

# Public Document Pack

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14 June 2018

## Health and Adult Social Care Select Committee

A meeting of the committee will be held at **12.30 pm** on **Friday, 22 June 2018** at **County Hall, Chichester**.

**Tony Kershaw**  
Director of Law and Assurance

### Agenda

12.30 pm 1. **Committee Membership**

The Committee is asked to approve the co-opted membership of the Committee as set out below

Mr Boram (Adur District Council)  
**Mr Belsey (Mid Sussex District Council) To be confirmed.**  
Mr Bickers (Worthing Borough Council)  
Mr Blampied (Arun District Council)  
Mr Coldwell (Horsham District Council)  
Mrs Neville (Chichester District Council)  
Mrs Belben (Crawley Borough Council)

N.B. The Healthwatch West Sussex representative, Miss Russell, is an ongoing appointment.

12.30 pm 2. **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.

12.30 pm 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 8 March 2018 (cream paper).

12.30 pm 4. **Urgent Matters**

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

12.35 pm 5. **Forward Plan of Key Decisions** (Pages 11 - 12)

An extract from the Forward Plan of Key Decisions dated 1 June 2018.

An updated extract will be tabled at the meeting and made available on the Internet if a subsequent edition of the Forward Plan affecting the Adults & Health portfolio is published between the date of despatch of the agenda and the date of the meeting.

The Committee is asked to identify any decisions to be previewed by it considering new entries from the latest extract of the Forward Plan of Key Decisions published since the its last meeting.

12.40 pm 6. **Adults In-House Social Care Services 'Choices for the Future'** (Pages 13 - 48)

A report by Executive Director for Children's, Adults, Families, Health and Education (CAFHE) and Director of Adults Services.

The report outlines proposals by the County Council to deliver In-House Services to better meet the needs of people in West Sussex.

The Committee is asked to determine whether it wishes to support the proposals for the future model and configuration of Adults In House social care provision in West Sussex, taking into account the results of the engagement exercise, and provide any comment to the Cabinet Member for Adults and Health for consideration prior to a planned formal decision in July 2018.

### **Lunch**

The Committee will adjourn for lunch at approximately 1.40pm.

2.15 pm 7. **Improved Better Care Fund (iBCF) Update** (Pages 49 - 58)

A report by Executive Director Children, Adults, Families, Health and Education.

The report informs the Committee of how the improved Better Care Fund has been spent in the 2017/18 financial year.

The Health and Adult Social Care Select Committee is asked to:

- i. Review how the iBCF has been spent in the financial year 2017/18 and whether the outcomes achieved meet the intended use of the funding as set out in the grant conditions;
- ii. Agree that the Committee should review iBCF investment for the financial year 2018/19 in terms of outcomes achieved, scheme suitability and priority at a future meeting.

3.00 pm 8. **Outturn Total Performance Monitor 2017/18** (Pages 59 - 80)

Report by Director of Finance, Performance and Procurement.

This report concerns the end of year Total Performance Monitor outturn position for 2017/18 for the Adults & Health portfolio.

The Committee is invited to:

- i. Examine the data and supporting commentary for the Outturn 2017-18 and make any relevant recommendations for action to the Cabinet Member
- ii. Identify any issues for further scrutiny by this Committee
- iii. Identify any strategic issues for referral to Performance and Finance Select Committee

3.20 pm 9. **Business Planning Group Report** (Pages 81 - 88)

The report informs the Committee of the Business Planning Group meeting held on 21 May, setting out the key issues discussed.

The Committee is asked to endorse the contents of this report, and particularly the Committee's Work Programme revised to reflect the Business Planning Group's discussions (attached at Appendix A).

3.30 pm 10. **Appointment of the Committee's Business Planning Group** (Pages 89 - 90)

The Committee is asked to appoint five of its members to its Business Planning Group, to include the Chairman of the Committee and two minority party members.

3.35 pm 11. **Brighton and Sussex University Hospitals Trust (BSUH) Regional Working Group and South East Coast Ambulance Service (SECamb) NHS Foundation Trust Regional Working Group Progress Reports** (Pages 91 - 108)

Report by Director of Law and Assurance.

The report updates the Committee on meetings of the working groups since the Committee last met.

The Committee is asked to:

- i. Consider the detail of the notes attached to this report from the recent meetings of the BSUH and SECAMB regional working groups;
- ii. Note that the SECAMB Regional Working Group will cease to meet in future and the SECAMB representatives will attend future HASC meetings, when invited
- ii. Highlight any particular issues that members wish the HASC representatives to raise at the next meeting of the BSUH regional working group.

3.50 pm      12.      **Requests for Call-in**

There have been no requests for call-in to the Select 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.

3.50 pm      13.      **Possible Items for Future Scrutiny**

Members to mention any items which they believe to be of relevance to the business of the Select Committee, and suitable for scrutiny, e.g. raised with them by constituents arising from central government initiatives etc.

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

3.50 pm      14.      **Date of Next Meeting**

The next meeting of the Committee is scheduled to take place on 27 September 2018 at 10.30 a.m. at County Hall, Chichester.

Any Member wishing to place an item on the agenda for this must notify the Director of Law and Assurance by 12 September 2018.

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

## **Health & Adult Social Care Select Committee**

8 March 2018 – At a meeting of the Committee held at 10.30 at County Hall, Chichester.

**Present:** Lt Cdr Atkins, Mrs Bridges, Ms Flynn, Dr O’Kelly, Mr Petts, Mrs Smith, Mr Turner (Chairman) and Dr Walsh (West Sussex County Council), Cllr Mr Barton (Adur District Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Blampied (Arun District Council), Cllr Mrs Neville (Chichester District Council) and Miss Russell (Healthwatch West Sussex).

**In attendance by invitation:** Mrs Jupp (Cabinet Member for Adults and Health)

**Apologies:** Mrs Arculus, Mr Edwards, Mr Fitzjohn and Mrs Jones (West Sussex County Council), Cllr Mr Bickers (Worthing Borough Council), Cllr Mr Coldwell (Horsham District Council) and Cllr Mrs Sudan (Crawley Borough Council).

### **Declarations of Interest**

86. Dr Walsh declared a personal interest in item 5 (Forward Plan of Key Decisions) as a member of Arun District Council.

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

87. Resolved - that the minutes of the meeting of the Health & Adult Social Care Select Committee held on 17 January 2018 be approved as a correct record and that they be signed by the Chairman.

### **Responses to Recommendations**

88. The Committee considered the responses (copies appended to the signed minutes).

89. Resolved – that the Committee notes the responses.

### **Forward Plan of Key Decisions**

90. Resolved - that the Committee notes the Forward Plan of Key Decisions.

## **Sussex Partnership NHS Foundation Trust – Briefing for West Sussex Health and Adult Social Care Select Committee**

91. The Committee considered a briefing by Sussex Partnership NHS Foundation Trust (SPFT) (copy appended to the signed minutes). The briefing was introduced by Simone Button, Chief Operating Officer, SPFT, who highlighted the following: -

- The Sustainability Transformation Partnership (STP) Mental Health Workstream identified 12 priority areas for attention and found that there was mixed investment in mental health services per capita across West Sussex
- People who used mental health services lived around 20-25% less than others
- About 20% of A&E attendances were made up of the 7% of the population that used mental health services – more investment was needed in crisis services to help reduce this number

## Agenda Item 3

- SPFT has been trying to promote more positive staff, user and carer experience by developing services in a new way with partner agencies
- There were challenges with accommodation in West Sussex, especially in Chichester where there were issues with buildings and providing single sex wards such as at the Harold Kidd unit, which had been highlighted by the Trust's recent Care Quality Commission (CQC) inspection
- SPFT wanted two centres of excellence in West Sussex – one at Meadowfield, Worthing for older people and one at Langley Green, Crawley for working age adults – these centres should improve recruitment, research & development and provide high quality care. This would involve changing the location of some existing inpatient services (rather than building new centres)
- There might be a reduction in beds for working age adults to fit the West Sussex profile, but money would be invested in community services in conjunction with the clinical commissioning groups (CCGs)
- There was no plan in place yet for these changes and it was acknowledged that transport problems for patients and visitors would need to be resolved – if the plan did go ahead, the Committee would be consulted, along with the public, at the appropriate time
- There had been a clinically led review of older people's mental health and dementia services that would strengthen clinical leadership and build on best practice
- The demand for beds for adults of working age meant 26 had to be transferred to private sector hospitals (some of which are located outside the local geographic area). This number had now been reduced to one
- Six people had been at the Dene Hospital in Hassocks. They were relocated following a clinical review, initiated as a result of a recent Channel 4 Dispatches programme on the unit.
- A GP advice line had recently been introduced supported by psychiatrists – calls to it had been low but useful for callers
- SPFT was working with the CCGs and local authorities to get people out of hospital with delayed transfers of care (DTOCs) reducing from 54 to 23 – this could be difficult as people often had complex needs meaning finding places for them to go was not easy
- SPFT's bed occupancy was 105% - the aim was to reduce this to 85%
- The CQC had recently rated SPFT as 'Good' overall and 'Outstanding' for caring, making it the third highest rated mental health trust in England
- Changes to section 136 of the Mental Health Act meant that people could now be held for a maximum of 24 hours compared with 72 before – this had reduced the number of people with mental health issues being held in police custody to almost zero
- SPFT had five 'Place of Safety' suites for people detained under section 136 – managing the throughput was difficult and six people had to be placed out of county in January
- SPFT worked with South East Coast Ambulance Service NHS Foundation Trust to move people from the community to places of safety – few mental health patients now went to A&E unless the places of safety were full
- The Sussex Recovery College had achieved positive outcomes for many of its users

### 92. Summary of responses to committee members' questions and comments: -

- SPFT's robust nurse recruitment strategy was working, but it was harder to find psychiatrists, especially in the coastal area, therefore the Trust was looking at

alternative ways of working and was piloting the use of physician associates (graduates working under supervision to assess patients and monitor the administration of drugs) to relieve the burden on consultants and allow junior doctors to learn psychiatry

- 150 new NHS nurses had been recruited, enabling the Trust to reduce its £6m spend on agency staff in 2017/18 (£2m of which went to the agencies)
- GPs with knowledge in specific areas such as anorexia, high calibre locums and the way services were structured could help offset the shortage of psychiatrists
- The Trust was also looking at employing people at a level where they could make an immediate impact with patients and maintain their levels of expertise
- The timescale to bring in changes by 2020 would be challenging – a lot of work was needed on estates, but the plan was to go out to public consultation at the end of 2018
- The Committee was concerned about the move to two centres of excellence and would like to see more detailed plans when available – concerns were that the move: -
  - was too building-based
  - would make it difficult for families/friends to visit patients
  - did not fit with the aim of reducing bed occupancy as beds would be lost
  - would lead to a congested site at Meadowfield when there might be more scope at Swandean and unused NHS estate in Midhurst
- Patients needed to be supported out of hospital more locally or in their homes using community services, including for urgent care, would help achieve this
- Sussex Community NHS Foundation Trust (SCFT) was increasing its services in the community e.g. integrated physical healthcare
- The Council might be able to help with bases for community services
- Transport issues would be investigated
- Quality of care was most important
- There would be a stepped approach to any change
- The estates at Meadowfield and Swandean would be reviewed, but some wards might move to Langley Green
- Salvington Lodge would be expanded to house all dementia services
- SPFT was talking to several Trusts about use of estates and the clinical strategy would help determine what services/buildings were needed
- The Five Year Forward Plan advocated 24/7 services - there were ongoing discussions with the CCGs regarding investment to help achieve this
- 24/7 services would be especially important in crisis care
- More analysis was needed to establish why there had been so few calls to the GP advice line and how calls could be increased
- Work was needed to be done with partners, including GPs, to improve patient pathways
- The STP's mental health workstream could align people around decisions and help ensure money was spent most effectively
- More work was needed with housing and other agencies to help find places for people with no fixed abode to stay on leaving hospital
- SCFT's 'Time to Talk' service was linking with GPs and using non traditional methods to reach more people e.g. men at risk of suicide – this was also keeping people out of A&E
- The joint service between the Council and NHS had discussed ways to get the right skills base and preventative services – this might require money from the acute sector. Quick wins were being sought to build upon and needed good commissioning and a multi-disciplinary approach

93. Resolved - that the Committee agrees that the Business Planning Group receives details of any firm proposals to develop two centres of excellence for the care of working age adults and older people, including those with dementia, and agrees a timetable for formal scrutiny to be approved by the Committee at the earliest opportunity, taking into account the Committee's comments regarding estates integration.

### **Procurement of Community Reablement Services – Outcome of Contract Letting**

94. The Committee considered a report by the Executive Director, Children, Adults, Families, Health and Education (copy appended to the signed minutes) which was introduced by Stuart Gibbons, Commissioning Manager who told the Committee: -

- The contract, which had been co-designed with health, had been awarded to the current provider, Essex Cares Limited (ECL)
- The service would now be more outcomes based and flexible, using block payments instead of spot purchasing – this would lead to stability for staff and quicker recovery time for customers
- Good reablement improved people's wellbeing and kept them out of hospital
- The challenge to change the culture at ECL was being met
- ECL would be paid for a certain number of customers per year then per head above the agreed number
- There had been 334 new customers since the start of the new contract, including all referrals made between Christmas and New Year
- The Council's occupational therapists also worked with the customers during their treatment and they decided when it should end
- The Council has a contract management team looking at the reablement service which is reviewed and monitored through the Council's MOSAIC IT system
- There were regular operational and monitoring meetings between ECL and the Council and ECL and health
- ECL was also working with the Council's 'Discharge to Assess' team and health's 'Step-up, Step-down' team

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

- The new way of working in blocks of time should lead to a better service in rural areas
- Guaranteed hours and more training had led to lower staff turnover
- The reablement service now used the same forms as health for referral and assessments which will help when closer integration between health and social care can be implemented
- The Council only narrowly missed its delayed transfers of care target (making it more likely that it would keep its Better Care Fund money)
- Therapists were now discharging people to other therapists, reducing the number of people inappropriately referred for reablement
- Reablement places were now only held for 24 hours meaning help was given to those in most need
- ECL was averaging 26 new customers a week

96. Resolved - that the Committee: -



- i. Is sufficiently assured that the procurement process and subsequent contract award to provide the County Council's Community Reablement Service will provide the desired outcome for West Sussex residents
- ii. Agrees that an update be provided to the Business Planning Group or virtually to the Committee after one year of operation of the new service

### **Business Planning Group Report**

97. The Committee considered a report by the Chairman of the Business Planning Group (copy appended to the signed minutes) which was introduced by the Chairman who told the Committee: -

- Continuing Health Care had improved
- NHS 111 would have a more clinical focus
- The Dementia Framework would come to the Committee in the autumn
- Pressures in the portfolio's budget were hard to predict

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

- Coastal West Sussex Clinical Commissioning Group was in a better place in its recovery plan than Crawley and Horsham & Mid Sussex clinical commissioning groups as it had got into financial difficulties a year earlier and therefore had had more time to address the situation
- The regulator was happy with the progress made by Coastal West Sussex which was trying to breakeven

99. Resolved - that the Committee endorses the Business Planning Group's report.

### **Date of Next Meeting**

100. The next scheduled meeting is on 22 June County Hall, Chichester

The meeting ended at 12.37

Chairman

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## Health and Adult Social Care Select Committee

29 June 2018

### Forward Plan of Key Decisions

**Recommendation:** The Health & Adult Social Care Select Committee (HASC) is asked to identify any decisions to be previewed by the Committee, considering new entries from the latest extract of the Forward Plan of Key Decisions, since the last HASC meeting on 8 March 2018.

### CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH (based on Forward Plan published on 1 June 2018)

#### New Entries to the Forward Plan since the last meeting of the Committee

<b>Procurement of Housing Support Services (New)</b>	
<p>This decision concerns the commissioning of two separate housing support services for residents who face a particularly high risk of homelessness; mental health service users and ex-offenders. The report will recommend that the Council undertakes a procurement process to let two new contracts to organisations who are able to provide housing support to residents in these groups who are at risk of homelessness:</p>	
<p><b>Hospital Based Housing Support for Mental Health Service Users.</b> This service will build upon an existing pilot which has been operating successfully for 18 months. The service will be based within various NHS settings and provide targeted support to help patients manage housing risks which they are likely to face on discharge. The anticipated value of this contract is approximately £236,000 per annum.</p>	
<p><b>Accommodation Based Support for Ex-Offenders.</b> A significant proportion of offenders are homeless on release from prison. This accommodation based service will provide short term accommodation for ex-prisoners on release and support to access housing options in the private rented sector. The anticipated value of this contract is expected to be approximately £240,000 per annum.</p>	
<p>The Cabinet Member will be asked to authorise a procurement process for services to commence from 1 January 2019, and to delegate authority to the Director of Adults' Services to let the contracts.</p>	
<b>Decision By</b>	Mrs Jupp, Cabinet Member for Adults and Health
<b>Date added to Forward Plan</b>	1 June
<b>Decision Month</b>	July 2018
<b>Consultation</b>	District and Borough Councils, West Sussex Clinical Commissioning Groups, National Probation Service
<b>Background Documents</b>	None
<b>Background Documents from</b>	N/A
<b>Author</b>	Ivan Western – 0330 22 23740
<b>Contact</b>	Suzannah Hill – 0330 22 22551

#### Entries previously considered by the Committee which remain listed in the Forward Plan (including month decision is due to be taken)

- **Short Break Services for Family and Friends Carers (Adults)** – July
- **Adults In-house Social Care services – Choices for the Future** – July

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<b>Health and Social Care Select Committee</b>
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<b>22 June 2018</b>
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<b>Adults In-House Social Care Services 'Choices for the Future'</b>
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<b>Report by Executive Director for Children's, Adults, Families, Health and Education (CAFHE) and Director of Adults Services</b>
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<b>Summary</b>
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West Sussex County Council provides a wide range of social care services across West Sussex. Some are provided directly by the County Council which are referred to as in-house services and others are provided in partnership with other organisations. The in-house services include day centres, residential homes and a Shared Lives scheme.

Adults' in-house social care services are currently comprised of twenty one building-based services, with 900 people using services, 500+ staff, a countywide Shared Lives service with 90 paid carers, with a current budget of £11m.

The service supports people ranging from 18 to 104 years old with a wide spectrum of different needs and diagnosed conditions. There is not a "one size fits all" approach to supporting people to live the life they want.

There is a need to change the way the County Council delivers services to better meet the needs of people in West Sussex in the future as society is changing and people are living longer. People have fed back that they want different things and require different types of support at different points in their lives.

The service needs to be flexible, responsive and above all see people for who they are and what they can do. By improving the choice and control people have over their social care support and to build on their strengths, the service can develop and maintain what people can do. People should also be supported to be part of where they live, in their own community and to ensure they can be as independent in their daily lives as possible. This would also include connecting people into work, volunteering, education or using community based services and groups. The proposals detailed in the report are **not** about closing or reducing services but ensuring that they can better meet the changing needs of people in West Sussex in the future.

**The focus for scrutiny**

The Health and Adult Social Care Select Committee (HASC) is asked to consider the proposals for the future model and configuration of Adults' In-house social care provision in West Sussex, over the next five years and the outcome of the County Council's engagement with key stakeholders regarding the proposals. The HASC is asked to provide comment to the Cabinet Member for Adults and Health for consideration, prior to a planned formal decision in July 2018.

**Recommendation**

The Committee is asked to determine whether it wishes to support the proposals for the future model and configuration of Adults In House social care provision in West Sussex, taking into account the results of the engagement exercise, and provide any comment to the Cabinet Member for Adults and Health for consideration prior to a planned formal decision in July 2018.

**1. Background and Context:**

1.1 Historically changes and developments to the Adults’ In-house services have been made in isolation. Plans for service changes have focused on separate customer groups (e.g. Learning Disabilities and Older People) and individual geographical areas only. Over the last 10 years around 11 separate reviews have been undertaken<sup>1</sup>; not all reviews were completed and, while some delivered an efficiency saving, a revised staffing structure and/or service specification these reviews did not address:

- the changing and cross-cutting needs across customer groups (e.g. increase in older people with learning disabilities, and diagnosis of dementia);
- efficiencies available by bringing customer groups together and sharing resources (e.g. buildings, transport ,staff);
- how in-house service provision should fit with the wider strategic delivery of localised care provision to meet future demand and contribute to the West Sussex Plan priorities.

1.2 Services are perceived as being in a state of “perpetual review” and this has made it extremely difficult to attract investment needed from Capital and Corporate budgets, or develop any service vision outside ‘single issue’ reviews. This came out very strongly from engagement with staff, users of services and their families throughout this project. It is therefore vital that moving forward all recommendations made within this project continue to be closely aligned, monitored and reviewed within the context of the Adults’ Strategic Commissioning priorities.

1.3 West Sussex has a greater than average proportion of people aged over 65, relative to the total population. This is most significant for the proportion of the total population that are aged 85 and over. This will continue to be the case over the next 20 years.

	65-74	75+-84	85+
<b>West Sussex 2027</b>	<b>12.0%</b>	<b>9.7%</b>	<b>4.4%</b>
<b>West Sussex 2037</b>	<b>13.5%</b>	<b>10.2%</b>	<b>6.5%</b>
England 2027	10.0%	7.5%	3.1%
England 2037	11.2%	8.0%	4.6%

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<sup>1</sup> Best Value Review of Day Services (2006), Day Services Review (2007), Developing Day Activities Project (2009), Ball Tree Croft residential home, New Days New Ways LD day services review (2012), 2 reviews of New Tyne (2010 and 2015), 2 reviews of Marjorie Cobby House (2012 and 2016), Review of Specialist Day Services (2015), Burnside Day Centre (2014 – ongoing).

1.4 There are an estimated 3,194 adults with a moderate or severe learning disability in West Sussex with an increase of roughly 9% by the year 2030<sup>2</sup>.



1.5 This is a relatively small increase in the number of individuals with a learning disability. However, the complex needs of people with moderate or severe learning disabilities can result in high costs of care. In addition, the provision of services is likely to be required over many years, as medical advances are increasing the life expectancy of people with a learning disability. People with a moderate or severe learning disability will need help in relation to their mobility, personal care and/or communication. They are likely to be in receipt of support, provided formally through public services or informally by family or friends.

1.6 The 'Choices for the Future' project launched in 2016, forms part of the wider Children, Adults, Families, Health and Education (CAFHE) transformation programme. It works closely across all of the current adults' transformation projects: e.g. Adults' Commissioning Strategy, Lifelong Services, Community-Led Support, Technology Enables Lives (TELS) etc., as well as other directorate and corporate initiatives. This project is also aligned with work on the reconfiguration of the Shaw contracts. The work in this project considers how best to develop and deliver service solutions & customer outcomes that:

- contribute to the delivery of objectives and ambitions in the West Sussex Plan, CAFHE and Adults' transformation programme; and
- contribute to sustainable and effective service solutions as part of the wider Adults' strategic commissioning plan.

1.7 The main objective of this project is to propose a model of modernisation to ensure that services are developed and delivered so they meet the changing needs and aspirations of people requiring the Council's support both now and in the future.

1.8 Following extensive engagement with customers, families and staff, over the last two years officers have worked with budget holders to:

- meet the outcomes wanted by people who use them and their families/carers;
- ensure compliance with legislation (e.g. Care Act 2014);
- reflect national and local best practice;
- define the purpose and function of an in-house service provision;
- meet future need so that in-house services complement but do not unnecessarily duplicate what the market can provide;

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<sup>2</sup> Cost based on NAO calculation of £33,573 as average annual support cost for a person with Learning Disabilities

- use resources more effectively through the rationalisation of building usage and having a focus on population and need through joint service planning across customer groups. This includes building replacement, disposal and Capital investment at some sites;
- increase reablement and prevention and independence-focused services including a greater emphasis on short-term community-based day opportunities;
- contribute the priorities detailed in the West Sussex Plan 2017-2022.

1.9 The West Sussex Plan 2017-2022 serves as the overarching document that supplies the “golden thread” needed to ensure directorate, team and project plans resonate with and contribute to meeting its priorities and outcomes. It sets out its corporate commitments over the next five years within five key overarching themes. These set out a plan and priorities that address populations in West Sussex as a whole, with an ambition to “keeping residents safe, developing the economy and providing opportunities for all”<sup>3</sup>.

1.10 Work was done during 2016 and 2017 to engage with a number of key stakeholders to produce a set of ‘success factors’ for the project that contributed to the key priorities in the West Sussex Plan 2017-2022. These then formed the basis for a set of service principles that informed the development of the ‘Choices for the Future’ proposals developed for the in-house Social Care services and are summarised as follows:

<p><b>Putting the person first</b>  <i>Independent for later life</i>  <i>A prosperous place</i></p>	<ul style="list-style-type: none"> <li>• Reaching people earlier and being more accessible in local communities;</li> <li>• Helping people access community solutions and improve their connections with others to reduce isolation and loneliness;</li> <li>• To focus on need rather than customer groups and help people maximise their strengths to develop and maintain skills that will support independence and control;</li> <li>• Emphasising the importance of being highly responsive when people are in crisis and developing a plan that helps them to regain as much independence as possible</li> </ul>
<p><b>Best use of resources</b>  <i>A strong and sustainable place</i>  <i>A council that works for the community</i></p>	<ul style="list-style-type: none"> <li>• Contribute to sustainability in the social care market place</li> <li>• Actively seek to build partnerships in the community to provide local solutions</li> </ul>

## 2. Proposal

2.1 It is proposed that a full programme of rationalisation across day services is implemented and solutions to ensure the sustainability of residential services

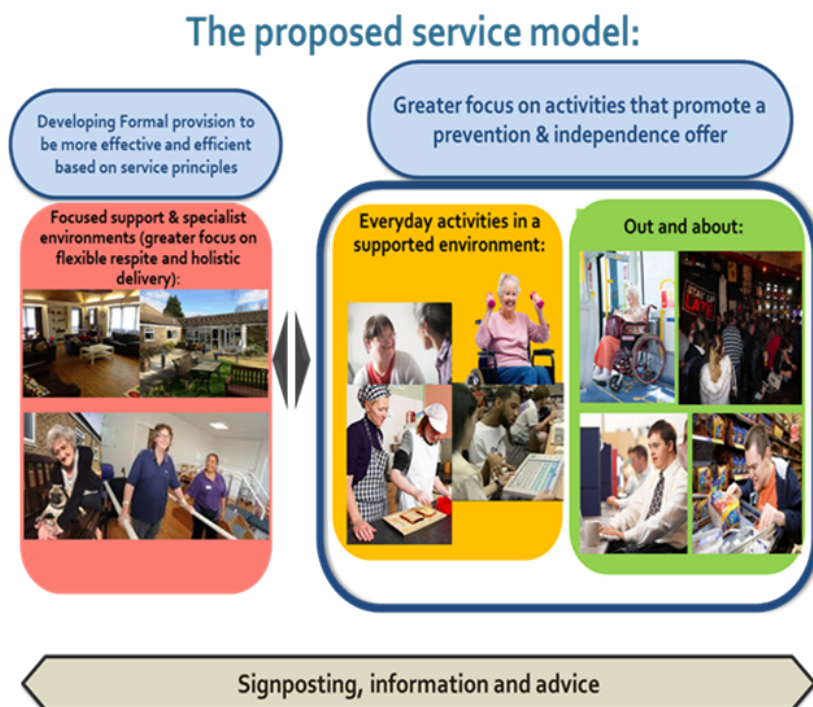
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<sup>3</sup> West Sussex Plan 2017-2022 – page 2



are achieved across the in-house provision. The service proposals are detailed in the 'Choices for the Future' booklet (Appendix 1).

2.2 The proposed service model can be illustrated as follows:



2.3 The following shows how the service model would deliver the defined 'success factors':

<b>Putting the person first</b> <i>Independent for later life</i> <i>A prosperous place</i>	<b>Best use of resources</b> <i>A strong and sustainable place</i> <i>A council that works for the community</i>
<b>New features of the service model</b>	<b>Key deliverables</b>
<ul style="list-style-type: none"> <li>• Focusing on what people can do – their strengths and potential</li> <li>• To put the people using the services at the heart of decision making.</li> <li>• Provide services based on inclusivity rather than based on age and disability</li> <li>• Increasing people’s connections to their community – this may include connecting people into work, volunteering, education or using community based services and groups.</li> <li>• Building on and developing skills in the areas where people live to improve their local knowledge, experiences and opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible and quick responses – may include emergency responses, avoiding carer breakdown and acting as provider of last resort across the agreed provision when needed.</li> <li>• An increase in short stay outcome focused beds in residential, with long stay focusing on people with complex physical and behavioural needs</li> <li>• More day share and short stay opportunities in Shared Lives for older people and adults with a Learning Disability.</li> <li>• Less reliance on “specialist” buildings and greater focus on community based outreach work</li> </ul>

<ul style="list-style-type: none"><li>• Being involved in and at the heart of communities</li></ul>	<ul style="list-style-type: none"><li>• Increase people's ability to travel independently and make best use of any transport provided directly by the service</li><li>• Partnership building – working and collaborating with other organisations to deliver better outcomes for people.</li><li>• Measurable performance data that evidences the success and value of the services to Adults' Services and the WSCC plan</li></ul>
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2.4 The proposed programme would require a complete physical reorganisation of resources and would include the following:

## Service Proposals:

Years			
Year 1- 2018-2019	Year 2 – 2019 to 2020	Year 3- 2020 to 2021	Year 4 and 5- 2021 to 2022
<p><b>*All decisions around residential/ 24hr care provision must be aligned with Adults strategic commissioning priorities (e.g. extra care, new models of care for people with disabilities etc.) and are subject to change</b></p>			
<ul style="list-style-type: none"> <li>Transfer existing services at Maidenbower and Glen Vue to Shaw (Deerswood and Burley’s Wood) and through other providers/ opportunities as needed <b>(by Jan 2019)</b>.</li> <li>Merge provision at the Wrenford Centre with current Chestnuts Day Centre and Judith Adams sites and hand back Wrenford site to corporate stock <b>(by March 2019)</b></li> </ul>	<ul style="list-style-type: none"> <li>Merger of Coastal Enterprise, Coastal Workshop Rustington and Oaks into Laurels, Rowans and Glebelands. <b>(by October 2019)</b></li> <li><b>*Build additional short stay rooms at New Tyne in Durrington.</b></li> </ul>	<ul style="list-style-type: none"> <li>Merger of provision at Pines to Laurels, Rowans and Glebelands whilst works carried out on site.</li> <li>Investment in remaining day opportunity sites</li> <li><b>*Commence schedule of building 24hr provision:</b> <ul style="list-style-type: none"> <li><b>*Rebuild of residential/24hr provision (Hobbs Field in Horsham) including a day opportunity building. Site is to be determined.</b></li> <li><b>*Rebuild at Pines site. To include 24hr provision (replacing provision at Stanhope) &amp; a day opportunity site.</b></li> <li><b>*Rebuild provision in Shoreham, replacing provision at Ball Tree Croft. Site to be determined.</b></li> <li><b>*Rebuild of 24 hr provision replacing Hammonds/Tozer and to also accommodate beds at Marjorie Cobby House (site to be determined)</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Disposal of Strawford site and move to new build</li> <li>Relocation to new Burnside site</li> <li><b>*Completion of new builds and disposal of Stanhope and Marjorie Cobby House sites.</b></li> </ul>
<p><b>Process</b></p> <ul style="list-style-type: none"> <li>3-5 year programme of site rationalisation - <b>no overall reduction of service provision to users</b></li> <li><b>Shared Lives</b> – increased opportunities for older people, short stay etc. across the 5 year programme</li> <li><b>Full workforce review</b> to support the new model (there will be workforce impacts)</li> <li>Programme of <b>learning and development</b></li> <li>Ongoing <b>co-production</b> with key stakeholders</li> <li>Robust <b>monitoring of performance</b> management targets and outcomes</li> <li>Ongoing <b>development with commissioning and contracts</b> colleagues</li> </ul>			

2.5 This plan will be subject to change based on emerging priorities for Adults' Services as its strategic commissioning plan matures. For example Tozer House in Chichester (Learning Disability residential home) has already converted two long-stay rooms into short-stay provision to address increased demand and gaps in the market. This plan therefore needs to be responsive to what is needed and at the appropriate time.

2.6 The plan above includes an approach that separates out the work needed to deliver the defined change to day services and residential (24hr care) provision. This would be managed through 3 distinct but interconnected activity blocks:

Activity block	Years	Summary of activity
<p><b>Activity block 1</b> – Remodelling of Day Service provision and implementation of new Day Opportunity service.</p>	<p>1 to 3 – 2018 to 2021</p>	<ul style="list-style-type: none"> <li>• Staff consultation</li> <li>• Reviews and transition planning for all users of day services.</li> <li>• All building services mergers to take place</li> <li>• New staff structure and programme of learning and development</li> <li>• Co-production the detail in the new model of provision</li> <li>• Monitoring 'success factors'</li> <li>• Delivery of efficiencies</li> </ul>
<p><b>Activity block 2</b> – Aligning decisions/Capital investment for 24hr service with strategic priorities and Adults' Commissioning plan.</p>	<p>1 2018-2019</p>	<ul style="list-style-type: none"> <li>• Priority plan for investment (commissioning led)</li> <li>• Decision re build type and location (i.e. Adults with Disabilities/Supported living, extra care, residential care etc.).</li> <li>• Delivery method (i.e. in-house, external, partnership agreement, other etc.)</li> <li>• Review of potential efficiencies from this block</li> </ul>
<p><b>Activity block 3</b> – Consultation on and implementation of reconfigured 24hr service provision.</p>	<p>2 onwards From 2019</p>	<ul style="list-style-type: none"> <li>• Full consultation on each proposal</li> <li>• Procurement</li> <li>• Building plans/schedule</li> <li>• Staff consultation</li> <li>• Reviews and transition planning for all residents and users of respite services.</li> <li>• Interim placements for existing residents (if needed)</li> <li>• New staff structure and programme of learning and development</li> <li>• Implementation</li> <li>• Monitoring 'success factors'</li> </ul>

### 3. Resources

- 3.1 The above proposals will deliver natural efficiencies of £0.75m (£0.25m 2018/19, £0.5m 2019/20), which is in line with the savings targets that the County Council agreed in December 2017. These will be achieved through changes in day service provision and will arise as a result of changes in the staff structure and existing transport arrangements needed to meet the new ways of working. Ways of working will need to change and any impacts following a Cabinet Member decision to proceed will include formal staff consultation and full involvement of UNISON. It is important to note that the in-house budget within Adults' Services extends to care and directly-related costs only. All other expenditure is managed corporately in other parts of the County Council, so the project also has the ability to become an enable of savings beyond the Adults' budget, for example in the cost of utilities, buildings maintenance, rent, waste management, fixtures, furniture and fittings.
- 3.2 There will be the potential for Capital receipts as the service moves from a 21 to an 11 site model.
- 3.3 There is capital investment expenditure required (approximately £2-3m)<sup>4</sup> to ensure the remaining day opportunity sites proposed can cater to varying needs, deliver the agreed 'success factors' and are sustainable and fully accessible longer term. This funding is earmarked in the capital programme.
- 3.4 For the existing residential homes, the potential for identifying efficiencies are more limited at this stage, as the financial model is based on replicating the existing level and quantity of service with limited potential for rationalisation. However, once the Adults commissioning intentions and priorities are confirmed, there will be a need to align existing proposals with these commissioning priorities (e.g. extra care etc.).
- 3.5 This may secure additional revenue savings and might enable the County Council to reduce some of the capital investment that otherwise will be necessary to sustain these residential services.
- 3.6 Ongoing conversations are being had with the Head of Strategic Finance and the Capital Programme Manager to ensure the required Capital is understood and sourced in the most effective way.
- 3.7 The Operations Manager for Provider Services (Adults' In-house Social Care) has addressed the need for increased senior capacity to be able to deliver changes to achieve a more robust business type model which is fully person-centred. Over the last year the following roles have been established and will be crucial in implementing managing, reviewing and sustaining the new model and benefits identified:
- **Business manager** – responsible for full implementation of service level agreement arrangements, financial compliance and maximum

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<sup>4</sup> Please note that this capital amount is separate from the ongoing facilities maintenance capital programme for BAU priorities and excludes ant provision for a rebuild of Burnside day service in Burgess Hill.

efficiency, income generation opportunities and business support to managers.

- **Quality Assurance lead** - responsible for development of a fully embedded quality assurance system, lead on co-production, embedding regulatory changes, liaison with Council contract and performance officers and performance/operational support to managers.
- **Performance and information officer** - responsible for implementing agreed processes and tools, collating and analysing data, producing reports to inform decision-making, supporting managers with use of IT tools and data production.

3.8 In addition there will be three service managers (one for each of the three operational areas) who will be responsible for daily operations and ongoing service development, and a time limited implementation lead for two years, to enable the implementation of the project and bring the service to a position where it can fund and sustain these roles from its core base budget.

## **Factors taken into account**

### **4. Issues for consideration by the Select Committee**

The Health and Adult Social Care Select Committee (HASC) is asked to consider and comment upon the detail contained in the report and the proposals for the future of Adults In House Service provision, taking into consideration the County Council's statutory duties

4.1 HASC is asked to provide a view on the sufficiency of the work completed to ensure the County Council fulfils its obligations and commitments to ensure all views are considered.

### **5. Consultation**

5.1 Extensive engagement with all key stakeholders has been a key focus of this project.

5.2 During 2016 and 2017 officers have spoken to approximately 800 people as part of the initial scoping of project. This engagement focused on what was and what was not working within current services and what people thought "good" looked like for them in terms of future provision.

5.3 This included;

- **Satisfaction survey across all services** – (Jan to March 16) - response from 300 customers and 195 families/carers etc.
- **Staff sessions** - total of 13 sessions with 250 staff (March to May 16) and ongoing engagement during 2017.
- **Customer sessions** – involvement of 349 customers across all services (June 16)
- **Family and carer sessions** – total of 9 sessions with 110 families/carers (June 16)
- **Sessions with other Adult Services staff** – (July 16) met with 52 Social Workers, Occupational Therapist's etc.

- **Members** - email updates, Member days, Cabinet Member round-up etc.
  - **UNISON** – attendance at workshops, ongoing updates and engagement
- 5.4 In summary, customers fed back that they would like to do more and be as independent as possible, do “everyday activities” and be supported to achieve this in the way that is right for them. This included doing more in their local community and supporting them to live the life they want.
- 5.5 All customers, families/carers and staff felt that more should be made of the resources available, there should be more choice and the services should be open to a wider group of people. In addition the need for services to be flexible, responsive and easily accessible to avoid people needing more expensive services or getting to a point of “crisis” was a strong and reoccurring theme.
- 5.6 Common themes across this engagement activity showed that people wanted a service that:
- Allows easy and quick access to help and support
  - Is local and easy to find (part of the community)
  - Is flexible and responds to what customers and families/carers need
  - Provides services to the community - not just one customer group (mixed use of buildings)
  - Can support the prevention and independence agenda - some of whom may only require a short term service
  - Integrates and works with the wider community and helps people to access what is available where people live
  - Keeps specialist environments where needed
  - Makes the best use of the resources we have
  - Gets appropriate information and advice quickly and easily to customers and their families carers
- 5.7 All of the outputs from this initial engagement directly informed the ‘success’ factors and the service principles on which the proposals were shaped.
- 5.8 Officers have worked closely with UNISON at each stage of the project and UNISON has been actively engaged in the workshops and staff engagement.
- 5.9 Since March 2018, engagement and responses on the service proposals have included:
- 9 sessions with the in-house staff in April 2018 – 280 staff attended these sessions. Those that did not attend were engaged on the proposals at team meetings;
  - 14 sessions with families and carers during May 2018 – around 190 people attended this. All families and carers of people using the in house services were informed of the proposals;
  - 410 responses to the ‘Choices for the Survey’ (includes 115 users of Adults’ services);
  - returns from all Adults’ in-house services annual customer satisfaction survey;
  - 20 groups sessions with current users of the in house services on the proposals and 1 to 1 supported sessions where needed;

- engagement with affected local members and other County Members across April and May 2018;
  - ongoing engagement with and presentation of proposals to the Adults' Customers and Carers Group;
  - report from Healthwatch West Sussex detailing feedback from stakeholders;
  - 22 responses directly into the 'Choices for the Future' email in box.
- 5.10 Overall, the in-house staff were positive about the proposals and felt it provided 'a clear and consistent vision' that ensured the 'future viability of the services'. In addition the majority of staff felt they 'had been listened to' and that the proposals 'feels like an inclusive model that is focusing on getting people to work together to achieve better outcomes for people'. Staff expressed concerns about impact on job roles, the importance of coproduction on the service model and the need to ensure enough time is given to deliver positive transitions for people using the services and their families. All of these issues are given priority consideration in the development of the implementation plan.
- 5.11 The majority of the family and carer sessions were positive with people understanding the rationale behind the proposals. In general the proposals around the residential services were accepted and families recognised and acknowledged the existing challenges and need for 21<sup>st</sup> century environments over the next five years. An increase in respite and short breaks was warmly welcomed and a priority for many. Families using older peoples day services in the Western and Southern area were relieved with the proposals as they had expected the under usage would lead to closures. They felt the proposed model was exciting and positive for the future.
- 5.12 The proposals for the Maidenbower and Glen Vue day services (Crawley and East Grinstead respectively) were challenged by a number of family members due to the potential disruption, uncertainty about the alternatives offered and potential of increased travel time for people using Glen Vue.
- 5.13 The response from families of people using day centres for adults with a learning disability was mixed largely due to concerns around potential disruption caused by changes, and how people would be supported in the community. However a large proportion of families attended were positive about the changes and felt a more localised offer was a good thing.
- 5.14 At present there have been 410 total responses to the 'Choices for the future' survey with 115 of those responses from users of Adults' care provision. We are expecting some more returns from users of the in-house provision and will include these in the final analysis later this month. Early indications suggest that there is very strong support for the 'success factors' or service principles that the proposals were built on (85% of respondents). There was a more mixed response on the individual service proposals. Overall, 47% of respondents agreed with the proposals, whilst 37% disagreed. Service users, however, were more positive. 58% agreed with the proposals, with only 22% disagreeing. 16% overall were unsure with 20% of service users also being unsure. The main areas of concerns are around the impacts change will have on people using the services, impact on families and cares and how people would be supported to go somewhere else to receive a service.



- 5.15 Early indication from the returns of the Adults' in-house services annual customer satisfaction suggest that the majority of people want more opportunities to go out into their community to access different activities, more opportunities to meet new people and increase their friendship circle and have more say and input in how they are supported and they want to achieve.
- 5.16 The focused sessions done with people currently using the service on the individual proposals needs further analysis as the method of engagement was different at each service dependent on peoples' needs. However early indications suggest a similar picture to the high level indications from the 'Choices for the future' survey and annual satisfaction survey.
- 5.17 A full analysis of the outputs from the engagement period will be sent to members in July 2018.
- 5.18 The County Council is committed to the delivery of the proposed service model being coproduced with users of the service, families and carers, staff and other key stakeholders throughout the five year plan. In line with its responsibilities under the Care Act (2014) there will be a review to assess everyone's needs and these will be done with the person and their families to find the best solution and ensure a smooth transition. The County Council will ensure ongoing involvement, engagement and review of the progress of the in-house day service changes and consultation on any closure and subsequent rebuild of Adults' in-house residential sites.
- 5.19 The report from Healthwatch West Sussex included a request for more information around the previous engagement and methodology around the proposals. A full response was sent to Healthwatch and the issues raised are covered in this report.
- 5.20 The 22 responses received directly into the 'Choices for the Future' email inbox exclusively related to issues around the proposals for Maidenbower, Glen Vue and Wrenford. Of these 4 related to Wrenford, 4 related to Maidenbower and Glen Vue jointly and 14 related to Glen Vue only. Of the 14 relating to Glen Vue 11 were concerns about the future of external groups currently using space at Glen Vue.
- 5.21 One of the service principles developed which informed the proposals is to make best use of our resources and ensure we don't unnecessarily duplicate services. In the Crawley area our partner (Shaw Health Care) already provide day services and the County Council will work with them to offer places to people currently using Glen Vue and Maidenbower, at their Burleys Wood and Deerswood lodge services. The County Council understands that not everyone will want to go to Burleys Wood and Deerswood Lodge or that it will suit everyone. What the solution or provision will be for each person will be dependent on the outcomes of the individual review.
- 5.22 The County Council day service that is provided from the Glen Vue site in East Grinstead is in a Mid Sussex District Council owned building and is currently leased from them. This service currently serves six people in total and provides a daily service to approximately two people a day. The demand

for this service has been decreasing over the last two years, despite continued efforts to promote the service. The County Council recognises that Glen Vue is more than just the small day service that is currently provided. There are a number of external groups, who currently use the space at Glen Vue for free and the County Council fully recognise the need to work very closely with Mid Sussex District Council and all groups currently sharing the space at Glen Vue to identify the best option going forward so these groups may continue to provide their valuable service.

- 5.23 A group of families representing 21 of the 71 people using the Wrenford day centre for adults requested a separate meeting as they strongly opposed the principles behind the proposals and felt that the current building should remain and be invested in. This meeting was held on 29 May 2018.
- 5.24 The proposal to move the Wrenford day service into both Judith Adams day service in Chichester and the Chestnuts Day Service in Bognor Regis was the only significant challenge with the proposals for the day centres for adults with learning disabilities.
- 5.25 The majority of people currently attending the Wrenford service live in Bognor Regis (58%) and the move would reduce travel time for many and allow greater opportunities for people to get out and access things in the area where they live and gain independence skills in line with service principles. A commitment was given at the meeting to work closely with users of the service, families and carers to carefully consider friendship groups, suitability of environments, parking and resources that would be transferred to the Chestnuts and Judith Adams centres.

## **6. Risk Management Implications**

- 6.1 The service proposals in section 2 set out the desired changes moving forward.
- 6.2 The table detailed in Appendix 2 sets out the expected benefits, the rationale for those benefits, the potential risk in delivery and how those risks would be managed.
- 6.3 This is regularly reviewed and updated at each stage of this process and this would continue across the proposed implementation plan.

## **7. Other Options Considered**

- 7.1 Options were considered against each of the agreed 'success factors' and a range of evidence was collated across the life of the project. This included population data, service usage information, unit costs, comparable provision in each and detailed condition and architect reports for each building.
- 7.2 An evidence matrix was developed for each service. The evidence matrix considered the following for each service: -

**Is the current service model effective and efficient?**

- 👤 Unique service offer (it has a strong market position)
- 👤 The service occupancy is good
- 👤 The service is full to capacity
- 👤 Predicted increase in demand is immediate
- 👤 The unit cost is competitive

**Is the current building suitable?**

- 👤 Level of investment in building is reasonable
- 👤 The building meet changing customer needs/required delivery model
- 👤 The building space is well used
- 👤 The building location is good

7.3 The evidence base collated confirmed what had been suspected for some time:

- demand is predicted to increase across all geographic areas in the next 20 years although this happens earlier than others in some areas some areas (e.g. Crawley Borough has one the lowest levels of current demand as well as the lowest increases in long-term support over the 5 and 20 years. This is a factor of the much younger demographic of Crawley);
- there is better external provision in some areas than others;
- there is some over provision in some service types (e.g. older people's day services) and some under provision in others (i.e. short stay, particularly in the north) in others within the current in-house services;
- in-house services were generally cost competitive around short stay, complex care and shared lives but more expensive for long stay beds and day services;
- learning disability residential & Marjory Cobby House is currently fulfilling a rising need for much more crisis and short stay requests;
- People's needs are changing and living longer – over 50% of people using the in-house residential services are over 65;
- buildings are generally under invested in and are not able to meet people's needs in some places. An estimated £15m is required over the next five years for business as usual maintenance;
- 55% of the available space in the day service buildings is not being used and easily accessible – five out the seven Learning Disability day service buildings are placed on industrial sites.
- six of the seven in-house residential homes will not be able to meet the needs of people using the service over the next five years and four of those require a full rebuild.

7.4 Each service was considered individually across four main options. These options reflected the most common areas explored during local authority reviews of adults in-house provision reviews across the South East:

1. do nothing;
2. programme of outsourcing to external market across all in house services;
3. close non-statutory services (day services);
4. a full programme of rationalisation across day services and solutions to ensure the sustainability of residential services are achieved across the in-house provision

7.5 These were then considered against each of the agreed 'success factors' and an analysis of the benefits and risks was done for each option:

<b>Success factors</b>	<b>Option 1</b> Do nothing	<b>Option 2</b> Programme of outsourcing to external market across all in house services	<b>Option 3</b> Close non-statutory services (day services)	<b>Option 4</b> Full programme of rationalisation across day services and solutions to ensure the sustainability of residential services are achieved across the in-house provision
<b>A. Reaching people earlier and being more accessible in local communities;</b>	Red	Green	Red	Green
<b>B. Helping people access community solutions and improve their connections with others to reduce isolation and loneliness;</b>	Red	Yellow	Red	Green
<b>C. To focus on need rather than customer groups and help people maximise their strengths to develop and maintain skills that will support independence and control;</b>	Yellow	Green	Red	Green
<b>D. Emphasizing the importance of being highly responsive when people are in crisis and developing a plan that helps them to regain as much independence as possible</b>	Red	Red	Red	Green
<b>E. Contribute to sustainability in the social care market place</b>	Red	Yellow	Red	Green
<b>F. Actively seek to build partnerships in the community to provide local solutions</b>	Yellow	Green	Red	Green
<b>Summary RAG</b>	Red	Yellow	Red	Green

7.6 A more detailed breakdown of the areas assessed can be found in Appendix 3.

7.7 Doing nothing (**Option 1**) is not a viable option given the projected demand upon services and state of the Council’s building stock. The areas of improvement needed will become worse and delivery will be untenable in around 50% of the Council’s buildings within five years.

7.8 Whilst there are a number of positives around **Option 2**, the current backdrop of market supply, fragility in some areas and lack of interest in short term complex services means that this is not viable at present. However, continued exploration of opportunities to develop innovative partnerships with a range of providers and partners is part of the preferred approach.

7.9 **Option 3** creates the biggest risk around political and public opposition and costs would potentially increase. As sufficient supply in the market does not currently exist there would be no guarantee of finding solutions for people. It would reduce capacity as a whole within the social care market. In addition given that a large number of people using the services have complex needs there is a risk of increased family/shared lives breakdown due to the respite that day service services provide to families/carers not being available

- 7.10 **Option 4** represents the proposals that have been put forward. It is considered that this is only credible option that has the ability to fully deliver on the success factors and ensure full alignment with commissioning priorities across Adults' Services and CAFHE as a whole.

## **8. Equality Duty**

- 8.1 An Equality Impact Report (EIR) has been completed, is regularly reviewed and updated at each stage of the process and is summarised in this report. This would continue across the proposed implementation plan.
- 8.2 The proposals are built around service principles that were designed by people using the services, families and carers and have a strong focus on people's strengths and delivering their desired outcomes. The new model will no longer segregate customers by label and services will focus on delivering services that focus on customer outcomes.
- 8.3 In the high majority of cases the proposed service configuration means that locations are closer to people's home and in their community. This increases opportunities for the service to work with people and the community to increase people's access and independence where they live. People will be fully supported to develop skills to maintain their independence including independent travel wherever possible. This will also include access to work.
- 8.4 The service will also be working with people to help reduce social isolation and loneliness in older people and will work with them to be as active in their community as they would like to be.
- 8.5 However, specialist environments will remain for those who need them and the service is seeking Capital investment to ensure the buildings retained are both sustainable and fully accessible.
- 8.6 Transition into new services and environments will be carefully managed and planned with all key stakeholders. Throughout the implementation, expert advice from staff, colleagues as well as regular involvement of and feedback from families/carers and customers will be a key part of the process.

## **9. Social Value**

- 9.1 A Sustainability Appraisal has been drafted and this will be regularly reviewed and updated at each stage of the proposed implementation plan.
- 9.2 The proposals include the recommendations to rationalise the current building stock and reduce the number of buildings the services operate from. This will reduce energy usage across the services and would also reduce the amount of waste produced at present.
- 9.3 Services will be integrated into more centrally located buildings nearer to where people live as well as developing a more community-based model. This will reduce the current use of Council specialist vehicles and travel time, whilst increasing the opportunities for people to be supported to achieve independent travel. This would have a positive effect through reduction of transport emissions.

- 9.4 A key driver behind the project is to ensure that the changing needs and requirements of the residents of West Sussex are successfully met through this work and to focus on social inclusion, community-based activities and reablement. This includes an ambition to recruit local younger people into the Health and Social Care sector, to ensure that it will be an attractive career path that will ensure long term sustainability of the workforce.
- 9.5 The aspiration is to put the services at the heart of the community. Increasing opportunities for volunteers from all walks of life, including opportunities for people who use our services to participate in voluntary activities will help to ensure that local knowledge and experience is maximised.

**10. Crime and Disorder Implications**

10.1 None

**11. Human Rights Implications**

11.1 None

**Kim Curry**  
Executive Director of CAFHE

**Jana Burton**  
Director of Adults' Services

**Contact:**

**Appendices (documents which are critical to the decision)**

1. 'Choices for the future' information booklet.
2. Benefits and risk table
3. Options considered against success factors.

**Background Papers** - None



# Choices for the **Future**

Adults' Services in-house social care



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If you would like more copies of this booklet and survey or need this information in another format such as easy read, in large print, on audio or in another language please contact Sue Jacobs on **0330 222 7765** or e-mail: **[sue.jacobs@westsussex.gov.uk](mailto:sue.jacobs@westsussex.gov.uk)**

This booklet and survey is also available via our Have Your Say website:  
**[www.westsussex.gov.uk/choicesforthefuture](http://www.westsussex.gov.uk/choicesforthefuture)**



## Message from the Director of Adults' Services

We provide a range of social care services across West Sussex. These include day centres, residential homes and a Shared Lives scheme. Some are provided directly by us – these are referred to as in-house services - and others are provided in partnership with other organisations.

This information booklet will explain what changes to our in-house services we are proposing over the next five years, and to ask for your views on our proposals.

We want to improve the choice and control people have over their social care support and to build on their strengths. We also want to support people to be part of their community and to ensure they can be as independent in their daily lives as possible.

Society is changing and the support people need is different; we need to start making changes now. Through our in-house service we provide social care to over 900 people ranging from 18 to 104 years old. We know there is not a "one size fits all" approach to supporting people to live the life they want. We have to be flexible, responsive and above all see people for who they are and what they can do. This will include providing more opportunities that help people to build their skills and confidence to maintain their independence. This may also include connecting people into work, volunteering, education or using community based services and groups.

Our proposals are **not** about closing or reducing services. They are about changing them to better meet the needs of people in West Sussex in the future.

Our proposals have been developed with people who use our services, their families and carers, our staff, partners and County Councillors.

I would like to encourage you to take part in our survey so we can understand your views, concerns and preferences when making the important final decisions about the new approach to delivering in-house services in West Sussex.



**Jana Burton – Director of Adults' Services**

## Overview

Our in-house services include;



21 building based services



500+ staff



900 users of services



A county-wide Shared Lives service with 90 paid carers

These services include:

- Five learning disability residential homes for people staying long-term or for short-stays.
- Seven learning disability day centres.
- Seven older peoples day centres.
- One residential service for people with dementia.
- One residential service to support people to go back home following a hospital stay or crisis.
- A Shared Lives service – providing services to people in carer's homes that are trained and supported by us. This can be long-term, short-term or just day time support.

We know that people are living longer both nationally and across West Sussex. We also know that the county has a greater than average proportion of people aged over 65 across England. This increase is most significant for the population that are aged 85 and over – people who are more likely to need some form of health and social care support.

It is estimated that there will be an increase of approximately 100,000 people over 65 in West Sussex in the next 20 years. These figures also include an increase in adults with a learning disability over 65.

We also know that people want different things and require different types of support at different points in their life in order to live the life they want.

As one person who uses our service put it "I just want to do normal, every-day stuff." We understand that some people will need more support than others to achieve this.

The proposed vision for our in-house service contributes to the county council's priorities set out in its 2017/2022 West Sussex Plan, with an ambition to "keeping residents safe, developing our economy and providing opportunities for all".

These priorities are:



## What is the 'Choices for the Future' project?

This project was launched in 2016 to see how our in-house service can;

- contribute to the objectives and ambitions in the county council's West Sussex Plan and to the work of Adults' Services; and
- continue to provide services in the future to meet people's needs.

This included reviewing what other support is available to see where we could complement and not duplicate support in different parts of West Sussex.

**Whilst there have been many individual reviews of services this is the first time we have looked at all of our in-house service at once. This has allowed us to consider;**

- the changing needs across all customer groups, for example older people and learning disabilities;
- the benefits of sharing the resources we have available, for example staff skills and knowledge, building space and transport; and
- how our services can contribute to the delivery of other local care provision to meet future demand.

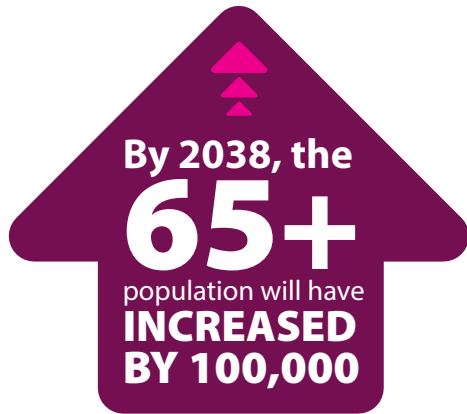
## What have we done so far?

During 2016 and 2017 we looked at what was and was not working in our services and talked with over 800 people to hear their views. The work completed has included finding out about;

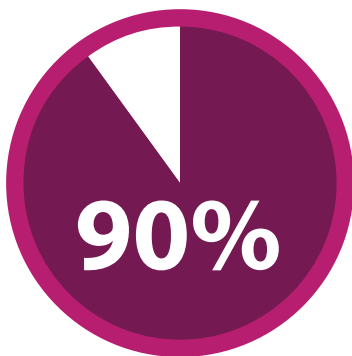
- how our services are used and what people think of them;
- how much services cost and if they are value for money;
- the population in each area, the projected increase on demand and when this will happen;
- what other services are provided by others in each local area;
- our buildings and if they can meet people's needs now and in the future;
- what other local authorities are doing; and
- current travel time for people receiving services and if those services are in the community they live.

## What has this told us?

Whilst there were differences in each service and in each of the three geographical areas we operate from in West Sussex (Southern, Western and Northern) the evidence collected confirmed what has been suspected for some time:



The number of people aged 18-64 with a moderate to severe learning disability in West Sussex is estimated to be 3,160



Services are well thought of by people who use our services and families and carers - the last full survey was done in 2016/17 with 90% of people saying services were good



Approximately 55% of the building space available across our 14 day centres is not currently used by people using our services



40% of people who use our residential homes for adults with learning disabilities are over 65 and have a range of age related conditions (including dementia)



Six of the seven residential homes will not be able to meet the needs of people using the service over the next five years and four of those would require a full rebuild



Many people travel from where they live to receive services not in their community and people attending day services can spend up to three hours a day on transport.



Nearly all of our learning disability day centre buildings are not fit for purpose.

- Some of our services are better used than others, for example there is low demand for our day services for older people whilst there is high demand for our short-term services such as respite and day opportunities for adults with a learning disability.
- There is duplication of similar services in some areas, for example long-stay care and day services for older people in some area of the county.
- Our services for those with complex needs, those who are part of our Shared Lives service and people who have short-stay support, provide value for money.
- The majority of our day services for older people are in good condition and are in good locations.

## Why can't things stay as they are?

Doing nothing is not an option – people's needs have changed and are changing. How and where we work also needs to change. Due to the changes in people's needs and people living longer the delivery of our services will not be physically possible in around 50% of our buildings within the next five years.

We want to **invest** in our services so they meet people's future needs, work with our partners to provide support so people can live their lives well, and ensure we achieve best value when using public money.

## What will be different?

Before we came up with our proposals for each area, we developed a set of **Service Principles** with our staff, people who use our services, families and carers, County Councillors and others over the past two years. These have made sure that the proposed service changes:

- Are inclusive and do not exclude people based on the label of their disability.
- Are local and provide support when people need it.
- Focus and build on what people can do – not what they can't.
- Do more that promotes independence and everyday activities.
- Help people access and build confidence in using community solutions where they live.
- Improve people's connections with others to reduce isolation and loneliness.
- Provide specialist services in safe and appropriate environments for those people that need them.
- Provide timely and effective information and advice.
- Make best use of the resources we have (staff, buildings, transport and money).
- Work collaboratively with our partners to produce better results for people.

## What services are included?

Area	Service	Location
<b>Western</b> (Bognor Regis and Chichester areas)	1. <b>Judith Adams</b> - day centre for older people	58 St Pancras, Chichester, West Sussex, PO19 7LS
	2. <b>Marjorie Cobby House</b> -reablement and short term residential service	38 St Peters Crescent, Selsey, West Sussex, PO20 0NA
	3. <b>Hammonds</b> - residential service for adults with learning disabilities	210 Hawthorn Road, Bognor Regis, West Sussex, PO21 2UP
	4. <b>Tozer House</b> - residential service for adults with learning disabilities	Tozer Way, Chichester, West Sussex, PO19 7NX
	5. <b>Wrenford</b> - day centre for adults with learning disabilities	Terminus Road, Chichester, West Sussex, PO19 8TX
	6. <b>Chestnuts</b> - day centre for older people	London Road, Bognor Regis PO21 1DE
<b>Southern</b> (Littlehampton, Worthing and Shoreham areas)	7. <b>New Tyne</b> - residential service for people with dementia	Durrington Lane, Durrington, Worthing, West Sussex, BN13 2TF
	8. <b>The Laurels</b> - day centre for older people	Sheep Fold Avenue, Rustington, West Sussex, BN16 3SQ
	9. <b>Ball Tree Croft</b> - residential service for adults with learning disabilities	Western Road North, Sompting, West Sussex, BN15 9UX
	10. <b>Coastal Enterprises</b> - day centre for adults with learning disabilities	Brougham Road, Worthing, West Sussex, BN11 2NU
	11. <b>Coastal Workshops</b> - day centre for adults with learning disabilities	Rustington Trading Estate Unit D2, Dominion Way, Rustington, West Sussex, BN16 3HQ
	12. <b>Glebelands</b> - day centre for older people	Middle Road, Shoreham, West Sussex, BN43 6GA
	13. <b>Oaks</b> - day centre for adults with learning disabilities	34 Woodlands Avenue, Rustington, Littlehampton BN16 3HB
	14. <b>The Pines</b> - day centre for adults with learning disabilities	Faraday Close, Durrington, Worthing, West Sussex, BN13 3RB
	15. <b>The Rowans</b> - day centre for older people	Steeple View, Pelham Road. Worthing, West Sussex, BN13 1RP
	16. <b>Stanhope Lodge</b> - residential service for adults with learning disabilities	Poplar Road, Durrington, Worthing, West Sussex, BN13 3EZ

Area	Service	Location
<b>Northern</b> (Crawley, Horsham, East Grinstead and Haywards Heath areas)	17. <b>Maidenbower</b> - day centre for older people	Harvest Road, Maidenbower, Crawley, West Sussex, RH10 7RA
	18. <b>Glen Vue</b> - day centre for older people	Railway Approach, East Grinstead, West Sussex, RH19 1BS
	19. <b>Burnside</b> - day centre for adults with learning disabilities	Victoria Road, Burgess Hill, West Sussex, RH15 9LH
	20. <b>Hobbs Field</b> - residential service for adults with learning disabilities	Leechpool Lane, Horsham, West Sussex, RH13 6AG
	21. <b>Strawford</b> - day centre for adults with learning disabilities	Blatchford Close, Horsham, West Sussex, RH13 5RG

## Service proposals for each area:

These are presented in the three geographical areas that we provide services:

Current service and location	Service proposals – Western
<p><b>Marjorie Cobby House in Selsey</b> - reablement and short term residential service</p> <p><b>Tozer House in Chichester</b> - residential service for adults with learning disabilities</p> <p><b>Hammonds in Bognor Regis</b> - residential service for adults with learning disabilities</p>	<p><b>To operate from two sites instead of three.</b></p> <p><b>To keep and develop 24 hour residential provision:</b></p> <ul style="list-style-type: none"> <li>New 24 hour residential provision to focus on complex behavioural and physical need with an increase in short stay beds (including reablement).</li> </ul> <p><b>Both sites are to be determined but they will be in the Chichester and Bognor areas.</b></p>
<p><b>Wrenford in Chichester</b> - day centre for adults with learning disabilities</p> <p><b>Chestnuts in Bognor Regis</b> - day centre for older people</p> <p><b>Judith Adams in Chichester</b> - day centre for older people</p>	<p><b>Combine the Wrenford service with Chestnuts and Judith Adams and stop using the Wrenford building.</b></p> <p><b>Keep and develop day opportunity model at Chestnuts and Judith Adams sites:</b></p> <ul style="list-style-type: none"> <li>New day opportunity services to be multi-use, support mixed needs, increase short-term places and have a greater focus on creating ways of working with the person in their own community.</li> </ul>

Continues over

Current service and location	Service proposals – Southern
<p><b>New Tyne in Worthing</b> - residential service for people with dementia</p>	<p><b>Keep and develop 24 hour residential service</b></p> <ul style="list-style-type: none"> <li>• Service based on need not customer “labels”</li> <li>• Increase short-stay beds</li> <li>• Day service transfers to Rowans day centre in Worthing</li> <li>• Current residential service can be delivered as usual during building of new rooms.</li> </ul>
<p><b>Stanhope Lodge in Durrington</b> - residential service for adults with learning disabilities</p> <p><b>Pines in Durrington</b> - day centre for adults with learning disabilities</p>	<p><b>Provide from one site - 24 hour residential service and a day opportunity site.</b></p> <p><b>To be built on the current Pines site:</b></p> <ul style="list-style-type: none"> <li>• New 24 hour residential service to focus on complex behavioural and physical need with an increase in short stay. Current Stanhope building to remain until new site completed.</li> <li>• People using the Pines service would relocate to Laurels, Glebelands, Rowans and other providers during building of new site.</li> <li>• New day opportunity services to be multi-use, support mixed needs, increase short-term places and have a greater focus on creating ways of working with the person in their own community.</li> </ul>
<p><b>Ball Tree Croft in Sompting</b> - residential service for adults with learning disabilities</p>	<p><b>Keep and develop 24 hour residential service:</b></p> <ul style="list-style-type: none"> <li>• New 24 hour residential service to focus on complex behavioural and physical need with an increase in short-stay.</li> </ul> <p><b>Site to be determined but will remain in this area.</b></p>
<p><b>Coastal Enterprise in Worthing</b> - day centre for adults with learning disabilities</p>	<p><b>Combine current service at Coastal Enterprise with Rowans, Glebelands, Laurels day centres and stop using the Coastal Enterprise building.</b></p>
<p><b>Laurels day centre in Rustington</b> - day centre for older people</p> <p><b>Oaks in Rustington</b> - day centre for adults with learning disabilities</p> <p><b>Coastal Workshop Rustington</b> - day centre for adults with learning disabilities</p>	<p><b>Combine current service at Oaks and Coastal Workshop Rustington with the Laurels day centre</b></p> <p><b>Keep and develop day opportunity service at the Laurels.</b></p> <ul style="list-style-type: none"> <li>• New day opportunity services to be multi-use, support mixed needs, increase short-term placements and have a greater focus on creating ways of working with the person in their own community.</li> </ul> <p><b>Leases at Oaks and Coastal Workshop Rustington to be terminated.</b></p>
<p><b>Rowans in Worthing</b> - day centre for older people</p> <p><b>Glebelands in Shoreham</b> - day centre for older people</p>	<p><b>Keep and develop day opportunity service.</b></p> <ul style="list-style-type: none"> <li>• New day opportunity services to be multi-use, support mixed needs, increase short-term places and have a greater focus on creating ways of working with the person in their own community.</li> </ul>



Current service and location	Service proposals – Northern
<p><b>Hobbs Field in Horsham</b> - residential service for adults with learning disabilities</p> <p><b>Strawford in Horsham</b> – day centre for adults with learning disabilities</p>	<p><b>To provide from one site.</b></p> <p><b>Keep and develop 24 hour residential service and a day opportunity service on same site.</b></p> <ul style="list-style-type: none"> <li>• New 24 hour residential service to focus on complex behavioural and physical needs with an increase in short-stay.</li> <li>• Current Strawford building to remain until new site completed.</li> <li>• New day opportunity services to be multi-use, support mixed needs, increase short term places and have a greater focus on creating ways of working with the person in their own community.</li> </ul> <p><b>Site to be decided but will remain in the Horsham area.</b></p>
<p><b>Glen Vue in East Grinstead</b> - day centre for older people</p> <p><b>Maidenbower in Crawley</b> - day centre for older people</p>	<p><b>Re-provide the service to Shaw day services and other providers as required.</b></p> <ul style="list-style-type: none"> <li>• To re-provide across Burleys Wood, Deerswood Lodge and other providers as needed.</li> </ul> <p><b>Leases to be handed back to West Sussex County Council.</b></p>
<p><b>Burnside in Burgess Hill</b> - day centre for adults with learning disabilities</p>	<p><b>Keep and develop day opportunity service.</b></p> <ul style="list-style-type: none"> <li>• New day opportunity services to be multi-use, support mixed needs, increase short-term places and have a greater focus on creating ways of working with the person in their own community.</li> <li>• To continue to look for an alternative building in the Burgess Hill area.</li> </ul>

## What will happen and when?

We recognise that this needs to be a long-term plan and we estimate that it will take five years to complete – as this will include service mergers, disposing of some buildings and building some new ones.

Once a decision has been made we are suggesting that any implementation would be made up of these key activities:

- **Activity 1:** Changing our day services and introducing a new Day Opportunity service. This will include ongoing involvement of the people using services, families and carers, and our staff.  
**When:** Years one to three - 2018-2020.
- **Activity 2:** Detailed design of our residential services, securing investment and fit with other local area priorities/opportunities. This will include ongoing involvement of the people using services, families and carers, and our staff.  
**When:** Year one - 2018-19.
- **Activity 3:** Detailed engagement on Activity 2 with people using the services, families and carers, and implement the changes.  
**When:** Years two to five - 2019-22.

## Your views on the proposals:

We would like to find out what you think about these proposals. Please complete our survey to let us know your views.

You can either do this online via our Have Your Say website (see below for more information) or by completing one of our printed surveys which are available to pick up at all of our services.

We do have easy read versions available and these can be found at our services across the county or by contacting Sue Jacobs on **0330 222 7765** or e-mail: [sue.jacobs@westsussex.gov.uk](mailto:sue.jacobs@westsussex.gov.uk)

Please return any completed surveys to:

**Freepost Plus RSBK-CHTU-KGGG**  
**Have Your Say**  
**Choices for the Future**  
**West Sussex County Council**  
**Chichester**  
**PO19 1RQ**

The questionnaire is available to everyone and is also available online:  
[www.westsussex.gov.uk/choicesforthefuture](http://www.westsussex.gov.uk/choicesforthefuture)

Alternatively you can e-mail any queries, questions or comments to our inbox:  
[IHSC.Options.Appraisal@westsussex.gov.uk](mailto:IHSC.Options.Appraisal@westsussex.gov.uk)

## What happens next?

The results of the questionnaire, families and carer's feedback as well as the thoughts of those who use our services will be considered very carefully and what people said will be made available on the county council's Have Your Say website.

The Cabinet Member for Adults and Health will consider all of the information we receive regarding the proposals and will make a final decision on the future of our in-house services in the summer of 2018.

Benefits	Rationale
Efficient and effective use of resources and public money (measurable service level agreements's)	<ul style="list-style-type: none"> <li>• Clear evidence base which supports a defined purpose and function for in house provision in each geographical areas</li> <li>• Detailed financial model</li> <li>• Performance managed service with clear deliverables.</li> </ul>
Approach built on outcomes from stakeholder engagement (staff, users of the services, families etc.).	<ul style="list-style-type: none"> <li>• Extensive engagement with all key stakeholders throughout the project including face to face sessions with over 800 people.</li> </ul>
More local, responsive and flexible provision to customers and the local community with a greater focus on short term provision	<ul style="list-style-type: none"> <li>• Mapping of day services users has shown that travel time will be reduced significantly (along with transport costs) through the rationalisation programme.</li> <li>• Increase of short term placements in day services, increased short term/crisis beds and services based on need rather than customer groups.</li> </ul>
Increased opportunities for community inclusion through reduced reliance on "specialist buildings" and further extending Shared Lives model and utilising existing community buildings/shared space where possible.	<ul style="list-style-type: none"> <li>• Reduction of around 50% of current buildings in-house social care is operating from with no overall loss of service level. New day opportunity model also includes facility to use non specialist spaces in local communities where available.</li> <li>• Shared Lives has piloted placements for older people and work is continuing to extend its offer.</li> </ul>
Market stabilisation and "provider of last resort" responsibilities in identified areas where market is weakest	<ul style="list-style-type: none"> <li>• Ensures some control over direct provision and effective usage of resources based on current priorities.</li> <li>• Safeguards services for those with very complex needs and ensures a service of last resort</li> <li>• Increases areas of provision that are difficult to obtain from the wider market (e.g. short stay beds).</li> </ul>
Cost avoidance to whole system (via increased amount of reablement)	<ul style="list-style-type: none"> <li>• Reablement services at Marjory Cobby House have evidenced cost avoidance efficiencies. Will develop similar process around short stay day opportunity placements.</li> </ul>
A clear roadmap to deliver existing allocated efficiencies - £750k savings from 2018/23 (£250k was	<ul style="list-style-type: none"> <li>• See Appendix A and management case.</li> </ul>

delivered in 2016/17 financial year).	
Provides opportunities to explore alternative delivery mechanisms as commissioning strategy matures and focused market commences	<ul style="list-style-type: none"> <li>• Opportunities for potential partnerships/joint ventures particularly in delivering the 24hr/residential provision.</li> </ul>
<b>Risks</b>	<b>Mitigation</b>
Size and scale of proposed changes may result in cabinet members not wanting to proceed with proposal	<ul style="list-style-type: none"> <li>• Proposals set within context of strategic priorities in the Council's plan.</li> <li>• Ongoing engagement with all key stakeholders and focused period of engagement on service proposals.</li> <li>• Clear and detailed phased implementation plan with ongoing local engagement throughout the change process.</li> </ul>
Implementation of Adults' Services Strategic commissioning plan – delivery of service proposals for In-house provision rely on complimenting and fitting with strategic plan for each local area/population	<ul style="list-style-type: none"> <li>• Reviewed governance structure across all Transformation projects within this programme which brings key areas together.</li> <li>• Service level agreement arrangements and ongoing development with commissioners/contract colleagues.</li> </ul>
Unable to deliver full year realisation of £250k savings taken from budget in 2018/19. This may result in pressure to deliver change quicker.	<ul style="list-style-type: none"> <li>• Agreed implementation plan which considers time needed to support the change with most vulnerable user of the services.</li> <li>• Work being done on other areas of potential efficiencies to address the shortfall (e.g. current transport recharge etc.).</li> </ul>
No certainty of Capital investment required for future delivery model – competing priorities across corporate activity.	<ul style="list-style-type: none"> <li>• Alignment with current commissioning priorities.</li> </ul>
Alternative use of buildings may raise risk of public challenge and further delays	<ul style="list-style-type: none"> <li>• Detailed engagement on service proposals with key stakeholders.</li> <li>• Ongoing co-production throughout implementation period.</li> <li>• Proactive approach to press engagement with videos being developed to highlight benefits of new approach.</li> </ul>
Service managers may be overwhelmed by the level of change/proposals that they need to support their staff	<ul style="list-style-type: none"> <li>• Change and resilience sessions</li> <li>• Monthly senior management sessions</li> <li>• Quarterly development days for managers and assistant managers</li> <li>• Programme of learning development</li> </ul>
Centre managers will need to support their staff and customers	

<p>through change despite being at risk of redundancy themselves</p>	<p>and support</p> <ul style="list-style-type: none"> <li>• Phased approach to implementation</li> <li>• Learning sets around each change activity to inform the next.</li> </ul>
<p>Redundancy risk and length of implementation may lead to staff leaving and difficulty in retaining needed experience, skills and knowledge.</p>	<ul style="list-style-type: none"> <li>• Full, transparent engagement.</li> <li>• New opportunities within 2B workforce structure</li> <li>• Support structures to be put in place for staff with concerns</li> <li>• Change process in place to discuss any operational response needed to cover staff losses.</li> </ul>
<p>Current leaseholders may take legal action if they are not offered an alternative provision. Have 65+groups using existing space, the majority of which have occurred tenants rights.</p>	<ul style="list-style-type: none"> <li>• Working with legal, FM and asset strategy manager to develop mitigation plan and offer of alternative where appropriate and available.</li> </ul>
<p>Part of the savings relate to a proposed move away from providing Apetito meals at day services. A reduction in meals at the day service may have an impact of the efficiency and delivery of the wider Apetito Meals on Wheels contract.</p>	<ul style="list-style-type: none"> <li>• Working with County Catering Service Manager to develop mitigation plan.</li> <li>• Phased approach to implementation will support reduction of risk.</li> </ul>

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	<b>Option 1</b> Do nothing	<b>Option 2</b> Programme of outsourcing to external market across all in house services	<b>Option 3</b> Close non-statutory services (day services)	<b>Option 4</b> Full programme of rationalisation and capital investment based on current service proposals and delivery mechanism.
Reaching people earlier and being more accessible in local communities;				
Timely and effective information, advice and guidance				
Local provision and less travel time for people using the service and their families.				
Promotes and delivers independence & everyday activities in the persons local community (rather than "classroom" based)				
Helping people access community solutions and improve their connections with others to reduce isolation and loneliness;				
Building on skills whilst in the persons local community to enhance and improve local knowledge, experiences and opportunities				
Increase community based, short term day opportunity placements & support people into employment/community inclusion etc.				
Support/services provided in an environment that will most effectively meet peoples outcomes				
Ability to flex opening times and accommodate widest range of services for the local population				
To focus on need rather than customer groups and help people maximise their strengths to develop and maintain skills that will support independence and control;				
Potential to reduce reliance on formal social care provision				
Provision that focuses on need (rather than customer "labels")				
Increased ability to build community based opportunities				
Emphasizing the importance of being highly responsive when people are in crisis and developing a plan that helps them to regain as much independence as possible				
Ability to increase response for short term bed based stays (including crisis, respite, interim etc.).				

Agenda Item 6  
Appendix 3

Contribute to the sustainability in the social care market place				
Delivery of £750k efficiency target				
Compliance with regulatory and quality assurance frameworks				
Minimal disruption to business as usual services				
Competitive unit costs				
To contribute to sufficient supply within the market and retain some control.				
Clear service offer – commissioned purpose and function			N/A	
Reduce duplication and resource wastage				
Provider of last resort – “safety net” in a local area				
Actively seek to build partnerships in the community to provide local solutions				
Support innovation & excellence – i.e. potential for joint ventures, partnership agreements etc.				
Maximise use of our buildings and resources in it by developing presence from other groups/agencies				
Use alternative building space in the community – inclusive approach (e.g. Libraries, Community Centres etc.).				
Work collaborative with partners to produce better results (& greater choice) for people (e.g. Empty plate café in Worthing)				
Best use of volunteers (local community)				
Where needed in day opportunity sites food provision should be provided through “skills focused” kitchen/café environments (where possible run by external groups).				



<b>Health and Adult Social Care Select Committee</b>
<b>22 June 2018</b>
<b>improved Better Care Fund (iBCF) update</b>
<b>Report by Executive Director Childrens Adults Families Health and Education and Director of Adult Social Services</b>

**Summary**

iBCF funding was announced in the Spring budget of 2017 in recognition of the increasing financial pressures that local authorities are facing. It was determined by Government that it should be used to support them in meeting adult social care needs, reducing pressure on the NHS and to support the social care market.

**The focus for scrutiny**

In July 2017, the Health and Adult Social Care Select Committee (HASC) reviewed outline plans for the use of iBCF monies in 2017/18. Members were informed that the Government had announced that the iBCF was intended, in part to support local authorities to meet adult social care needs; reduce pressure on the NHS, including supporting more people to be discharged from hospital when they are ready; and support the local social care provider market. Members are asked to take this into consideration when reviewing how the iBCF has been spent in the 2017/18 financial year and whether the outputs and outcomes which have been delivered through the use of iBCF to date have achieved the intended use for the funding as set out in the grant conditions.

**Recommendations**

The Health and Adult Social Care Select Committee is asked to:

- i. Review how the iBCF has been spent in the financial year 2017/18 and whether the outcomes achieved meet the intended use of the funding as set out in the grant conditions;
- ii. Agree that the Committee should review iBCF investment for the financial year 2018/19 in terms of outcomes achieved, scheme suitability and priority at a future meeting.

**1. Background and Context**

- 1.1 The iBCF has been provided to local authorities in recognition of the pressures on adult social care caused by demographic growth, people living longer with more complex needs and therefore needing greater support and the impact of cost pressures on providers, particularly the national living wage.

- 1.2 The iBCF is paid to local authorities who must;
  - Pool the grant funding into the local Better Care Fund (BCF). This means that iBCF will come within the Section 75 agreement that governs the arrangements of spend of BCF,
  - Work with relevant clinical commissioning groups (CCGs) and providers to meet the Integration and Better Care Fund National Condition 4 (Managing Transfers of Care), and
  - Provide quarterly reports.
- 1.3 The iBCF has to be spent on adult social care and can only be used to;
  - Meet adult social care needs,
  - Reduce pressures on the NHS, including supporting more people to be discharged from hospital when ready, as set out in the BCF National Condition 4 (Managing Transfers of Care), and
  - Make sure the local social care provider market is supported
- 1.4 The iBCF should not be seen as a separate funding stream but as part of the overall funding, including the Council's adults' social care budget and Better Care Fund, available to meet adult social care needs, reduce NHS pressures and support the local care market.
- 1.5 The threat from Department for Communities and Local Government (DCLG) and Department of Health, that iBCF funding remained under the risk of national Government direction and financial sanctions, if national expectations on reducing Delayed Transfers of Care (DToC) set in July were not on track, has created uncertainty. It has meant that planning had to be more conservative, as any retrospective reduction or redirection of iBCF funding would have had an impact on the investments the Council was making. The Council was only advised in October 2017, that due to our performance, this threat had been removed.

## **2. Proposal**

- 2.1 A plan for the allocation of iBCF in 2017/18 and 2018/19 was agreed and set out in the BCF 2017-19 section 75 agreement between the Council and West Sussex CCGs, to meet three outcomes, as set out in the grant award letter, which are:
  - To meet adult social care needs,
  - To reduce pressure on the NHS, and
  - To ensure the local social care provider market is supported
- 2.2 Although the iBCF funding provided a welcome increase in resources, it was inevitable that large parts of it would need to be used to meet the cost of existing pressures rather than creating a source of investment in new initiatives. In that respect any assessment of the effectiveness of the iBCF cannot be divorced from the Council's wider challenge in funding adult social care, which means that the measure of its success is partly about what it has helped sustain. Key areas of iBCF spend in 2017/18 are set out below.

### Outcome 1: Meeting adult social care needs

- 2.3 The Council continues to face demand pressures on its budgets, due to increasing complexity across all customer groups and an ageing population.

By early in last financial year this was leading to a forecast overspend in the portfolio, which required corrective action.

- 2.4 Therefore a sum of £1.600m of iBCF funding was initially allocated to make sure that the Council could continue to fulfil its statutory Care Act duties, including funding rates of increase in the cost of care packages of up to 3% more than inflation. This figure rose to £1.857m by 2017/18 year end due to the increasing demand pressure on adult social care budgets, particularly seen in the cost of services for people with a learning disability.
- 2.5 Whilst this did not allow anything additional to take place, it did enable the Council to continue to meet assessed eligible needs and averted the need for compensating reductions to be made elsewhere in the budget to mitigate the risk of overspending. It also contributed towards the Council's decision to manage a pressure of £0.5m as a result of delays in receipt of savings as a corporate item. Consequently the availability of the iBCF also helped secure that wider benefit for the system.

#### Outcome 2: Reducing pressure on the NHS

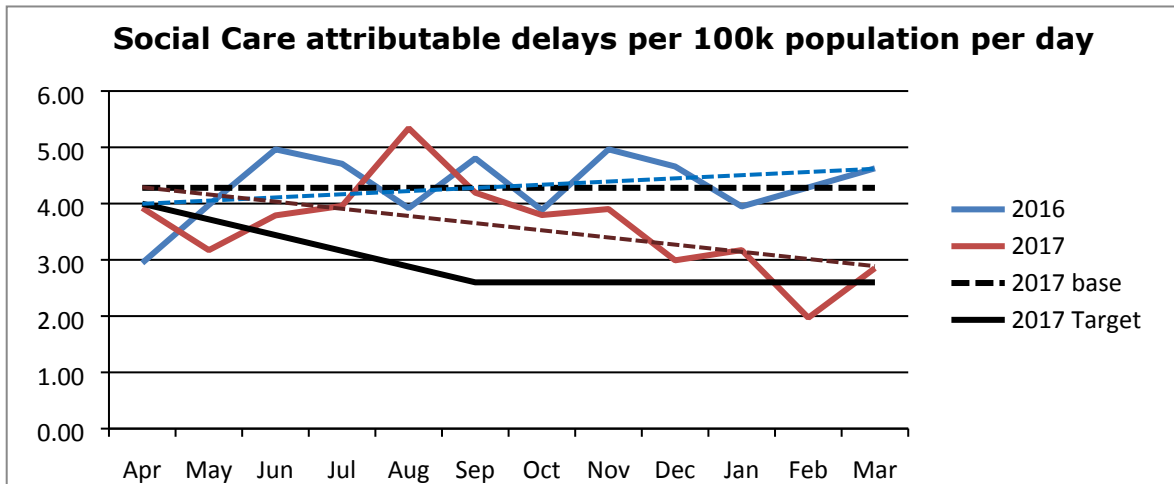
- 2.6 West Sussex acute and community health systems have faced what is being suggested as the worst winter pressures seen for many years, with increases in the number of people presenting to acute hospitals and requiring community-based health care.
- 2.7 The Council has been working with CCGs and acute and community health services across West Sussex to improve the flow of patients through hospital in a timely way. For the Council, a key contribution to supporting the system flow more efficiently, and to reduce pressures on NHS services, is to reduce (DToC) attributable to West Sussex social care.
- 2.8 In July 2017, a nationally set target for a reduction in delayed days attributable to West Sussex County Council social care to 2.60 delayed days per 100,000 population was set (from a baseline, as at February 2017, of 4.28 delayed days per 100,000 population). This was a very stretching target, as not only did it not take into account the particular issues facing large shire counties, it was based on a simple 50:50 split of a previously agreed NHS only 3.5% reduction target in DToC despite, at the time, only 27% of DToC being attributable to social care.
- 2.9 The Council has therefore spent, as summarised below, iBCF funding on social care services to reduce the number of DToC that are attributable to West Sussex social care and thereby support more social care customers to be discharged from hospital in a timely way.
- 2.10 The iBCF has been used to replace withdrawn CCG winter pressure funding for staff in hospital discharge teams that helped the Council to continue to meet its Care Act duty of assessing people within 48 hours of a notice of discharge from the NHS. In total around 8,800 referrals for assessment were received by social care from acute hospitals in 2017/18.
- 2.11 The Council introduced 50 discharge to assess (D2A) Beds across the county in 2017/18, using iBCF funding, to make sure that no one had to make a

decision whilst in crisis or in a hospital bed. The Council also funded 34 winter pressure beds across the county to support people being discharged from hospital in a timely manner.

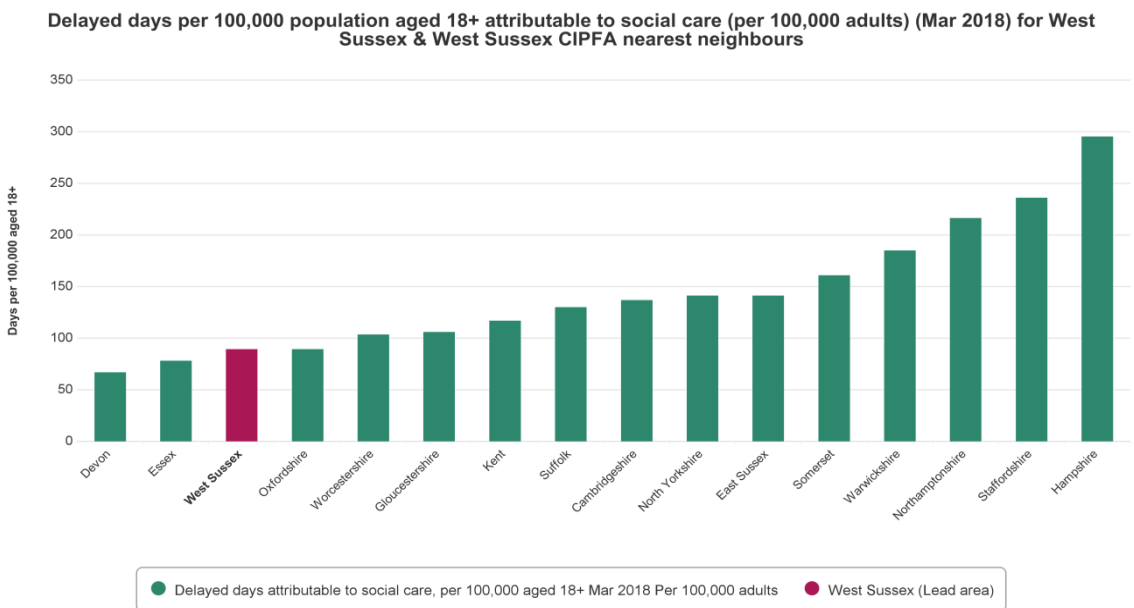
- 2.12 The iBCF funding has been used to 'pump prime' new domiciliary care rounds across the county that has led to an estimated 5,300 extra hours of domiciliary care. This additional care, supporting timely discharge from hospital, was focussed on areas where previously capacity had not been available.
- 2.13 Although not all posts have been filled due to recruitment difficulties, funding was set aside to recruit additional occupational therapy staff to provide therapeutic interventions to customers leaving hospital with domiciliary care, extra care housing support and reablement bed services. Where possible, locums have been utilised alongside staff that have been recruited, to support hospital discharge and to enable people to receive support to retain or regain skills to keep them independent in their own homes and not have to return to hospital or need further health and social care services.
- 2.14 Over 4,400 hours of additional staff time in Sussex Community Foundation NHS Trust (SCFT) has been funded to release core SCFT staff capacity that was supporting social care customers who didn't have a package of care. The Council has also used iBCF funding to support the on-going CCG commissioning of the SCFT Intermediate Care Team following a decision by SCFT to stop the service due to budgetary pressures.
- 2.15 As part of on-going negotiations with a primary contracted provider, additional beds for people with dementia will be developed. Whilst the conclusion of these discussions has been delayed as negotiations with the contracted provider are concluded, funding has been committed in 2018/19 to support any costs of the additional dementia bed capacity required.
- 2.16 The iBCF funding has also been committed, but not yet spent, to support plans for a joint health and social care Technology Enabled Lives service that it is anticipated will be secured during late 2018. Not only will technology support people in their own home when they are discharged from hospital, but it will also, through the innovation and development of technologies to gather predictive data, enable the delivery of more informed proactive support to prevent people needing more intensive health and social care services.
- 2.17 The iBCF funding has also been used, or committed to be used, on:
- Supporting the continuation of a shared lives scheme for people with dementia,
  - Managing the demand on the Council's care point service by improving the timeliness of assessments so that people are receiving the right service to remain independent and not require further, more intensive, health or social care services,
  - Providing an in-year inflationary uplift on carers services core funded by BCF although no uplifts had been received for two years, to continue services that prevent carer breakdown,
  - Support people with life long conditions through funding increased capacity to support reviews of people with learning disabilities, and

- Support the development of a joint health and social care commissioning approach to ensure consistent market management.

2.18 The use of iBCF on the schemes highlighted above has meant that as at the end of March 2018, there were 2.85 delayed days per 100,000 population per day (total 604 days) attributable to the Council, a major reduction from our baseline (February 2017) of 4.28 delayed days per 100,000 population.



2.19 As at March 2018, the Council is within the top quartile for social care delayed days against its CIPFA ranked neighbours.



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Outcome 3: Ensuring the local social care provider market is supported

2.20 The adult social care market remains in a fragile state, with demand for care rising. Independent providers also offer care services to people who pay for their own care and this impacts on the availability of care that can be purchased by the Council. In addition, under the Care Act 2014, the Council has a duty to ensure sustainability of the broader care market.

- 2.21 The Council faces increasing budget pressures to meet the rising costs of supplying public funded care. For example, in the last two years (March 2016 - March 2018) average weekly placement costs for older people's residential care have risen by over 12% and average non-residential packages by over 8%. The iBCF has been used, alongside core funding, to manage that cost pressure without wider detriment to the portfolio
- 2.22 The iBCF has paid for permanent additional uplifts and resources for extra care housing support providers. This has enabled the Council to maintain a commissioned extra care service in at least two schemes and ensured that approximately 65 vulnerable residents in those schemes are able to sustain independent living. Had this service ceased, some of these residents would no doubt have had to move to residential or nursing care.
- 2.23 In 2017 the Government, following an earlier court ruling, determined that people who had worked 'sleep-in' shifts should be paid at national living wage per hour rather than a flat payment as was usually the case. The iBCF funding, to maintain a safe range of service availability for learning disability customers, has been used to meet a number of reasonable and justified increases from provider organisations due to this. In view of the impact this is still likely to have on providers, for example Mencap, who provide sleep in care, the Council has set aside further iBCF funding as a contingency to meet the implications of that ruling.
- 2.24 Workforce in the care market has always been an issue in West Sussex, with many providers informing the Council that they are often not able to meet the requests of Adult Services due to difficulties in recruiting staff. During 2017-18, iBCF funding was used to support four workforce recruitment campaigns in Crawley, Selsey, Horsham and East Grinstead. Eleven people were appointed to care worker posts due to these workforce campaigns. As part of a review of the work to date through these campaigns, the people who have been recruited will be contacted so that we can learn for their experiences to date.
- 2.25 The iBCF funding was also committed to develop a dedicated support team to analyse workforce demand and plan activities, with care providers, to increase the available care workforce in West Sussex. In addition the team will work, as identified through the recent peer review, with market providers to look at learning and development opportunities to support the training of their staff.
- 2.26 The iBCF has also been used to establish a fragility reserve to meet the Council's Care Act duty for broader market management and reduce the risk of failure in the market. In particular this funding has supported;
- Providers to sustain their provision, with up to 12 person-centred accommodation-based placements for people with learning disabilities sustained through the iBCF funding,
  - The Council to fund providers to sustain their provision or to fund additional costs where existing providers have failed, particularly in the care and support at home market, where iBCF funding has meant some 400 adult social care customers have had the risk of needing to move provision mitigated, and

- The Council to meet the costs of customers who have been assessed as no longer meeting the criteria for continuing healthcare and have therefore become customers to be funded through adult services. Costs of £0.35m have passed to the Council as a result of this in 2017/18, for which no budget provision otherwise existed.

### 3. Resources

- 3.1 The iBCF financial summary for 2017/18 and the iBCF 2018/19 plan are summarised below. A more detailed breakdown can be found in Appendix 1.

	<b>2017/18 Planned ('000s)</b>	<b>2017/18 actual / committed ('000s)</b>	<b>2018/19 Planned ('000s)</b>
Meeting adult social care needs	£1,400	£1,857	£2,800
Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready	£5,858	£5,033	£6,620
Ensuring that the local social care provider market is supported	£4,100	£3,134	£5,010
<b>Total</b>	<b>£11,358</b>	<b>£10,024</b>	<b>£14,430</b>

- 3.2 The expenditure figure for 2017/18 includes actual spending incurred together with commitments that have formally been made but which have not yet been fulfilled because of timing reasons. This has created an uncommitted balance of £1.334m that will be rolled over into 2018/19.
- 3.3 It would have been in line with the grant conditions for the Council to have chosen to use this uncommitted balance to meet the £0.5m overspend in the 2017/18 Adult Social Care and Health budget and/or to contribute towards some of the transformational expenditure in the service which has been funded corporately. That option was not taken and instead a decision was made to carry it forward in expectation of the system benefits that using it to fund one-off additional adult social care expenditure in 2018/19 should help achieve.

### Factors taken into account

#### 4. Issues for consideration by the Select Committee

- 4.1 In July 2017, the HASC reviewed outline plans for the use of iBCF monies in 2017/18. Members were informed that the Government had announced that the iBCF was intended to support local authorities to meet adult social care needs; reduce pressure on the NHS, including supporting more people to be

discharge from hospital when they are ready; and to ensure that the local social care provider market could be supported. Members are asked to take this into consideration when reviewing how the iBCF has been spent in the 2017/18 financial year and whether the outputs and outcomes which have been delivered through the use of iBCF to date have achieved the intended use for the funding as set out in the grant conditions.

## **5. Consultation**

- 5.1 The iBCF spending plan for 2017/18 and 2018/19 has been shared with the Joint Strategic Commissioning Group, made up of health and social care commissioners, in addition to NHS Accident and Emergency Boards, made up of health and social care providers.
- 5.2 Quarterly DCLG iBCF progress reports have been shared with CCG leads.
- 5.3 Individual schemes funded by iBCF will have consulted with stakeholders engaged with those schemes as appropriate and required.

## **6. Risk Management Implications**

- 6.1 The biggest risk for the iBCF funding was the threat by the DCLG and Department Of Health and Social Care intervening and setting national Government direction and/or financial sanctions if DToC targets set in July 2017 were not delivered. To mitigate this, funding was targeted at schemes that would reduce pressures on the NHS, and in October 2017, Government confirmed that at this stage West Sussex would not face either of these interventions.
- 6.2 Due to the risk of the CCGs financial position, there is a possibility that the CCGs may want to withdraw BCF funding. Any withdrawal of BCF funding will have a negative impact on the Council's adult social care spend in 2018/19.
- 6.3 Individual schemes funded by the iBCF will have individual scheme risks that would be monitored by the scheme lead.

## **7. Other Options Considered**

- 7.1 The grant determination letter outlined what was required from the additional iBCF funding. In particular there was a need to support the reduction of pressure on the NHS and the allocation of the iBCF was set with consideration of this. In addition, the iBCF was used, alongside core funding, to ensure that adult social care needs could be met and to ensure that the local social care provider market was supported.

## **8. Equality Duty**

- 8.1 This report only summarises the allocation of the iBCF and the outputs and outcomes that have been delivered through the range of schemes that the iBCF has been used for in 2017/18. Scheme leads, where required, should have considered the impact of their schemes on customers with protected characteristics. These individual scheme considerations are not covered in



this report, as this report deals only with the internal management of the iBCF. As such an Equality Duty Assessment for this report is not required.

## **9. Social Value, Crime and Disorder Implications and Human Rights Implications**

- 9.1 This report only summarises the allocation of the iBCF and the outputs and outcomes that have been delivered through the range of schemes and the budgetary support that the iBCF has been used for in 2017/18. Individual schemes may have social value, crime and disorder and Human Rights that have been identified by scheme leads, but as this report only summarises how the iBCF has been used in 2017/18, these are not reported here.

### **Kim Curry**

Executive Director Childrens, Adults,  
Families, Health and Education

### **Jana Burton**

Director of Adult Social Care

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## **Appendices**

Appendix 1 - iBCF financial summary for 2017/18 and 2018/19 plan

**Appendix 1 - iBCF summary for 2017/18 and 2018/19 plan**

	2017/18		2018/19
	Plan £000	Actual / committed £000	Plan £000
<b>Meeting adult social care needs</b>			
Sustainability of adult social care commissioned services	£1,400	£1,857	£2,800
<b>Total</b>	<b>£1,400</b>	<b>£1,857</b>	<b>£2,800</b>
<b>Reducing pressure on the NHS, including supporting more people to be discharged from hospital when ready</b>			
System resilience (maintaining hospital social work teams)	£800	£822	£800
Extension of existing discharge to assess bed arrangements	£1,000	£1,125	£1,100
Winter pressure beds	£410	£411	£420
Development of additional domiciliary care capacity	£200	£268	£200
Investment in OT support for reablement services	£400	£97	£400
Support for people awaiting transfer from community health services	£500	£137	£500
Support for people with dementia	£200	£523	£200
Prevention / Admission Avoidance	£1,590	£1,550	£2,100
Support to implement HICM	£200	£15	£300
Support for people with life long conditions	£600	£85	£600
<b>Total</b>	<b>£5,900</b>	<b>£5,033</b>	<b>£6,620</b>
<b>Ensuring that the local social care provider market is supported</b>			
Permanent additional uplifts and resources for social care providers	£2,900	£1,973	£3,810
Workforce development	£258	£16	£300
Joint Commissioning / Demand and capacity plan	£400	£591	£400
Fragility reserve to manage risk of market failure	£500	£554	£500
<b>Total</b>	<b>£4,058</b>	<b>£3,134</b>	<b>£5,010</b>
<b>TOTAL</b>	<b>£11,358</b>	<b>£10,024</b>	<b>£14,430</b>

<b>Health &amp; Adult Social Care Select Committee</b>
<b>22 June 2018</b>
<b>Outturn Total Performance Monitor 2017/2018</b>
<b>Report by Director of Finance, Performance and Procurement</b>

### **Executive Summary**

The finance performance (revenue and capital), savings delivery and business performance are currently monitored through the Total Performance Monitor (TPM). This monitoring and reporting mechanism brings together all these elements of West Sussex County Council's operation in a way of reporting all aspects to stakeholders. The report is intended for the public, senior officers, all Members, Select Committee Members and Cabinet.

The attached TPM reflects the position as at the end of financial year 2017/2018 and has been reviewed by Cabinet Members and senior officers within the authority.

### **Recommendations**

The Committee is asked to:

- i. Examine the data and supporting commentary for the Outturn 2016-17 and make any relevant recommendations for action to the Cabinet Member
- ii. Identify any issues for further scrutiny by this Committee
- iii. Identify any strategic issues for referral to Performance and Finance Select Committee

## **1. Equality Impact Review**

- 1.1 An Equality Impact Review is not required as it is a report dealing with internal or procedural matters only.

### **Katharine Eberhart**

Director of Finance, Performance and Procurement

**Contact:** Jonathan Ware, ext 28234

### **Annex Document**

Outturn Total Performance Monitor 2017/18

### **Background papers**

None

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## OUTTURN TOTAL PERFORMANCE MONITOR 2017/18

1. Financial performance (revenue and capital), savings delivery and business performance is monitored on a monthly basis through the Total Performance Monitor (TPM). The report is intended for the public, senior officers, all members including select committee members and Cabinet.

### Revenue Outlook

2. This section sets out the outturn financial position for 2017/18. The formal financial statements are still in preparation for the external audit after which, they will be submitted for approval by the Regulation, Audit and Accounts Committee. The position within this report is therefore provisional, although no material changes are anticipated.
3. The revenue spending for 2017/18 is £526.360m for portfolio and non-portfolio budgets as detailed in Appendix 1(a) and 1(b).
4. Appendix 1(c) and 1(d) detail the final agreed carry forward requests from the February TPM and additional transfers to reserves.

**Table - Summary of 2017/18 Pressures and Mitigations**

Portfolio	Pressures and Underspends	(£000)	Mitigation	(£000)	Variation To Budget (£000)
Adults & Health	Learning Disability customer growth and market price pressure	3,100	Use of Improved Better Care Fund (iBCF) to support demand pressures	(2,457)	
	Delay in delivery of savings for Life Pathways and Parity in Disability-related expenditure	500	Better than expected recovery of surpluses in direct payment accounts	(400)	
	Working Age Mental Health forecast overspend	139	Forecast reduction in spending due to winter related factors/ other one-off opportunities	(519)	
	Physical and Sensory Impairment customer volume growth	149			
<b>Adults &amp; Health</b>		<b>3,888</b>		<b>(3,376)</b>	<b>512</b>
Children & Young People	Net additional costs for CLA cases; particularly Children with Disabilities	312	Staff savings and project underspends in Integrated Prevention Earliest Help service	(1,396)	
			Reduced costs for Unaccompanied Asylum Seeking children resulting from additional grant funding	(205)	
<b>Children &amp; Young People</b>		<b>312</b>		<b>(1,601)</b>	<b>(1,289)</b>
Education & Skills	Home to School SEND Transport costs; predominantly for solo taxis	1,476	Net underspends in staff costs	(763)	
	Net additional costs for funding school redundancies and supporting EHCP assessments	404			
<b>Education &amp; Skills</b>		<b>1,880</b>		<b>(763)</b>	<b>1,117</b>
Environment	Net additional costs in Waste Disposal predominantly from delay to implementing new RDF arrangements	906	Reduced waste tonnages and costs during the year. This includes £0.5m transfer to new waste volatility reserve.	(634)	
	Additional consultancy costs to support development of Waste Strategy	42	Increased recovery of income owed from third parties and small underspend on Countryside Services	(188)	
	Additional costs from reversal of charges at Household Waste Recycling Centres	700			
<b>Environment</b>		<b>1,648</b>		<b>(822)</b>	<b>826</b>

## Agenda Item 8

### Annex

Portfolio	Pressures and Underspends	(£000)	Mitigation	(£000)	Variation To Budget (£000)
Finance & Resources	Accounting adjustment to increase the provision of bad debt	819	Reduction of expenditure on running contract costs including postage and stationary	(807)	
	Net additional costs for revised business rates offset by underspending on feasibility works and other small underspends	(153)			
	Net additional costs for reactive Facilities Management maintenance	343			
	Increased staffing costs	118			
<b>Finance &amp; Resources</b>		<b>1,127</b>		<b>(807)</b>	<b>320</b>
Highways & Infrastructure	Additional energy inflation cost relating to Street Lighting PFI	128	Costs offset from use of Streetworks Permit scheme	(456)	
	Reduced demand on National Concessionary Fare Scheme	(601)	Capitalisation of Operation Watershed revenue costs	(404)	
	Additional costs to support Highways Maintenance contract procurement and other small overspends	308			
	Net additional costs for planning issues (e.g. legal costs for range of planning appeals) and increased costs for transport provision	274			
<b>Highways &amp; Infrastructure</b>		<b>109</b>		<b>(860)</b>	<b>(751)</b>
Leader (including Economy)			Underspend on feasibility for Horsham Business Park and Bognor Digital hub	(266)	
			Staffing vacancies within the Communications team and small underspend on Broadband and Gigabit projects	(224)	
<b>Leader (including Economy)</b>		<b>0</b>		<b>(490)</b>	<b>(490)</b>
<b>Safer, Stronger Communities</b>	Additional costs for Firefighter induction course, delayed implementation of new control centre and a small overspend on Worth Domestic Abuse Services.	356	Underspend on Gypsy Roma & Traveller sites, staffing within management and other small underspends	(200)	
<b>Safer, Stronger Communities</b>		<b>356</b>		<b>(200)</b>	<b>156</b>
<b>Total Portfolio Budget</b>		<b>9,320</b>		<b>(8,919)</b>	<b>401</b>
<b>Non Portfolio</b>				<b>(4,450)</b>	<b>(4,450)</b>
<b>Projected Total Variance</b>					<b>(4,049)</b>
<b>Contingency – Original budget</b>					<b>(3,204)</b>
Contingency items, including Gypsy & Traveller maintenance costs, Insurance Provision, Sussex Healthcare & Shoreham					1,302
<b>Contingency – Remaining budget</b>					<b>(1,902)</b>
<b>Total Outturn Variation</b>					<b>(5,951)</b>
<b>Transfers to Reserve</b>					<b>4,000</b>
<b>Transfer to General Fund</b>					<b>1,951</b>
<b>Balance Remaining</b>					<b>0</b>

## Adults and Health

- As reported in the February TPM, the portfolio has incurred £4m of pressure during the financial year (which equates to 2.1% of base budget) due to two issues:
  - Demand pressures within Learning Disabilities. During the year, the size of the cohort increased by 1.5% which was due to the transition of younger people into the service and increasing life expectancy for the customer group as a whole. The LD budget has also seen above inflation price rises throughout the year from external providers;

- Delayed delivery of savings in relation to disability-related expenditure (DRE) and Lifelong Services. Both savings targets have been affected by delays on the projects; nevertheless, it is still expected that these savings will be delivered in future years.
6. However, the Improved Better Care Fund (iBCF) has enabled the portfolio to maintain an outturn variation of £0.5m overspending this year due to £2.5m of the grant being utilised to support Adult Social Care demand pressures. Other financial relief has also been generated from a minor underspend within expenditure for Older People, notably from better than expected recovery of surplus payments in customer accounts.
  7. For the iBCF overall, £1.9m will carry forward into 2018/19 as uncommitted funding from the County Council's allocation of £11.4m. Although this will continue to need to be used in line with the grant conditions, it will provide a means to spend additionally on adult social care on a one-off basis.

### **Children and Young People**

8. The Children and Young People portfolio has underspent by £1.3m (which equates to 1.4% underspend compared to budget). Whilst there has been pressure associated with elements of children's social care, including Children Looked After placements (£0.7m); the portfolio has mitigated pressures using in year savings from staffing underspends, both agency staffing and permanent employees. A further £0.2m of relief has come from increased grant from the Home Office to support the services provided to Unaccompanied Asylum Seeking children.
9. Spending within Children's Social Care has largely been on budget for both Children with and without disabilities which is a significant improvement from the previous financial year. The impact of the Quality and Development Board and the robust budget planning for 2017/18 has had a significant impact to the delivery of service and financial planning.

### **Education and Skills**

10. The Education and Skills portfolio has overspent by £1.1m primarily due to £1.3m of cost pressures in the SEND Home to School Transport service. This is as a consequence of significant increases in children with Education Health Care Plans (EHCP) needs who require specialist transport to enable them to continue their education. The position has been exacerbated by a limited supply-chain to absorb this extra demand, thereby increasing the market price for these services. An action plan is being implemented led by the Director of Education & Skills; examining how alternative transport solutions can be provided, market-place engagement and also examining existing transport plans; to enable this cost pressure to be mitigated in the 2018/19 financial year.
11. The portfolio has also incurred additional costs to support redundancy schemes in West Sussex schools, which has totalled £0.3m over budget. This total pressure has been mitigated by in-year staff savings of £0.5m largely generated by holding staff vacancies.

### **Environment**

12. Overall, the Environment Portfolio has overspent by £0.8m. This is a significant improvement on previous forecasts. A number of factors have caused the overspending in year; the key element being delays in implementing new

## Agenda Item 8

Annex  
arrangements to dispose of waste in the form of Refuse Derived Fuel (RDF) resulting from delays to the procurement and subsequent issues in respect of the successful contractor obtaining the necessary licences to move the waste abroad and also finalising contract terms with the Mechanical Biological Treatment (MBT) operator to move the RDF to the appropriate part of the site.

13. Financial pressure of £0.7m has also been generated following the decision not to charge residents for disposing of certain types of waste at Household Waste Recycling Centres (HWRC's).
14. Significant benefit has been generated in February and March from a drop in tonnages through the HWRC's due to the inclement weather. Given this volatility, a £0.5m reserve in case of significant increases in tonnages in early 2018/19 has been created and this is included within the outturn variation for the portfolio.

### **Finance and Resources**

15. The Finance and Resources portfolio has overspent by £0.3m. The portfolio has had a number of pressures in year including additional facilities maintenance requirements, revised business rate charges for West Sussex properties and an adjustment to how we account for the recovery of income due to the council. These pressures have been partly mitigated by underspending on variable costs such as running costs on contracts including printing and postage.

### **Highways and Infrastructure**

16. The Highways and Infrastructure portfolio has underspent by £0.8m. A number of factors have generated this underspend including; capitalisation of costs to support Operation Watershed activity £0.4m, reduced demand for the National Concessionary Fare Scheme £0.6m; and higher than expected income from the Streetworks Permit scheme which has been used to offset relevant costs £0.5m.
17. These underspends have been able to absorb some minor pressures incurred during the year which includes; additional consultancy support for the procurement of a new Highways Maintenance contract £0.3m, additional legal costs to support planning appeals £0.1m, small overspend on our street lighting PFI £0.1m and additional transport costs £0.1m.

### **Leader (including Economy)**

18. The portfolio has underspent by £0.5m in 2017/18. This is due to delays in revenue feasibility works at the Horsham Business Park, delays in the procurement of the lease for the Bognor Digital Hub, underspending within the newly created Communications Team and other minor reductions in spend within the Economic Development Service.

### **Safer, Stronger Communities**

19. The portfolio has overspent in 2017/18 by £0.2m. This is as a result of additional costs relating to the dual running of the IT system at the Sussex Control Centre and increased spending on retained firefighters during February and March due to additional pressure on the service during the inclement weather conditions.



## Other Budgetary Matters

### Non-Portfolio Budget

20. There is an outturn underspending within the contingency budget of £1.9m. The main draw downs from the contingency during the year included £0.7m for insurance provision negating the need for the planned draw down from the Insurance reserve, £0.3m of costs associated with Sussex Healthcare and £0.2m to enable maintenance works at our Gypsy, Roma and Traveller sites.

**Decision Request:** The Cabinet Member for Finance and Resources will be asked to approve the draw downs from the contingency budget as detailed in paragraph 20 and Appendix 1(b).

21. The forecast underspend for non-portfolio budgets has increased from £0.990m to £4.450m. This is due to the budget of £3.354m earmarked for additional LGPS Lump Sum contributions and funding of £0.150m allocated for the increased Employer's National Insurance contribution being no longer required in 2017/18 or in future years. This amendment was reflected in the 2018/19 budget, agreed by Full County Council in February 2018.

### Carry forward requests

22. The carry forward of grants and specific requests were approved as part of the February TPM to enable the closedown of the accounts. These totalled £2.647m (full details listed in Appendix 1c) and are included in the table below:

<b>List of Carry Forwards</b>	<b>Amount £000</b>
<b><u>Children and Young People</u></b>	
Three late grant allocations	414
Funding for MASH Education Workers, Adoption Fees and Youth Offending Service	467
<b><u>Education</u></b>	
Two late SEND grant allocations	494
<b><u>Finance &amp; Resources</u></b>	
Late grant allocations for One Public Estate	415
HR and Facilities Management Project	410
<b><u>Safer, Stronger Communities</u></b>	
Late grant allocation for Fire Operations	97
<b><u>Non-Portfolio</u></b>	350
<b>Total Carry Forward Request</b>	<b>2,647</b>

23. As detailed in the February TPM, there are a number of outstanding issues which we are currently investigating and it is likely that there will be associated financial implications. New reserves allocating the following amounts are detailed in Appendix 1(d):

## Agenda Item 8

### Annex

- Statutory Duties Reserve £2.0m – To fund potential payroll issues including any financial liability following a HRMC review of payments made outside of payroll, potential Teachers Pensions liabilities, Health and Safety funding and costs associated with the implementation of General Data Protection Regulation (GDPR).
- Deprivation of Liberty Safeguarding Reserve (DOLS) £1.0m - To include potential costs relating to the backlog of applications in respect of DOLS.
- Business Rates Appeals Reserve £0.460m – To cover the council's share of any potential liability following successful business rates appeals.
- Waste Volatility Reserve £0.5m – To fund a potential increase in tonnage volumes which may appear during the early part of 2018/19 financial year as a result of the reduced tonnages at the Household Waste Recycling sites in February and March due to inclement weather conditions.
- Pothole Action Bonus Reserve £0.540m – To focus on longer term repairs across the county's highways network.
- General Fund £1.951m – Using the remaining underspending in year; increase the balance held in the General Fund.

### **Balances and Reserves**

24. As at the end of March 2018, and assuming all recommendations within this report are approved, the County Council's reserves will be £208.6m as detailed in Appendix 1(b). This is an increase of £9.9m from £198.7m at 1<sup>st</sup> April 2017. The majority of this amount (£174.7m) is held within earmarked reserves to fund future commitments that the County Council has entered into. These relate to large programmes of work which include the Service Transformation Reserve or for specific long term contracts (e.g. Waste Management MRMC Reserve, Street Lighting PFI Reserve and Waste Management PFI Reserve).
25. Given the continuing uncertainty and volatility of public funding in the coming years, it is more important than ever that the County Council is holding adequate reserves. This will enable us to smooth out unexpected funding shortfalls and therefore minimalising any impact on services enabling them to plan effectively against their allocated budget.
26. Taking into account the agreed carry forward requests totalling £2.647m which are set out in paragraph 22 and Appendix 1(c) and all the transfers to reserves detailed in paragraph 23 and Appendix 1 (d), it is proposed that the balance of underspending in non-portfolio budgets of £1.951m is transferred to the General Fund. This will provide additional means for the County Council to protect itself from future demand pressures that could adversely impact on our financial position and strengthen the council's financial resilience. The General Fund balance would increase to £20.3m, representing 3.8% of 2018/19 net expenditure.
27. Following a review of the council's reserves, there are two reserves which are no longer required. The balance of £0.643m is proposed to be allocated to the Service Transformation Reserve.

Reserve Name	Reserve Balance To Be Removed (£'000)
Tangmere Solar Farm	300
Infrastructure Reserve	343
<b>Total</b>	<b>643</b>

### Savings Programme

28. The 2017/18 savings target across the portfolio budgets was £16.8m. Of this amount £15.4m (or 92%) was delivered as originally envisaged or the saving has been achieved via a different mechanism. £1.4m was judged as having no expectation of delivery by the end of the financial year; of which £0.5m for waste charges has been addressed in the 2018/19 budget and the remaining £0.9m relating to Lifelong Services and Disability Related Expenditure is planned to be delivered during future financial years.

### Capital Programme

29. The overall capital monitor, as set out in Appendix 3, shows the revised budget for 2017/18 totalling £114.6m, with £101.0m on Core Services and £13.6m on Income Generating Initiatives. The actual spend for 2017/18 is £98.0m, representing a variance of £16.6m (or 14% of £114m) from the revised budget as reported in previous TPM's. There has been no material variation to the profiled estimate reported in the January 2018 TPM. The capital monitor is attached in Appendix 3 and further detailed analysis will be provided in the capital programme report which is to be discussed at the Performance and Finance Select Committee in July 2018.

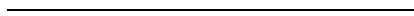
### Performance

30. This report provides an update to the year-end position against the Future West Sussex Plan (2015-19) reported in the February TPM report. This is the final report on the 2015-2019 plan which will be replaced with the West Sussex Plan 2017-2022.

The West Sussex Performance Dashboard enables services to provide details of the aims for each goal and the activities and actions being undertaken to meet the targets set.

<https://performance.westsussex.gov.uk/>





### 33. Independent for longer in later life



#### **Achievements GREEN**

##### **Quality of care in care homes (19) – Year-end outturn Green**

The percentage of care homes rated good or outstanding followed a steady upward trend throughout the year. Year-end results are 80% exceeding the target of 60%. The main reasons for the improvements are:-

- Prioritising inspections to focus on those Providers whom were previously rated non-compliant.

- Providing increased support and coaching by WSCC and other commissioners of services to the care markets to promote the sustaining of enhanced quality of care for residents of the County.

### **Quality of care received at home (20) – Year-end outturn Green**

The year-end result is 88% and although a slight reduction in performance compared to the previous quarter (90%), we continue to significantly exceed our target of 60%.

### **Early diagnosis of dementia (22) - Year-end outturn expected Green**

Timely diagnosis of dementia is a key priority for both health and social care. This measure covers the Memory Assessment Service (MAS) only. Through the MAS, people with dementia and their carers are able to access support from dementia advisers and associated professionals, who can also link them into social groups, carers support groups and opportunities to learn about how to live well with dementia.

It is our aim to be in the top quartile of counties in England i.e. 66.7% (revised from 68.1% last year). This measure is a combined average from 3 CCGs and results to January 2018 show an average of 67.8%. Final year-end results will become available in May 2018.

Crawley CCG started the year below target, has since recovered and is performing on target. Horsham and Mid Sussex continue to operate above their target. The Clinical Directors have developed an action plan to improve the diagnoses rates for Coastal West Sussex CCG who are currently performing below target.

### **Healthy life expectancy (23) - Year-end outturn Green**

This goal is measured by monitoring annual updates to the GP patient survey about the health of people aged 65 and over. The survey asks people to describe their health status against five areas: mobility, self-care, ability to do usual activities, pain/discomfort and anxiety/depression.

As life expectancy has risen, it is important to measure what proportion of these additional years of life is being spent in good health. Healthy life expectancy is influenced by a vast range of complex interacting factors. These include: maternal health and wellbeing, parental relationships and influences in the early years of life, including breastfeeding, diet and physical activity; access to health and other services, and wider influences such as income, education, skills and employment.

Access to health care accounts for as little as 10% of a population's health and wellbeing. Whilst the quality of the healthcare system remains important, by itself, it will not improve the health of people in the UK. If the causes of ill health are social, economic and environmental then the solutions need to be too. West Sussex has increasingly recognised the importance of addressing this with the services it commissions. These include services to maintain the health of carers; alcohol prevention and early identification of risk; healthy weight services; harm reduction approaches for substance misuse, and emotional wellbeing programmes. Many of these services are key to reducing the risks of developing cardiovascular disease and diabetes.

The latest results for West Sussex are 0.767 which is better than the South East average of 0.75. We currently rank 7th of 19 authorities in the South East and the highest scoring authority is currently West Berkshire with 0.783.

Annex  
**Challenges RED/AMBER**

**Choice over own care (18) – Year-end outturn Amber**

This measure is a reflection of WSCC's drive to offer people choice and independence. Research has indicated that receipt of self-directed support, via personal budgets, has a positive effect in terms of impact on well-being, increased choice and control, cost implications and improving outcomes.

The annual Adults Social Care User Survey was completed in April and May 2017. Surveys were sent out to customers and carers who currently receive a service from WSCC. This year there was a significant improvement in the number of surveys returned of 51% compared to 37% the previous year.

The overall survey score was 77.6 %, a slight improvement on last year (76.9%), but we did not meet the target of 80.3% or the South East average of 80.1%. However, our results are comparable to the England average of 77.7%.

Adult Services undertook a further survey with residents who had responded to the original one in April / May 2016. The survey focused on some of the areas where there had been a reduction in scoring. The outcome of the survey showed that residents wanted more advice and information at an earlier stage e.g. on slips, trips and falls. As a result this has influenced the initial design of the new Adult Operating Model which is being tested over the coming months.

**Appropriate admissions to residential care (21) - Year-end outturn expected Red**

This goal measures the rate at which people over the age of 65 are permanently admitted into residential or nursing accommodation, as part of the support by WSCC. We aim to minimise admissions as part of our focus to promote independence and to support people to live in their own homes, but the needs of our customers will always remain the primary focus. The target is 595.4 per 100,000 population.

To date there have been 560 admissions and it is predicted that year-end admissions will not meet the annual target. However, as we move along the preventative services route, start the new operating model, and use Discharge to Assess (D2A) and other services to prevent admissions direct from 'acutes' hospital then it is likely we will see an improving trend.

**NHS health checks outcomes (24) – Year-end outturn Amber**

The target for the number of people offered an NHS Health check was 33,000. In the February TPM we expected the year-end outturn to be 30,000; however, the actual number offered a check was 36,428 exceeding the target by 10.3%, and an increase of 5,377 on the previous year.

The target for the number of people receiving their health check was a minimum of 11,000. The programme exceeded the target by 11% with 12,397 people completing their check; an increase of 1,761 on the previous year. Over 700 people were found to be at high risk of developing cardiovascular disease.

GP practices have delivered more health checks than in any other year since the programme began and continue to be the largest contributor. Pharmacy delivery has not recovered with pharmacies delivering their lowest number checks since 2013. Pharmacies are facing significant challenges overall and Public Health continues to work closely with pharmacy partners and in particular the Local Pharmacy Committee to gain commitment to improved performance. The programme has been praised for

its rigorous approach to quality assurance. Both GP practices and pharmacies continue to face competing priorities and workload pressures.

#### Discrepancy with target shown in the Corporate Plan

The target for the number of health checks delivered in the previous year (2016/17) was set at 14,500 and the year-end outturn for the programme at March 2017 was 10,636 (73.4% of target).

The target for 17/18 was re-set in the first quarter to a minimum of 11,000 health checks completed as this was viewed as an achievable stretch target to enable the programme to rebuild from the 2016/17 outturn. The aspiration remains to work towards high quality, full roll out of the programme. Programme outturn for health checks delivered at March 2018 exceeding the revised target by 1,230 and has recovered to 85.5% of the previous 16/17 target of 14,500.

### **34. Performance Dashboard overview**

The table attached indicates, for the three priorities, the performance position at the end of March 2018.

WEST SUSSEX PERFORMANCE DASHBOARD OVERVIEW as at end of March 2018

	THE MEASURE	REPORTING CYCLE DUE	Target	Aim High/Low	2016/17 Outturn Result	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Forecast (Year End) Reported Status	
Giving children the best start in life	1	<b>Young people's mental health</b> - The percentage of children with a mental health referral receiving an assessment within four weeks of referral.	Monthly	≥95%	H	96%	90%	96%	85%	90%	100%	94%	91%	88%	86%	87%	85%	*	A
	2	<b>Children's healthy weight</b> - The prevalence of healthy weight of children in their last year of primary school.	Annually (December)	≥70.4%	H	68.5%									70.3%				G
	3	<b>Keeping families together</b> - The number of families turned around.	Quarterly	3940 by 2020, 2168 by 2018	H	1,281			1,281			1,511			1,741			1,939	G
	4	<b>Children looked after population</b> - The average time between a child entering care and moving in with its adoptive family (in days).	Quarterly	≤426 by 2019	L	471.53			466.69			461.73			483.3			476.05	A
	5	<b>Quality of Children's Services</b> - The Ofsted Framework for the inspection of services for children in need of help and protection, children looked after and care leavers.	As per inspection	Good	H	Requires Improvement													A
	6	<b>Progress check of child development</b> - The percentage of children assessed at a good level of development at the end of reception (ready for school)	Annually (October)	≥75% by 2019	H	68.3%							70.6%						A
	7	<b>Primary children achievement</b> - The pupil achievement at Key Stage 2	Annually (September)	≥65% by 2019	H	45%						55%							R
	8	<b>Pupil achievement at Key Stage 4</b> - The Key Stage 4 results for all schools in West Sussex	Annually (November)	≥0.1	H	0.1								0.03					A
	9	<b>Pupils in schools judged good or outstanding</b> - The number of pupils in West Sussex schools that are judged good or outstanding by Ofsted.	Monthly	≥86% (91% by 2019)	H	81%	81.2%	81.0%	81.6%	82.8%	82.8%	83.0%	84.0%	83.8%	84.2%	84.8%	84.4%	84.2%	A
Championing the local economy	10	<b>Gross Value Added per head of population</b> - The workplace based Gross Value Added (GVA) per head at current basic prices	Annually (December)	≥£21,180	H	£25,220								£25,978				G	
	11	<b>Average earnings in West Sussex</b> - The gross weekly pay of full-time workers in West Sussex	Annually (November)	≥£522.70	H	£557.20							£554.10					G	
	12	<b>Payment to small &amp; micro Businesses</b> - payment of undisputed invoices within 20 working days	Quarterly	≥96%	H	n/a			92.0%			92.4%			94%			93%	A
	13	<b>Business support and grants</b> - The number of businesses supported by West Sussex County Council and West Sussex led initiatives.	Quarterly	≥300	H	351			49			200+			235			320	G
	14	<b>16 - 17 year olds in education, employment or training</b> - The percentage of 16 - 17 year olds in education, employment or training in West Sussex	Annually (January)	≥95% by 2019	H	90.1%										89.1%		88.9%	A
	15	<b>Apprenticeships in West Sussex</b> - The number of apprentices in West Sussex	Annually (November)	≥6,080	H	5,790								**					
	16	<b>Unemployment rate for people aged 50-64</b> - The percentage of people aged 50 to 64 claiming Jobseekers Allowance as a proportion of the resident population of the same age.	Monthly	≤0.9%	L	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.7%	0.8%	0.7%	0.8%	0.8%	0.9%	0.9%	G
Independent for longer in later life	17	<b>Broadband roll out</b> - The incremental total number of premises passed by the publicly funded infrastructure programme	Quarterly	3000 by Dec 2017, 7,000 by Dec 2018	H	1,043			1,203			2,658			3,307			3,307	G
	18	<b>Choice over own care</b> - The percentage of Adult Social Care customers who, when surveyed, felt that they had control over their daily lives	Annually (June)	≥80.3%	H	76.9%			77.6%										A
	19	<b>Quality of care in homes</b> - The ratio of care home providers in West Sussex rated as good or outstanding by the Care Quality Commission.	Quarterly	≥60%	H	78%			79%			79%			79%			80%	G
	20	<b>Quality of care received at home</b> - The ratio of home care providers in West Sussex rated good or outstanding by the Care Quality Commission	Quarterly	≥60%	H	86%			90%			90%			88%			88%	G
	21	<b>Appropriate admissions to residential care</b> - The number of permanent admissions of older people (aged 65 and over) to residential and nursing care homes.	Quarterly	≤595.4 per 100,000 by Mar 2018	L	592			116.9			265			475				R
	22	<b>Early diagnosis of dementia</b> - The diagnosis rate of dementia in West Sussex	Quarterly	≥68.1%	H	65.0%			65.5%			66.38%			67.76%				G
	23	<b>Healthy life expectancy</b> - The average health status score of adults aged 65 and over within West Sussex	Annually (December)	≥0.76, better than SE	H	0.759									0.767				G
	24	<b>NHS health checks outcomes</b> - The number of people taking up the offer of a NHS health check	Quarterly	≥14,500 at year end	H	10,636			2,858			5,785			8,548			12,397	A

\*one month delay \*\* 2+ month delay



**Appendices**

Appendix 1(a) – Outturn 2017/18 Revenue Budget Monitor

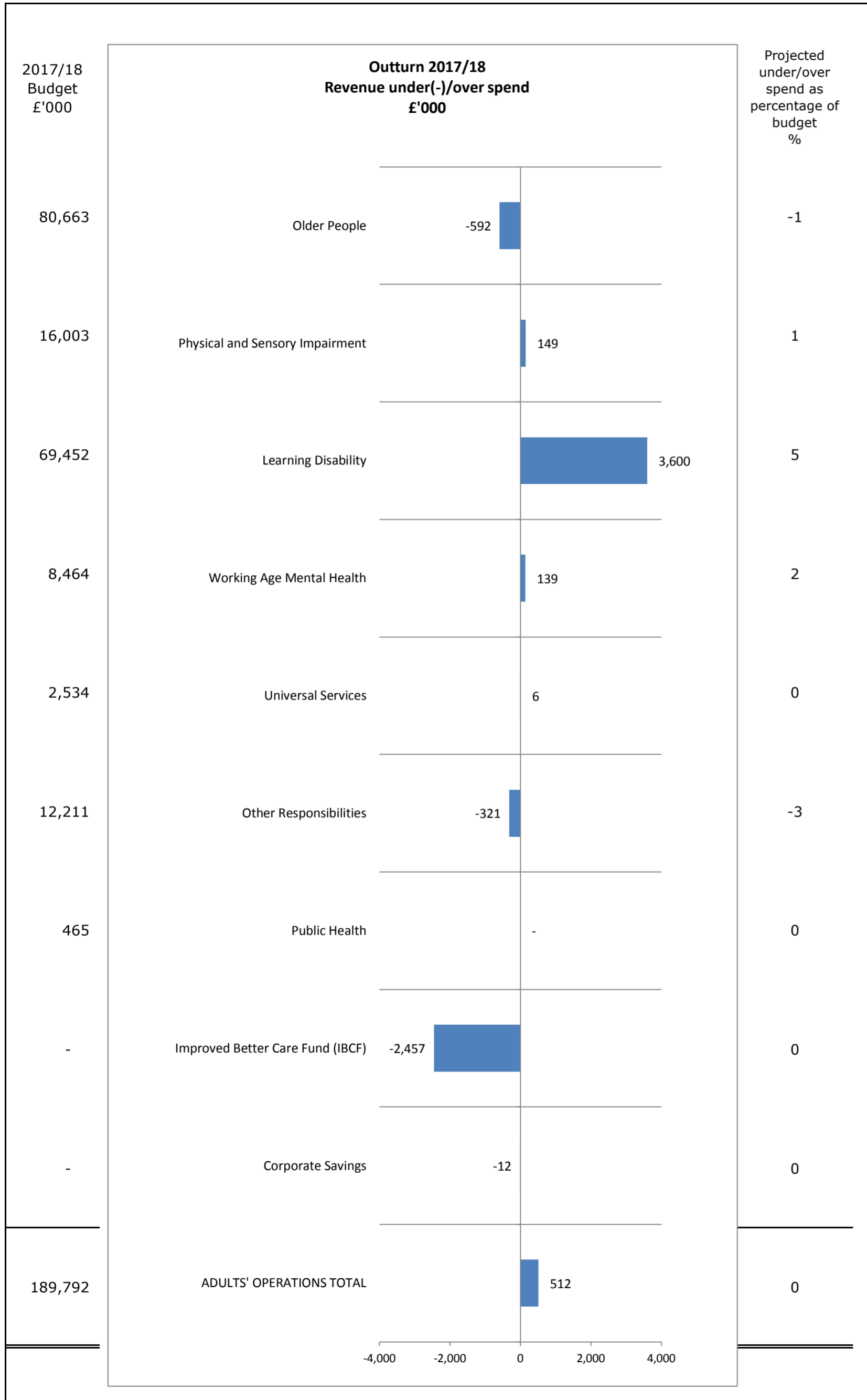
Appendix 1(b) – Outturn 2017/18 Non Portfolio and Reserves Monitor

Appendix 1(c) – 2017/18 Carry Forward requests as agreed in February 2018 TPM

Appendix 1(d) – 2017/18 Reserve Transfers

Appendix 2 – Outturn 2017/18 Capital Programme Monitor

Appendix 3 – Workforce 2017/18



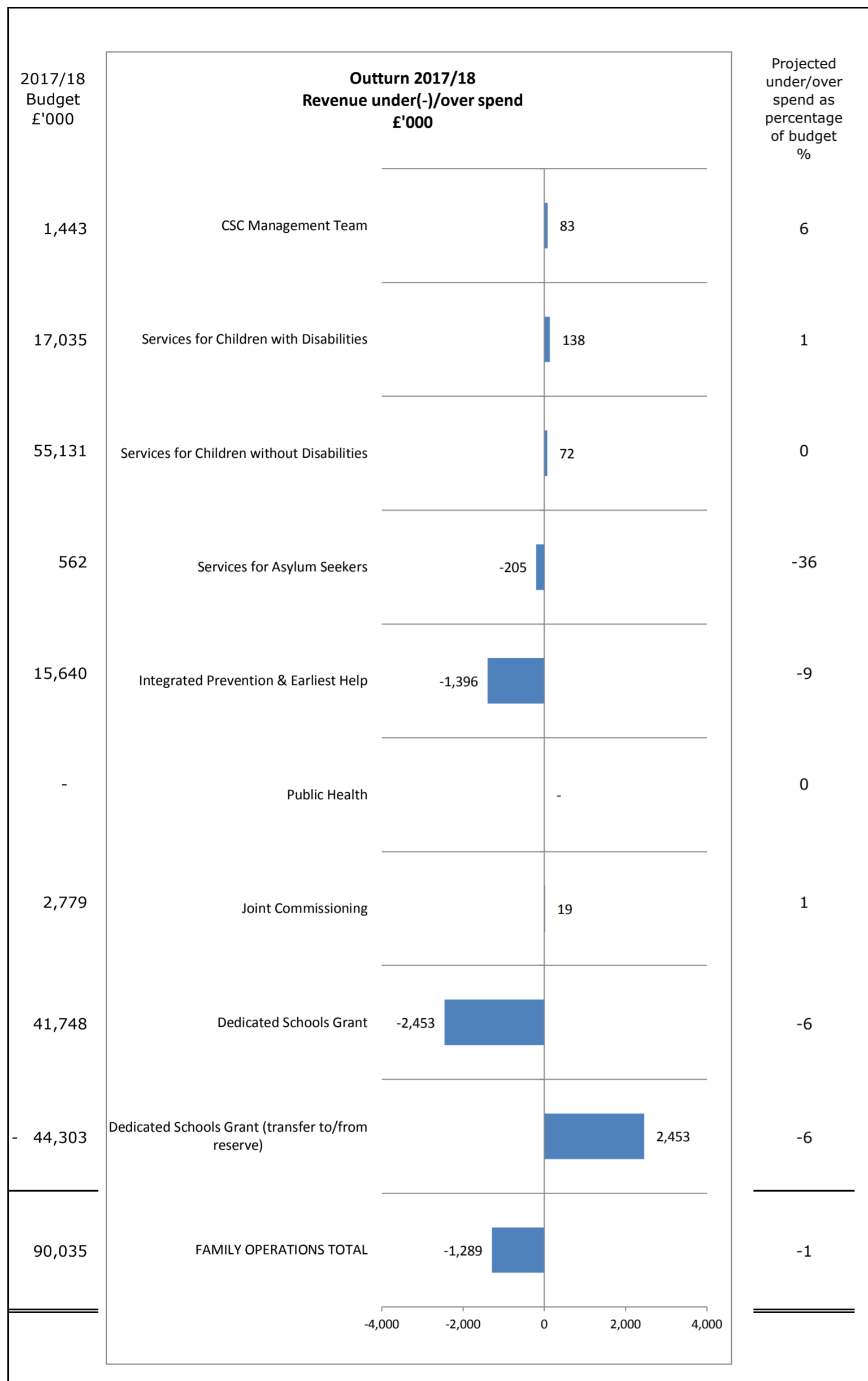
### Outturn Summary

The Adult's Services outturn position reflects an overspending of £0.5m. This represents 0.27% of the budget and is in line with forecasts that have been made since September 2017.

There are three main explanations for this position:

1. Delayed delivery of savings in respect of disability-related expenditure and Lifelong Services. Both of those workstreams have been affected by timing factors, which were beyond the immediate control of the directorate. Despite that benefits are still expected to be realised in full on an on-going basis.
2. Demand pressures within Learning Disabilities. The County Council's share of the overspend on the pooled budget is £3.6m. During the year the size of the LD cohort rose by a net 31 (1.5%), which was a product of growth in the number of younger people in the age range of 18 to 34 alongside increasing life expectancy for the customer group as a whole.
3. Improved Better Care Fund (iBCF). Sustaining adult social care is one of three grant conditions that Government has attached to the iBCF. The County Council agreed with the West Sussex Clinical Commissioning Groups that it would be used to fund the overspending within Learning Disabilities, excluding savings risks. In the event just under £2.5m needed to be applied from that source, effectively as a balancing figure. That requirement would have been higher had the number of older people not increased at a lower rate than projected. Although price pressure remained strong, the size of the customer group increased in net terms between March 2017 and March 2018 by around 50 fewer than the growth on which the budget was based. In tandem with the one-off benefit produced by an exceptional level of recovery of surpluses in direct payments accounts, this led to the £0.6m underspend in that area of the directorate.

In terms of the implications for 2018/19, £2m will be available on a recurring basis to support the LD budget. Allowing for that, together with the assumption that the outstanding savings will be delivered, the potential underlying risk that will carry forward is in the order of £1m. A plan is being developed within LD which will set out options for managing this. In addition the older people's budget will be important to monitor closely because there are reasons to suggest that the 2017/18 underspend could be a reflection of emerging benefits that might contribute towards the £2m savings target in 2018/19 from Focus on Prevention.



### Outturn Summary

The Children's' Start of Life outturn position reflects an underspend of £1.3m. This represents 1.4% of the budget. During 2017/18, the service has faced some challenges which led to some specific mitigation plans to enable sufficient service delivery within the financial budget available; these included:

Delayed delivery of savings in respect of Lifelong Services has caused a £0.750m pressure in year. Despite this delay, this saving is expected to be realised in full on an on-going basis.

Placement budgets for children look after (CLA) have overspent by £0.7m. This is primarily due to the volume and cost of placements for older children looked after. In addition, the delays in re-opening the Beechfield Secure Unit have also incurred £0.9m of cost pressure in year.

These cost pressures within Social Care have been partially mitigated from social worker vacancies in year leading to an underspending of £0.9m. In common with other authorities across the country, West Sussex has faced significant difficulties in recruiting to social worker posts and in the latter part of the year, even the supply of agency social workers was exhausted. This has led to the service running with a deficit of social workers (either WSCC employed or agency) of an average of 23fte per month throughout the year. Although this has assisted the financial position of the portfolio, it has created work pressure within the service.

Other areas of mitigation within Social Care included £0.6m of underspending on client expenditure and public law outline as a result of tighter controls by the service, underspending of £0.5m on therapeutic service, child sexual exploitation and missing children and £0.2m of additional income from the Asylum Seekers grant for unaccompanied asylum seeking children due to more children now attracting the higher national rate of grant.

The Integrated Prevention and Earliest Help (IPEH) service were requested to hold staffing vacancies to assist the social care CLA placement pressure at the start of the year in the sum of £0.5m, however the service continued to hold spending plans in preparation for future savings targets and an additional £0.9m was underspent in year.

**REVENUE BUDGET OUTTURN 2017/18**

	Latest budget for year £000	Net spending £000	Outturn Variation £000	February variation £000	Change on month £000
<b>Sources of Finance</b>					
Revenue Support Grant	-27,693	-27,693	0	0	0
Precept	-404,861	-404,861	0	0	0
Council Tax Collection Fund	-3,373	-3,373	0	0	0
Business Rates	-75,968	-76,095	-127	-127	0
Business Rates Collection Fund	1,117	1,117	0	0	0
Business Rates Pool	-1,784	-1,784	0	0	0
Section 31 Business Rates Grant	-2,324	-2,390	-66	-65	-1
Adult Social Care Grant	-3,318	-3,318	0	0	0
Education Services Grant	-2,189	-2,192	-3	-3	0
New Homes Bonus Grant	-5,017	-5,016	1	1	0
School Improvement Grant	-428	-439	-11	-11	0
Transition Grant	-6,254	-6,254	0	0	0
Transparency Code New Burdens Grant	0	-13	-13	-13	0
<b>Financing Sub-Total</b>	<b>-532,092</b>	<b>-532,311</b>	<b>-219</b>	<b>-218</b>	<b>-1</b>
<b>Portfolio Budgets</b>					
Adults and Health	189,792	190,304	512	488	24
Children and Young People	90,035	88,746	-1,289	-808	-481
Education and Skills	15,834	16,951	1,117	1,176	-59
Environment	60,588	61,414	826	1,172	-346
Finance and Resources	59,873	60,193	320	-18	338
Highways and Infrastructure	36,587	35,836	-751	-926	175
Leader (including Economy)	10,883	10,393	-490	-266	-224
Safer, Stronger Communities	37,947	38,103	156	-3	159
<b>Portfolio Sub-Total</b>	<b>501,539</b>	<b>501,940</b>	<b>401</b>	<b>815</b>	<b>-414</b>
<b>Non-Portfolio Budgets</b>					
Capital Financing - MRP	8,789	8,666	-123	-123	0
Capital Financing - Interest	18,713	18,060	-653	-649	-4
Revenue Contribution to Capital Outlay	1,957	1,957	0	0	0
Investment Income	-1,858	-1,809	49	0	49
Contingency	1,902	0	-1,902	0	-1,902
LGPS Lump Sum Contribution	3,354	0	-3,354	0	-3,354
Employer's National Insurance	150	0	-150	0	-150
Business Rates Pool	1,431	1,431	0	0	0
Transfers to/(from) Reserves	-3,885	-3,885	0	0	0
<b>Non-Portfolio Sub-Total</b>	<b>30,553</b>	<b>24,420</b>	<b>-6,133</b>	<b>-772</b>	<b>-5,361</b>
<b>Total Net Expenditure</b>	<b>0</b>	<b>-5,951</b>	<b>-5,951</b>	<b>-175</b>	<b>-5,776</b>

<b>Memo: Contingency</b>	£000
Original Budget	3,204
Gypsy & Traveller sites	-221
Sussex Healthcare	-300
Review of Insurance Provision	-744
Shoreham	-37
<b>Available Contingency</b>	<b>1,902</b>

Balances and Reserves	Balance at 1 April 2017 £000	Balance at 31 March 2018 £000	Movement in Year £000	Analysis of movement in year
<b>Earmarked Reserves:</b>				
Capital Expenditure Reserve	-4,010	-4,010	0	
Capital Infrastructure	-12,100	-12,028	72	£0.072m draw down for A27 workshops in year (£0.028m remaining for 2018/19)
Crawley Schools PFI Reserve	-6,976	-7,199	-223	£0.123m transferred from revenue budget (in-year surplus of PFI credits over unitary charge payments) per funding model; £0.1m internal interest accrued
Street Lighting PFI Reserve	-18,351	-19,142	-791	£0.749m transfer to reserve as per approved 2017/18 budget; additional £0.042m internal interest accrued
Waste Management PFI Reserve	-12,417	-12,415	2	£0.028m withdrawal from reserve as per approved 2017/18 budget; £0.026m internal interest accrued
Waste Management MRMC Reserve	-29,490	-29,216	274	Applied £0.336m to capital programme (MBT Plant); £0.062m interest accrued
Adult Social Care & Health Demand Pressures	-1,754	-734	1,020	£1.020m withdrawal from reserve as per approved 2017/18 budget
Budget Management Reserve	-18,931	-26,704	-7,773	£7.773m transfer to reserve as per approved 2017/18 budget
Business Infrastructure Reserve	-2,858	-1,187	1,671	£1.671m, withdrawal from reserve as per approved 2017/18 budget (includes £0.922m applied to capital programme)
Care, Wellbeing and Education Risk Reserve	-1,921	0	1,921	£1.921m balance transferred to Service Transformation Reserve as per approved 2017/18 budget
Contract Settlement Reserve	-893	-893	0	
Counselling Services to Schools	-1,000	-383	617	Application of 2016/17 outturn carry forward
Debtor Contingency	-586	0	586	Balance of reserve applied to finance adjustments following review of Council debtors
Early Intervention Reserve	-8,160	0	8,160	£8.160m withdrawal from reserve as per approved 2017/18 budget
Elections Reserve	-600	0	600	£0.6m withdrawal from reserve as per approved 2017/18 budget
Highways Commuted Sums	-2,669	-3,063	-394	£0.394m transfer to reserve as per approved 2017/18 budget
Highways On-Street Parking	-433	-806	-373	£0.373m transferred to reserve from Highways and Infrastructure portfolio to finance future eligible schemes
Infrastructure Fund	-817	0	817	£0.470m withdrawal from reserve as per approved 2017/18 budget; balance transferred to Service Transformation Reserve as identified through review of small reserves
Insurance Reserve	-8,116	-8,049	67	£0.217m applied to revenue to meet premium shortfall; £0.150m credited to reserve (carry-forward of school insurance premiums)
Interest Smoothing Reserve	-830	-830	0	

Balances and Reserves	Balance at 1 April 2017 £000	Balance at 31 March 2018 £000	Movement in Year £000	Analysis of movement in year
Revenue Grants Unapplied	-1,153	-1,804	-651	Application of SEN (£0.125m), High Needs (£0.074m) Small Grant Allocation (£0.035m) and Fire (£0.02m) grants; £0.1m diverted to OPE reserve; Carry-forward various grants (£1.005m) per February 2018 TPM
Schools Sickness & Maternity Insurance Scheme	-2,002	-2,085	-83	£0.083m in-year surplus on schools sickness and maternity insurance scheme
Service Transformation Fund	-13,341	-11,513	1,828	£1.921m balance from Care, Wellbeing and Education Risk Reserve transferred to Service Transformation Reserve as per approved 2017/18 budget; £4.392m applied to Leader revenue portfolio (Transformation Programme costs for year); £0.643m increase from review of small reserves
Adult Social Care Grant	0	-1,743	-1,743	£3.318 Adult Social Care Grant; £1.525m applied to Leader revenue portfolio (Transformation Programme costs for year); £0.050m applied to capital programme (St Wilfrid's Hospice)
Statutory Duties Reserve	0	-350	-350	£0.350m off-payroll reform - as agreed in February 2018 TPM
Strategic Economic Plan (SEP) Reserve	-2,437	-1,977	460	£0.460m withdrawal from reserve as per approved 2017/18 budget
Street Works Permit Scheme	-602	-836	-234	£0.234m balance of permit fee income received in 2017/18 applied to reserve
Sustainable Investment Fund	-850	-796	54	
Tangmere Solar Farm	-623	0	623	£0.323m withdrawal from reserve as per approved 2017/18 budget; £0.3m balance identified through review of small reserves
Other Earmarked Reserves	-1,656	-1,943	-287	£0.164m withdrawal from Highways and Education Buildings Reserve per approved 2017/18 budget; £0.350m withdrawal of Public Health Funding and £0.165m for Operation Watershed; various transfers as agreed in Feb 2018 TPM including: One Public Estate (£0.415m), Off-Payroll Reform (£0.350m), Infrastructure Works Feasibility (£0.298m)
<b>Earmarked Reserves (Excluding Schools)</b>	<b>-155,576</b>	<b>-149,706</b>	<b>5,870</b>	
DSG Reserve	-2,520	-5,489	-2,969	£1.1m for High Needs Block allocated in June 2017 as agreed by Education & Skills Forum (Jan 2017); £4.069m net DSG outturn underspend transferred to reserve
School Balances	-16,479	-14,995	1,484	Net balance of school balances to finance 2017/18 expenditure
<b>Total Earmarked Reserves</b>	<b>-174,575</b>	<b>-170,190</b>	<b>4,385</b>	
General Fund	-18,335	-18,335	0	
Capital Grants Unapplied	-5,741	-13,626	-7,885	Net balance of grants and contributions received in year and applied to capital programme
<b>Total Usable Reserves (Current)</b>	<b>-198,651</b>	<b>-202,151</b>	<b>-3,500</b>	
<b>Proposed Transfers to Reserves:</b>				
Statutory Duties Reserve		-2,000		
Deprivation of Liberty Safeguarding (DOLS)		-1,000		
Business Rates Appeals Reserve		-460		
Waste Volatility Reserve		-500		
Pothole Action Bonus Reserve		-540		
Increase to General Fund		-1,951		
<b>Total Usable Reserves (Proposed)</b>	<b>-198,651</b>	<b>-208,602</b>		

Reserves Transfers		
Name of Reserve	Amount	Narrative
Statutory Duties Reserve	£ 2,000,000	Reserve to fund potential future costs associated with a HMRC review of payments made outside of payroll, potential teachers pensions liabilities as well as other costs to fund additional health and safety issues.
Deprivation of Liberty Safeguarding (DOLS) Reserve	£ 1,000,000	The County Council is legally required to determine whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amounts to a deprivation of liberty. Currently there is a backlog of such applications, so the purpose of this reserve is to provide funding for the exceptional costs that will be incurred as part of clearing it.
Business Rates Appeals Reserve	£ 460,000	This reserve is to cover the County Council's share of any potential liability following successful business rates appeals.
Waste Volatility Reserve	£ 500,000	The waste volatility reserve is to fund a potential increase in tonnage volumes which may appear during the early part of the 2018/19 financial year. In the months of February and March 2018, there were significant reductions in expected waste tonnage at the Household Waste Recycling Sites.
Pothole Action Bonus Reserve	£ 540,000	Allocation of funding to focus on longer term repairs across the county's highways network.
General Fund	£ 1,951,000	Allocation of funding into the General Fund to protect against future demand pressures. This additional allocation will increase the reserve to a level representing 3.8% of the 2018/19 net expenditure.

**2017/18 CAPITAL MONITOR as at the end of March 2018**

**Appendix 2**

**Expenditure:**

Portfolio	(1)	(2)	(3)	(4)		(5)	(6)	(7)	
	Revised 17/18 Capital Forecast (July Refresh)	Full Year Actuals	Variance Over/(Under) Spend	Slipped to) / Accelerated from 2018/19		Changes due to Management Action	Changes beyond the control of the Service	Pipeline Schemes	Additions/ Cancellations & Reductions of Schemes
	£000	£000	£000	£000	£000	£000	£000	£000	
<b>Core Programme</b>									
Adults and Health	221	394	173	(157)	0	330	0		
Education and Skills/ Children and Young People	51,586	46,299	(5,287)	0	(1,893)	550	(3,944)		
Environment	1,312	801	(511)	(293)	(610)	0	392		
Finance and Resources	4,728	3,775	(953)	(720)	0	191	(424)		
Highways and Infrastructure	37,280	33,108	(4,172)	1,495	(5,089)	0	(578)		
Leader (including Economy)	562	433	(129)	0	-361	420	-188		
Safer, Stronger Communities	5,341	1,797	(3,544)	0	(3,485)	0	(59)		
<b>Total Core Programme</b>	<b>101,030</b>	<b>86,607</b>	<b>(14,423)</b>	<b>325</b>	<b>(11,438)</b>	<b>1,491</b>	<b>(4,801)</b>		
<b>Income Generating Initiatives</b>									
Economy (5 Bold Ideas)	667	100	(567)	0	(567)	0	0		
Finance and Resources (inc Propco)	489	376	(113)	0	(198)	85	0		
Environment (Waste Infrastructure & YES)	12,465	10,944	(1,521)	(340)	(1,157)	0	(24)		
<b>Total IGI</b>	<b>13,621</b>	<b>11,420</b>	<b>(2,201)</b>	<b>(340)</b>	<b>(1,922)</b>	<b>85</b>	<b>(24)</b>		
<b>Total Capital Programme</b>	<b>114,651</b>	<b>98,027</b>	<b>(16,624)</b>	<b>(15)</b>	<b>(13,360)</b>	<b>1,576</b>	<b>(4,825)</b>		
<b>Sources of Finance</b>	<b>Capital Forecast Estimate £000</b>	<b>Actuals £000</b>	<b>Variance £000</b>						
Government Grant	66,916	59,051	(7,865)						
Revenue Contributions	1,357	1,957	600						
Capital Receipts	2,750	1,696	(1,054)						
Borrowing - Corporate	8,889	19,393	10,504						
Borrowing - Service/Income Generating	25,746	11,119	(14,627)						
External Contributions	8,993	4,811	(4,182)						
<b>Total</b>	<b>114,651</b>	<b>98,027</b>	<b>(16,624)</b>						



## Health and Adult Social Care Select Committee

**22 June 2018**

### Business Planning Group Report

#### Report by Chairman, Business Planning Group

##### Executive Summary

Each Select Committee has a Business Planning Group (BPG) to oversee the Committee's work programme and prioritise issues for consideration by the Committee. This report provides an update to the Committee of the BPG meeting held on 21 May 2018 setting out the key issues discussed.

##### Recommendation

The Health and Adult Social Care Select Committee is asked to endorse the contents of the report in particular the Committee's Work Programme revised to reflect the Business Planning Group's (BPG's) discussions (attached at Appendix A).

#### 1. Background

- 1.1 The Business Planning Group (BPG) met by video conference on 21 May, members in attendance were: Mr Turner (Chairman) and Dr Walsh in Chichester and Mrs Arculus and Mr Petts in Horsham. Apologies were received from Mrs Smith.
- 1.2 Also present were: - Jana Burton (Interim Director of Adults' Services), Rob Castle and Helena Cox (Democratic Services), Anna Raleigh (Director of Public Health), Chris Salt (Corporate Resources & Services) in Chichester and Alison Hempstead (Crawley and Horsham & Mid Sussex Clinical Commissioning Group) in Horsham.

#### 2. HASC Work Programme Planning 2018-20

##### a) Update from Director of Adults' Services

- The Local Government Association peer review of Adults' Services had finished and a report on the review highlighting issues that the Council needed to address, would be available in 4 – 6 weeks

BPG agreed that the Committee should consider the key findings of the LGA peer review of Adult Social Care in West Sussex, the development of a 100 day plan and what progress has been made against it at its meeting in November, or January if November wasn't possible

##### b) Update from Director of Public Health

###### i) Redesign of Sexual Health Services

- A new sexual health service was to be procured. BPG would consider if formal scrutiny was required once the commissioning plan had been produced.

###### ii) Substance Misuse

## Agenda Item 9

There were increasing problems with substance misuse (including alcohol) and the Environmental Communities & Fire Select Committee had referred the performance of the contract in terms of health outcomes to HASC. BPG agreed that HASC should consider this issue at two separate items – alcohol and drugs – at separate meetings.

### iii) **Health & Wellbeing Board Strategy**

- Resilience would be one of the key areas of the revised Health & Wellbeing Board strategy and BPG agreed that HASC should consider the revised strategy at its November committee meeting.

### iv) **Social Support Commissioning**

- Voluntary sector contracts funded by Public Health had been extended for a year whilst a review took place. BPG agreed that HASC should consider the Social Support Commissioning procurement before a Cabinet Member decision to start the procurement was taken.

### v) **Health Protection Assurance**

- Immunisation and screening programmes were being checked to see if they were fit for purpose and that enough people were making use of them
- TB pathways and services were also being reviewed

### vi) In conclusion, BPG agreed that: -

- The new sexual health service design would come to the Committee when the commissioning plan was ready
- Reports on drug misuse and alcohol misuse would come to separate committee meetings with members of the Environmental, Communities & Fire Select Committee invited to attend
- The Health & Wellbeing Strategy and the Five Ways To Wellbeing would come to the committee's November meeting
- Social Support Commissioning to be monitored to assess when it should be considered by the committee
- An update on Health Protection Assurance to come to BPG in about six months

## c) **Clinical Commissioning Group Updates**

### i) **Crawley and Horsham & Mid Sussex**

- The phrase 'Urgent Treatment Centre (UTC)' was to be used for all facilities of a similar nature e.g. minor injuries units, to make things simpler for patients
- Where a UTC was situated on a site with A&E, triaging would take place to send people to the right place for treatment
- A tender for an integrated model of care would be ready by October 2018 with delivery planned for October 2019
- All clinical commissioning groups in the alliance were in deficit, with the alliance needed to save £50m
- The Big Health & Care Conversation was being launched with events in Crawley, Horsham and Haywards Heath – these would focus on self-prescribing, primary care, frailty and wellbeing. The Council would be more involved when there was more about social care at the events

### ii) **Coastal West Sussex**

- Members had concerns over the lack of UTCs in some areas
- Care in the community would be reviewed across the Sussex and East Surrey Sustainability Transformation Partnership footprint
- The CCG was not attending Littlehampton Steering Group meetings

iii) BPG agreed that: -

- The location of UTCs be considered when the committee considered the 111 mobilisation in September 2018
- The CCG's attendance at Littlehampton Steering group meetings to be raised at the next Coastal West Sussex CCG liaison meeting

**d) Requests/Referrals to the Committee**

**i) Brenda Smith - the welfare and health of detainees at Gatwick detention centres**

- Jana Burton told the BPG that the Council could help with training of staff at detention centres so that they better understood safeguarding issues and that she would circulate the Council's responsibilities to the committee
- The CCG was only responsible for detainees' secondary health care, any health care in the centres was the responsibility of the Borders and Immigration Agency

**ii) Caroline Neville – Ambulance Response Times/Falls**

- A further Care Quality Commission inspection of South East Coast Ambulance Service NHS Foundation Trust was due to take place in the summer
- Money from the Better Care Fund could be used for falls prevention work
- BPG agreed that: -
  - South East Coast Ambulance Service NHS Foundation Trust should be invited to attend a committee meeting after the report on its latest inspection was published. This would probably be in November
  - An update on falls prevention should come to BPG in October

**iii) Environmental, Communities & Fire Select Committee - Performance of the substance misuse contract**

- This had been dealt with above b) ii).

**e) Current National Issues**

- BPG considered current national issues, but decided not to add any to the work programme

**f) Forward Plan of Key Decisions**

- BPG considered the Forward Plan, but decided not to add any items to the work programme

**g) Total Performance Monitor (TPM)**

The BPG discussed the TPM to the end of February 2018 with Chris Salt. The following points were covered: -

- There was an overspend of £0.5m due to savings not being delivered in time

## Agenda Item 9

- The £2.5m from the improved Better Care Fund that was used to mitigate pressures on the budget e.g. in Learning Difficulty services would be available until at least the end of 2019/20
- The pressure on Life Pathways and Parity in Disability-related expenditure had risen from £400k to £500k but should be resolved going ahead

### **3. Planning the next HASC meeting – 22 June 2018**

- Radiotherapy Services to come off the June agenda and to go to committee when the outcome of the consultation process is known

### **4. Scrutiny Survey 2017/18**

- BPG considered the outcome from the Scrutiny Survey 2017/18 and highlighted the following points which were pertinent to HASC: -
  - Reports needed clear outcomes
  - Some items felt rushed with not enough time for questions

### **5. Liaison Meeting Updates**

5.1 BPG noted the issues raised and agreed that the working groups would continue to report back to the committee.

### **7. Date of next meetings**

Future BPG meetings have been arranged as follows: -

13 July 2018

8 October 2018

4 February 2019

### **8. Implications**

8.1 There are no social impact, resource, risk management, Crime and Disorder Act or Human Rights Act implications arising directly from this report.

### **Bryan Turner**

Chairman, Health and Adult Social Care Select Committee

Contact: Rob Castle, 033022 22546; [rob.castle@westsussex.gov.uk](mailto:rob.castle@westsussex.gov.uk)

**Appendices** - Appendix A - HASC Work Programme

**Background Papers** - None

## Health and Adult Social Care Select Committee Work Programme January 2018 – December 2020

<b>Topic/Issue</b>	<b>Purpose of scrutinising this issue</b>	<b>Timing</b>
<b>In-house Provider Services</b>	To consider plans for the redesign of in-house provider services	June 2018
<b>Improved Better Care Fund (iBCF)</b>	To consider the monitoring and delivery of the improved Better Care Fund Plan (iBCF) and the use of the wider Better Care Fund (BCF) monies where appropriate	June 2018
<b>Outturn Total Performance Monitor 2017/18</b>	To consider the portfolio outturn position for 2017/18	June 2018
<b>NHS 111 mobilisation</b>	To consider the mobilisation of the new NHS 111 contract	September 2018
<b>Safeguarding Adults Board Annual Report</b>	To consider the annual report of the Safeguarding Adults Board	September 2018
<b>Dementia Framework 2014-19 Update</b>	To review the refreshed Dementia Framework and consider the progress of recommendations from the last time the committee scrutinised the Dementia Framework	November 2018
<b>SECamb CQC Inspection Report</b>	To consider the implications of the latest CQC report on SECamb	November 2018
<b>Progress against the LGA Peer Review Report</b>	To consider how the Council was responding to issues raised by the LGA peer review of Adults Services	November 2018
<b>Radiotherapy in West Sussex</b>	To consider the outcome of the national NHS England consultation regarding radiotherapy services and receive a presentation from the Sussex and Surrey Cancer Alliance	Item for a future meeting – date to be confirmed
<b>Contract arrangements for Social Support Services</b>	Further to a proposed Cabinet Member decision in March 2018, to award interim contracts for the provision of social support services, the committee will consider proposals prior to a formal procurement process.	Item for a future meeting – date to be confirmed
<b>Sustainability and Transformation Partnerships (STPs)</b>	To consider any proposals from NHS partners in terms of the Sussex and East Surrey Sustainability and Transformation Partnership (STP)	Item for a future meeting – date to be confirmed

Topic/Issue	Purpose of scrutinising this issue	Timing
<b>Clinically Effective Commissioning</b>	To consider any proposals from West Sussex Clinical Commissioning Groups, in relation to ongoing work to ensure that commissioning arrangements are both clinically and cost effective (further to HASC 29/9/17)	Item for a future meeting – date to be confirmed
<b>Primary Care (General Practitioners)</b>	To consider action being taken across the NHS to include GP surgery provision across the county.	Future project day/member day – date to be confirmed
<b>Mental Health (HASC/CYPSSC)</b>	<p>Topics for potential inclusion:</p> <ul style="list-style-type: none"> <li>• children/adolescents – self harming</li> <li>• what is being done in West Sussex schools</li> <li>• Front-line service provision for adults</li> <li>• How long to get a first appointment, timescales, waiting list</li> <li>• Skills/capacity of the service</li> </ul> <p><i>N.B Development of the West Sussex Suicide Strategy (being presented to HWB next year) could be included to ensure effective implementation of Council's suicide prevention plans. Suggested by House of Commons Health Committee.</i></p> <p><i>Members should also note Sustainability and Transformation Partnership (STP) work on Mental Health which could inform any potential scrutiny.</i></p>	Future project day/member day – date to be confirmed
<b>Voluntary Sector (All)</b>	<p>To consider how the County Council works with the voluntary sector at the moment, what could be done better and how can we encourage more interaction.</p> <p><i>N.B. PFSC BPG have asked that the Director of Communities is asked to attend their next BPG to outline the work Communities is doing with the voluntary sector in order to develop terms of reference.</i></p>	Cross Cutting (Scrutiny across Select Committees) – dates to be confirmed

Topic/Issue	Purpose of scrutinising this issue	Timing
<b>Integrated Transport System (All)</b>	<p>This is an over-arching issue which affects the remit of all select committees: - access to services (transport and parking).</p> <p><i>N.B. ECSSC BPG to consider how this could be taken forward taking into consideration current related items on ECSSC work programme.</i></p>	<p>Cross Cutting (Scrutiny across Select Committees) - dates to be confirmed</p>
<b>Domestic Violence (HASC/CYPSSC/ECSSC)</b>	<p>To seek assurance that all services are working together.</p> <p><i>N.B Methodology to be confirmed.</i></p>	<p>Cross Cutting (Scrutiny across Select Committees) - dates to be confirmed</p>

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## Health and Adult Social Care Select Committee

**22 June 2018**

### Report by Director Law and Assurance

#### Appointment of the Committee's Business Planning Group

##### **Recommendation:**

The Committee is asked to agree the appointment five members to the Business Planning Group (with the membership as set out in paras 1.2 and 1.3 of this report).

#### **1. Introduction**

- 1.1 As set out in the County Council Constitution, each Select Committee must set up a business planning group (BPG) to oversee the Committee's work programme and prioritise issues for consideration by the Committee.
- 1.2 BPGs should have five members, be cross-party (three members from the majority political group on the County Council and two from the minority group(s)), and include the Chairman of the Select Committee. Other members of the committee may be invited to attend individual meetings as appropriate. The Chairman of the Select Committee will be the Chairman of the BPG. Membership is reviewed annually. Members should not serve on more than one BPG.
- 1.3 Informally, the BPG membership has been agreed as follows: Bryan Turner (Chairman), James Walsh (Vice Chairman), Pat Arculus and Charles Petts (remaining majority group members), and Brenda Smith (remaining minority group place).
- 1.4 BPGs meet approximately quarterly, but it also carries out its work outside meetings (e.g. reviewing and discussing issues via e-mail; virtual meetings using teleconferencing facilities).

#### **2. Role of Business Planning Group (BPG)**

BPG responsibilities include:

- Overseeing the work programme for the Committee and prioritising issues for consideration by the Committee, including the proposed methodology and time tabling.
- Agreeing objectives and planned outcomes for agenda items, and any witnesses to be invited and/or any visits or further information required by the Committee prior to its formal scrutiny of an issue.
- Establishing Scrutiny Task and Finish Groups (TFGs)

- Deciding whether or not call-in requests should be accepted for matters exclusively within the Committee's portfolio. Requests for call-in of a cross cutting issue will be considered by the Performance and Finance Select Committee BPG.
- Monitoring service performance

### **3. Reporting the BPG's work to the Committee**

A short report will be provided for the Select Committee following each BPG meeting. The Committee will be asked to support the outline work programme as recommended by the Business Planning Group and to consider any other matters referred by the BPG.

### **4. Implications**

There are no resource, risk management, social value, Crime and Disorder Act or Human Rights Act implications arising directly from this report.

**Tony Kershaw**

Executive Director Law and Assurance

**Contact:** Helena Cox, Senior Advisor, 03302 222533

**Background Papers** - None

<b>Health and Adult Social Care Select Committee</b>
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<b>22 June 2018</b>
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<b>Brighton and Sussex University Hospitals Trust (BSUH) Regional Working Group and South East Coast Ambulance Service (SECamb) NHS Foundation Trust Regional Working Group Progress Reports</b>
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<b>Information Report by Director of Law and Assurance</b>
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<b>Summary</b>
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This cover report has been prepared by the Senior Advisor, Democratic Services supporting the Health and Adult Social Care Select Committee, to allow members to consider recent and planned ongoing scrutiny of the Brighton and Sussex University Hospitals Trust (BSUH) and South East Coast Ambulance Service (SECamb) NHS Foundation Trust Regional Working Groups, following Care Quality Commission (CQC) inspections.

Current scrutiny of the Trusts is undertaken by health overview scrutiny committees (HOSC) working groups with membership from West Sussex, East Sussex and Brighton & Hove health with the addition of Surrey, Kent and Medway health and overview scrutiny committees for SECamb.

The Committee is asked to note that it was agreed at the last meeting of the SECamb regional working group that the group would cease to meet. This is due to challenges in member attendance and confirmation from SECamb Chief Executive that his executive team was sufficiently resourced for SECamb representatives to attend individual scrutiny committees in future.

**The focus for scrutiny**

The Committee is asked to consider the notes attached from the last meetings of the working groups and highlight any strategic issues that it wishes the HASC representatives on the BSUH working group to raise at its next meeting. A date is yet to be confirmed.

**Recommendations**

The Committee is asked to:

- i. Consider the detail of the notes attached to this report from the recent meetings of the BSUH and SECamb regional working groups;
- ii. Note that the SECamb Regional Working Group will cease to meet in future and the SECamb representatives will attend future HASC meetings, when invited
- ii. Highlight any particular issues that members wish the HASC representatives to raise at the next meeting of the BSUH regional working group.

## **Proposal**

### **1. Background and Context**

#### *Brighton and Sussex University Hospitals Trust (BSUH)*

1.1 Brighton and Sussex University Hospitals Trust (BSUH) runs the Royal Sussex County Hospital in Brighton and Princess Royal Hospital in Haywards Heath. The Care Quality Commission (CQC) inspected BSUH and in August 2016 published its findings, rating the Trust as 'Inadequate', highlighting concerns in the safe, responsive and well-led domains. The Trust was subsequently placed in special measures. This report was published on the CQC's website and can be found here: [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF5032.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF5032.pdf)

1.2 At the Health and Adult Social Care Select Committee (HASC) meeting in January 2017 it was agreed that ongoing scrutiny of the Trust, taking into account that BSUH covers the populations of three local authorities, would be conducted by a regional HOSC working group with membership from West Sussex, East Sussex and Brighton & Hove overview scrutiny committees. Mr Turner, Dr Walsh and Mrs Jones are currently HASC's representatives on the regional working group with Cllr Belsey as a substitute member.

1.3 Management responsibility of BSUH transferred to Western Sussex Hospitals Foundation Trust in April 2017, just before the Trust was re-inspected by CQC. As a result of the re-inspection, the CQC moved the Trust to 'requires improvement' overall, having recognised improvement in most areas identified by the previous inspection but recommended that the Trust remain in special measures.

1.4 The regional HOSC working group last met on 4 April 2018 and notes of the meeting are attached to this report as Appendix A.

#### *South East Coast Ambulance Service (SECamb) NHS Foundation Trust*

1.5 South East Coast Ambulance Service (SECamb) NHS Foundation Trust provides ambulance services to residents of Sussex, Surrey and Kent. The Care Quality Commission (CQC) inspected SECamb and in September 2016 published its findings, rating the Trust as 'Inadequate', highlighting concerns around leadership and safety. NHS Improvement subsequently placed SECamb in special measures. This report was published on the CQC's website and can be found here: [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF5030.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF5030.pdf)

1.6 At the Health and Adult Social Care Select Committee (HASC) meeting in January 2017 it was agreed that ongoing scrutiny of the Trust, taking into account that SECamb covers the boundaries of six local authorities, would be conducted by a regional HOSC working group with membership from West Sussex, East Sussex, Brighton & Hove, Surrey, Kent and Medway health and overview scrutiny committees. The Chairman and Vice Chairman are HASC's representatives on the regional working group.

1.7 SECamb was re-inspected by the CQC in May 2017 the findings of which were published on 5 October 2017. Inspectors continued to find the Trust to be 'Inadequate', with leadership and safety remaining particular areas of concern. As part of the inspection report, SECamb was given 17 'must-dos' by the CQC, i.e. 17

areas where specific action was required. The findings of the CQC's most recent inspection into SECAMB can be found at the following link:

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAG5730.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5730.pdf)

1.8 The regional HOSC working group met last on 19 March 2018 and notes of the meeting are attached to this report as Appendix B. Member attendance at the regional meetings has become increasingly challenging due to the vast geography the Trust covers. The SECAMB Chief Executive, Daren Mochrie confirmed that his executive team was now sufficiently established, so he could guarantee senior SECAMB attendance at individual scrutiny committees. Therefore, it was suggested that the regional working group cease to meet and that regional scrutiny committee's undertaken formal scrutiny of SECAMB individually in the future.

## **Factors taken into account**

### **2. Issues for consideration by the Select Committee**

2.1 The Committee is asked consider this cover report and appendices and highlight any strategic issues that it wishes HASC representatives to raise at the next meeting of the BSUH regional working group.

### **3. Consultation**

3.1 The Chairman and Vice Chairman have been consulted on the detail of this report.

### **4. Risk Management Implications**

4.1 None as this report is for information purposes only.

### **5. Equality Duty**

5.1 None as this report is for information purposes only.

### **6. Social Value**

6.1 None as this report is for information purposes only.

### **7. Crime and Disorder Implications**

7.1 None as this report is for information purposes only.

### **8. Human Rights Implications**

8.1 None as this report is for information purposes only.

**Tony Kershaw**

Director of Law and Assurance

**Contact:** Helena Cox, Senior Advisor 0330 22 22533

**Appendices:**

Appendix A – Notes from BSUH Regional Sub Group meeting on 4 April 2018

Appendix B – Notes from the SECAMB Regional Sub Group meeting on 19 March 2018

**Background Papers** - None

## Joint Sussex HOSC Working Group: BSUH – Briefing Note

Wednesday 04 April 2018

### Attending:

Cllr Ken Norman, Chair (BH HOSC); Cllr Colin Belsey (ES HOSC), Cllr Susan Murray (ES HOSC); Mrs Anne Jones (WS HASC), Mr Bryan Turner (WS HASC), Cllr Edward Belsey (WS HASC)

Nicola Ranger, Chief Nurse (BSUH); Pete Landstrom, Chief Delivery & Strategy Officer (BSUH)

### Apologies:

Cllr Deane (BH HOSC), Cllr Allen (BH HOSC), Dr Walsh (WS HASC), Cllr O’Keeffe (ES HOSC), Cllr Howells (ES HOSC)

## **1 Notes of the last meeting 04.10.17**

1.1 The notes of the previous meeting were agreed as an accurate record.

## **2 Update on quality**

Members considered the Quality Report in the March 2018 BSUH Board papers. The codes given in the text (e.g. E29) refer to specific quality measures in the BSUH Quality Scorecard.

<https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/BSUH-Board-in-Public-combined-papers-28-March-2018.pdf>

### **2.1 E29: % of stroke patients admitted to stroke unit within 4 hours of admission**

2.1.1 PL explained that problems with capacity and flow at RSCH are responsible for the poor performance in this area. However, the 90% target is a very ambitious one, and clinical outcomes remain really good. The trust does need to look at the capacity of the stroke unit given demographic changes; 3Ts and other developments should help with this.

2.1.2 The E29 target is about patients entering the stroke unit, not entering the hospital. It does not mean that patients are being delayed in ambulances; in fact, the ambulance side of stroke services is working well with timely thrombolysis being consistently delivered to those patients who need it. Patients are being brought to hospital as they should be, but may then be being treated in a clinically appropriate environment such as A&E because there is no space in the stroke unit.

2.1.3 PL responded to a question from BT on the impact of the planned reconfiguration of West Sussex stroke services. Commissioners are keen to rationalise services, because there are substantial clinical benefits to doing so. However, this would have an impact in terms of additional patient flow to either or both RSCH/Queen Alexandra Hospital, Portsmouth. It would not be feasible to significantly increase flow to either hospital at the current time, so there are no immediate plans to go ahead with reconfiguration.

2.1.4 NR noted that stroke services require expert staff. Recruitment to specialist nursing posts has been strong, but there are national problems with the recruitment of rehab staff, due in part to insufficient numbers having been trained in recent years.

## **2.2 Falls (S21, S22, S40, S23, S24)**

2.2.1 NR assured members that BSUH falls performance remains excellent. The trust was the second highest rated nationally last year, although this year's figures are not yet available. PL agreed to share the annualised data on falls with the working group when it is available. **ACTION**

2.2.2 There was discussion of the problem of patients being discharged back to poor living conditions. PL noted that there is ultimately little that can be done if patients choose to discharge themselves to an unsafe home environment. The trust does work very closely with Sussex Community NHS Foundation Trust (SCFT) and with Local Authorities to manage discharge effectively. However, there is an increasing gap between the acuity of patients and the level of community-based support available - e.g. in terms of intermediate care beds and of nursing home provision. The issue here is not so much a lack of beds as the specialist support required to deal with patients with high needs. NR added that the local health system is seeking to access training to up-skill community nurses to better cope with increasing acuity. An STP-wide skills passport for nursing homes is also being developed.

2.2.3 Members also discussed whether live-in carers were part of the solution to the problem of effectively supporting people in the community following discharge. NR agreed that they could be, but noted that employment regulations, such as the need to provide regular breaks, present challenges.

## **2.3 Staffing (S36, S37, S 38, S39, S41)**

2.3.1 NR informed members that BSUH is in the top quartile for planned nursing staff levels. RSCH has a nurse to patient ratio of 1:7 which is much better than the national average. The trust measures its staffing against this planned ratio, and has managed to maintain the ratio with relatively little recourse to agency staff. The trust seeks to ensure that there is always sufficient staffing on wards, although sometimes this may mean using Healthcare Assistants when Registered Nurses (RN) are unavailable.



2.3.2 NR also noted that RN turnover has significantly reduced in the past year, from 15.9% to 12.8%. The trust is aiming to reduce this to 10% eventually.

2.3.3 PL added that the trust uses the Model Hospital tool to measure performance. This shows that care hours per patient are high at RSCH, although this is partly a reflection of the tertiary nature of much of the hospital's work (more specialist services tend to require higher staffing levels).

#### **2.4 Target S18: Full compliance with WHO Surgical Safety Checklist**

2.4.1 NR told members that the trust Board has asked for a review of why BSUH is scoring red against this standard. The results of this review will be fed back to the working group. **ACTION**

#### **2.5 Target S11: VTE Assessment Compliance**

2.5.1 NR explained that all in-patients should be reviewed for risk of Deep-Vein Thrombosis, but that this is a challenging undertaking, particularly since the trust does not currently have electronic prescribing (electronic prescribing systems automatically prompt clinicians to undertake VTE assessments).

2.5.2 There was a discussion of the benefits of electronic records systems and of being able to share information digitally across organisations, particularly in terms of information sharing between acute and primary care. This is not a problem that is simple to resolve, not least because there are four separate commercial systems used by GP practices.

### **3 Update on performance**

Members considered the Performance Report in the March 2018 BSUH Board papers. The codes given in the text (e.g. 033) refer to specific quality measures in the BSUH Operational Performance Scorecard.

<https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/BSUH-Board-in-Public-combined-papers-28-March-2018.pdf>

#### **3.1 3Ts**

3.1.1 PL told members that the 3Ts build continues to pose challenges, although we are probably past the most difficult stage in the project. There is now a real focus on developing transition plans for each service.

#### **3.2 A&E Redevelopment**

3.2.1 The revamp of A&E is ongoing, although works were temporarily paused in order to agree ambulance drop-off points.

#### **3.3 Target 033: Delayed Transfers of Care (DToCs)**

- 3.3.1 There has been significant improvement in DToCs rates, with much better partnership working (daily conference calls etc.) in recent months.

#### **4 Winter pressures**

- 4.1 PL told members that the trust has weathered winter well. There have been the usual seasonal issues with norovirus and with flu, and there have been admission spikes following periods of cold weather (typically around a week after the cold spell). BSUH has done everything possible to avoid cancelling elective procedures, although this has sometimes been unavoidable. The trust targeted only operations where the staff involved could be usefully re-deployed in the emergency department so as to minimise cancellations, and in particular same-day cancellations.

#### **5 Staff survey**

- 5.1 PL informed members that the response rate to the staff survey has increased markedly since last year: from 39% to over 50%. This is good news, as it means that the survey data is really robust and is also indicative of a high level of staff engagement.
- 5.2 Overall, survey results are similar to last year. BSUH has focused on making improvements in a few key areas, such as care (i.e. would respondents recommend the trust as somewhere to receive care), and there are positive signs here.
- 5.3 Bullying & harassment is a high scorer on the survey, and this reflects a national problem which has no easy solution. The trust has invested in training staff to deal with difficult or distressed customers, but more needs to be done here. This is definitely not just a local problem: other local trusts report similar levels of bullying & harassment by patients and their families. Trusts may need to do more to manage client anxiety – for example by considering allowing vaping in designated areas.
- 5.4 Staff on staff bullying also appears as an issue in the staff survey. The trust is investigating this, with a focus both on discrimination and on perceptions of discrimination.
- 5.5 It is disappointing that the survey shows that communication between managers and staff remains poor. The trust has worked hard in this area, but more needs to be done to get messages fully disseminated. BSUH is running a series of staff conferences this summer and has also instituted staff awards.

## **6 Other Issues**

- 6.1 In response to a query on radiotherapy services, PL explained that forecasts of the need for radiotherapy services were higher than the actual demand. This is mainly due to changes in the way that treatment is delivered, with fewer interventions required than would have been the practice when forecasts were made. This means that there is probably enough radiotherapy capacity across the region. However, it is not necessarily being delivered in the ideal places, and there is a case for an additional location. BSUH has raised this issue with the Cancer Alliance.
- 6.2 In response to questioning, PL informed members that BSUH would not be a cancer diagnostic centre pilot. Although RSCH has all the necessary facilities, they are already in constant use, and the pilots really require free capacity at a standalone site.

## **7 Date and focus of next meeting**

- 7.1 TBC by email

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**SECAMB Regional HOSC Sub-Group Meeting – Monday 19 March 2018**

**Members in attendance**

Bryan Turner, West Sussex County Council

**Officers in attendance**

Lizzy Adam, Kent County Council

Andrew Baird, Surrey County Council

Helena Cox, West Sussex County Council

Steve Emerton, Executive Director for  
Strategy and Business Development,  
SECAMB

Nuala Friedman, Brighton and Hove City  
Council

Claire Lee, East Sussex County Council

Daren Mochrie, Chief Executive, SECAMB

**Apologies for Absence**

Apologies were received from Cllr Ken Norman (Brighton & Hove City Council), Cllr Colin Belsey (East Sussex County Council), Cllr Ruth O’Keeffe (East Sussex County Council), Cllr Sue Chandler (Kent County Council), Cllr Mike Angell (Kent County Council), Cllr Wendy Purdy (Medway Council), Cllr David Royle (Medway Council), Cllr Sinead Mooney (Surrey County Council), Cllr David Mansfield (Surrey County Council), Dr James Walsh (West Sussex County Council)

**SECAMB Update**

1. The Chief Executive of South East Coast Ambulance Service (SECAMB), Daren Mochrie, introduced Members to Steve Emerton who had assumed the role of Executive Director for Strategy and Business Development in January 2018. Mr Turner also heard that a new HR Director had also been appointed and that they had started in this role at the beginning of March. Mr Mochrie highlighted that he had instigated a revamp of SECAMB’s Senior Leadership following his appointment as Chief Executive in May 2017 but that a full and stable top team was now in place.

**Performance and Clinical Outcomes**

1. Discussions took place regarding the introduction of the Ambulance Response Programme (ARP) which had revised national standards for Ambulance Services to

respond to the different types of incidents that they are called out to. SECamb was the last Ambulance Service in England to move from the previous standards framework to the new ARP. Mr Turner heard that the new targets placed an emphasis on ensuring that the most appropriate resource was despatched to patients to meet their needs which required more detailed triaging over the phone. Mr Mochrie assured those present that the new set of questions adopted by the Trust to facilitate this would not result in delays dispatching ambulances to those in need of urgent attention as the questions had been specifically designed to identify those who required an ambulance immediately.

2. Mr Turner heard that the ARP had divided calls into four categories depending on the severity of patients' symptoms. Each of the categories had a specific target attached to it against which the performance of SECamb would be measured. Mr Mochrie stated that all Ambulance Trusts in England were having difficulty in delivering against the new standards outlined within the ARP framework due to the way in which resources and fleets were configured. The previous targets assessed Trusts against their ability to get a first responder on scene whereas the ARP placed a premium on getting the appropriate resource for the emergency.
3. Discussions turned to SECamb's See & Treat and Hear & Treat models in respect of dealing with those assessed as Category 3 or 4 calls. Those present at the meeting enquired as to whether the Trust monitored the number of callbacks received from patients who had been treated under one of these models to provide a better understanding of the extent to which they were effective. The Executive Director of Strategy and Business Development highlighted that individuals seeking to follow up advice once their condition had been treated was not an issue unique to SECamb but that it did present some challenges to the Emergency Operations Centre (EOC) as it can result in call handlers being tied up talking to people who have already been seen by a paramedic. Mr Emerton advised Members that he didn't have information to hand on the number of callbacks from patients who had already received advice from staff over the phone or who had been discharged by paramedics at the scene but that he would find this information and report back to the Sub-Group.
4. Mr Mochrie addressed concerns raised regarding SECamb's response to Category 3 calls. Specifically, Members referenced anecdotal evidence regarding delays in responding to falls meaning that, in some cases, elderly people were having to wait for several hours for a paramedic to arrive and assist them in getting back up. Officers acknowledged that there were challenges for the Trust in achieving mandated response times for Categories 3 and 4. In order to mitigate these challenges, SECamb was holding a meeting with its commissioners to explore avenues for improving the speed with which it responds to Category 3 & 4 calls. Mr Mochrie cited evidence that fall buttons distributed by social care providers are defaulting directly to the Ambulance Service instead of alerting social care staff. He suggested that this was not a good use of paramedics' time when it can be dealt with just as effectively by community services. Indeed a number of residential/ nursing homes have adopted a 'No Lift' policy which inevitably resulted in delays in elderly people being picked up. This can have a detrimental impact on those who have taken a fall as it can lead to them climbing the acuity scale which increases the potential that they will need to be taken to a hospital. This issue was being considered by SECamb as part of its Demand and Capacity Review.

5. Clarity was sought from Members regarding a woman in labour being placed in Category 3 of the ARP framework and whether this had posed any problems for the Trust given the challenges it had meeting target response times in this Category. Mr Emerton stated that how Ambulance Trusts respond to a woman in labour is a high priority matter and something that SECamb ensures it remains alert to. He informed Mr Turner that no complaints or concerns had been raised that he was aware of but would check. Members were further advised of the importance of ensuring that the Trust was the right size and had the correct resources to cover the Trust's geographical area. Evidence from other emergency services demonstrated that once SECamb had achieved this, delivering on the ARP framework response times would follow.
6. Those present at the meeting inquired about how SECamb reduced instances of multiple vehicles attending a single incident so as to avoid duplication of work and ensure paramedics were deployed appropriately. Mr Mochrie gave assurances that multiple vehicles were only dispatched to incidents where it was necessary such as emergencies when there was more than one individual that required care.
7. Members asked to see a breakdown of call response time by the local authority and Mr Mochrie confirmed that he would circulate this to Sub-Group Members following the meeting.
8. Mr Mochrie advised Members that SECamb was finding it challenging to employ call handlers which had an impact on call pick-up times. Members heard that employing call handlers was a difficulty for Ambulance Trusts in England and is a challenge in the context of high employment in Crawley. That being said a more attractive and incentivised offer is being developed to build recruitment numbers and retention. Mr Turner asked whether any specific steps had been taken to employ people with disabilities to staff the EOC. Officers indicated that they were unaware as to whether specific steps had been taken to advertise vacancies to those with disabilities and so would consider it in more detail.
9. Attention was drawn to the review of Stroke Services that was being undertaken within the Kent and Medway area. Specifically, it was stated that proposals put forward by commissioners would create a shortage of provision within the East Thanet area and officers were asked if they were confident that SECamb could convey patients in East Thanet to a Hyper Acute Stroke Unit (HASU) within the timeframe for treatment. Mr Mochrie confirmed that SECamb had been engaged in discussions around the proposals for the location stroke services in Kent and had undertaken modelling in line with these to understand what resources would be necessary to meet the 60-minute target for patients across the entirety of the Kent and Medway area. Mr Mochrie stressed that so long as SECamb is engaged in discussions early around the provision of acute services then it can flex its operational capacity to respond to the new model such as had happened during the recent review of Stroke provision which had taken place in West Sussex. Mr Turner was further informed that it was much better for patients who had experienced a stroke to be conveyed to a specialist centre where they would receive the best treatment to limit the long terms impact on those who suffer a stroke. Much of the concern from residents around the location of HASUs in Kent and Medway had been centred on the amount of time it would take patients' families to visit them in hospital rather than on improving outcomes for those who had suffered a stroke.

10. Officers were asked whether data was available on how SECamb was delivering against stroke response times across its patch since joining the ARP response framework. Mr Emerton stated that performance and clinical outcome data is available and reported to the Trust Board on a monthly basis. Data relating to outcomes is not current / contemporary given the need for Benchmarking to take place on a National basis with other Ambulance Trusts.

### **CQC Progress & Delivery Plan Update**

1. Mr Mochrie stated that he expected the Care Quality Commission (CQC) to re-inspect SECamb in summer 2018 but highlighted that the regulator had undertaken an ongoing engagement with the Trust conducting deep dives into specific areas of concern that had been identified by inspectors. This included issues such as medicines management which had been flagged as a problem by the CQC Inspection Report. The CEX stated that the Trust was achieving pace, grip and purpose in meetings the Delivery Plan agreed following the CQC Inspection in May 2017.
2. Further clarity was sought on how actions outlined in the Delivery Plan were being taken forward. Those present at the meeting heard that there was a range of workstreams designed to deliver sustained improvement in the performance of the Trust with a specific focus on the quality and compliance issues which had been highlighted in the Inspection Report. Mr Emerton advised that he would share the detail that sits underneath the Delivery Plan to provide Mr Turner with clarity on the specific steps being taken to achieve sustained improvement. He also drew attention to work that was being conducted by officers to move workstreams from a project setting into business as usual for the Service once the objectives of these specific projects had been achieved.

### **Surge Management Plan Update**

1. The Executive Director of Strategy and Business Development stated that he would share the latest iteration of the Surge Management Plan with the Sub-Group for reference. He informed Members that the Operational Delivery Team had been devising a Surge Management Policy for the Trust with a view to bringing the surge management response forward. Experience had shown that the earlier a surge management response was introduced the easier it was for Ambulance Services to step down from this state. The Policy was being developed in conjunction with stakeholders and commissioners while Acute Trusts were also being contacted to inform them of the introduction of the new Surge Management Plan being adopted. Officers stressed the Plan had been subject to a great deal of scrutiny by partners across the healthcare system within SECamb's footprint prior to its introduction on 21 March 2018. The Committee also heard that the introduction of a new Surge Management Policy also held the opportunity for learning across the system specifically around the conditions that create additional demand for the Ambulance Service. Mr Emerton also highlighted the potential for considering a coordinated community response to cover the Service when it has been necessary to introduce the Surge Management Plan.



2. Mr Turner heard about intelligent conveyancing, whereby patients are transported to the location that will provide them with the best care for their condition although it was highlighted that this is contingent on there being a degree of capacity within the system.
3. Discussions turned to the impact of delays in handing patients over from the care of SECAmb paramedics to hospital staff which can be hugely disruptive in enabling SECAmb to deliver against mandated response times. In some cases, ambulance crews have to wait at hospitals for several hours before they can hand over a patient meaning there are fewer ambulances able to respond to emergencies. Mr Mochrie also emphasised the impact that long handover delays had on staff. In some cases, it meant that ambulance crews were being forced to work overtime while the impact of having fewer ambulances available to respond to incidents resulted in other crews not being able to take scheduled breaks all of which had a detrimental impact on morale. Members were informed that it was vital for hospitals to redesign their pathways to ensure that ambulance handovers are done more quickly. Members enquired about handovers at Brighton and Sussex University Hospitals NHS Trust (BSUH). Mr Turner was advised that a new pathway for handing over patients had been introduced by BSUH which had reduced the length of time it took to transfer patients from the care of paramedics to the care of the clinical staff at these hospitals. Members asked to receive a breakdown of figures on handover times by hospital. Officers confirmed that they were happy to supply this information with the caveat that the data they could provide would only be a snapshot of a specific point in time rather than providing indicative information on how individual acute trusts were performing.

### **Quality Account**

1. Mr Turner received an update from the Executive Director of Strategy and Business Development on progress being made in compiling SECAmb's Quality Account for 2018/19 which included providing an outline of the specific aspects and areas that would be covered by the Account.
2. Members asked whether the Trust had addressed the problems with its complaints had been improved. Officers confirmed that the backlog of complaints had been dramatically reduced although advised that work was required to understand what the Trust then did with those complaints, how it identified themes and then embedded learning arising from this. The Trust also actively sought compliments from patients which provided an opportunity to convey good news to the Trust Board.
3. Mr Emerton stated that a significant improvement had been achieved in safeguarding referrals originating from ambulance crews. This would be further reinforced through the implementation of a quality improvement methodology which instituted a learning culture in respect of safeguarding referrals and other matters of quality.

### **Demand & Capacity Review Update**

1. Officers provided an update on work being undertaken to determine the optimum operational model for SECAmb to deliver against the targets framework contained within the ARP. Members heard that the Trust had engaged the services of a company called ORH who worked with emergency services organisations globally to assist them in modelling the type and level of resource required to deliver against projected demand. SECAmb was looking at two specific models of delivery, a paramedic-led model and a mixed-economy model, each of which would require

different levels and types of resource to deliver. The Trust was working in conjunction with Commissioners and ORH to provide clarity on what resources would be required in order to deliver these separate configurations. These findings would be used in discussion with commissioners about how the Trust manages clinical risk, deploys its assets appropriately and whether current resources are enough to meet ongoing and future demand. Mr Emerton provided further detail on specific considerations upon which SECamb was basing discussions with commissioners which included looking at the number of crewed ambulances that were required at different times of the day in order to deliver on ARP targets. The Committee heard that the Demand and Capacity Review should not assume that future improvement in hospital handovers as it could not be guaranteed that this would happen. Based on the modelling conducted there is a significant resource (personnel and vehicles and associated cost) required to deliver on ARP targets.

2. Clarity was sought from officers on when they anticipated SECamb would be performing in line with the ARP targets. Mr Turner was informed that the Trust aimed to be compliant with these by 2021 although NHS Improvement had indicated that they would like SECamb to be delivering in line with the ARP earlier than that. Officers were advised that SECamb not delivering against national performance targets for three years would be a difficult message for politicians and the public to hear and suggested that some consideration be given around how this was explained. Mr Emerton highlighted the need to manage residual risk given that on an improving trajectory there would still be a period when ARP targets would not be fully met. .

### **Culture & Organisational Development**

1. Mr Mochrie informed stated that the results of an annual national survey of Ambulance Trust staff had recently been published. He acknowledged that the results of the survey did not compare favourably with those of other Ambulance Trusts in England and that there was a significant amount still to do in order to improve staff morale. The response rate was, however, higher than the previous years' survey which was viewed positively.
2. Mr Turner was advised of a number of steps being undertaken by the Trust in order to improve morale among staff. This included improving the visibility of the Senior Management Team, introducing new HR policies as well as health and wellbeing hubs. A new HR Director had recently started which would allow more rapid transformation of the culture within SECamb.
3. Concern was expressed concern regarding a purported increase in physical violence between members of staff and suggested that this shouldn't be happening at all let alone increasing. Mr Mochrie indicated that he had not heard of any instances of staff being violent towards colleagues and suggested that this metric might have been mislabelled and stated that he would confirm this with relevant officers and let the Sub-Group know.

### **Any other Business**

1. Discussions turned to the need for a Regional HOSC Sub-Group to monitor the performance of SECAMB given that Members were finding it difficult to attend meetings. It was proposed that the Sub-Group be disbanded and that individual HOSCs conduct their own scrutiny of the Trust. Mr Mochrie stated that it might be a challenge for him to attend every HOSC and asked whether it would be possible to delegate responsibility for attending these meetings to a member of the Executive Team in instances where he was unable to make it. Mr Turner confirmed that he was content with this arrangement but suggested that locality representatives also attend to provide the specific picture for performance within the relevant local authority area. It was agreed that the Sub-Group would create a schedule to share with officers regarding when SECAMB would be asked to attend specific select committee meetings.

### **Actions**

- i. The Sub-Group to receive data on the number of call backs received by SECAMB from patients who had already been given advice from staff over the phone or who had been discharged by paramedics at the scene.
- ii. The Sub-Group to be sent the detail that sits underneath the Delivery Plan to provide clarity on the specific steps being taken to achieve sustained improvement.
- iii. SECAMB officers to share the latest iteration of the Surge Management Plan with the Sub-Group.
- iv. Members to receive a breakdown of handover times by hospital within the area covered by SECAMB.
- v. The Sub-Group to receive clarity on the metric which suggested that instances of staff being violent towards colleagues was on the rise had been mislabelled.
- vi. It was agreed that the Sub-Group would create a schedule to share with officers regarding when SECAMB would be asked to attend specific select committee meetings.

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