

1. Review of in-house residential services £640,000

Proposal:

- 1.1 In 2018 the 'Choices for the Future' transformation programme for in-house services was approved by the Adults Cabinet Member. Within the programme there was a commitment to review the in-house residential services. The County Council is developing an accommodation strategy, and this will be an ideal opportunity for the in-house service to be part of this piece of work. There are significantly fewer referrals being made to older peoples residential services due to initiatives like Home First. It is anticipated there could be opportunities to redevelop some sites into extra care housing or release for a capital receipt.
- 1.2 Marjorie Cobby House in Selsey is a resource centre that works primarily with St Richards Hospital, providing Discharge to Assess (D2A) and interim beds. Since the introduction of Home First and the increase of capacity in the Community Rehabilitation Services (CRS) there has been a change in referral patterns into the service. It is anticipated there will be a need for a small provision of D2A beds in the Western area, which could be purchased in the external market and closer to the acute setting. The cost for replacing eight beds is approximately £320K, which would be funded from the gross saving to deliver a net benefit of £640k. Marjorie Cobby House is not a long stay resource so impacts for families and people using the service is minimised if closure is agreed, following consultation, that will include staff.

2. Review of Shaw day services - £250,000

Proposal:

- 2.1 Shaw Day Services are provided at six of the twelve care homes that are operated by Shaw Healthcare as part of a block contract on behalf the County Council. Before Covid-19 pandemic closed the services on the 25th March 2020, 92 people were registered to attend the six services which were operating at an average of 45% attendance against capacity. This meant that the County Council was paying for places that were not being used. Since March operational staff report that now only 50 people are either able to, or want to return to the same day service provision meaning that demand has significantly reduced further.
- 2.2 A review of the services was already in train as part of a previous savings plan relating to a Cabinet Member decision taken in May 2018 (AH02 18/19). It is proposed to extend this to assess whether all the Shaw Healthcare day services are required, whether they provide the best use of public money, and if not, what should change in order to deliver better outcomes for people.

3. Review of Lifelong Services day services - £2,240,000

Proposal:

- 3.1 The County Council has a clear strategic intent to reduce dependence on building based day services for people with learning disabilities and to ensure that people, wherever possible, are able to access local community provision. There is a renewed focus on enabling independence and increasing employment opportunities. There is an intention to significantly reduce the spend on building based services to create the savings. This will be phased in part due to the reduced use of day provision during Covid-19 and the emergence of new ways of offering support, the opportunities afforded by the re-procurement of services at the end of the current contract in March 2022 and continued development of the Council provided day services. Initial discussions have been held with contracted day services about a new model and there will be further consultation with all stakeholders including customers and family carers.

4. Public Health Grant - £508,000

Help at Home - £408,000 (£270,000 in 2021/22) for all social support contracts

Proposal:

- 4.1 The Help at Home contract has provided a subsidised home support service to people since 2013. It provides help to vulnerable older people who do not meet the Care Act eligibility threshold with basic household tasks, i.e. cleaning, shopping etc. Customers are provided with up to a maximum of 1-2 hours per week at a subsidised hourly rate. The service had 677 customers prior to COVID-19, but this has significantly decreased following the pandemic. The existing customer base is static in nature meaning that many customers have remained in the service on a long-term basis.
- 4.2 The model is not aligned with the current model of community led support for adults and as part of the current WSCC Social Support Recommissioning Programme, and therefore it is proposed this service is decommissioned. The current proposed plans for decommissioning aim to minimise risk to service users, minimise additional demand for adult social care. It is proposed that a tapered withdrawal of the service would be accompanied by ongoing assessment of service user needs and integration with community support. It is proposed that a tapered withdrawal of the service would be accompanied by ongoing assessment of service user needs and integration with community support.

5. Reduction in Wellbeing Programme - £100,000

Proposal:

- 5.1 The West Sussex Wellbeing Programme is the partnership between public health in West Sussex County Council and District and Borough Councils. With a total budget of £2,116,000, it is the main, large scale prevention programme in the county and the contact point for adults to access a wide range of support via self-referral or following signposting from a front line professional. It takes forward a number of commitments set out in the Joint Health and Wellbeing Strategy. Most of the activity within the programme is concentrated on tackling overweight and obesity in adults of all ages. The programme has been significantly disrupted during COVID-19 and will take time to recover, it is expected to underspend this financial year. There are aspects of the business plans which have ceased or not started due to COVID-19 which could be halted permanently to achieve the savings. For example, NHS health checks have not been taking place during the pandemic so additional resource for them is underspent. If agreed Public Health intend to develop proposals about how best to achieve this saving in order to minimise the adverse impacts on the health of the local population, on reducing inequalities and on the strength of the partnership.