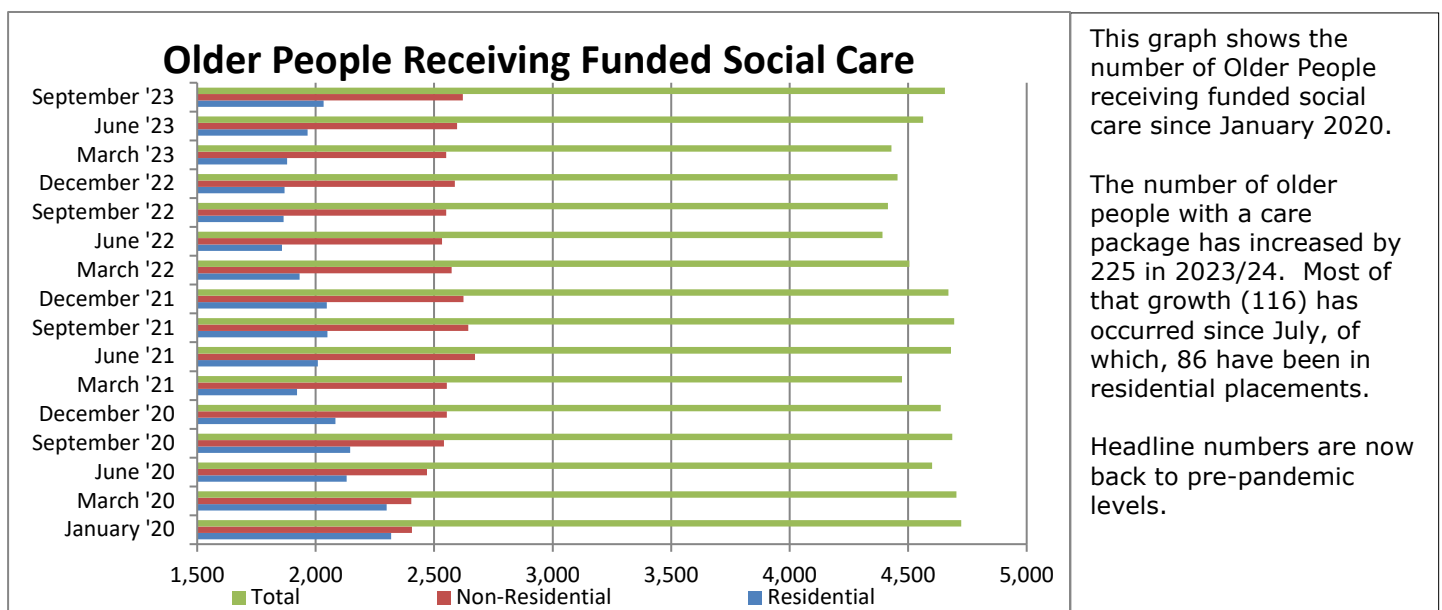
Pressures	(£m)	Mitigations and Underspending	(£m)	Year end budget variation (£m)
Older People – Underlying demand pressure brought forward from 2022/23, plus projected backdated costs	£9.100m	Staffing vacancies within the service	(£1.200m)	
Older People – Non delivery of saving	£1.000m	Planned use of Improved Better Care Fund	(£4.000m)	
Lifelong Services – Projected in-year increase in demand – transitions from children to adults	£2.700m	Planned use of grant funding	(£10.100m)	
Lifelong Services – Non delivery of saving	£5.800m	Reduction in the reablement block contract – lower level of service demand than anticipated.	(£2.100m)	
<b>Adults Services Portfolio - Total</b>	<b>£18.600m</b>		<b>(£17.400m)</b>	<b>£1.200m</b>

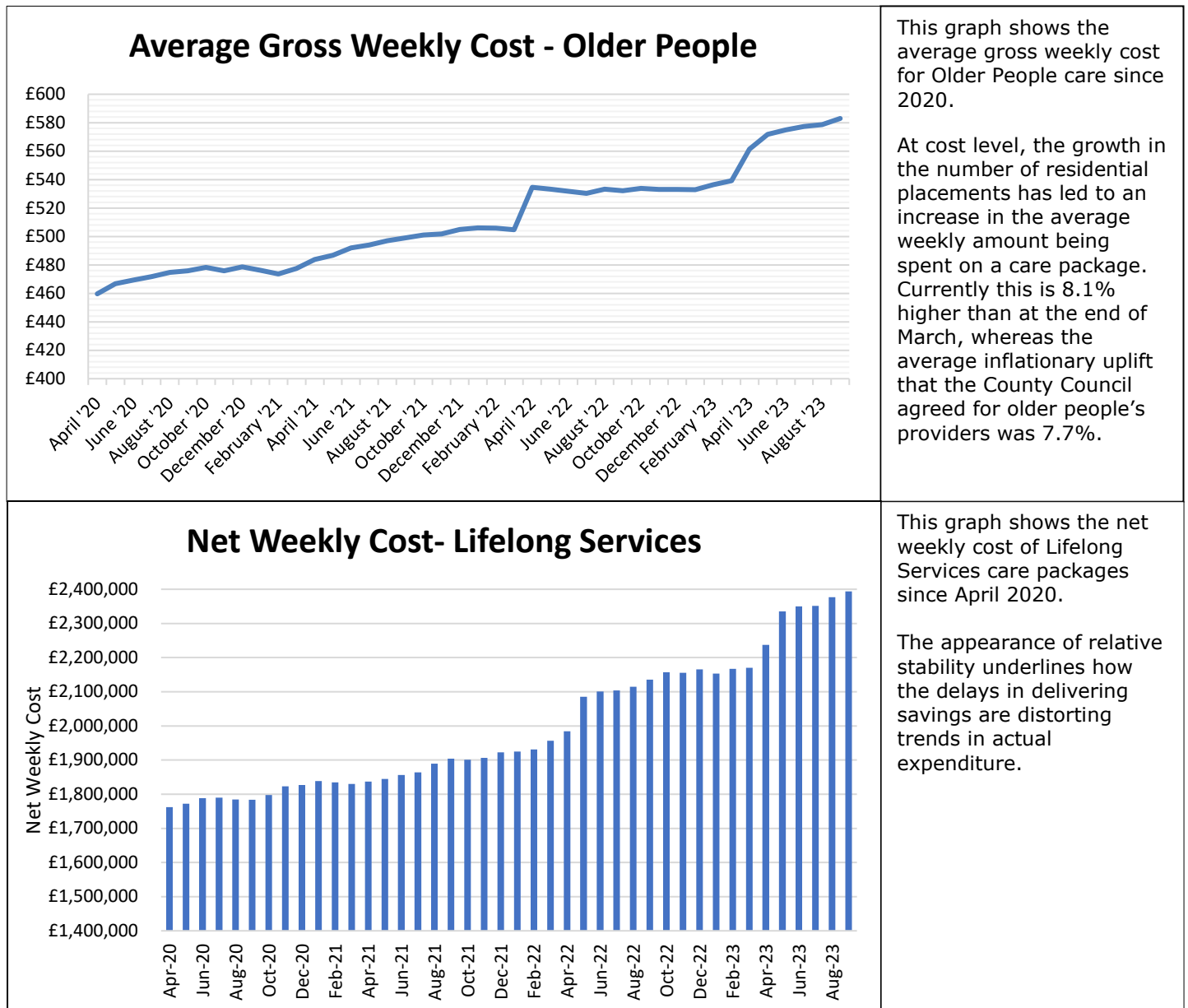
### Financial Narrative on the Portfolio's Position

- As at the end of September, the forecast against the Adults Services budget is a projected overspend of £1.2m, a decrease of £0.8m when compared to the reported June position.
- The overspend forecast for the **Older People** cohort is £10.1m. This is largely due to the underlying demand pressure of £5.7m brought forward from 2022/23 which emerged after the budget had been set and from the clearance of backlog cases; alongside an estimated £3.4m of continuing retrospective growth in customer numbers which relate to 2022/23 but will need to be funded from the 2023/24 budget. These items together total £9.1m.
- Alongside this, the projected shortfall on older people's savings plans has risen from £0.7m reported in June to £1.0m. The primary reason for this relates to the number of customer reviews being completed per week; this is likely to result in around £0.6m of savings being delayed until 2024/25. The shortfall has partly been offset by improved occupancy of the Shaw contract.
- The main risk to the **Lifelong Services** budget relates to savings, where the target is £8.3m in 2023/24. Most of this saving was due to have been delivered in 2022/23 and has been supported by the allocation of resources from the Service Transformation Fund to enable additional capacity to be recruited. Unless savings activity improves significantly during the second half of the financial year, a shortfall of £5.8m is expected, which is an increase of £1.3m since the end of the first quarter. Whilst plans have been prepared to achieve the target in full, until the review process generates significant momentum, overspending risk will continue to transfer into future years.

7. Exacerbating the position, there has been an increase in overspending on care costs by £1.2m from £1.5m reported in June, to £2.7m. This mainly relates to residential college placements and college transport. These are responsibilities under the Education Act rather than the Care Act, which are charged to the Lifelong Services budget for historic reasons. In practice limited control can be exercised over expenditure, partly as decision-making is subject to third party influences. This is adding to the risks that the Adults budget faces as a knock-on consequence of some of the demand factors which have affected spending through the Children’s budget in recent years. This is because responsibility for those people with social care needs eventually transfers to Adults Services and therefore the costs in budgets such as transitions, residential colleges and college transport are rising sharply.
8. These pressures are causing the Lifelong Services to overspend by £8.5m, which is £2.5m higher than at the end of the first quarter.
9. **Summary and Mitigations.** Across care budgets, there is estimated overspend of £18.6m, though the reality is that this extends over a range of between £17m and £20m due to the volatile nature of the budget. Mitigations of £17.4m have been identified, including:
  - £4.0m – Planned use of the Improved Better Care Fund.
  - £10.1m – Use of grant.
  - £1.2m – Staffing underspend - vacancies and pay grade variations.
  - £2.1m – Other funding opportunities, including the reablement block contract where a lower level of service than originally sought is currently being delivered by the provider.
10. Of those mitigations, £6.9m are expected to be recurring. If planned savings can be delivered in full by 2024/25, it is not inevitable that the service will take the deficit into future years.

### Cost Driver Information





## Savings Delivery Update

- There are £14.471m of planned savings to be delivered within the Portfolio. Delivery to date has been limited with £6.8m currently reported as 'At Significant Risk' and a further £1.4m reported as 'At Risk'. Details are shown in the table below:

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Saving Activity	Year	Saving to be delivered in 2023/24	September 2023		Narrative
Delivery of Public Health outcomes through Adult Social Care Services	2023/24	£0.500m	£0.500m	<b>B</b>	
Avila House -Proposed extra care housing scheme in Worthing for younger adults.	2023/24	£0.100m	£0.100m	<b>G</b>	Contract agreed through Cabinet Member decision report OKD 14 (23/24). Customers are scheduled to begin moving in from November.
Community Care (Including Redirecting residential customers to home-based care saving)	Prior Years	£8.336m	£6.156m	<b>R</b>	Savings at risk of not being delivered until 2024/25 because of timing and capacity reasons.
			£1.060m	<b>A</b>	Savings estimated to be delivered in 2023/24 based on the number of customer care reviews expected to be completed.
			£1.120m	<b>G</b>	
Non-residential customers to remain at home with reduced package	Prior Years	£0.766m	£0.383m	<b>A</b>	Savings expected to be delivered in 2023/24. As at August, £0.383m were reported as delivered.
			£0.383m	<b>G</b>	
Continuing Healthcare	Prior Years	£0.675m	£0.509m	<b>G</b>	Savings expected to be delivered in 2023/24.
			£0.166m	<b>B</b>	
Placement costs	Prior Years	£1.500m	£0.500m	<b>B</b>	Delivered through the fees uplift decision report.
			£0.690m	<b>G</b>	Savings combined with community care reviews for delivery purposes.
			£0.310m	<b>R</b>	Savings at risk of not being delivered until 2024/25 because of timing and capacity reasons.
Occupancy of Shaw contract	Prior Years	£2.594m	£2.260m	<b>G</b>	The saving is based on occupancy of 90%. Since July, that target has been exceeded and has meant that some of the shortfall from early months has been recovered.
			£0.334m	<b>R</b>	Savings at risk because of average occupancy in the first quarter and due to the challenges, that will exist in maintaining it throughout the year, for example if any of the homes become temporarily closed to new admissions owing to seasonal illness.

**Savings Key:**

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

## Capital Programme

### Summary - Capital

12. Currently, there are no Adult Services capital schemes within the County Council's Capital Programme.
13. A summary of the latest Capital Programme Budget Monitor is reported in **Appendix 4** and full details of all individual schemes are set out in the Budget Report published in February 2023.

### Risk

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

Risk No.	Risk Description	Previous Quarter Score	Current Score
CR58	The care market, and in particular the Lifelong Services and Mental Health market is experiencing significant fragility. This is anticipated to be related to factors such as but not limited to cost pressures, changing requirements and expectations, and workforce challenges. There is a risk of <b>failure of social care provision</b> which will result in funded and self-funded residents of West Sussex being left without suitable care.	20	20

15. Further details on all risks can be found in **Appendix 5** - Corporate Risk Register Summary. Full details of the latest Risk Register, including actions and mitigations can be found under the County Council's Regulation, Audit and Accounts Committee Agenda website.

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## Public Health and Wellbeing Portfolio - Summary

### Performance Summary

1. Performance highlights this quarter:

- The [West Sussex Health and Wellbeing Board \(HWB\)](#), in the new **Integrated Care System (ICS) governance landscape**, is key for driving integration and continues to have an important role in instilling mechanisms for joint working across local health and care organisations and setting strategic direction to improve the health and wellbeing of the local population and reduce health inequalities. [At its meeting in July](#), the West Sussex HWB agreed to accept and progress the Local Government Association's (LGAs) support offer to HWBs. This process will include helpful reflection on the Board's role in supporting the local place of West Sussex.
- The Government's [Major conditions strategy: case for change and our strategic framework](#) focuses on developing a comprehensive approach to addressing six groups of conditions; cancers, cardiovascular disease (CVD) (including stroke and diabetes), musculoskeletal disorders (MSK), mental ill health, dementia and chronic respiratory disease (CRD), which together account for over 60% of ill health and early death in England. It highlights that smoking directly contributes to developing all major groups of conditions and remains the biggest single cause of preventable illness and death and driver of health disparities. Launching mid-September and continuing throughout October, organisations in the Smokefree West Sussex Partnership, led by the Council, urged smokers to quit during [Stoptober](#) and to seek free support from a stop smoking advisor to have the best chance of quitting for good. Research shows that smokers are three times more likely to successfully quit with support. [Free local Stop Smoking services](#) are available across West Sussex provided by participating GP practices and pharmacies, and [West Sussex Wellbeing](#).
- Led by NHS Sussex, [Covid-19 and flu vaccinations](#) were underway across the county, with those most at risk, including adult care home residents, being offered the vaccination from 11 September. Adult Covid-19 and flu vaccination programmes were due to start in October to maximise protection over the winter months, however, programmes were brought forward nationally due to the potential risks presented by the Covid-19 variant BA.2.86. The County Council continues to support both vaccination programmes, carrying out targeted work with partners to increase uptake, reduce inequalities, and improve the health of the local population. The Council is also offering a free flu vaccine voucher to staff and councillors who are currently not eligible as part of the NHS Flu Vaccination Programme.
- Following the recent [Notice of Motion \(item 19\)](#) regarding defibrillators that County Councillors gave their backing to, a number of cross-portfolio actions have taken place to increase coverage and accessibility of the devices across the county. This includes issuing a [press release](#) highlighting the opening of the grant application process for the [Department of Health and Social Care's \(DHSC's\) £1 million Community Automated External Defibrillators \(AEDs\)](#)

[Fund](#), Cabinet Members for Public Health and Wellbeing and Children, Young People, Learning and Skills, have written to schools in West Sussex to encourage them to register their devices on [The Circuit](#), (*the national defibrillator network available to emergency services to locate the nearest publicly accessible AED and signpost to, if needed in an emergency*), to consider allowing community access, and a reminder of training requirements. Furthermore, defibrillators maintained by the County Council’s Facilities Management team are now all registered on The Circuit, three have been moved to external cabinets (Chichester, Horsham and Crawley) enabling 24-hour community access, and devices in Worthing and Bognor are accessible during office hours (*it was not possible to move them to external locations due to infrastructure limitations*). The Cabinet Member for Public Health and Wellbeing has also written to all Town and Parish Councils across the county sharing a letter from Will Quince MP, Minister of State for Health, encouraging them to register AEDs on The Circuit and highlighting the DHSC’s £1 million community AED fund.

## Our Council Performance Measures

2. The following section provides KPI updates comparing performance over the last three periods (each measure will explain the reporting period).

Public Health and Wellbeing		2023/24 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
6	<b>Measure:</b> Healthy weight of 10–11-year-olds  Reporting Frequency: Annually (November)	Top Quartile in South East (%TBC)	2019/20	2020/21	2021/22	↑	G
			G	G	G		
			69.8%	63.2%	65.7% (Target for 2021/22: 63%)		
<b>Performance Analysis:</b> Sep-23: Healthy weight of children is measured through the annual National Child Measurement Programme (NCMP), which is delivering well in West Sussex with high compliance. Data is reported annually, with data for the period 2022/23 being available later this year as part of national reporting. Whilst the measure is reporting a RAG status of green, it is important to note that the data shows only two thirds of 10- to 11-year-olds in West Sussex are of a healthy weight, indicating there is a need to support a third of this population group to achieve a healthy weight. Obesity is a complex issue affecting all ages, which emphasises the importance of a family targeted approach, working across all age groups.							
<b>Actions:</b> The County Council’s Public Health commissioned (mandated) service – the Healthy Child Programme (HCP) – will deliver the NCMP for 2023/24. National letter templates have been sent to schools in preparation for 2023/24 delivery and are awaiting further national guidance and recording templates. Public Health will be implementing a programme of work to support children to achieve a healthy weight.							
31	<b>Measure:</b> Healthy life expectancy (HLE) for men  Reporting Frequency: 3 Year Rolling Average (May)	67.0 Years	2017/18	2018/19	2019/20	↓	A
				G	A		
			64.6 Years	66.0 Years (Target for 2018/19 = 66 Years)	63.8 Years (Target for 2019/20 =66 Years)		

Public Health and Wellbeing		2023/24 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
<p><b>Performance Analysis:</b> Sep-23: Healthy Life Expectancy (HLE) measures the years that a person can expect to live in good health. HLE data is published annually; the latest data published in 2019/20 by the Office for National Statistics (ONS) on HLE relates to 2018-2020. This was due to be updated this year, for the period 2019-2021, however, this is now expected next year, to include new Census 2021 data on general health and requires rebased population estimates, publication of which has also been delayed. The latest data shows a downward trend with HLE for men reducing by 2.2 years from data published in 2018/19.</p> <p><b>Actions:</b> There is no single action to improve HLE, but evidence shows the greatest impact will be achieved through addressing smoking, diet and alcohol measures along with evidence-based healthcare interventions, such as identifying and treating people with high blood pressure. Public Health is implementing its approach to evidence-based prevention activities across the county with district and borough councils as part of the West Sussex Wellbeing Programme, and with our health and care partners.</p>							
	<p><b>Measure:</b> Healthy life expectancy (HLE) for women</p> <p>Reporting Frequency: 3 Year Rolling Average</p>	67.0 Years	2017/18	2018/19	2019/20		A
			64.3 Years	G 64.8 Years (Target for 2018/19 = 64.8 Years)	A 63.9 Years (Target for 2019/20 = 64.8 Years)		
32	<p><b>Performance Analysis:</b> Sept-23: Healthy Life Expectancy (HLE) measures the years that a person can expect to live in good health. HLE data is published annually; the latest data published in 2019/20 by the Office for National Statistics (ONS) on HLE relates to 2018-2020. This was due to be updated this year, for the period 2019-2021, however, this is now expected next year, to include new Census 2021 data on general health and requires rebased population estimates, publication of which has also been delayed. The latest data shows a downward trend with HLE for women reducing by 1.1 years from data published in 2018/19.</p> <p><b>Actions:</b> There is no single action to improve HLE, but evidence shows the greatest impact will be achieved through addressing smoking, diet and alcohol measures along with evidence-based healthcare interventions, such as identifying and treating people with high blood pressure. Public Health is implementing its approach to evidence-based prevention activities across the county with district and borough councils as part of the West Sussex Wellbeing Programme, and with our health and care partners.</p>						
	<p><b>Measure:</b> Number of people completing evidence-based falls prevention programmes</p> <p>Reporting Frequency: Annually (June)</p>	500		2021/22	2022/23		A
			New Measure – No Data	A 354	G 425 (Target for 2022/23 = 400)		
35	<p><b>Performance Analysis:</b> Sep-23: This data relates to falls prevention programmes within the West Sussex Wellbeing Programme – a partnership with district and borough councils across West Sussex. It shows a good increase in the number of people completing the programmes from the previous year (2022/23). These are one of a number of services with a falls prevention remit across the county, including NHS services which also deliver falls prevention programmes. The number of people completing falls prevention programmes overall in the county is therefore likely to be higher than the West Sussex Wellbeing data reported here.</p> <p><b>Actions:</b> Public Health will continue to work closely with partners to deliver and improve this approach, including planning for winter pressures.</p>						
	<p><b>Measure:</b> Mental health – self-reported wellbeing – people with a high anxiety score</p> <p>Reporting Frequency: Annually</p>	21%	2019/20	2020/21	2021/22		A
			20.9%	22.4%	23.9%		
53	<p><b>Performance Analysis:</b> Sep-23: Data for the last three periods shows an upward trend, with data for 2021/22 (23.9%) above the England national average (22.6%). The data source for this measure is the Annual Population Survey (APS) (persons aged 16+ years) from the Office for National Statistics (ONS) and an update for 2022/23 is currently awaited. It is important to note, that the indicator is an estimate based on a sample of the population in the area.</p>						

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Appendix C

Public Health and Wellbeing		2023/24 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
<p><b>Actions:</b> This is a priority area for the County Council and partners and is a recently added measure to Our Council Plan because of the assessed level of need in the population. The team are reviewing the latest data through a needs assessment, to inform the County Council's work and public health interventions to improve this measure, including public mental health programmes, suicide prevention, and improving the skills and knowledge of people working in educational settings, parents, families, and carers, to prevent and respond to children and young people who are self-harming. Furthermore, a toolkit for supporting West Sussex schools, academies and colleges respond to an unexpected death of a pupil or member of staff, has been developed by the County Council together with school leaders and partners. To support the launch of this package of guidance, the County Council has also commissioned training, which can be accessed by these educational settings for free.</p>							
54	<p><b>Measure:</b> HIV late diagnosis in people first diagnosed with HIV in the UK</p> <p>Reporting Frequency: Annually</p>	25% -50%	2018-20	2019-21	2020-22		A
			54.5%	56.9%	51.0%		
<p><b>Performance Analysis:</b> Sep-23: The data source for this measure is the UK Health Security Agency (UKHSA), with data reported on the Public Health Outcomes Framework (PHOF). Data for the last three data periods as reported on the PHOF are included in this performance update. Data reported in 2020 and 2021 is impacted by the reconfiguration of sexual health services during the national response to Covid-19. Whilst the data for the reporting period 2020-22 (51.0%) shows a downward trend from 2019-21 (56.9%), this is above the Council's 2023/24 target (25-50%) and significantly above the England national average for 2020-22 (43.3%).</p> <p><b>Actions:</b> West Sussex Public Health continues to progress the West Sussex HIV Action Plan agreed with key stakeholders earlier this year. As part of an evidence-based approach to identifying population need, attitudinal research into HIV testing and Pre-Exposure Prophylaxis (PrEP) uptake has commenced, as well as implementing evidence-based initiatives where required, including community engagement and outreach projects.</p>							
55	<p><b>Measure:</b> Chlamydia – proportion of 15 – 24-year-olds screened.</p> <p>Reporting Frequency: Annually</p>	12%	2020	2021	2022		R
			6.8%	5.8%	7.8%		
<p><b>Performance Analysis:</b> Sep-23: Chlamydia detection rates in the public health commissioned Integrated Sexual Health Service (ISHS) were impacted by the Covid-19 pandemic with reduced numbers of people accessing services, dropping significantly from 2019 (15.2%) to 2020 (6.8%), however, they are recovering. Diagnosis targets were set in 2018 as part of a five-year action plan and in 2022/23 these were met. However, chlamydia screening remains low outside of sexual health services, and while the proportion of 15 – 24-year-olds screened rose to 7.8% in 2022 from 5.8% in 2021, this is still the lowest in the South East. In contrast with the Council's best performing local authority neighbours, West Sussex has a comparatively low uptake of chlamydia self-testing accessed online. An action plan is being developed with providers and stakeholders, with particular emphasis on increasing uptake of online testing.</p> <p><b>Actions:</b> This is a priority for Public Health team to explore potential reasons for reduced chlamydia detection rates in the county, focusing on system wide improvements to increase testing opportunities and awareness.</p>							
60	<p><b>Measure:</b> Smoking cessation (4 week quits) of smokers from disadvantaged groups.</p> <p>Reporting Frequency: Quarterly, Reported a quarter in arrears</p>	600	Dec-22	Mar-23	Jun-23		A
			427	579	R 122		
<p><b>Performance Analysis:</b> Sep-23: Validated quarterly data for this measure is published in arrears. Full year data for 2023/24 is expected in August 2024. Due to a new reporting mechanism (implemented to improve data flows from GP providers of stop smoking services) data reported in June 2023 is strictly limited to quits delivered within that quarter. In previous years Quarter 1 reports also included a proportion of Quarter 4 activity (a period of high activity in most years) this has had some impact on Quarter 1 activity. It is now RAG rated red as the quarterly target of 150 was not achieved. An increase is anticipated in Quarter 2 and this is being closely monitored. A new prioritisation of smokers with Long Term Conditions (including Chronic Obstructive Pulmonary Disease (COPD), Cancer, Diabetes, Asthma and Cardiovascular Disease) was introduced into the commissioning of West Sussex primary care smoking cessation services in April 2023. The year-end forecast is RAG rated amber, as actions to progress target are on track and cumulative totals of quits during 2022/23 suggest a continued increase during 2023/24.</p>							

Public Health and Wellbeing	2023/24 Target	Performance Over The Last 3 Periods			DoT	Year End Forecast
<p>This performance indicator includes all reported quits from West Sussex Public Health commissioned smoking cessation services, which are targeted at the following groups, as per National Institute for Health and Care Excellence (NICE) guidance and because these providers can actively engage these groups: <i>West Sussex Wellbeing Service</i> - working with people in the 20% most deprived areas of each district and borough in West Sussex, English as a second language, carers, young people leaving care, individuals with learning difficulties, clients with autism, individuals with serious mental illness (SMI). <i>Primary Care (GPs and pharmacies)</i> - smokers with one or more of the following Long-Term Conditions: cardiovascular disease, Chronic Obstructive Pulmonary Disease (COPD), asthma, diabetes type 1 and 2, cancer.</p> <p><b>Actions:</b> Work to implement the West Sussex Tobacco Control Strategy Action Plan is progressing, including supporting Stoptober 2023, the national stop smoking campaign, developing a cross-directorate approach to addressing vaping amongst children and young people, working closely with educational settings, and continuing to offer vaping as a quitting tool, as an option to adults within stop smoking services.</p>						
61	<p><b>Measure:</b> Smoking prevalence in adults (18+) – current smokers (APS) - to achieve Smokefree 2030 prevalence of 5% or below.</p> <p>Reporting Frequency: Annually</p>	10.9%		2021/22	2022/23	R
			New Measure – No Data	12.4%	12.5%	
<p><b>Performance Analysis:</b> Sep-23: Smoking prevalence is measured by the Annual Population Survey, which is reported annually and published in arrears. Consequently, the impact of current tobacco control activity undertaken in 2023/24 will be measurable in 2025/26, as the survey will be undertaken in 2024, with results published in 2025. Prevalence data for 2022 was published in August 2023 and has increased by 0.1% (to 12.5%) from 2021 prevalence of 12.4%. The decreasing trend in smoking prevalence in West Sussex over previous years appears to now be levelling off, indicating a need to continue to prioritise this work. Data collection methodology has changed, therefore data prior to 2021/22 is not comparable.</p> <p><b>Actions:</b> Work to implement the West Sussex Tobacco Control Strategy Action Plan, driven by the West Sussex Smokefree Partnership, is progressing, including:</p> <ul style="list-style-type: none"> <li>Disrupting the illicit/underage sale/supply of illicit tobacco and vaping products.</li> <li>Rolling out the provision of reusable vapes as an additional tool to assist adults to quit smoking, with support from West Sussex smoking cessation services.</li> <li>Developing and implementing a cross-directorate approach to addressing vaping amongst children and young people, working closely with educational settings.</li> <li>Establishing expedited pathways for housebound smokers, identified by West Sussex Fire and Rescue Service.</li> </ul>						

## 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

### Financial Narrative on the Portfolio's Position

- As at September, the forecast against the Public Health and Wellbeing Portfolio continues to be a balanced budget.

4. A wide range of public health functions, responsibilities and services impact on wider Council areas, with Public Health working collaboratively across the authority contributing to improving the impacts and outcomes of the Council Plan priorities.
5. The level of population need has increased in a number of areas, and the County Council has seen changes in the way residents prefer to use some services differently. Spending plans are being prepared to utilise the unallocated £1.9m from the 2023/24 budget to reflect the increased level of need in the population for mandated public health services and to support the delivery of the Council's countywide priorities whilst also meeting and improving public health outcomes.
6. The Public Health Grant balance stands at £5.9m as a result of underspending in previous years due to the impact of the Covid-19 pandemic, particularly in demand-led areas like NHS Health Checks and sexual health services, which saw lower than usual volumes during earlier phases of the pandemic. Plans to utilise this funding on public health needs and outcomes are being considered as part of the budget preparation process for 2024/25.
7. In accordance with ring-fenced grant requirements, any unspent funds will be carried forward into the next financial year, so it remains available to manage risk and spend in line with the Public Health Grant conditions.
8. An indicative budget for 2024/25 for the Public Health Grant has been announced which increases the 2023/24 grant by 1.3%. It is noted this is significantly below the level of inflation and spending plans will need to take this into account and other responsibilities for example, NHS contracts and national salary uplift requirements.
8. During the Covid-19 pandemic, the Government allocated **Contain (Covid) Outbreak Management Fund (COMF)** to help reduce the spread of the virus and to support local public health needs. The County Council carried forward £1.874m of funding into 2023/24. Eligible expenditure relating to agreed COMF projects, including public health action and intervention measures, will be allocated to this grant.

### **Savings Delivery Update**

9. The portfolio has no named savings target for 2023/24, however there is a direct link to the £0.038m 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 and has enabled other eligible spend within the Support Services and Economic Development portfolio to be funded through the Public Health Grant.

## Capital Programme

10. Currently, there are no Public Health and Wellbeing capital schemes within the County Council's Capital Programme.

## Risk

11. There are no corporate risks assigned to this portfolio. Risks allocated to other portfolios are specified within the respective portfolio sections. Further detail on all risks can be found in **Appendix 5** - Corporate Risk Register Summary.
12. Full details of the latest Risk Register, including actions and mitigations can be found under the County Council's [Regulation, Audit and Accounts Committee Agenda](#) website.

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## Corporate Risk Register Summary - September 2023

### CR11

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

#### Risk Description

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

#### Date Risk Raised

01/03/2017

#### Risk Owner

Director of Human Resources & Org Dev

#### Risk Strategy

Treat

Risk Control/Action	Target Date
Benchmarking of salaries against peers across neighbouring LA's focussed on attracting and retaining talent for key areas, and consider activates to address outcomes.	Ongoing
Conduct planning session with HR team to review current recruitment practices, and meet with key stakeholders to develop comprehensive plan to address areas needing improvement.	Ongoing
Developing alternative arrangements to attract candidates for hard to recruit to roles including the use of specialist third party search agencies.	Ongoing
Development and regular communication of comprehensive employee value proposition to support recruitment and retention.	01/01/2024
Development of strategic workforce planning approach in collaboration with services, to identify cross organisational skills, capacity and capability risks and requirements (current and future) and work with services to establish action plan for high risk and priority areas and roles.	01/09/2023
Longer term strategies for addressing recruitment issues e.g. apprenticeships, growing our own.	Ongoing
Restructure of HR Resourcing function to ensure it better fits how recruitment now needs to be undertaken	01/04/2024

### CR39a

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

#### Risk Description

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

#### Date Risk Raised

01/03/2017

#### Risk Owner

Director of Finance & Support Services

#### Risk Strategy

Treat

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

# CR58

Current Score	Target Score	Initial Score	Risk Change
20	9	25	Unchanged 

## Risk Description

The care market, and in particular the Lifelong Services and Mental Health market is experiencing significant fragility. This is anticipated to be related to factors such as but not limited to cost pressures, changing requirements and expectations, and workforce challenges. There is a risk of failure of social care provision which will result in funded and self-funded residents of West Sussex being 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
Annual review of fees paid to providers to support financial sustainability.	Ongoing
Continue to risk assess services against CQC criteria/requirements to manage impact on pipeline activity.	Ongoing
Financial analysis of high risk provision - due diligence checks.	Ongoing
In the event of an incident, ensure the consistent implementation of Emergency Response Plans, including a full de-brief and lessons learned.	Ongoing
Provision of regular support and communication to market providers to monitor financial sustainability.	Ongoing
Review capacity of residential and non-residential services to ensure service availability and to support identification of contingencies if needed.	Ongoing

# CR22

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

## Risk Description

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

Date Risk Raised  
**01/03/2017**

Risk Owner  
**Director of Finance & Support Services**

Risk Strategy  
**Treat**

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

## CR73a

Current Score  
**12**

Target Score  
**4**

Initial Score  
**12**

Risk Change  
**Unchanged**  
➡

### Risk Description

Climate Change Mitigation - If there is a failure to adequately prioritise, finance, resource and embed into BAU our efforts to decarbonise in alignment with the commitments made in the Council's Climate Change Strategy, there is a risk that there will be insufficient capacity and capability to fully deliver the necessary actions within the stated timeframes. This will lead to additional resource strain, higher demand on capital programmes and threaten organisational reputation.

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
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

## CR73b

Current Score  
**12**

Target Score  
**6**

Initial Score  
**12**

Risk Change  
**Unchanged**  
➡

### Risk Description

Climate Change Adaptation - West Sussex faces the high risk of increasing impacts of climate change including extreme heat, severe storms, flooding and sea level rise, among others. Without proactive consideration of and preparation for these impacts, WSCC assets, service delivery and West Sussex residents are at increased risk of damage, disruption and injury. This will lead to protracted service disruptions, dangerous conditions and increased reliance on emergency services. In the longer term this could lead to displacement of residents and businesses in vulnerable, lower lying areas.

Date Risk Raised  
**01/01/2022**

Risk Owner  
**Director for Place Services**

Risk Strategy  
**Treat**

Risk Control/Action	Target Date
Clear prioritisation of CC Strategy delivery within Our Council Plan	Ongoing
Existing assets and service delivery 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

# CR76

Current Score	Target Score	Initial Score	Risk Change
<b>12</b>	<b>4</b>	<b>12</b>	<b>Unchanged</b> ➡

**Risk Description**

Natural England issued a Position Statement on 14 September 2021 that affects all planning applications not granted before that date within the Sussex North Water Supply Zone. This has essentially halted all WSCC plans and projects in the water supply zone until water neutrality can be demonstrated. There are number of impacts on and, potentially, opportunities for WSCC arising. The principal corporate risk is that the council will be unable to provide sufficient school places in the water neutrality area.

Date Risk Raised	01/06/2023
Risk Owner	Director of Place Services
Risk Strategy	<b>Treat</b>

Risk Control/Action	Target Date
Direct instruction and ongoing regular engagement with all schools (including academies) regarding entering into off-setting negotiations independently of WSCC.	01/11/2023
Produce centralised offsetting register that captures potential offsetting opportunities across WSCC estate.	01/11/2023
Regular engagement with Local Planning Authorities.	Ongoing
Resource a robust set of centralised controls and initiatives to ensure identified offsetting opportunities are supported and secured in legal agreements.	01/11/2023
Resources made available to support offsetting activities.	Ongoing

# CR61

Current Score	Target Score	Initial Score	Risk Change
<b>10</b>	<b>10</b>	<b>25</b>	<b>Unchanged</b> ➡

**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	<b>Tolerate</b>

Risk Control/Action	Target Date
Implementation and monitoring of Continuous Practice Improvement Plan (CPIP).	Ongoing
Provide proactive improvement support to services to assure effective safeguarding practices.	Ongoing

# CR69

Current Score  
**10**

Target Score  
**5**

Initial Score  
**25**

Risk Change  
**Unchanged**  
➡

## Risk Description

Children's Services have now been moved out of special measures as a result of the recent Ofsted inspection, however ILACS have outlined areas that require further development. If the council stall in their efforts to implement the planned improvements, there is a risk that the service will fail to progress all areas to a 'good' rating within a suitable timeframe.

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

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

Risk Strategy  
**Treat**

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

# 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
Maintain and refresh systems of control to ensure that access to sensitive data and information is controlled.	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
Secure additional capacity for data protection team to further reduce risk of non-compliance with statutory deadlines.	01/01/2024
Test the effectiveness of DPIA	Ongoing

## CR50

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

### Risk Description

WSCC are responsible for ensuring the HS&W of its employees and residents/customers. If WSCC staff/services and maintained schools fail to comply with H&S statutory duties, responsibilities and processes (in accordance with WSCC governance arrangements), there is a risk that it will lead to a serious health, safety and wellbeing incident occurring.

Date Risk Raised  
01/03/2017

Risk Owner  
Director of Human Resources & Org Dev

Risk Strategy  
Treat

Risk Control/Action	Target Date
Develop and introduce a more comprehensive risk profile approach and front line service based audits.	Ongoing
Incorporate HS&W information/performance measure onto new online audit tool.	01/12/2023
Purchase, develop and introduce an interactive online H&S service led audit tool.	01/12/2023
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	Target Score	Initial Score	Risk Change
4	4	16	Decreased ⬇

### Risk Description

There are governance systems which are not used fully and to best effect, and some which do not fit well together. This inhibits effective performance and delivery and frustrates those involved. Skills and knowledge of systems are patchy and excessive effort required for sound decisions and outcomes.

Date Risk Raised  
01/12/2019

Risk Owner  
Director of Law & Assurance

Risk Strategy  
Tolerate

Risk Control/Action	Target Date
Audit plan focussing reviews on key corporate support systems to identify areas in need of improvement.	Ongoing
Examples of non-compliance used to inform Directors to enforce compliance with standards.	Ongoing
Regular monitoring and active corporate support to establish better practice.	Ongoing
Training focused on CMT and senior officers involved in decision governance.	Ongoing

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

**22 November 2023**

### **Update on the delivery of the two-year improvement programme 2023-25 to assist the delivery of the Adult Social Care Strategy 2022-25**

**Report by Director of Adults and Health (DASS) and Assistant Director – Improvement and Assurance**

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#### **Summary**

On 15 September 2023 the Health and Adult Social Care Scrutiny Committee (HASC) considered a report that set out the detail of the first iteration of Adult Social Care's self-assessment in preparation for Care Quality Commission (CQC) assurance. Within that self-assessment document were a number of areas for improvement, which had been identified for delivery as part of the directorates two-year improvement programme. The delivery of this programme is being supported by the council's transformation fund, which was agreed in early 2023. It was agreed that regular updates would be presented to the Committee to update on progress for the improvement programme.

The improvement programme is being delivered during a period of significant challenge, which includes the need to support our NHS partners in the facilitation of discharging patients from hospital, as well as manage increased demand for adult social care. Workforce recruitment and retention issues remain key for the council, as well as independent and voluntary sector providers, with the fragility in the care market together with increasing prices across the whole care sector.

Ongoing management oversight of the capacity required has been planned and resourced for the improvement programme during 2023/24 and 2024/25, with the procurement of fixed-term external capacity to support delivery. Roretti Ltd were appointed as the service's delivery partner for a two-year fixed term period from 1 July 2023, to provide additional resource to support the business throughout the improvement programme duration.

#### **Focus for Scrutiny**

The Committee is asked to consider the update on the delivery of the two-year improvement programme.

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

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

1. The content of the improvement programme workstreams, taking into consideration the Council's strategic ambitions and the complexities currently facing adult social care.

2. The linkages with the content of the adult social care [self-assessment](#) recently considered and discussed by the Committee;
3. How the committee intends to discharge its scrutiny responsibility to support service improvement by identifying specific parts of the improvement programme for future scrutiny, if required.

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

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## **Background and Context**

### **1. Strategic focus for Adults Social Care**

#### *Adult Social Care Reform*

- 1.1 A recent letter from the Minister of State for Social Care sets out plans to implement commitments made in the People at the Heart of Care white paper, through innovation and new models of care to respond to rising demand and the changing needs of the population. West Sussex is cited as an area of good practice for services that reach out to, and involve, unpaid carers through the discharge process, as Carers Support West Sussex has a reach-in service which provides a 'light touch' assessment of the carers with a focus on immediate support needs. An Innovation and Improvement Unit has been established to develop and define clear priorities which make person-centred care and support a reality for people who use services across adult social care, and which re-affirms a commitment to spend up to £25m to commence a change in services to support unpaid carers, although it is not yet known how the £25m will be distributed or applied.
- 1.2 In respect of other areas of adult social care reform, charging reform is on pause following the Chancellor's autumn budget statement last year. Although the introduction of a 'fair rate for care', as well as allowing self-funders to ask their local authority to arrange care on their behalf together with access to the 'fair rate of care' is delayed, work is continuing to enable people to access our services through improved online self-assessment tools, that will help manage the increasing demand for assessments we are currently facing as well as provide a more responsive and timely service to our customers. In addition, expected guidance on carers, housing and information and guidance is still awaited.

#### *Care Quality Commission (CQC) Assurance*

- 1.3 The service has prepared the first iteration of its self-assessment in preparation for CQC assurance and this was considered by the Committee on 15 September 2023. The self-assessment sets out areas which the service is proud and areas for improvement, which are included in this report as part of the two-year improvement programme.



- 1.4 Initial formal assessments were expected to begin in September 2023 however the CQC announced this would now be later in the year, although a further update on this is still awaited. It is expected all initial formal assessments for all local authorities will be completed within two years from the point in which the CQC begin assurance visits. The CQC's longer-term approach to regular ongoing assessments is also awaited.

*Adult Social Care Strategy (2022-25)*

- 1.5 Work to deliver the 'we will' commitments in the Adult Social Care Strategy (2022-25) and support the delivery of all aspects of our Council Plan (2021-25) is central to the changes and improvements that are required. Opportunities to co-design and co-produce with customers and partners is included as part of the directorate's ongoing programme.

*Embedding strength-based working and managing demand*

- 1.6 Adult social care in West Sussex is embedding a strength-based approach to practice, which emphasises people's self-determination and strengths, being client-led, with a focus on future outcomes and strengths that people bring; and reflects the priorities as set out in the West Sussex Plan and Adult Social Care Strategy 2022-25. The service refreshed its approach to strength-based working by introducing common forms across all the assessments completed within the directorate. As part of embedding the new forms the opportunity was used to review practice, this has led to the setting up of a Strength-based Oversight Group across operational teams to monitor, reflect, review, and standardise practice across all customer areas. The aim is to support all practitioners to understand not only strength-based working, which is primarily how we interact with customers, but how the directorate expect and evidence what strength-based working means locally, providing tools and information to support staff.
- 1.7 This and other smaller working groups are actively supported by operational managers, focusing on reflective practice, celebrating the work of staff by sharing examples which reflect the voice of the customer, their strengths and what they want to achieve so we learn from each other, quality assuring and auditing the work of staff to understand and improve recording, changing the system when there is a clear need and a governance group which links back into the operational teams that can provide clear communication, leadership and opportunities for continuous improvement.
- 1.8 However, as this approach is more time consuming to undertake it is having an impact on the numbers waiting for assessment and review, in addition to the impact of ongoing demand. Specific challenges within the lifelong services area of the business, in relation to the time taken to not only undertake a review but also to make alternative arrangements when a change in care setting is deemed appropriate, are also contributing to workload pressures across operational teams.
- 1.9 Waiting times are being managed in several ways which include the production of work prioritisation guidance to support teams to consider risks and Red, Amber, Green (RAG) rate referrals, with teams undertaking focused triage days every couple of months to scrutinise waitlists and resolve referrals if

individual circumstances have changed. In addition, most teams do regular focussed weeks to review waiting times and where possible, close referrals or make onward referrals to other preventative services. Duty practice guidance has been updated with an additional focus on triaging, with an emphasis on resolving issues and considering other resources to address needs. Additional locum resource is being utilised where possible, as well as a consistent voicemail for all teams to allow duty workers to have periods away from the phones, so they have more time to address referrals. Resources will be deployed from the recently announced Market Sustainability Improvement Fund (MSIF) to support actions to manage operational team waiting times. This is in addition to work within the improvement programme to improve the Council's preventative service and information, advice and guidance offer to address demand and waiting times.

## **2 Adult Social Care (ASC) Improvement Programme 2023-25 update**

### *Assistant Director for ASC Improvement and Assurance*

- 2.1 Julie Phillips was appointed to the new fixed term role of Assistant Director for ASC Improvement and Assurance in June 2023 and is now overseeing the shaping and delivery of change over the two-year period and is managing the relationship with the external delivery partner, as well as internal stakeholders to deliver the changes needed.

### *Delivery Partner appointment – Roretti Limited*

- 2.2 As set out in previous reports, the nature, scale and complexity of the improvement plan means that fixed-term external capacity and skills are needed to work alongside in-house teams to deliver core workstreams. The service requires support of additional experienced social care commissioners; senior programme/project leads to drive forward change, who understand working in social care and with the NHS, as well as local authority finance; and design/change management leads. All workstreams within the improvement programme also require business and data analyst support, as well as co-production support, which will be overseen by the Assistant Director – Improvement and Assurance in partnership with the Council's Adult Social Care leadership team.
- 2.3 Following an Open procurement process, Roretti Limited was selected as the preferred bidder, with a bid that met the specification and demonstrated awareness of the aims and objectives of the overall programme when evaluated against set criteria, which included quality and commercial elements with a focus on cultural alignment working with the Council's values framework.
- 2.4 The contract is based on agreeing individual Statement of Works (each with its own aims, objectives, deliverables, price and payment profile), with performance overseen by the Assistant Director Improvement and Assurance, with monthly contract monitoring meetings and weekly informal contract touch-in meetings.

*Delivery of the programme to date*

- 2.5 Work delivered throughout 2022/23 and early 2023/24 supported by transformation funding provided the foundation for the further improvements and service development planned within the programme. The improvement programme is using these foundations to design models of care and support that are focused on meeting the needs of people who need adult social care support.
- 2.6 Based on the work to date, the programme is split into seven workstreams as detailed in the attached presentation, which include:
- Customer journey
  - Strategic commissioning
  - Practice and operations
  - Finance and systems;
  - Workforce and organisational development
  - Performance and intelligence
  - Systems partnership working
- 2.7 Communications and change and CQC assurance readiness are included as overarching workstreams. The delivery of these workstreams is being overseen by the Adults Portfolio Board – Improvement and Assurance, chaired by the Assistant Director – Improvement and Assurance. Due to uncertainty and risk within adult social care, it is recognised that there will be a need throughout the programme to re-focus the content over the two-year period.

**3. Risk implications and mitigations**

- 3.1 Significant risks remain in the demand for adult social care and waiting times, as set out in point 1.8. The management of these are crucial to ensure that the County Council is fulfilling its statutory duties under the Care Act 2014, especially with upcoming CQC assurance. Mitigations continue to be in place to address some of the risks in the short term, however the recruitment of good quality locum social workers is an ongoing risk for the delivery of financial savings in respect of undertaking reviews across operational teams.
- 3.2 Corporate finance colleagues in the delivery of the financial assessment improvement programme will continue as business as usual activity, which although sits outside this programme there are links to within the finance and systems workstream. This work remains a risk for the directorate and its interdependency with the proposed customer journey redesign.
- 3.3 The level of demand for ASC, workforce challenges, the ongoing requirement for the delivery of savings, market sustainability, safeguarding and the ongoing support from the County Council to the NHS remain. These are all part of the rationale for investment to ensure that required improvements can be delivered in the necessary timescales.

- 3.4 Staff and resources deployed to support the use of the recently announced MSIF, are the same as those which are currently delivering the programmes of work as detailed in the report. There is therefore an ongoing risk that key strategic actions may not be delivered due to the reprioritisation of staff, resources and services to deliver the outcomes required from the MSIF investment, which need to be evidenced by the end of March 2024.
- 3.5 While strong progress has been made over the past two years, the work involved to deliver savings, prepare for inspection and ASC reform, and deliver business as usual remains significant. It is crucial that the programme of work to improve adult social care in West Sussex continues to support the wider progress that the organisation has made in the past three years.
- 3.6 Recruitment and retention of staff remains a significant challenge for adult social care and the new workforce strategy, with underpinning action plan will support the management of this over the next few years. Due to the impact on staff of the work of the improvement programme, CQC readiness and budget and savings management, a range of communications have been introduced, with the opportunity for two-way engagement across all teams, in order to support all staff during the next few years.

#### **4. Contribution to achieving our Climate Change Strategy**

- 4.1 Through the change opportunities afforded by proposed new models, new services and service redesigns within Adults and Health, we will contribute fully to the corporate ambitions on climate change, to be a net zero carbon organisation by 2030 and transforming how we work.
- 4.2 Climate Change has been embedded in all project documentation managed by the Programme Management Office and reviewed by the ASC Portfolio Board.

#### **5. Finance**

- 5.1 The Council's net budget for adult social care in 2023/24 is approximately £242m, which has risen by 24% over the last five years. Around 95% of this relates to the cost of funding the social care needs of approximately 8,500 residents who meet the national eligibility criteria in the Care Act. The Council has also committed £8m of additional funding to deliver the improvement programme over the next two years.

#### **6. Policy Alignment and Compliance**

- 6.1 The improvement programme will assist in the delivery of the Adult Social Care Strategy which sets out five priorities to guide the future development of adult social care services within the context of the Council Plan.

#### **7. Our Council Plan**

- 7.1 Developed from the County Council's reset plan in 2020/21, 'Our Council Plan 2021-2025' sets out the council's priorities over the next four years and the outcomes to achieve for people who live and work in West Sussex. The focus is on four priorities, which are:
- Keeping people safe from vulnerable situations

- A sustainable and prosperous economy
- Helping people and communities to fulfil their potential
- Making the best use of resources

## **8. Legal Implications**

8.1 There are no legal implications.

## **9. Equality Duty and human rights assessment**

9.1 The service is on a journey to move from an Equality Act compliance focus to one which embodies inclusion and truly person-centered services and support. Key decisions taken include an assessment of any equality implications of proposals and how, if necessary, these will be mitigated for people with protected characteristics. The long-standing Adults' Services, Customer and Carer Group, the Minorities Health and Social Care Group and the Learning Disability and Autism Partnership Boards meet regularly and serve as critical friends to the service.

## **10. Public Health**

10.1 Adult Services works in close partnership with Public Health and the voluntary and community sector and other partner agencies to increase the range of options open to people to support their wellbeing, as well as reaching people earlier before they require adult social care services.

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

Julie Phillips  
**Assistant Director – Improvement  
and Assurance**

**Contact** – Helena Cox, Strategic Business and Improvement Lead (Adults and Health) [helena.cox@westsussex.gov.uk](mailto:helena.cox@westsussex.gov.uk)

Appendices

Appendix A – Improvement Programme slides

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# Health and Adult Social Care Scrutiny Committee – Adult Social Care Improvement Programme 2023-25 Appendix A

# Adults Services – Improvement Programme 2023-25

- Informed by work undertaken throughout 2022/23 to design models of care and support that are focussed on users of adult social care services, a two-year adult social care improvement programme 2023-25 began in April 2023.
- Based on the work to date, the programme is split into seven workstreams, which include customer journey; strategic commissioning; practice and operations; finance and systems; workforce and organisational development; performance and intelligence; and systems partnership working.
- Communications and change, and Care Quality Commission (CQC) assurance readiness are included as overarching workstreams.



# Adults Services – Improvement Programme

## Workstreams (1)



- Customer Journey - work to co-design care pathways with people who use our services and carers including;
  1. Customer Experience Re-design
  2. Reform Readiness
  3. Process and Pathway
- Strategic Commissioning
  1. Commissioning Strategies
  2. Early Support (Information, Advice and Guidance - IAG)
  3. Collaborative Working, including use of Individual Service Funds (ISF)
  4. Shaw Healthcare Contract

# Adults Services – Improvement Programme Workstreams (2)

- Practice and Operational
  1. Embedding strength-based working and reviews
  2. Practice Guidance
  3. Transitions (Joint project with Children's Services)
- Finance and Systems
  1. Direct Payments
  2. Provider Portal
  3. Digital Offer
  4. Self Assessment Tools

# Adults Services – Improvement Programme

## Workstreams (3)



- Workforce and Organisational Development
  1. Workforce Strategy
  2. Roles and Responsibilities
  3. Trusted Assessor (social care reform)
- Performance and Intelligence
  1. Data Quality
  2. Activity and financial reporting
  3. Performance Framework
- Systems Partnership Working
  1. Intermediate Care (Joint project with NHS)
  2. Hospital Discharge

# Adults Services – Improvement Programme

## Overarching workstreams

- Communications and Change
- Care Quality Commission (CQC) Assurance readiness

# What our improvement programme has delivered so far...

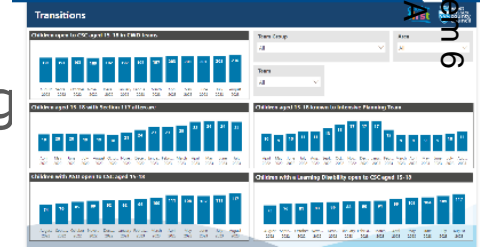
- Staffing in place to ensure dedicated review teams can progress the work required
- First iteration of our Care Quality Commission (CQC) self-assessment report produced and evidence library created
- Design principles co-produced with our staff, service users and Voluntary and Community, Sector and Social Enterprise (VCSE) to underpin service design activities
- Overarching commissioning strategy is in its final stages of development
- Provider commissioned to deliver training and contribute to the council's commissioning workforce
- Transitions programme has moved into its third stage having implemented new processes between Children's and Adults services



# Transitions improvements to date

Improving the early identification of young people with eligible adult social care needs, prior to them turning 18. 100 young people now being identified each year

- A new **PowerBI dashboard** to identify young people with high needs
- **Automatic pop-up** in Mosaic – to prompt social workers with young people aged 17
- Trainings, presentations and documents to improve Children, Young People and Learning understanding of adult social care and transitions
- A **checklist** for children’s workers, to improve pre-18 preparation
- A new team of **‘15+ specialists’** has been created in the Children with Disabilities service



Names of 17+ Children: Ted Group

After I turn 18, do I, my social worker, personal adviser, or any other professional or representative think I may have care and support needs as a result of my physical or mental health, illness or impairment?

Yes  No

Transition Panel Protocol

Ensure that, in the plan below, actions are included that will support the young person's through the transition process.

### Transferring from Children's to Adults

#### What to consider when transferring from Children's to Adults Social Care

1. Confirm that the young person has care and support needs as a physical or mental condition
2. Confirm that those needs mean that the young person cannot, seen or aware of the outcomes below (with / a significant input (see wellbeing))
  - Managing and maintaining nutrition
  - Maintaining personal hygiene
  - Managing toilet needs
  - Being appropriately clothed
  - Being able to make use of the adult's home safely
  - Maintaining a habitable home environment
  - Developing and maintaining family or other personal relationships
  - Accessing and engaging in work, training, education or related
  - Making use of necessary facilities or services in the local area including public transport, and recreational facilities or services
  - Carrying out the caring responsibilities the adult has for a child
3. Consider / check supporting information, getting the right assessments before a person turns 18 is critical

Please ensure that these items can be located on the system as well as / if not provided with the medical

Does the YP have:	Evidence required
Capacity to make and communicate their own decisions?	Mental Capacity Assessment (MCA) completed as a medical step / recorded in DASH.
An IQ below 70 (i.e., a learning disability, as distinct from learning difficulty)?	Clinical psychology or paediatric report published to Health care record
An EHCIP	Should be uploaded to Health care record

Links to guidance for workers about referrals / signposts - who to contact, what language to use etc.

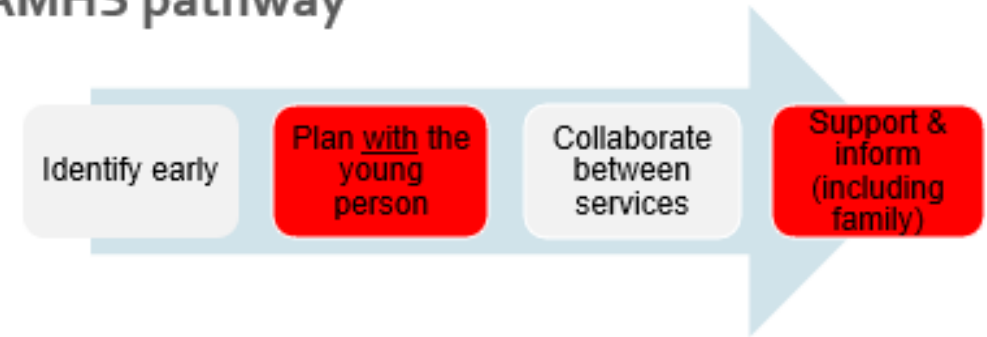
# Transitions improvements – next steps



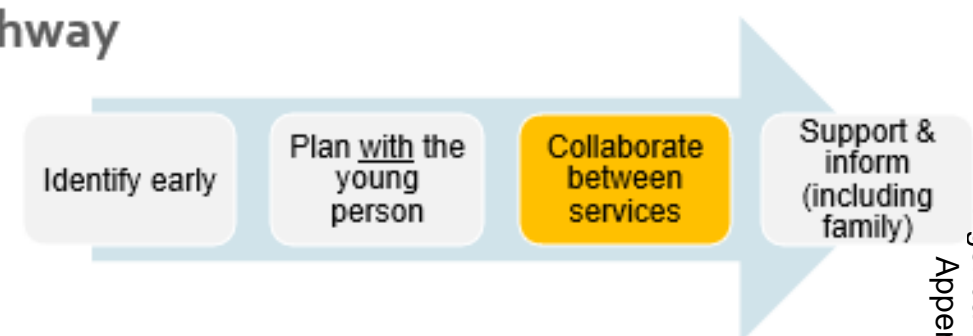
Stage 3 of the programme began in September and runs until March 2023. Activities focus on further improvements to two Transitions pathways:

- Improved pre-18 Transitions planning for young people outside of Children with Disabilities teams
- Improved support and information for this group
- Clear roles and responsibilities between adult teams and Leaving Care Personal Advisors
- Examination of the process of agreeing and managing residential college placements

## Non-CWD → WAMHS pathway



## CWD → LLS pathway



**CWD – Children With Disabilities**  
**WAMHS – Working Adult Mental Health Services**  
**LLS – Life Long Services**

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**Health and Adult Social Care Scrutiny Committee Scrutiny Committee****22 November 2023****Council Plan, Medium-Term Financial Strategy and Preparations for 2024/25 Draft Budget****Report by Director of Law and Assurance**

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**Summary**

During November 2023 all scrutiny committees have the opportunity to review the budget proposals which support the Council Plan. This includes consideration of pressures faced by services and plans to manage those and to deliver a balanced budget. The proposals were endorsed for scrutiny and public consultation at the meeting of Cabinet on 17<sup>th</sup> October.

The attached Cabinet report sets out proposals for the full budget to ensure each committee considers those relevant to its portfolio areas in a whole Council context. The relevant portfolio plans for contributing to the need to ensure a balanced budget are set out in the appendix to the attached report as are any proposed capital programme changes.

Scrutiny committee comments will be reported to the Cabinet for consideration alongside feedback from public consultation on the budget being carried out in the autumn. Final proposals will be settled in January for consideration by the Cabinet after scrutiny by Performance and Finance Scrutiny Committee.

**Focus for scrutiny**

The Committee is asked to scrutinise the budget proposals in the context of the Council Plan commitments and service pressures relating to its areas of responsibility and within the context of the overall budget position of the Council.

Key lines of enquiry for scrutiny include:

- (1) To consider and test out the information about service pressures and the plans to address them; whether these are realistic and achievable
- (2) To examine the savings proposals and understand what may be the impact on residents, communities and service users
- (3) To establish whether and which other options have been or could be considered to deliver a balanced budget
- (4) To establish how public consultation partner engagement will be carried out and how feedback will inform the further development of budget plans both generally and for specific proposals.

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

## **Details**

The attached report was agreed at Cabinet on 17 October 2023 and includes the following information:

- Priorities for the Council Plan and the financial position of the County Council over the next four years
- Proposals for the draft 2024/25 revenue budget and preparations for the updated Capital Programme ahead of County Council in February 2024
- Steps to be taken for public and partner engagement
- At Appendix A – details of known service spending pressures
- At Appendix B – balancing the budget (details of the proposals for reducing or realigning funding to council priorities and known pressures) and including plans for any consultation, engagement or equality impact assessment.

### **Tony Kershaw**

Director of Law and Assurance

### **Contact Officer**

Susanne Sanger, Senior Advisor (Democratic Services), 033 022 22550

### **Contact for financial implications**

Taryn Eves, Director of Finance and Support Services, 033 022 22087

### **Attachment**

Cabinet Report on Council Plan and Medium-Term Financial Strategy

### **Background papers**

None

**Key decision: No  
Unrestricted  
Ref: N/A**

## **Report to Public Cabinet (updated for Scrutiny Consideration)**

**17 October 2023**

### **Update on Council Plan, Medium-Term Financial Strategy and Preparations for 2024/25 Draft Budget**

#### **Report by Director of Finance and Support Services and Director of Law and Assurance**

**Electoral division(s): All**

#### **Summary**

- 1 In July 2023, Cabinet received a report providing an update on the Council Plan, national and local context, and the medium-term financial forecast for the next five years. The report showed a budget shortfall of £171m over the five years, of which £45m was expected in 2024/25 before any increase in Council Tax.
- 2 This report provides an update on the national context and the medium-term forecast. It advises Cabinet on the preparations for refreshing the Council Plan, sets out proposals for the draft 2024/25 revenue budget and preparations for the updated Capital Programme before further review ahead of recommending to County Council in February 2024. It explains the further steps to be taken for public and partner engagement and consultation and for engaging scrutiny committees during November 2023.
- 3 The budget for 2024/25 will be developed within the context of the Council Plan and the Council's spending plans will be targeted to ensure that priorities in the plan continue to be delivered.
- 4 Further analysis of the service demand and cost pressures and impact of economic conditions has been undertaken over the summer. Service pressures remain a key concern, particularly social care and an additional £53m is proposed to be built into next year's budget to enable the County Council to continue to provide services to the most vulnerable requiring extra support and help to manage risk and prevent escalation of need.
- 5 It is assumed that pay inflation will be around 4% in 2024/25 and spend through contracts is based on the Office for Budget Responsibility (OBR) forecasts of 5.4% and 8.1% for CPI and RPI respectively. Income collected through fees and charges is assumed to increase on average by 8.1% but a full report on the proposed fees and charges for 2024/25 will be available for scrutiny in January 2024 before being recommended by Cabinet to County Council as part of the 2024/25 budget in February 2024.

## Agenda Item 7

- 6 The forecast, taking into account this latest information shows a budget shortfall of between £44.9m and £16.2m for 2024/25 depending on the level of Council Tax increase.
- 7 The final position is very much dependent on the outcome of the Local Government Finance Settlement expected to be published week commencing 18 December 2023. All the assumptions driving the financial forecast will remain under review during the run up to setting next year's budget in February 2024.
- 8 Setting a balanced budget for 2024/25 is considered challenging but achievable. However, the longer-term position is much more concerning and further details are set out in Section 7.
- 9 Achieving reductions in spend of this scale requires a more fundamental consideration of services provided and how they are provided. Work is already underway to prepare options for addressing these challenges. In addition, the County Council, together with district and boroughs, the South East 7 group and the County Council Network will continue its proactive approach to lobbying Government to recognise the funding constraints and rising demand impacting on the sector. There is clear evidence of the need for increased Government funding across many services if the sector is going to remain financially sustainable and continue its vital support to resident and local communities.

### **Recommendations**

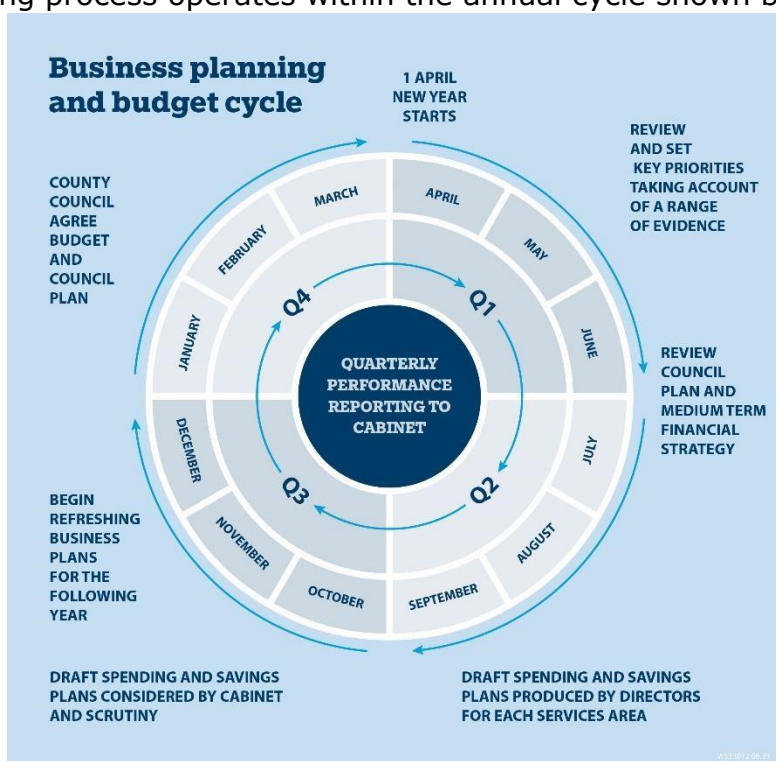
Cabinet is asked to:

1. Agree that the overall approach to the Council Plan refresh and budget setting be prepared for the public engagement process set out in Section 13 of the report.
2. Note the risks and uncertainties referenced in Section 15 of the report and that these may further impact on the budget for 2024/25 and the Council's medium term financial forecast.
3. Note the timetable for the remainder of the budget process as set out in Section 11 of the report.
4. Continue its proactive collaborative approach to lobbying Government to recognise funding constraints and rising demand that is impacting many services and the impact on the financial resilience of the Local Government sector.

## Proposal

### 1 Background and context

- 1.1 The Council’s integrated business planning and budget process brings together business planning, financial planning and risk management. The process informs decision making to ensure focus on priority outcomes, making the best use of resources, tracking delivery and value for money. It enables considered choices in a changing environment and against resource and demand challenges and other uncertainties.
- 1.2 The Council is legally required to set a balanced budget each year. This report provides an update on the different elements of the budget, including budget pressures and how funding can be realigned to address these pressures.
- 1.3 The consequential budget adjustments for 2024/25 set out in this report are for consideration with a view to presenting them for public engagement in October and November 2023. Cabinet will consider the feedback on the proposals for the Council Plan and approach to budget setting before recommending the Council Plan and 2024/25 budget to County Council in February 2024.
- 1.4 This report relates to the financial position on the Council’s General Fund. An update on schools funding will be included in the full budget report to Cabinet in January 2024.
- 1.5 The Business Planning process operates within the annual cycle shown below:



- 1.6 At this stage of the cycle the County Council is bringing forward draft spending plans for consideration. In terms of the financial position, there remains much uncertainty in four main areas – Government reforms on the horizon, macro-economic conditions, demand pressures and future funding for Local Government. This makes forecasting costs and opportunities challenging but the Council is committed to longer term planning for financial sustainability. The

assumptions made throughout the report are based on the latest information and best estimates.

- 1.7 Government announced its decision in August 2023 to transfer functions from Local Enterprise Partnerships (LEPs) to upper tier authorities from April 2024. The Council will take on the Business Representation, Strategic Economic Planning and Growth Hub LEP functions. The Council has already taken on the Career Hub function from the LEP with the launch of the `West Sussex Careers Hub` on 1 September 2023.
- 1.8 As part of the Council Plan refresh, objectives will be updated to reflect the transferred LEP functions and continued economic instability and KPIs will be aligned to latest strategies and improvement plans. All targets will be reviewed to ensure they remain relevant and reflective of ambitions, capacity and resources, making relevant comparisons to other councils where possible.
- 1.9 The increasingly challenging operating environment, for example the market for children's services placements, funding constraints and rising demand, makes lobbying more important. The County Council will work with district and boroughs, local MPs, South East 7, County Council Network (CCN) and others and continue to collaborate with partners to ensure priorities are advocated at a local, regional and national level.

## **2 Draft Budget 2024/25**

- 2.1 The remainder of this report builds on the report that was presented to Cabinet in July 2023 on the County Council's Medium Term Financial Strategy and focuses on updates of the various elements that must be considered in developing the draft budget for 2024/25.

## **3. Current Financial Forecast**

- 3.1 The starting point of any preparations for the next year's budget is the current year financial position. In February 2023, the County Council set a balanced budget for 2023/24. The first monitoring of spend and forecast against this budget was reported to Cabinet on 12 September [Q1 Summary Report PRR](#) and showed an overspend of £18.2m on services, mainly on Children's Services and SEND but also underlying pressures within Adult Social Care and some other services. These have been reviewed in the context of identifying any which are expected to continue into 2024/25 and future years and a review of other assumptions underpinning the financial position has been undertaken.

## **4. Funding**

- 4.1 Setting a balanced budget each year means that expenditure must not exceed levels of funding. A full analysis of the different sources of funding available to the County Council was set out in the report to Cabinet in July 2023 [Sources of Funding](#) and these largely remain unchanged. In 2024/25, total funding is estimated at £730m.
- 4.2 The next fiscal update from Government (Autumn Statement) has been announced for 22 November 2023 but as in previous years, this is expected to

be high level and any implications for Local Government will not be known until the provisional Local Government Finance Settlement 2024/25 is published the week commencing 18 December 2023.

- 4.3 The policy paper published as part of the 2023/24 Local Government Finance Settlement in December 2022 gave an indication on Government funding levels for 2024/25 and the Council Tax thresholds (maximum levels of increase) and the budget for 2024/25 is being prepared on that basis.
- 4.4 Government funding and retained business rates are estimated at £104m and general non-service specific grants of £52m.
- 4.5 The Government guidance on the Business Rates Pool has been published and discussions are currently underway between the County Council and the district and boroughs on the arrangements for the pool in 2024/25. Expressions of interest had to be submitted to Government by 10 October 2023 and details will be published as part of the Provisional Local Government Finance Settlement in December 2023.
- 4.6 Council Tax remains a key source of funding (around 80%). The referendum threshold for 2024/25 is 3% plus an additional precept of 2% for those authorities with adult social care responsibilities. Every 1% increase equates to approximately £5.7m of additional income to support service pressures. Although referendum thresholds are set by Government, any increases in Council Tax remains a decision for County Council and will be considered in February 2024. From 2025/26, the referendum threshold is assumed to be 1.99% and no adult social care precept.
- 4.7 The proposed increase in fees and charges for 2024/25 is 8.1% in line with the estimates of the Retail Price Index as at September 2023. Work is underway to review all fees and charges against this assumption and details will be available for scrutiny in January 2024 before Cabinet makes its recommendation to full Council as part of agreeing the 2024/25 budget in February 2024.

## **5. Spending Pressures**

- 5.1 Each year the budget will include extra provision for pressures that are known and can be quantified. These are largely focussed around increases in service demands, people living longer and with increasing complexity of need, also the increase in the cost of service provision. These were set out in detail in the report to Cabinet in July 2023 [Spending Pressures](#).
- 5.2 Over the summer these have been subject to review based on the latest evidence and information. Many of the known pressures for next year have increased and new pressures have emerged as a result of this exercise, which is now estimated as £52.5m in total, including £3.1m of one off spending. All known pressures must be funded to ensure that the budget set for 2024/25 is robust and achievable.
- 5.3 Details of the specific service pressures for 2024/25 that have been identified are summarised in Table 1 and set out in full in Appendix A. These exclude increased costs from inflation which are outlined separately later in the report.

**Table 1 Service Pressures**

	<b>Ongoing Pressures £'m</b>	<b>One off £'m</b>	<b>2024/25 Total £'m</b>
Adults Services	12.3	-	12.3
Children and Young People, Learning and Skills	30.6	0.6	31.2
Community Support, Fire and Rescue	0.6	-	0.6
Environment and Climate Change	0.1	0.5	0.6
Finance and Property	0.4	2.0	2.4
Highways and Transport	5.0	-	5.0
Support Services and Economic Development	0.4	-	0.4
<b>Total Pressures</b>	<b>49.4</b>	<b>3.1</b>	<b>52.5</b>

5.4 In addition, there are some budget pressures which are more Council wide.

**Pay Inflation**

5.5 The County Council’s staffing costs for delivering its services are around £270m each year. Financial Plans for 2024/25 currently assume £13.8m for pay increases based on a 4% increase and a provision for 2023/24 based on the latest pay offer. However, pay increases for 2023/24 remain subject to negotiations with the trade unions and therefore 2024/25 pay increases are also unconfirmed at this stage.

**Price Inflation**

5.6 The rate at which prices are rising remained at 6.7% in the year to September, down from 7.9% in June. The Bank of England has a target to keep inflation at 2%, but the current rate is still well above that and will remain so for some time. The Office for Budget Responsibility (OBR), which assesses the government’s economic plans, previously predicted inflation would fall back to 2.9% by the end of the year. The Bank of England has predicted inflation will drop to 5% by the end of 2023. The County Council uses the forecasts by the OBR when setting its budget and inflation forecasts and the impact on next year’s budget will be reviewed when an update is published as part of the Autumn Statement on 22 November 2023.

5.7 Inflation levels are a key driver for the cost of services. The County Council’s spend with third party organisations is around £531m, either through contracts, grants, or other commissioning arrangements. Many of these will be subject to inflation increases and linked to different indices, including CPI, RPI and industry specific indices.

5.8 In total, the current assumption is that an additional £23.0m will be needed for 2024/25 in relation to price inflation increases across all services. However, this will remain under close review over the coming months.



## 6. The Overall Financial Position

- 6.1 The current Council Plan 2021 to 2025 is subject to its annual review and details will be presented to Cabinet in January 2024 alongside the draft budget for 2024/25 which will be used to deliver the County Council's priorities. The expectation is that the Council's priorities and the outcomes it seeks for residents and communities will remain largely unchanged.
- 6.2 Financial plans already include £6.7m of reductions in 2024/25 that were agreed at County Council in February 2023 [Budget Report 2023/24](#).
- 6.3 Taking into account the information in the sections above, the Council is expected to spend approximately £1.9bn (net of income £775m), including schools to deliver its services and respond to these budget pressures.
- 6.4 This means there is a budget gap of £44.9m before any Council Tax increase or £16.2m if the full 4.99% increase in Council Tax is introduced.

**Table 2 – Financial Position 2024/25**

	<b>2024/25 £'m</b>
<b>Funding</b>	
Council Tax income – based on 0% increase	573.9
Government Funding - Settlement Funding Assessment/ Business rates	104.3
Non-Service Specific Government Grants	51.6
<b>Total Funding</b>	<b>729.8</b>
<b>Opening Expenditure</b>	<b>708.8</b>
Previously Approved Savings	(6.7)
Inflation Pressures	36.8
Service Pressures	52.5
Contribution from Reserves	(8.1)
Other corporate changes	(8.6)
<b>Total Expenditure</b>	<b>774.7</b>
<b>Budget Gap (before Council Tax increases)</b>	<b>44.9</b>
<b>Additional income from 4.99% Council Tax increase</b>	<b>28.7</b>
<b>Budget gap after Council Tax of 4.99%</b>	<b>16.2</b>

- 6.5 A balanced budget must be set each year and over the summer, all services have been considering opportunities to re-align the funding available to council priorities. This has resulted in budget reductions in some areas, through reduction in costs, opportunities to reduce demand or increasing income levels.
- 6.6 New budget reductions are planned across all services totalling £11.8m for 2024/25 and £4.5m for 2025/26. Full details of the proposals are set out in Appendix B by Cabinet Member portfolio and summarised in Table 3.

**Table 3 – Budget Reductions**

<b>Cabinet Portfolio</b>	<b>2024/25 £'m</b>	<b>2025/26 £'m</b>
Adults Services	3.9	0.5
Children and Young People, Learning and Skills	4.4	3.0
Community Support, Fire and Rescue	0.2	-
Environment and Climate Change	0.2	0.2
Finance and Property	0.3	-
Highways and Transport	1.6	0.7
Support Services and Economic Development	1.2	0.1
<b>Total</b>	<b>11.8</b>	<b>4.5</b>

- 6.7 Cabinet is asked to agree for the current Council Plan priorities and the proposed budget approach to be presented for public and partner engagement in line with the approach set out in Section 13.
- 6.8 If all the budget proposals are supported following consultation and engagement, there remains a budget shortfall of between £33.1m and £4.4m depending on the level of Council Tax increase as set out in Table 4.

**Table 4 – Forecast Budget Shortfall (after proposed new reductions)**

	<b>2024/25 £'m</b>
<b>Budget Gap (before Council Tax increases)</b>	<b>44.9</b>
Proposed Budget Reductions	(11.8)
<b>Budget Gap (before Council Tax increases and after proposed budget reductions)</b>	<b>33.1</b>
<b>Estimated income from max Council Tax increase</b>	<b>(28.7)</b>
<b>Budget Gap (after Council Tax increases and after proposed budget reductions)</b>	<b>4.4</b>

**7 Approach to Longer Term - 2025/26 Onwards**

- 7.1 Despite the level of uncertainty in economic conditions and Government funding, which are not yet confirmed, officers are confident that a balanced budget can be set for 2024/25.
- 7.2 Table 5 shows the five year financial position and for 2025/26 to 2028/29, there remains a budget shortfall of between £140m and £87m depending on the level of Council Tax increase. With so many risks and uncertainties there is a high probability the shortfall in funding to continue the delivery of all services could be higher and full details were set out in the report to Cabinet in July 2023 [Risks and Uncertainties](#).
- 7.3 Budget reductions through general efficiencies alone will not be sufficient to meet this financial challenge and will require a more fundamental review of services. Every service must provide good value for money for residents, be cost effective and contribute to Council Plan priorities. Work has commenced and savings of £4.5m have been identified for 2025/26 as set out in Table 3 but further work is required over the next six months to identify savings of the scale needed to balance for 2025/26.

- 7.4 Going forward into 2025/26, the desire is to move away from one year budget setting to planning the finances over the longer term which is critical to maintain the good financial resilience and sustainability of the County Council.
- 7.5 The County Council will continue to lobby Government to recognise the growing demand pressures on Local Government but at this stage it is not anticipated that there will be any additional funding. Therefore, balancing the budget over the next five years will require the County Council to consider the services it provides and how they are provided.
- 7.6 The report to Cabinet in July 2023 gave an indication on the areas of focus for delivering longer term changes and opportunities are being considered, of which £4.5m has been identified to date. It is likely that further prioritisation of limited financial resources will be needed to ensure statutory responsibilities for supporting the most vulnerable continue to be met. A further update on progress will be provided to Cabinet in January 2024 alongside the draft 2024/25 budget.

Table 5 – Five Year Financial Position 2024/25 to 2028/29

	2024/25 £'m	2025/26 £'m	2026/27 £'m	2027/28 £'m	2028/29 £'m
<b>Funding</b>					
Council Tax - based on 0%	573.9	580.8	587.8	594.8	602.0
SFA / Business rates	104.3	106.3	106.3	106.3	106.3
Non-Portfolio Specific Grants	51.6	48.4	48.4	48.4	48.4
<b>Total Funding</b>	<b>729.8</b>	<b>735.5</b>	<b>742.5</b>	<b>749.5</b>	<b>756.7</b>
<b>Opening Expenditure</b>	708.8	729.8	735.5	742.5	749.5
Previously Approved Savings	(6.7)	-	-	-	-
Inflation Pressures	36.8	13.6	15.5	11.2	15.7
Service Pressures	52.5	22.4	17.1	22.8	22.8
Contribution from Reserves	(8.1)				
Other corporate changes	(8.6)	9.4	11.7	4.9	4.9
<b>Total Expenditure</b>	<b>774.7</b>	<b>775.2</b>	<b>779.8</b>	<b>781.4</b>	<b>792.9</b>
<b>Budget Shortfall (before any reductions)</b>	<b>44.9</b>	<b>39.7</b>	<b>37.3</b>	<b>31.9</b>	<b>36.2</b>
New reductions proposed	(11.8)	(4.5)	-	-	-
<b>Budget Shortfall (after proposed reductions)</b>	<b>33.1</b>	<b>35.2</b>	<b>37.3</b>	<b>31.9</b>	<b>36.2</b>
<b>Cumulative Budget Shortfall (after proposed budget reductions)</b>	<b>33.1</b>	<b>68.3</b>	<b>105.6</b>	<b>137.5</b>	<b>173.7</b>
<b>Estimated income from max Council Tax Increase</b>	<b>(28.7)</b>	<b>(12.5)</b>	<b>(13.0)</b>	<b>(13.6)</b>	<b>(14.1)</b>
<b>Shortfall after Council Tax increase</b>	<b>4.4</b>	<b>22.7</b>	<b>24.3</b>	<b>18.3</b>	<b>22.1</b>
<b>Cumulative Budget shortfall</b>	<b>4.4</b>	<b>27.1</b>	<b>51.4</b>	<b>69.7</b>	<b>91.8</b>

## 8 Capital Programme

- 8.1 An annual review of the capital programme has been underway to ensure that all schemes within the programme are aligned to Council Plan priorities and that the timescales for delivery and the estimated costs are accurately reflected within the five year programme. Consideration has also been given to any new capital investment that will be required. The proposed changes to the programme are detailed in table 6 below and feedback from the Scrutiny Committees in November 2023 will be considered before the final Capital Programme is presented to Cabinet in January 2024 and recommended to full County Council in February 2024.
- 8.2 The changes include new schemes proposed to be added to the programme and additional cost of existing schemes, additional funding required for a further year of the block allocations and schemes proposed to be moved to the pre-pipeline. Schemes in the pre-pipeline will not have committed funding and will not be part of the Capital Programme that will be agreed in February 2024. Further consideration will be given as part of future budget setting processes.

**Table 6: Proposed changes to the Capital Programme 2024/25 to 2028/29**

	<b>£m</b>
<b>Scheme proposed to be moved to pre-pipeline:</b>	
Fire and Rescue Estates Improvement Programme*	-1.9
Faygate - Leachate Treatment*	-0.8
Reduction in Invest to Save budget	-19.9
Reduction in Capital Improvements Programme	-7.8
<b>Total Schemes proposed to be moved to pre-pipeline</b>	<b>-30.4</b>
<b>Future Years to be added (2028/29):</b>	
Fire and Rescue Equipment	0.4
Fleet	3.5
Extensions and adaptations to foster carer properties	0.2
Gypsy and Travellers Improvements Programme	0.3
Staff Capitalisation - Property	1.2
Structural Maintenance	2.3
Staff Capitalisation - Highways	1.9
Investment in Technology	2.3
<b>Total Future Years to be added (2028/29)</b>	<b>12.1</b>
<b>Additions to the five-year Programme:</b>	
Additional funds for protecting the environment	10.0
Additional Highways Maintenance	20.0
Repairs and maintenance of the operational estate	6.8
Inflight project with additional costs to complete (A29 Phase 1)	14.2
<b>Total Additions to the Programme</b>	<b>51.0</b>
<b>Total value of changes / funding shortfall</b>	<b>32.7</b>

\*Pre-pipeline schemes are not part of the approved capital programme and are not funded

## Agenda Item 7

- 8.3 The above proposed changes show an additional £32.7m would be required over the next five years. Options for funding this increase are currently being considered, including sales of surplus assets, new external funding or borrowing. A review of all schemes in the programme is currently underway to ensure that the phasing reflects the current delivery timescales. The full capital programme and funding will be presented to Cabinet in January 2024 following review by Performance and Finance Scrutiny Committee. Additional borrowing would have an impact on the revenue budget and every £10m of borrowing equates to approximately £600,000 in additional borrowing costs. The latest profiling suggests that borrowing would not be required until at least 2025/26.
- 8.4 The full current Capital Programme and Approved pipeline that was agreed by County Council in February 2023 is set out in Appendix C.

## **9 Schools Funding**

- 9.1 The underlying pressure on the General Fund is driven by the increase in number of pupils with an EHCP and the statutory duty to provide transport for pupils who are eligible. Approximately one third of pupils with an EHCP require transport to and from school.
- 9.2 To help meet this increased demand the County Council has expanded the use of its internal fleet, but despite this expansion the average daily cost of providing external taxis and minibuses still increased from £64,000 per school day in April 2022 to an average of £80,000. With further annual growth in SEND passenger numbers expected, the daily cost of providing external taxis and minibuses is expected to increase to over £90,000 per school day by March 2024.

## **10 Reserves Strategy**

- 10.1 Reserves are an important part of the Council's approach to financial planning and a full update was included in the report to Cabinet in July 2023 together with a five year forecast. Reserves and contingency provide a mitigation for the many uncertainties and risks facing the Council and must be maintained at a prudent level and are a key indicator of strong financial standing and resilience.
- 10.2 Reserves can be used in year for one off unforeseen expenditure, for exceptional pressures or for invest to save opportunities but any use will need to be replenished over the medium term to maintain the County Council's financial resilience. With the exception of the £3.1m to fund the one off pressures set out in Table 1 and the £5m additional investment into highways maintenance, there are no plans to use reserves to balance the budget for 2024/25 or over the medium term. The annual review of reserves is underway and an update will be reported to Cabinet in January 2024 when the Section 151 Officer will report on the robustness of the budget and the adequacy of reserves.

## **11. Budget Timetable**

- 11.1 The process for setting the 2024/25 budget has commenced as set out in this report. The key dates between October 2023 and February 2024 when the draft

budget, capital programme, capital strategy and treasury management strategy will be agreed by full Council is set out in Table 7.

**Table 7 – Budget Timetable**

<b>Date</b>	<b>Who</b>	<b>What</b>
17 Oct 23	Public Cabinet	Update on Capital Programme, Budget gap/savings including discussion on priorities and Council Plan
<b>18 Oct 23</b>	<b>Member Day</b>	<b>Council Plan and Budget Proposals (Revenue and Capital)</b>
November 23	Scrutiny Committees	Council Plan and Budget Proposals (Revenue and Capital)
Early December 23	Stakeholder Engagement	Council Plan and Budget (Revenue and Capital) stakeholder consultation
December 23	DHLUC	Provisional Local Government Finance Settlement 2024/25 published
<b>19 Jan 24</b>	<b>Member Day</b>	<b>Council Plan and Budget Proposals (Revenue and Capital)</b>
24 Jan 24	PFSC	Review draft Council Plan and Budget Proposals (Revenue and Capital). Comments to feed into 30 January Cabinet meeting.
30 Jan 24	Public Cabinet	Council Plan and Budget Papers. Verbal feedback from all Scrutiny Committee Chairmen.
<b>16 Feb 24</b>	<b>County Council</b>	<b>To approve Council Plan and Budget 2024/25 and the updated MTFS (2024/25 to 28/29)</b>

## **12 Other options considered (and reasons for not proposing)**

12.1 An options analysis was undertaken as part of the overall financial planning approach and the proposals as set out this report.

## **13 Consultation, engagement and advice**

13.1 The MTFS, annual budget and Capital Programme provide the financial framework for delivering the Council Plan and provides assurance that spending plans are aligned to the Council's priorities which are underpinned by a cross cutting theme of tackling climate change:

- Keeping People Safe in Vulnerable Situations
- A Sustainable and Prosperous Economy
- Helping People and Communities Fulfil their Potential
- Making Best Use of Resources

13.2 Best Value is a statutory duty placed on all local authorities to demonstrate how resources are used to greatest effect and efficiency and how the authority ensures it achieves continuous improvement in service delivery and its systems of control accountability and corporate governance.

## Agenda Item 7

- 13.3 The Government plans new statutory guidance on Best Value Standards and Intervention. The Council has taken the opportunity to review its approach to engagement and consultation to ensure it meets the proposed guidance.
- 13.4 The draft guidance says: *"Best value authorities ... are also required to consult on the purpose of deciding how to fulfil the Best Value Duty. The annual process of setting the authority's budget, the corporate plan and the medium-term financial plan provides a key opportunity to conduct such consultation. This is the stage at which consultation will best assist the authority in deciding how to make arrangements to secure continuous improvement."*
- 13.5 The draft guidance is not prescriptive on how consultation and engagement should be undertaken, other than to suggest it should be inclusive, open and fair – and so there is significant discretion to tailor the approach to meet local circumstances. The proposal for West Sussex is:
- To provide information for the context of budget planning including demand pressures; inflationary pressures; population growth and aging; what money is currently spent on and where it is raised from.
  - A high-level summary of the financial position and planned approach for balancing the budget.
  - A set of high level questions about the relevant priority respondents place on council services and approach to balancing the budget.
  - Invite basic information about the respondent to help analyse the responses across the community.
- 13.6 In order to be able to discharge its continuing commitment to best value and its commitment to transparency in its work for the community of West Sussex it is proposed that the Council designs and runs this public consultation online during October/November 2023. The responses will feed into Cabinet and County Council decisions on the refreshed Council Plan and budget in early 2024.
- 13.7 All Scrutiny Committees during November will have the opportunity to review their relevant budget pressures and proposed budget reductions as set out in the appendices of this report. There will also be an opportunity to review any changes in the Capital Programme. The feedback will be considered by Cabinet in preparing the final draft budget and capital programme for 2024/25 that will be presented to County Council for approval in February 2024. Feedback from the public consultation exercise will also be available for the January meeting of Performance and Finance Scrutiny Committee.
- 13.8 In January 2023 the Council ran a stakeholder session on the refresh of the Council Plan and the budget. Feedback from partners was that the session was welcomed because it helped them understand the context in which the County Council was operating, and the rationale for spending choices. Given this positive feedback, the Council will also propose to run a similar stakeholder engagement session early in December.
- 13.9 Should there be any proposals which, if they are to proceed, will require additional consultation, further consideration and specific consultation plans will



be devised to enable proper consideration of feedback before proposals are to be determined or implemented.

- 13.10 Should there be any proposals which will have an impact on particular staff groups, further consideration to staff engagement and consultation will be undertaken before proposals can finally be determined or moved into operational delivery. Engagement with relevant trade unions will also be needed in these cases.
- 13.11 All proposals will need to be considered in the broader context of the Council's statutory obligations, notably ensuring that decision-makers are able to consider equality impact assessments to ensure the public sector equality duty is discharged. All proposals will be tested against the Council's policy and procedures for equality impact and this will identify proposals requiring more focused equality impact assessments to inform final decisions.

## **14 Financial Implications**

- 14.1 The financial implications are as set out throughout the report.

## **15 Risk implications and mitigations**

- 15.1 Full details of the County Council's financial risks were reported in the Council Plan and Medium Term Financial Strategy report in July 2023 and remain largely unchanged. [Risks and Uncertainties](#)

## **16 Policy alignment and compliance**

- 16.1 The report sets out the approach for updating the Council Plan and for setting a balanced budget for 2024/25 in accordance with the County Council's statutory duty.

**Taryn Eves**  
**Director of Finance & Support Services**

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## **Appendices**

Appendix A 2024-25 Forecast Budget Pressures

Appendix B Proposals for budget reductions in 2024-25 and 2025-26

Appendix C Current Approved Capital Programme

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This appendix sets out details of the known service spending pressures that can be quantified.

<b>Cabinet Portfolio</b>	<b>Ongoing</b>	<b>One off</b>	<b>Description</b>
	<b>£'000s</b>	<b>£'000s</b>	
<b>Adults Services:</b>			
Increase in National living wage	4,200		The National Living Wage is expected to increase from April 2024. This increase will impact on staff within the social care sector and the increase in costs will be reflected through an increase in contract costs.
Adult Social Care demand pressures - numbers and complexity of need	8,100		There is expected future demand from increasing numbers for those needing social care support, those with greater complexity of need and for a longer period of time as people are living longer.
<b>Total</b>	<b>12,300</b>	<b>0</b>	

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This appendix sets out details of the budgets which will be reduced to realign funding to council priorities and known pressures. Shows the proposals relating to the scrutiny committee, the full list of budget proposals are included within the 17th October Public Cabinet report.

Cabinet Portfolio	Current Budget £'000	2024/25 £'000	2025/26 £'000	Total £'000	Type of saving	Description	Director and Service Area	Consultation/EQIA required?	Reason and proposed approach
<b>Adults Services</b>									
Review of funding to promote care as a career	170	170		170	Efficiency	Since 2018/19 the County Council has funded a small team to promote care as a career and to support the recruitment and retention of staff within the sector. The need to retain that capacity no longer exists because this work has been covered by other posts in the restructure of the adults commissioning functions. These include the impact of the National Living Wage and the fee uplifts paid by the County Council in recent years as well as promotional campaigns organised by others and the new Great Care Employer Scheme.	Director of Adults and Health Service area: Adults	TBA	Not clear what impact the proposal is to have on individuals or groups currently benefitting. If this is expected then likely to require limited consultation and focused EQIA.
Review of carer information, advice, assessment and support contract	3,220	322		322	Efficiency	The County Council has a contract with Carers Support West Sussex for carer support. A wide range of services are provided, including carer assessments, welfare/benefit services, a response line, counselling, health and wellbeing payments and equipment for independence. Some of these fulfil statutory responsibilities, others are discretionary. The contract ends on 31st March 2024 and is in the process of being reproced. The specification for the new service has changed to being outcome focussed and as a result an expectation that efficiency savings equivalent to 10% of its current value will be achieved. Although there will be a reduction in the cost of the contract, the flexibility allowed in the new contract will mean that West Sussex carers will remain supported.	Director of Adults and Health Service area: Adults	TBA	Not clear what impact the proposal is to have on individuals or groups currently benefitting. If this is expected then likely to require limited consultation and focused EQIA. May also have supplier impact requiring focused engagement before implementation.
Review of the Quality, Practice and Development team	1,100	100		100	Efficiency	The Quality, Practice and Development Team functions are being reviewed. It is expected that this will identify some efficiency options that will enable a small reduction in posts to be made and allow the team to continue to deliver priority work areas.	Director of Adults and Health Service area: Adults	Staff consultation may be required.	Staff consultation may be needed, as identified.
Review of commissioning contracts	<i>subject to specific contracts</i>	3,288		3,288	Efficiency and Service reduction	Work has been undertaken over the past few months that has identified efficiency savings in a range of contracts that are managed by adults social care. This is expected to deliver just over £3.2m in efficiencies to the council.	Director of Adults and Health Service area: Adults	Consultation and EQIA required.	If proposal leads to reduction or loss of service currently received or that which definable groups could reasonably expect to continue to be available there should be focused customer group and stakeholder consultation supported by EQIA.
Commissioning	3,800		520	520	Efficiency	The new commissioning staffing structure that commenced earlier this year had an additional budget allocation to recognise the additional work that needs to be undertaken as part of the delivery of the adult social care improvement programme. As the programme delivers the agreed improvements and efficiencies the work of the team can be reduced and the additional budget allocation reduced. A re-alignment of the work and the functions of the team will be undertaken during the next year.	Director of Adults and Health Service area: Adults	Consultation and EQIA not required.	Internal arrangements only.
<b>Total</b>		<b>3,880</b>	<b>520</b>	<b>4,400</b>					

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**CAPITAL PROGRAMME 2023/24 - 2027/28**

2022/23 £000	CAPITAL PROGRAMME (Expenditure)	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	2027/28 £000	Subsequent £000	Total £000
127	Adults Services	0	945	955	300	0	0	2,200
1,268	Children and Young People	5,401	3,784	1,160	1,660	160	0	12,165
10,266	Community Support Fire and Rescue	9,089	7,276	10,194	5,612	3,950	0	36,121
5,565	Environment and Climate Change	12,182	23,859	27,490	25,445	7,602	0	96,578
8,579	Finance and Property	7,427	27,562	29,057	19,727	30,093	0	113,866
48,507	Highways and Transport	48,202	54,313	49,754	33,748	26,307	33,215	245,539
7,093	Leader	2,683	1,989	2,937	4,687	5,000	0	17,296
36,960	Learning and Skills	34,051	41,941	58,328	29,529	29,361	0	193,210
12,155	Support Services and Economic Development	5,848	12,786	8,050	2,238	1,350	0	30,272
<b>130,520</b>	<b>TOTAL CAPITAL PROGRAMME</b>	<b>124,883</b>	<b>174,455</b>	<b>187,925</b>	<b>122,946</b>	<b>103,823</b>	<b>33,215</b>	<b>747,247</b>

2022/23 £000	FINANCING	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	2027/28 £000	Subsequent £000	Total £000
9,000	Capital Receipts	8,000	5,000	1,000	6,500	1,000	0	21,500
8,951	External Contributions including S106	6,461	8,849	23,680	19,170	4,050	33,215	95,425
9,520	Ringfenced Government Grant	23,632	7,136	10,500	10,180	6,964	0	58,412
57,019	Non-Ringfenced Government Grant	45,089	22,709	22,312	21,936	21,577	0	133,623
2,297	Revenue Contributions to Capital Outlay	532	1,532	1,532	3,032	532	0	7,160
733	Revenue Contribution to Capital Outlay – Business Rates Pilot	590	5,344	5,550	970	350	0	12,804
34,481	Core Borrowing	28,056	101,224	101,788	50,405	56,148	0	337,621
8,519	Economic Development Borrowing	12,523	22,661	21,563	10,753	13,202	0	80,702
<b>130,520</b>	<b>TOTAL PROGRAMME</b>	<b>124,883</b>	<b>174,455</b>	<b>187,925</b>	<b>122,946</b>	<b>103,823</b>	<b>33,215</b>	<b>747,247</b>

**CAPITAL PROGRAMME 2023/24**

FINANCED FROM	£000	£000	%
<b>External Sources</b>			
<b>Ringfenced Government Grant</b>			
Environment and Climate Change	159		
Finance and Property	300		
Highways and Transport	13,442		
Learning and Skills	9,431		
Support Services and Economic Development	300		
		23,632	18.92%
<b>Non-Ringfenced Government Grant</b>	45,089		
		45,089	36.10%
<b>External Contributions</b>			
Highways and Transport	519		
Learning and Skills	5,942		
		6,461	5.17%
<b>Total External Sources</b>		75,182	60.20%
<b>Corporate Funding</b>			
- Capital Receipts	8,000		
- Revenue Contributions to Capital Outlay	532		
- Revenue Contribution to Capital Outlay – Business Rates Pilot	590		
- Borrowing	40,579		
<b>Total Corporate Funding</b>		49,701	39.80%
<b>TOTAL CAPITAL PAYMENTS</b>		<b>124,883</b>	<b>100%</b>

## Adults Services

### CAPITAL PROGRAMME 2023/24 to 2027/28

Project	Approved Budget Profiled							
	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	2027/28 £000	Subsequent £000	Total £000
<b>In-Flight Projects</b>								
Choices For The Future Part B	127	0	0	0	0	0	0	0
<b>Total In-Flight Approved Projects</b>	<b>127</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Proposed Projects*</b>								
Supporting People With a Disability To Live Independently	0	0	945	955	300	0	0	2,200
<b>Total Proposed Starts List</b>	<b>0</b>	<b>0</b>	<b>945</b>	<b>955</b>	<b>300</b>	<b>0</b>	<b>0</b>	<b>2,200</b>
<b>TOTAL PROGRAMME</b>	<b>127</b>	<b>0</b>	<b>945</b>	<b>955</b>	<b>300</b>	<b>0</b>	<b>0</b>	<b>2,200</b>
<b>Financing</b>	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	2027/28 £000	Subsequent £000	Total £000
<b>Sources of Funding</b>								
NHS Capital Grant	0	0	445	300	0	0	0	745
Corporate Resources	127	0	500	655	300	0	0	1,455
<b>Total Funding</b>	<b>127</b>	<b>0</b>	<b>945</b>	<b>955</b>	<b>300</b>	<b>0</b>	<b>0</b>	<b>2,200</b>

\* All projects approved subject to business case



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

**22 November 2023**

**Sussex System Winter Plan 2023-24 - November 2023**

**Report by Director of Law and Assurance**

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### **Summary**

The Health and Adult Social Care Scrutiny Committee (HASC) identified scrutiny of NHS preparedness for seasonal pressures this winter as a priority. NHS Sussex has provided a report (at Appendix A) setting out its plans relating to West Sussex residents, highlighting any specific challenges and risks and how these are being addressed. This topic was last considered by HASC on 23 November 2022.

### **Focus for scrutiny**

The focus for scrutiny is to seek assurance that the approach taken by NHS Sussex responds adequately to expected pressures this winter.

Key lines of enquiry include:

- 1) NHS capability and capacity to deliver the plans as set out in the Appendix, including consideration of workforce challenges.
- 2) Whether the plan focuses on the right, evidence-based priorities.
- 3) How the NHS is working with Adult Social Care to manage seasonal pressures.
- 4) How the impact on patient outcomes will be monitored and assessed
- 5) To identify any related issues where scrutiny could add value in future

The Chairman will summarise the debate, with any conclusions to be shared with NHS Sussex.

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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:** Sussex System Winter Plan 2023-24 - November 2023

**Background Papers:** None

# West Sussex Health and Adult Social Care Scrutiny Committee (HASC)

## Sussex System Winter Plan 2023-24 - November 2023

### 1. Introduction – Winter 2023/24

This report provides a summary of the overall Sussex System Winter Plan. The plan spans the period from November 2023 to April 2024. The report highlights the Sussex wide and West Sussex specific elements of the Plan and aims to provide assurance to the HASC that the health and social care needs of the local population will be met over the winter period.

The Sussex Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population. It is an annual national planning requirement and provides assurance that the system and partners have the necessary measures in place to deliver health and care for the local population.

Over the past year, the Sussex system, similar to other systems across the country, has continued to see sustained high demand on urgent and emergency care services. While performance over the summer months has demonstrated an improvement relative to 12 months ago, the system is not yet achieving consistent delivery of the A&E 4-hour standard in emergency departments at the target level set by NHS England (NHSE) for this year (76%).

The causes include increased demand across primary, secondary, community and mental health services, challenges in recovery of productivity post pandemic, staff vacancies and issues impacting on staff morale (including the industrial action).

These challenges will continue over the winter months and will be compounded by additional factors such as seasonally driven increases in illness (respiratory, norovirus etc), cold weather and the ongoing impact from the cost-of-living crisis which constrains the ability of the most vulnerable in our population to keep themselves well.

Consequently, as in previous years, the purpose of the Winter Plan is to develop a comprehensive and aligned system approach to ensure that the Sussex system:

- Continues to maintain and improve the quality and safety of services.
- Ensures timely access to services for the entire population, supported by a clinical risk-based focus at times of surge in demand.
- Focuses on the most vulnerable and at risk; and
- Takes forward learning from previous winter planning 22/23.

The Sussex System Winter Plan has been finally approved by the Integrated Care Board's Executive Committee on 6<sup>th</sup> November 2023.

## 2. Sussex approach to developing the Winter Plan

The Sussex system approach to developing the winter plan was driven by two key influences:

### 2.1 National requirements

This year a guidance letter from NHSE '[PRN00645 Delivering operational resilience across the NHS this winter](#)' was issued on 27 July 2023 with a number of key requirements and expectations:

- To conduct a demand and capacity analysis, as the basis for the Winter Plan, underpinned by robust planning assumptions.
- To clarify and agree within the system the key roles and responsibilities for managing the winter effort.
- Implementation of a System Co-ordination Centre (SCC); and
- To adopt the revised Operational Pressures Escalation (OPEL) Framework

Further details of the Sussex approach to these four requirements are set out in Section 9 – Plan Delivery of this report.

In addition to the NHSE's guidance, a number of specific requirements have been issued for all trusts and provider organisations relating to:

- Improving and protecting the wellbeing of the workforce.
- Protecting the public and healthcare workforce from flu and other infectious diseases; and
- Ensuring there is an established pathway for identifying patients at risk of Covid and flu in those that are immunosuppressed.

To provide assurance over delivery of the national requirements and expectations, the system was required to complete a narrative and numerical return which was submitted in September 2023. While there will be some degree of overlap with the content of the NHSE return, this does not negate the need for a system plan which articulates the specific areas of focus in Sussex and how partners will work together to deliver it.

### 2.2 Sussex requirements:

In addition to the national requirements, the Sussex system considers what specific priorities or areas of focus are required to best meet the needs of the local population (based on locally observed demand and capacity) and the governance arrangements required to ensure all parts of the system work together to best mitigate the risks for the entire population. This requires bringing together actions and intelligence at provider, place and system level, prioritising the areas of focus and ensuring response and delivery mechanisms are in place that reduce duplication and maximise impact without adding unnecessary burden on operational and clinical teams.

Each year, the Sussex system undertakes a learning exercise post winter to ensure that the system follows a cycle of continuous improvement. Key areas of focus for improvement this year include:

- looking at how to reduce duplication of asks, particularly those that fall to clinical or operational teams for delivery.
- ensuring a small number of data driven areas of focus for consistency of approach; and
- building on the clinical risk-based approach initiated last year.

### **3. Developing the Sussex Winter Plan**

The plan incorporates the requirements set out within the NHSE guidance letter and describes the focus on three key priority workstreams:

- Demand management
- Admissions avoidance; and
- Hospital Flow

These workstreams are underpinned by a series of cross cutting workstreams relating to:

- critical clinical pathways (frailty and respiratory)
- Workforce
- Infection Prevention and Control (IPC)
- Clinical Leadership
- Voluntary, Community and Social Enterprise sector (VCSE)
- Partnership working with local authorities; and
- Communications.

Contributors to the Plan include:

- East Sussex Healthcare NHS Trust (ESHT)
- Queen Victoria Hospital (QVH)
- Sussex and Surrey and Sussex Healthcare Trust (SASH)
- Sussex Community NHS Foundation Trust (SCFT)
- Sussex Partnership NHS Foundation Trust (SPFT)
- University Hospitals Sussex NHS Foundation Trust (UHSx)
- South East Coast Ambulance Service NHS Foundation Trust (SECAmb)
- Local Authorities
- Primary care; and
- The VCSE Sector.

### **4. Data and information focus**

The Sussex system has taken a data driven approach to developing the Winter Plan to ensure that system resource is targeted to the areas of greatest need or where the greatest impact will be achieved. As part of the work undertaken by the NHS Sussex Urgent and Emergency Care (UEC) Programme Board, a comprehensive review of urgent

care data has been undertaken.

Key headlines from the analysis include:

- The over 65's account for a proportionally higher number of Emergency Department (ED) attendances and non-elective admissions.
- Deprivation has a significant influence on ED attendances and non-elective admissions and to bring rates of attendance and admission in line with those of the least deprived quintile would result in c.22k fewer ED attendances in Sussex, and c.10,000 fewer admissions per year.
- The rate of ED attendances for Mental Health Disorders, Psychosocial issues and behaviour change is significantly higher in Sussex than for peers. NHS Sussex is 39th out of the 42 Integrated Care Boards (ICB) in England on this measure.
- In Sussex there are fewer staff working in emergency care settings (Urgent Treatment Centres, Minor Injury Units, Walk in Centres and EDs) than peer ICBs and the England average, however, Sussex has a higher number of staff than the peer average in NHS organisations overall.
- In Sussex, a higher number of primary care appointments are undertaken than in peer ICBs (when adjusted for population size), but fewer face to face and same day appointments than the national average.
- Sussex has lower activity for 111 calls and online compared to the equivalent national rates, however, 999 call volumes are higher.
- Sussex has higher levels of ambulance conveyances to ED and lower levels of Hear and Treat (treatment of conditions by 999 and 111 staff over the phone) than the England average.
- Sussex has fewer available overnight beds than both ICB peers and the England average but has seen a significant increase in long length of stay and has one of the highest number of patients who no longer meet the criteria to reside (NCTR) (in both acute and community settings).
- The percentage of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services is 14.2% below the national average and the ICB ranks 39/42.

Further work is being undertaken to triangulate this information with outcomes data, but this analysis provides some clear areas to focus on in the Winter Plan including: the older population, population in areas of deprivation, individuals requiring Mental Health support, the need to right-size emergency care, workforce, optimising use of primary care capacity, optimising use of 111 and 999 services, reducing rates of conveyance, and addressing challenges relating to discharge and length of stay.

#### **4.1 Demand and Capacity Modelling**

Development of the Winter Plan is underpinned by demand and capacity modelling. The demand and capacity model has been produced for this winter and includes assumptions in relation to Covid, Flu and Respiratory Syncytial Virus (RSV). Industrial action introduces an added level of complexity in modelling capacity, but the primary impact observed to

date has been on the system's ability to maintain its planned care capacity, rather than on bed capacity.

The model sets out baseline bed capacity, surge capacity and super surge capacity (only opened in extremis). This has been offset by expected demand which typically results in a bed deficit at the start of each winter planning round. The impact of the planned areas of focus within the winter plan have been quantified and this has been overlaid in order to mitigate the remaining bed deficit.

Work has been undertaken to quantify the impact of schemes in the priority areas of focus including the benefit of any investment through the Better Care Fund (BCF) or application of national funds and this has been reflected in the demand and capacity model in order to ensure that the forecast position is understood and agreed by all system partners, with any further mitigations necessary identified prior to final sign off of the Winter Plan.

The demand and capacity model is used to ensure that all system partners are clear on the levels of performance across a key range of metrics such as length of stay, bed occupancy, NCTR, admissions and daily discharges by pathway. This in turn will ensure the system is managed in a proactive way, with early intervention when these metrics deviate from plan.

## **5. Priority Areas of Focus**

As set out in the previous section, analysis of key data sets has provided a good indication of where the Sussex system needs to focus efforts this winter:

### **5.1 Demand Management**

Effective demand management will ensure that patients are directed first time to the service most appropriate for their needs and helps ensure that capacity for direct patient/clinician interactions is protected for those most at risk.

#### **5.1.1 Optimising use of 111 (phone and online)**

The Sussex System Winter Plan includes communications around encouraging the use of 111 to ensure patients are directed first time to the service which best meets their needs. In parallel, work is being undertaken with SECAMB to ensure that call response times and call backs are being sufficiently timely to build public confidence in the service.

A revised operating model has been proposed by SECAMB that sets out the impact of the removal of non-recurrent funding received in 2022/23 and 2023/24. Call handling capacity has further been challenged following the move to Medway with current establishment at 80% of funded level. However, recruitment plans are in place to recover this position by January 2024, with the shortfall partially being filled by overtime in the interim.

Commissioners continue to work with SECAMB and finance leads across Kent Medway & Sussex to fully articulate the cost pressure, potential system impact and make recommendations to allow NHS 111 to continue to protect wider systems and minimize clinical risk.

### **5.1.2 Optimising use of primary care resource (including community pharmacy)**

Primary care, in line with all other health services, is under significant operational pressure. Close working will be required with system partners to ensure limited capacity is optimised to best support the population over winter.

Primary Care Networks (PCNs) already provide support to care home patients through the Enhanced Health in Care Homes Directed Enhanced Service (DES). All practices in the ICB are also signed up to the Frailty and End of Life Care Locally Commissioned Services (LCS) ensuring they can identify and optimise the care of people with complex needs and long-term conditions outside residential care settings.

In addition, workstreams have been developed and task and finish groups started to support the delivery of key actions from the primary care recovery plan including:

- Use of the Apex Demand and Capacity Platform mobilised in all practices by October 2023, which will enable practices and NHS Sussex to monitor any changes in demand and provide suggestions of possible activity to enable change via the SHREWD platform.
- Maximising use of underutilised Primary Care Enhanced Access (EA) Capacity (additional evening and weekend GP access arranged by PCNs), particularly to ensure coverage over the Christmas and New Year period.
- Advance Primary Care (APC) Roles to enable practices to focus on quality.
- Agree model with PCNs and GP Federations for Local Hubs that will be stood up as surge capacity (subject to funding). The model will include sites, patient communications, and referral pathways into and support from secondary care.
- Preparation of fast-track approval process for additional primary care capacity, should funds become available. This will enable rapid mobilisation based upon last year's successful model.
- The common conditions/pharmacy first scheme that will enable pharmacists to supply prescription-only medicines, including antibiotics and antivirals, where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP. This scheme is permitted under the national Patient Group Directions (PGDs) legal framework.
- Further support in the expansion of the contraceptive service and the hypertension case-finding service. Negotiations are still under way nationally with input from Community Pharmacy England.
- Vaccination of those over the age of 65 and in areas of deprivation. In response to a new Covid-19 variant, flu and Covid, vaccination started in September. This will ensure adequate protection over the winter months for vulnerable patients in Sussex. Frontline health and social care workers are also included in the eligible cohorts for both vaccinations.

Current vaccine uptake in West Sussex is 51.8% with Sussex at 47.7% and National at 43.7%. We continue to have a number of sites operating in West Sussex until the end of



the covid vaccination period of the 15 December as well as community pharmacies, 16 local PNC/Practices sites, will be continuing to offer vaccinations to their eligible populations.

### **5.1.3 High Intensity Users**

It is well known that a small number of individuals make particularly frequent use of health care resources. This can be for a number of reasons including complex health needs and/or psychosocial needs. A High Intensity Users programme is a priority area of focus for this winter. This involves targeted patient level work with individuals to better understand their support needs, linking where appropriate to personalised health budgets, social prescribing, VCSE support and linking with wider local authority services.

This builds on the very successful impact VCSE high intensity user service that uses a psychosocial and longer-term approach to target Brighton and Hove frequent users of emergency services at University Hospitals Sussex (RSCH and PRH). In the year 2022/3 the service supported the patients it worked with to a 68% reduction in ambulance conveyances, 61% in ED attendances and 74% reduction in non-elective admissions (NELs). Additionally, the individual impact on service users, family and friends is significant. The service has been expanded to include East Sussex and a pilot is being established in West Sussex.

## **5.2 Admission Avoidance**

A focus on admissions avoidance will ensure patients are treated in the most suitable environment for their needs. In many cases this will be in their normal place of residence, supported by carers, family, and friends. Minimising the number of admissions to those patients who can only be treated in an inpatient setting reduces bed occupancy and the risk of delayed discharge and better supports the individuals.

### **5.2.2 Single Point of Access (AASPA)**

The Sussex system mobilised an admissions avoidance single point of access (AASPA) as part of the 22/23 Winter Plan. This was considered best practice by NHSE and was subsequently included as a requirement for all ICBs in the 23/24 National Winter planning requirements. This continues to be a priority for the system with the strategic ambition to expand the function to become the single point of access for all healthcare professionals, and to develop the service as a strategic component of the NHS Sussex integrated community model.

To support winter 2023/24, priority focus is being applied to:

- Increasing access to senior clinical decision makers to ensure those contacting the AASPA (paramedics etc) are supported to make decisions which support patients to receive the right care in the place most appropriate for their needs.
- Development of technical enablers to increase capacity and resilience of the function and improving access to patient records to support clinical decision-making; and
- Building capacity and clinical pathways which link with same day emergency care (SDEC), Urgent community response (UCR), Enhanced Care for Care Homes and virtual wards (VW).

### **5.2.2 Virtual Wards**

The virtual ward programme has transitioned from being an ICB led programme into a provider led programme, led by SCFT. This ensures that those closest to delivery of the service are supported to take ownership of service design, and use direct knowledge of resource requirements, service transformation opportunities, and provider to provider relationships to optimise the opportunities for service improvement.

A stocktake of current services in Sussex has been undertaken, recognising that Sussex benchmarks low nationally on the overall number of virtual ward beds, to support the system to expand capacity in an optimal way, utilising resources, and meeting population needs. It is the focus will include maximising opportunities in Admissions Avoidance and link to cross-cutting areas of clinical focus including Frailty and Respiratory.

### **5.2.3 Urgent Community Response (UCR)**

Urgent Community Response (UCR) services across Sussex are a core part of admissions avoidance, operating to support both the AASPA and virtual wards. In addition, daily touchpoint calls are in place with SECamb to identify category 3 and 4 patients from SECamb's ambulance dispatch queue, and where clinically appropriate, referring direct to UCR to reduce demand on the ambulance service and improve the speed of response. The ICB has funded SECamb pathway champions to embed and promote this service within the ambulance provider.

### **5.2.4 Palliative End of life Care (PEoLC)**

Work done in relation to the "ECHO" PEoLC co-ordination service in the southern area of West Sussex has highlighted the significant impact that effective management of end-of-life care for patients can have both on the patients themselves and inpatient capacity. As a consequence of this work, case for change principles have been agreed for a potential future development of a centralised PEoLC coordination function across Sussex.

In the meantime, quick wins are being considered in advance of winter 23/24 to support patients in the community including:

- The potential in Brighton & Hove and East Sussex to replicate the Hospice led admission avoidance scheme that has been in place in West Sussex since 2020, is being explored; and
- Improving interface between hospices and care homes to establish clear descriptors of the support they offer to care homes to support admissions avoidance pathways.

## **5.3 Hospital Flow**

Improvements in hospital flow (acute, community and mental health) will have a number of benefits, including freeing up capacity to meet demand, supporting patients to receive timely access to care (admitted or non-admitted), and reducing the likelihood of cancelling elective activity. Improvements in flow will be delivered through the following:

### **5.3.1 Emergency Department (ED) Improvement Plans**

Site-based flow improvement plans are in place for both acute Trusts (UHSx and ESHT) to support consistent delivery improved performance against the 4-hour standard. The plans

if delivered will see the trusts deliver 4 hr performance of 69% and 71% respectively over the winter period. This is a significant improvement on the previous year, where performance of 66% and 61% was seen in Q3 and Q4 respectively. The impact of this would be more timely care for those patients who present at EDs across Sussex.

### **5.3.2 Mental Health Crisis Improvement plan**

The Mental Health Crisis Improvement Plan, agreed by the system in early July, aims to:

- reduce mental health ED attendances by 20% by March 2025 (equivalent to 327 attendances being diverted away from ED each month)
- eliminate over 72 hour waits in ED for a **mental health** concern by October 2023, and eliminate over 24 hour waits by July 2024
- Reduce the average time waiting for a **mental health** bed by 20% by March 2024
- reduce the average length of stay in a mental health by 21.5% by September 2024 and;
- reduce the number of patients detained under section.136 who are conveyed to ED by 20% by September 2024 (49 fewer each month).

### **5.3.3 Community Flow Improvement Plan**

Both SCFT and ESHT have bed optimisation plans in place that are designed to reduce length of stay in community beds through a combination of focussed efforts around patients experiencing long length of stay; strengthened clinical leadership to support timely decision making; use of bed managers and discharge support assistants; and improved Multidisciplinary Team (MDT) working. Work is also underway to review intermediate care capacity and support is being aligned from the national BCF team to enable optimisation within the system.

### **5.3.4 Discharge Improvement Plans (acute, community and mental health)**

Delivering the comprehensive discharge improvement plans which have been agreed between system partners will reduce the number of people in hospital who “do not meet the criteria to reside” (NCTR patients) from 477 to 320 (a reduction of 157) and will release the equivalent number of beds. These are people who no longer medically need to be in an acute hospital bed. This will improve capacity and reduce the risk to patients of de-conditioning. This will enable patients to move to the most appropriate place of residence for their needs at the earliest opportunity. The roll out of transfer of care hubs is a core part of the Sussex plan and has been in development since quarter 1, with the Sussex system ahead of the national requirement for Care Transfer Hubs set out in the 23/24 National Winter planning requirements.

## **6. Cross cutting clinical pathways**

In addition, there are a number of cross cutting clinical workstreams which form a core part of the System Winter Plan. Data has shown that over 65's and individuals who suffer deprivation are disproportionately driving urgent care demand in the Sussex system. Two specialties which feature high numbers of patients from these groups are Frailty and Respiratory illness.

## **6.1 Frailty**

Two tests of change are planned for winter 23/24 to develop more proactive and effective management of patients with frailty both in and out of hospital settings:

(1) Across Brighton & Hove and West Sussex geographies, UHSx & SCFT are working collaboratively to develop out of hospital urgent frailty response pathways supporting admissions avoidance and early supported discharge, with access to senior clinical (medical) decision makers to refer patients to the most appropriate pathways including frailty SDEC and virtual wards. The focus is on immediate interventions that will have an impact this winter and identify opportunities for rapid pan-Sussex expansion of clinical best practice models to support frail patients. The Brighton & Hove model will go live from November. The West Sussex model has been approved to proceed and recruitment is underway to appoint Consultant Geriatricians to support senior clinical decision making.

(2) In East Sussex, focus is on in-hospital frailty pathways, building on the ESHT established frailty programme and taking learning to identify opportunities for rapid pan-Sussex expansion of clinical best practice models to support frail patients.

Collectively, these test areas will provide the system with evidence to support targeted early rollout of positive in and out of hospital intervention across Sussex and inform the longer-term Frailty Strategy. Additionally, work is underway to understand the population health indicators that will allow identification of frailty cohorts, including consideration for falls prediction datasets to provide opportunities for further targeting of at-risk patients.

## **6.2 Respiratory**

The UEC Clinical Reference Group has been tasked with bringing together groups of clinicians around acute hospital sites who will work together over the winter months to share information about service demand and consider how service delivery across primary, secondary and community services can be optimised to best meet demand and manage clinical risk locally. This will start with consideration of how the Sussex system will optimise delivery of respiratory services over Winter 23/24 by re-framing current services and capacity, to both proactively manage respiratory patients at risk of deterioration and admission, and to respond to any respiratory surge.

## **6.3 Clinical Leadership**

Effective clinical leadership is key to Sussex designing and delivering a winter plan which improves the quality and safety of services and focuses on patient needs. The majority of priority areas and cross cutting workstreams are designed and delivered through relevant Shared Delivery Plan (SDP) workstreams, all of which are supported by clinical reference groups. This has ensured there is clinical engagement and leadership included in the design and delivery of the Winter plan.

Senior clinical roles are being established to provide robust clinical leadership in response to “real time” operational issues which if not effectively addressed could increase risk of clinical harm.

In addition, three clinically led “POD” teams are being established, one of which will serve Worthing and St Richards Hospitals. They will consist of a small group of named senior

clinical and care professionals from across all partners who will provide strategic leadership. By having a consistent team in place across winter, will enable the POD team to oversee improve patient outcomes and experience.

#### **6.4 Paediatric RSV**

RSV is the major cause of lung infections in children, commonly causing bronchiolitis and cases with complications can develop into pneumonia. Infants in the first year of life are more likely to experience severe infections requiring hospitalisation because their airways are smaller. In the UK RSV epidemics generally start in October and last for four to five months, peaking in December. Actions being undertaken to manage the increased RSV prevalence during Winter include:

- Revised modelling data for an RSV and childhood illness surge based on trend analysis from the regional team and the ICS BI team
- Overview of Paediatrics capacity across the region and plan in place to manage Paediatric Critical Care capacity in the event of a surge
- Plans developed by acute trusts to proactively mitigate risks ahead of winter
- Paediatric Operational Pressures Escalation Levels (POPEL) and Escalation Status for the Sussex system in place
- Escalation process for mutual aid and key contacts; and
- Key risks and mitigations identified in the Sussex system.

#### **6.5 Critical Care Capacity**

ICBs and Operational Delivery Networks (ODNs) will work in partnership to co-ordinate, implement and oversee robust winter and surge planning, including mitigations to manage the impact of surges in paediatric respiratory infections on Children and Young People (CYP) services. This will include mutual aid arrangements at regional and national level, particularly for Level 3 paediatric intensive care unit (PICU) bed provision and for children on long term ventilation. Critical surge planning is in place for both adults and children across the acute Trust sites should there be a requirement to expand critical care capacity.

### **7. Other cross-cutting pathways**

There are several other cross-cutting pathways which will form a core part of the system winter plan.

#### **7.1 Workforce**

Maintaining workforce capacity and resilience across Sussex will be key to the delivery of safe and high-quality services over the course of winter. Multiple periods of industrial action this year and continued high demand has impacted on staff morale, and it is recognised that many staff are fatigued going into the winter period. This needs to be considered by all partners as part of our winter planning so that staff can be supported to deliver the care that will be required during this period. Key areas of focus within the Winter plan to support the workforce are as follows:

##### **7.1.1 Well-being and cost of Living Support**

A Workforce and Wellbeing task and finish group is reviewing the Sussex system

wellbeing offer aiming to provide consistency within this offer across health and care providers. Presently all NHS providers have in place cost of living provisions, Occupational Health services and Employee Assistance programmes.

It is recognised that proactive and quick access to mental health support is paramount, given 21% of sickness absence during December 2022 was categorised as anxiety, stress, or depression. The ICB is working through the appropriate support to have consistency in place with the funding provided including the continuous roll out of Mental Health First Aid training.

### **7.1.2 Staff Availability**

Additional staffing requirements are being modelled, specifically with acute providers with regards to any planned capacity increases above those within the operating plan for 2023/24. Recruitment of staff within organisations remains a key focus with vacancy rates reducing across the system.

Challenges remain in recruiting to nursing vacancies particularly within mental health services. There is a significant risk with regards to industrial action taking place in the system during the winter period, both during any action and also before and after, in managing patient pathways. There currently is none set but we have seen a series of strikes that have taken place this year. Temporary staffing is a key focus within the system in building supply with staff banks and reducing reliance on agency workers. The system is now part of the South East Temporary Staffing Collaborative, working in partnership and sharing good temporary staffing management practice.

### **7.2 Infection Prevention and Control (IPC)**

Seasonal illnesses play a significant role in driving the surges in demand which health care services experience over winter periods. NHS Sussex has developed a governance and reporting structure. The following areas will be delivered during Winter 2023 and reviewed by NHS Sussex's Antimicrobial Resistance (AMR) / Health-associated infections (HCAI) programme board:

- Development of a Winter Infection Prevention plan to support learning from 2022/23 to include development of respiratory hubs, point of care testing, laboratory capacity, measles prevention
- Development of IPC winter surge plan for winter viral illnesses which includes national guidance implementation, risk assessment and provider actions to support patient flow across providers
- Review of healthcare providers' policies including outbreak as part of Sussex ICB attendance at Provider IPC Committees
- Delivery of training provision across all health and social providers including a Link Practitioner development day and Winter preparedness training which includes UK Health Security Agency (UKHSA) 'Think Flu' campaign
- Sussex ICB Infection Prevention Specialist Team to provide expert advice to health and social care settings
- Attendance at bi-weekly regional NHSE IPC meetings to support with horizon scanning and regional escalation as required

- Daily review of Infection Prevention bed closures and outbreak situation to support patient flow.

### **7.3 Voluntary Community and Social Enterprise (VCSE) providers**

The VCSE sector plays a key role in supporting the delivery of safe, high-quality services over winter. Schemes, typically commissioned at Place, delivered by organisations such as Possibility People, British Red Cross and Age UK, play a key role in supporting areas such as discharge and admissions avoidance, delivering 'take home and settle' type schemes or other initiatives to support vulnerable members of our community to stay well at home over the winter period.

As part of the development of the Sussex System Winter Plan, the system worked together to enhance the service capacity over winter, share intelligence regarding what works well and engaged with the VCSE to understand what more could be done to optimise their support and use their community knowledge to best meet the needs of those most at risk over the winter period.

Helpforce, a charity with a mission to accelerate the growth and impact of volunteering in health and care, are also playing a key role in the workforce workstream of our Discharge Improvement Plan.

In West Sussex, the Age UK Take Home and Settle service supports older people to enable a timely return home from hospital. This service supports vulnerable members of the community to stay well at home over the winter period, preventing early re-admission.

The Age UK Support at Home after Hospital scheme also supports people aged 65+ who live alone to regain independence after a hospital stay, as well as family and friend carers aged 18+ who have been in hospital themselves, by providing practical help and emotional support. This scheme empowers patients to stay well at home after hospital admissions by signposting to targeted community support which is personalised based on patient need.

### **7.4 Local Authorities**

Work with local authorities at place is key to successful development and delivery of the Winter Plan and critical to the focus on the impact of deprivation in managing demand over the winter period.

Consequently, the current cost of living crisis poses a particular risk to those already living in or at risk of deprivation and the system is working closely with local authority partners to understand the risks and mitigations which could be delivered through the winter plan and through the use of the BCF. General information on the Cost-of-Living services and information is included in the place based directory of service which is made available to all NHS providers.

Local authorities also play a role in many of the initiatives which feature in the winter plan priorities of Admissions Avoidance, Hospital flow and Demand management and consequently collaborative development of the winter plan is key. This has been achieved through place-based conversations and governance, and also through local authority membership of the workstreams as reflected in earlier sections.

In West Sussex, additional social work capacity will be in place across Winter to reduce the time to assessment for patients as well as additional care capacity. Technology Enabled Care (TEC) will be enhanced during Winter with the provision of two hospital assessor technicians to cover the four acute hospital sites across West Sussex. This will facilitate remote monitoring for suitable patient cohorts and release time back to clinicians for delivering in-person care.

The West Sussex Partners in Care (WSPiC) Trusted Assessors for Care Homes model will be continued during Winter and recruitment is underway to fill vacant roles. This additional assessment capacity is projected to support 8 assessments per week per hospital (c1500 total) during Winter.

### **7.5 Planned Care, Cancer and Diagnostics**

As a system, the priority is to ensure that the recovery of planned and cancer care services is maintained, by securing capacity across Sussex which will not be impacted by emergency admissions. This will include work to agree standardised clinical pathways across Sussex to enable patients to be treated at any appropriate clinical site across the system, using mutual aid between NHS providers and use of the independent sector where necessary, and development of a single Patient Treatment List (PTL) for Sussex managed proactively, using digital technology (SHREWD) to provide contemporaneous demand and capacity data.

This will help the Sussex system to continue with the elective recovery plan to diagnose and treat both the most clinically urgent and those that have waited the longest. There is a Planned and Cancer Escalation Framework which sets out the underpinning principles, key triggers, and actions at each stage of escalation to protect the continuity of planned care and cancer services.

### **7.6 Communications**

A coordinated system wide communications and engagement plan is being developed with system partners to ensure clear communications are in place to support operational delivery over the winter period. This includes global approaches to key messages for the public, partners, and staff, as well as targeted and focused approaches based on data and insight. The plan will bring together activity over the Winter period, covering Flu and Covid-19 vaccinations, preventative advice and support to key audience groups such as respiratory advice for children and young people, urgent and emergency care pathway, and reputation management and stakeholder management during the key months of winter.

Planning will focus on addressing health inequalities, and the known challenges and barriers present within our population. Insight will shape communications activity and ensure that work considers the whole population.

## **8. Plan delivery**

### **8.1 Roles and responsibilities**

NHSE's Winter Planning letter sets out clear roles and responsibilities for all system



partners. In signing off the final Sussex System Winter plan in November, all system partners will be asked to agree to undertake the roles and responsibilities as articulated in the letter. All delivery boards with programmes of work related to the Winter Plan will be asked to reflect on these roles and responsibilities ensuring alignment with the national guidance is maintained.

## **8.2 Management of day-to-day operational pressures**

NHS Sussex established a Systems Operation Centre in October 2022 in order to coordinate and lead the management of operational pressures across the system. The system was considered ahead of the curve in its early adoption of this approach, and this led to a national requirement for all systems to adopt a similar approach and set up System Coordination Centres (SCCs).

In Sussex a Task and Finish Group was set up with system partners to consider how best to achieve the requirements articulated by NHSE. The Group considered how the required functionality could be delivered by working smarter together to review real time data and respond to early warning triggers by taking appropriate actions in a coordinated way, draw on Business Informatics, SHREWD and provider organisation sitrep data and undertake effective application of the OPEL framework. The ICB received additional funding from NHSE to support the developments in SHREWD which will lead to improved access to real time information which will allow decisions to be made to support appropriate and timely actions to relieve system pressures.

In addition to the management of the day-to-day pressures, the group considered periods where extraordinary action may be required (industrial action, bad weather, respiratory surge, management of the Christmas period) and how the system would work in lockstep to mitigate pressures over these periods.

## **9. Implications**

### **9.1 Financial implications**

The resourcing of the Sussex Co-ordination Centre (SCC) to allow the delivery of the new SCC standards will need to be considered by the ICB following completion of the full impact assessment.

### **9.2 Legal implications**

No specific legal implications have been identified in relation to this paper.

### **9.3 Other compliance**

The paper describes how NHS Sussex is complying with national requirements in respect of planning for winter and core roles and responsibilities, as well as drawing on existing system surge plans and learning from previous years.

### **9.4 Risks**

The winter plan has a risk register which describes the risks to safety and quality over winter. All risks have been assessed and mitigations are being defined.

### **9.5 Quality and Safety implications**

The risk register describes the quality and safety implications. A specific focus, as part of the Winter Plan, will be on ensuring that quality and patient outcomes are maintained and improved.

### **9.6 Equality, diversity, and health inequalities**

An Equalities and Health Impact Assessment (EHIA) checklist has been completed. As outlined in the body of this report, there is a high degree of correlation between deprivation and ED attendances and admissions. Continual challenge needs to be applied to ensure that this is being taken into consideration, along with any other health inequalities when planning resource allocation to support delivery of the winter plan.

### **9.7 Patient and public engagement**

Public representatives are involved in the ratification of surge plans. Engagement work is underway via Healthwatch, the voluntary sector and GPs.

### **9.8 Health and wellbeing implications**

The Sussex System Winter Plan describes the application of the BCF, including the National Discharge Funding, which has been developed by partners and approved by the Health and Wellbeing Boards.

## **10. Conclusion**

The plans set out the mechanisms through which the Sussex system will remain sighted on the key issues, respond in an agile way to pressures and ensure that system leadership remains aligned on the key actions that are undertaken.

Good progress is being made with the Winter Plan and work programmes are being mobilised around key areas of focus, determined by analysis of the drivers of urgent care demand in the Sussex System. The plan is an iterative process and will continue to be added to, including final sign-off in early November 2023.

The HASC is recommended to note the approach taken to winter planning to successfully mitigate identified risks this winter.



## 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>Lead officer (report 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: 7 November 2023**

## Adults Services

### Award of Contracts for Hospital Discharge Care Services (Adults)

The NHS Sussex Integrated Care System (ICS) is a partnership that brings together NHS organisations and local authorities, including West Sussex County Council, to plan services across geographical areas. The County Council, working together with the Integrated Care Board (ICB) and as part of the ICS has developed a plan for the commissioning of hospital discharge care to commission services which will support people who are medically ready to be discharged from hospital and requiring the support of ongoing health and social care services. The plan includes the commissioning of contracts for additional hospital discharge focused social care services which will be funded by the ICB.

As part of a [separate decision process](#) approval is being sought to procure provision to ensure there will be sufficient services in place over the next eighteen months to continue facilitating individuals' discharge from hospitals in a time-efficient way and to support people to return home where possible.

Following conclusion of the procurement process the Director of Adults and Health will be asked to approve the award of contracts to the successful providers in two phases, this is to ensure that services are commenced as planned.

<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	1 September 2023
<b>Month</b>	November 2023
<b>Consultation/ Representations</b>	No consultees currently identified.  Representations concerning this proposed decision can be made via the officer contact.
<b>Background documents</b> (via website)	None
<b>Lead officer (report author)</b>	Edward Armstrong Tel: 033 022 27653
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

<b>Provision of Domestic Abuse Housing Support Services in West Sussex</b>	
<p>The Director of Adults and Health has approved the procurement of Domestic Abuse Housing Support Services in West Sussex. The new contract is to be in place by 1<sup>st</sup> August 2023. The initial term of the new contract will be for two years with the option to extend for up to a further two years. The contract value has been set at £450k per year from funding supplied by the Domestic Abuse Act additional burdens for safe accommodation support, provided through the government's Department for Levelling Up, Housing and Communities.</p> <p>The contracted services will provide support and accommodation to those fleeing Domestic Abuse in West Sussex. The accommodation will be provided in dispersed units rather than in traditional refuge style and will be accessible to a much wider range of customers, such as those with older male children, women with additional needs such as mental or physical health issues, larger families and men experiencing domestic abuse.</p>	
<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	3 March 2023
<b>Month</b>	November 2023
<b>Consultation/ Representations</b>	<p>Stakeholder consultation and Market Engagement event held.</p> <p>Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.</p>
<b>Background documents (via website)</b>	None
<b>Lead officer (report author)</b>	Sarah L Leppard Tel: 0330 022 23774
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Day Opportunities, Supported Employment and Volunteering Services for Adults with Learning Disabilities and/or Autism**

West Sussex County Council (WSSCC) set up day service contracts in 2015 with independent organisations to provide day services for adults with Learning Disabilities and/or Autism. The current contracts with the County Council are in their final year of and need to be re-tendered. Much has changed since the contracts were set up and Commissioners have reviewed the model of Day, Employment and Volunteering Services and whether this continues to best meet individuals’ needs.

The intention is that the outcome will be co-designed, community-based interventions that raise aspiration, encourage independence and healthy active lives. The process will also consider how commissioned services link in to and complement the Council’s directly provided services.

The Cabinet Member for Adults Services will be asked to approve the commencement of a tender process to re-commission new services, to begin service delivery on 1 July 2024 and delegate authority to the Director of Adults and Health to award the contract (s).

The procurement will follow the principles of good outcomes, quality of service, value for money and additional social capital when evaluating tenders.

<b>Decision by</b>	Cabinet Member for Adults Services (Cllr Amanda Jupp)
<b>Date added</b>	9 October 2023
<b>Month</b>	November 2023
<b>Consultation/ Representations</b>	<p>Extensive consultation and engagement have taken place:</p> <ul style="list-style-type: none"> <li>• Service user surveys were carried out on behalf of the Council by Impact Initiatives,</li> <li>• Discussion groups were facilitated as part of 3 Learning Disability Partnership Boards,</li> <li>• The Young Voices Group was attended.</li> <li>• Carer surveys were carried out and carer focus group meetings were attended,</li> <li>• Provider and staff survey were carried out,</li> <li>• The Learning Disability Provider forum was attended, and</li> <li>• 10 1:1 meetings with independent day service providers were held.</li> <li>• Early engagement notice published 8 August 2023 with feedback requested by 24 August 2023</li> </ul> <p>This consultation, engagement and feedback will inform the proposed contract specification. An element of coproduction will also be implemented as part of the process.</p> <p>Representations concerning this proposed decision can be made via the officer contact.</p>
<b>Background documents</b> (via website)	None
<b>Lead officer (report author)</b>	Lucie Venables Tel: 07955 313325
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

### Better Care Fund Section 75 Agreement 2023 - 2024

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

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

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

Now that the planning process is completed, a new S.75 agreement must be entered into, to replace the previous agreement, which incorporates any updates and changes from last year's plan, with the core terms of the agreement remaining consistent.

The Director of Adults and Health will be asked to sign the 2023-24 S.75 agreement on behalf of West Sussex County Council.

<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	18 October 2023
<b>Month</b>	November 2023
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made via the officer contact.
<b>Background documents</b> (via website)	None
<b>Lead officer (report author)</b>	Chris Clark Tel: 033 022 25305
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Contract Extension: Direct Payment Support Service**

The County Council is committed to giving customers choice and control over their support services; one method of enabling this is through Direct Payments, where the customer receives a cash allocation to spend in a way which they consider will meet their assessed care needs. A Direct Payment Support Service (DPSS) is required to ensure that people can receive the appropriate advice and support to make the best use of their money. It also supports the County Council to ensure that Direct Payments are used lawfully and effectively.

In November 2018 Key Decision [AH6 17.18](#) approved the award of contract for a Direct Payment and Personal Budget Support Service. In November 2021 Key Decision [OKD26 21.22](#) approved a 2-year contract extension for the Direct Payment and Personal Health Budget Support Service from 01 February 2022 to 31 January 2024. The contract allows for a further two year extension.

Agreement will be sought from the Director of Adults and Health to extend the DPSS contract for a further 2 years, allowed within the contract.

<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	7 November 2023
<b>Month</b>	November 2023
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made to the decision-maker, via the report author.
<b>Background documents</b> (via website)	None
<b>Lead officer (report author)</b>	Lucie Venables Tel: 07955 313325
<b>Contact</b>	Erica Keegan Tel: 033 022 26050



### Procurement Commissioning of Care and Support at Home

Care and support at home services (also known as domiciliary care or home care) are purchased by the county council on behalf of people who have been assessed as having eligible social care needs. These services support people to maintain their independence through the delivery of personal care and support, provided within a person's own home.

The county council currently commissions the majority of these services from a framework agreement which commenced in 2015. This will come to an end at the latest by March 2024. This framework was developed jointly with NHS Continuing Healthcare who also use the contract. In addition, the county council purchases services from the wider market through a legacy contractual agreement and a more recent contingency contract.

The commissioning of these services is currently being reviewed with proposals being developed for new arrangements and contractual agreements. These will enable the achievement of our strategic aim to support people to live independent and fulfilled lives and also to reduce the need for long term residential services as part of the ambitions set out in the [Adult social care strategy 2022-25](#). New arrangements will seek to ensure there is capacity across West Sussex to meet the needs of those with care and support needs and supports a sustainable care and support at home provider market in West Sussex. The expected value of the annual spend on domiciliary care for the life of these new arrangements is approximately £35 million, potentially rising to £40 million over the life of the contract depending on inflationary and demographic pressures.

Following the review, the Cabinet Member for Adults Services will be asked to approve the commencement of a procurement process to source the future care and support at home services and delegate authority for contract award to the Director of Adults and Health.

<b>Decision by</b>	Cabinet Member for Adults Services (Cllr Amanda Jupp)
<b>Date added</b>	11 April 2023
<b>Month</b>	December 2023
<b>Consultation/ Representations</b>	A consultation plan and Equalities Impact Assessment is in development. Details will be included in the decision report.  Representations concerning this proposed decision can be made via the officer contact.
<b>Background documents</b> (via website)	None
<b>Lead officer (report author)</b>	Juliette Garrett Tel: 033 022 23748
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

<b>Award of Contract Carer Information, Advice Assessment and Support Service</b>	
<p>The current Carer Information, Advice, Assessment and Support Service contract with the County Council is in its final year. The intention is that provision will re-focus on the growing carer population and the different needs of these carers across the county.</p> <p>Following the decision taken to commence a procurement of the Carer Information, Advice, Assessment and Support Service by the Cabinet Member for Adults Services, the Director of Adults and Health will be asked to award the contract to the successful bidder that meets the principles of good outcomes, quality of service, value for money and additional social capital. The new contract will begin on 1<sup>st</sup> April 2024.</p>	
<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	28 March 2023
<b>Month</b>	January 2024
<b>Consultation/ Representations</b>	<p>Extensive carer consultation has taken place in recent years to inform the Joint Carer Strategy and the recent re-let of Carer Short Break Contracts. In addition, carer engagement will inform the proposed contract specification. An element of coproduction will also be implemented as part of the process. Other stakeholders will be consulted e.g., all members of the Carers Strategic Partnership Group.</p> <p>Representations concerning this proposed decision can be made via the officer contact, by the beginning of the month in which the decision is due to be taken.</p>
<b>Background documents (via website)</b>	None
<b>Lead officer (report author)</b>	Mark Greening Tel: 033 022 23758
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

<b>Minor Adaptations Contract</b>	
<p>West Sussex County Council has a contract with Concept Design Solutions for the provision of Minor Adaptations. Minor Adaptations are legislated for under the Care Act 2014 and their provision can help local authorities undertake urgent and smaller-scale adaptations more quickly. The existing service expires on 31 March 2024. The Director of Adults and Health has initiated a full procurement process which will be undertaken to reprocur the service with effect from 1 April 2024.</p>	
<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	28 September 2023
<b>Month</b>	January 2024
<b>Consultation/ Representations</b>	<p>Consultation is undertaken through the commissioning and procurement activity related to the Minor Adaptations Service.</p> <p>Representations concerning this proposed decision can be made via the officer contact.</p>
<b>Background documents (via website)</b>	None
<b>Lead officer (report author)</b>	Chris Jones Tel: 0330 022 28249
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

<b>Award of Contract Care and Support at Home Services</b>	
<p>Care and support at home services (also known as domiciliary care or home care) are purchased by the county council on behalf of people who have been assessed as having eligible social care needs. These services support people to maintain their independence through the delivery of personal care and support, provided within a person's own home.</p> <p>The county council currently commissions the majority of these services from a framework agreement which commenced in 2015. This will come to an end at the latest by March 2024. This framework was developed jointly with NHS Continuing Healthcare who also use the contract. In addition, the county council purchases services from the wider market through a legacy contractual agreement and a more recent contingency contract.</p> <p>Following the review of the commissioning of these services proposals will be developed for new arrangements and contractual agreements. New arrangements will seek to ensure there is capacity across West Sussex to meet the needs of those with care and support needs and supports a sustainable care and support at home provider market in West Sussex. The expected value of the annual spend on domiciliary care for the life of these new arrangements is approximately £35 million, potentially rising to £40 million over the life of the contract depending on inflationary and demographic pressures.</p> <p>Following the commencement and completion of a procurement process, as approved by the Cabinet Member for Adults Services, the Director of Adults and Health will be asked to agree contract award.</p>	

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<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	11 April 2023
<b>Month</b>	March 2024
<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 (via website)</b>	None
<b>Lead officer (report author)</b>	Juliette Garrett Tel: 033 022 23748
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Contract Award - Day Opportunities, Supported Employment and Volunteering Services for Adults with Learning Disabilities and/or Autism**

West Sussex County Council (WSCC) set up day service contracts in 2015 with independent organisations to provide day services for adults with Learning Disabilities and/or Autism. The current contracts with the County Council are in their final year of and need to be re-tendered. Much has changed since the contracts were set up and Commissioners have reviewed the model of Day, Employment and Volunteering Services and whether this continues to best meet individuals' needs.

The intention is that the outcome will be co-designed, community-based interventions that raise aspiration, encourage independence and healthy active lives. The process will also consider how commissioned services link in to and complement the Council's directly provided services.

Following the approval of a tender process to re-commission new services by the Cabinet Member for Adults Services the Director of Adults and Health will be asked to award the contract (s) to the successful bidder, following the principles of good outcomes, quality of service, value for money and additional social capital when evaluating tenders.

<b>Decision by</b>	Director of Adults and Health (Alan Sinclair)
<b>Date added</b>	9 October 2023
<b>Month</b>	April 2024

<b>Consultation/ Representations</b>	<p>Extensive consultation and engagement have taken place:</p> <ul style="list-style-type: none"> <li>• Service user surveys were carried out on behalf of the Council by Impact Initiatives</li> <li>• Discussion groups were facilitated as part of 3 Learning Disability Partnership Boards</li> <li>• The Young Voices Group was attended</li> <li>• Carer surveys were carried out and carer focus group meetings were attended</li> <li>• Provider and staff surveys were carried out</li> <li>• The Learning Disability Provider forum was attended, and</li> <li>• 10 1:1 meetings with independent day service providers were held</li> <li>• Early engagement notice published 8 August 2023 with feedback requested by 24 August 2023</li> </ul> <p>This consultation, engagement and feedback will inform the proposed contract specification. An element of coproduction will also be implemented as part of the process.</p> <p>Representations concerning this proposed decision can be made via the officer contact.</p>
<b>Background documents</b> (via website)	None
<b>Lead officer (report author)</b>	Lucie Venables Tel: 07955 313325
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

## Public Health and Wellbeing

### **West Sussex Wellbeing Programme: county-wide provision to support people to improve their strength and balance to reduce risk of falls**

The West Sussex Wellbeing Programme, a partnership between the County Council and the seven district and borough councils within West Sussex, focuses on improving the health and wellbeing of our local population and reducing inequalities. Known as 'West Sussex Wellbeing,' the service provides support, information and advice to anyone over 18 who lives and/or works in West Sussex, on a range of areas, including stopping smoking, becoming more active losing weight, reducing alcohol consumption, and the provision of NHS Health Checks.

The Director of Public Health is asked to approve additional funding for the West Sussex Wellbeing Programme for a three year period from 1 April 2024 to 31 March 2027, for county-wide provision to support people to improve their strength and balance to reduce risk of falls. This will also support the wider health and care system across West Sussex, working alongside and as part of existing pathways.

The three year funding period is in line with the remaining term of the existing West Sussex Wellbeing Partnership Agreement between the County Council and the seven district and borough councils, to 31<sup>st</sup> March 2027.

<b>Decision by</b>	Director of Public Health (Alison Challenger)
<b>Date added</b>	28 September 2023
<b>Month</b>	December 2023
<b>Consultation/ Representations</b>	Representations concerning this proposed decision can be made to the decision-maker, via the report author.
<b>Background documents</b> (via website)	None
<b>Lead officer (report author)</b>	Tamsin Cornwall Tel: 033 022 28709
<b>Contact</b>	Erica Keegan Tel: 033 022 26050

**Health and Adult Social Care Scrutiny Committee Work Programme  
September 2023 to March 2024**

<b>Topic</b>	<b>Corporate or Service Priority</b>	<b>Performance, Outcome or Budget</b>	<b>Timing</b>
<b>Committee Meetings</b>			
<b>Sussex Health and Care People Plan</b>	NHS	Outcome	10 January 2024
<b><i>Dentistry (TBC)</i></b>	<i>NHS</i>	<i>Outcome</i>	<i>10 January 2024</i>
<b>End of December 2023 (Quarter 3) Quarterly Performance and Resources Report</b>			6 March 2024
<b>SECamb Update Report</b>	NHS	Outcome	6 March 2024
<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>Adult Improvement Plan (Early Support Offer to include Prevention Framework)</b>	Service	Outcome	TBC
<b>Care Quality Commission Inspection of Adults' Services - Update</b>	Service	Outcome	TBC
<b>Mental Health</b>	NHS	Outcome	TBC
<b>Integrated Care Teams development</b>	NHS/Adult Social Care	Outcome	TBC
<b>Informal information sharing sessions</b>			
<b>Shaw Healthcare Contract Update</b>			TBC
<b>Task and Finish Groups (TFGs)</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
<ul style="list-style-type: none"> <li>Impact of cessation of Impact Initiatives contract</li> </ul>			February 2024
<ul style="list-style-type: none"> <li>Sexual Health</li> </ul>			TBC
<ul style="list-style-type: none"> <li>Vaping</li> </ul>			TBC
<ul style="list-style-type: none"> <li>To consider if an item on discharge pathways should go to Committee</li> </ul>			TBC
<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> <li><b>The award of block contracts for residential care and support services</b></li> </ul>	-	-	N/A

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

**Appendix A - Checklist**



## Scrutiny Business Planning Checklist

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

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