



CABINET

TUESDAY, 23 APRIL 2019

10.00 AM COUNCIL CHAMBER - COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier (Chair)
Councillors Nick Bennett, Bill Bentley, David Elkin (Vice Chair), Carl Maynard,
Rupert Simmons, Bob Standley and Sylvia Tidy

A G E N D A

- 1 Minutes of the meeting held on 5 March 2019 (*Pages 3 - 4*)
- 2 Apologies for absence
- 3 Disclosures of interests
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
- 4 Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
- 5 Integrated Working with the NHS in East Sussex (*Pages 5 - 26*)
Report by Director of Adult Social care and Health
- 6a Scrutiny Review of Road Repairs - report of the Place Scrutiny Committee (*Pages 27 - 46*)
Report by the Assistant Chief Executive
- 6b Road Repairs: Observations on the Scrutiny Committee's report (*Pages 47 - 54*)
Report by the Director of Communities, Economy and Transport
- 7a Scrutiny Review of the Changing Care Market: Information and Signposting - report of the People Scrutiny Committee (*Pages 55 - 76*)
Report by the Assistant Chief Executive
- 7b Changing Care Market: Information and Signposting: Observations on the Scrutiny Committee's report (*Pages 77 - 84*)
Report by the Director of Adult Social Care and Health
- 8a Scrutiny Review of the Effectiveness of School Travel Plans - report of the Place Scrutiny Committee (*Pages 85 - 100*)
Report by Assistant Chief Executive
- 8b Effectiveness of School Travel Plans: Observations on the Scrutiny Committee's report (*Pages 101 - 104*)
Report by Director of Communities, Economy and Transport

- 9 External Audit Plan 2018/19 (*Pages 105 - 122*)
Report by the Chief Operating Officer
- 10 Internal Audit Strategy and Annual Plan 2019/20 (*Pages 123 - 140*)
Report by the Chief Operating Officer
- 11 Any other items considered urgent by the Chair
- 12 To agree which items are to be reported to the County Council

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

11 April 2019

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www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm

CABINET

MINUTES of a meeting of the Cabinet held on 5 March 2019 at County Hall, Lewes

PRESENT Councillors Keith Glazier (Chair)
Councillors Nick Bennett, Bill Bentley, David Elkin (Vice Chair),
Carl Maynard, Rupert Simmons, Bob Standley and Sylvia Tidy

Members spoke on the items indicated

Councillor Philip Daniel	- item 5 (minute 53)
Councillor Elkin	- item 5 (minute 53)
Councillor Lambert	- item 5 (minute 53)
Councillor Shuttleworth	- item 5 (minute 53)
Councillor Standley	- item 5 (minute 53)
Councillor Swansborough	- item 5 (minute 53)
Councillor Tutt	- item 5 (minute 53)
Councillor Ungar	- item 5 (minute 53)
Councillor Webb	- item 5 (minute 53)

51 MINUTES OF THE MEETING HELD ON 22 JANUARY 2019

51.1 The minutes of the Cabinet meeting held on 22 January 2019 were agreed as a correct record.

52 REPORTS

52.1 Copies of the reports referred to below are included in the minute book.

53 COUNCIL MONITORING: QUARTER 3 2018/19

53.1 The Cabinet considered a report by the Chief Executive

53.2 It was RESOLVED to:

- 1) note the latest monitoring position for the Council; and
- 2) approve the proposed deletion of a performance measure as set out in paragraph 2.1 of the report

Reason

53.3 The report sets out the Council's position and year end projections for the Council Plan targets, Revenue Budget, Capital Programme, Savings Plan together with Risks for 2018/19 quarter 3.

54 ITEMS TO BE REPORTED TO THE COUNTY COUNCIL

54.1 The Cabinet agreed that agenda item 5 should be reported to the County Council.

[Note: The item being reported to the County Council refers to minute number 53]

Report to: Cabinet

Date of meeting: 23 April 2019

By: Director of Adult Social Care and Health

Title: Integrated Working with the NHS in East Sussex

Purpose: To consider proposals for future partnership arrangements and priorities for integrated health and social care in East Sussex

RECOMMENDATIONS

Cabinet is recommended to:

- 1) agree the approach being taken to resetting health and social care system governance, including agreeing to take forward a single joint programme across East Sussex;
 - 2) agree to replace the East Sussex Better Together Strategic Commissioning Board from April 2019 with the new arrangements under the single East Sussex-wide joint programme which will be subject to strategic oversight by the East Sussex Health and Wellbeing Board;
 - 3) approve the scope and projects within the new integrated community health and care services joint programme (Appendix 5); and
 - 4) delegate authority to the Director of Adult Social Care and Health to take any action he considers necessary to give effect to or in consequence of, the above recommendations.
-

1. Background

1.1 The County Council remains committed to integrated working with the NHS as this will enable us to deliver the best possible outcomes for local residents and achieve the best use of collective public resources in East Sussex. There is a strong national and international evidence base that demonstrates the value of integrated working in improving patient and client experience and outcomes, as well as better value for money. Integrated working has been progressed in recent years through the East Sussex Better Together (ESBT) programme and Connecting 4 You (C4Y).

1.2 The existing ESBT health and care governance structure has been suspended during 2018/19 to enable the NHS to focus on in-year financial recovery, as a result of some local NHS partners being in financial special measures and under legal directions. Work by NHS England (NHSE) and NHS Improvement (NHSI), and a series of consultancy reviews have focused on the need to establish financial sustainability moving forward. This has informed the revised approach to system governance for managing financial recovery, business as usual and delivering the strategic priority to integrate care.

1.3 The work on integration to date provides a firm foundation for the next steps as it has delivered:

- Health and Social Care Connect
- Joint Community Re-ablement Service
- A comprehensive and co-ordinated range of preventative services
- On-going development of community health and social care services
- Strong whole system performance against the Better Care Fund targets

1.4 The key lesson from the NHSE, NHSI and consultants' reviews about governance was the importance of establishing robust programme arrangements that are resourced to deliver change in services and new models of care. The challenge of delivering transformation through business as usual proved to be that there was insufficient management capacity or focus to deliver operational requirements and significantly progress integration. It is also clear, in line with national policy, that a greater level of collaboration is required between NHS commissioners and providers in planning and delivering transformation priorities and establishing whole system sustainability.

1.5 In addition to system plans for financial recovery, we are proposing to move to a single programme across the whole of East Sussex with all three Clinical Commissioning Groups (CCGs) and NHS providers. This will focus on delivering measurable progress over the next 12-18 month period, in the three core areas of urgent care, community services, and planned care. We will deliver the reset strategic programme by consolidating the existing ESBT and C4Y aims and objectives to deliver outcomes drawing on the recommendations and actions arising from the system diagnostic work of NHSI and NHSE, and the other consultancy reviews.

1.6 There will be high level programme milestones, Key Performance Indicators (KPIs) and financial monitoring to enable the system to measure progress effectively. A Programme Management Office (PMO), as required by NHSE and NHSI, has also been set up to track measurable progress and benefits realisation across the three key programme workstreams, which will operate county-wide, and the financial recovery plan. This, and the oversight boards for the three workstreams, will report to an overarching East Sussex Health and Care Executive Group that will hold the system organisationally and collectively to account for delivery. This in turn will report to the East Sussex Health and Wellbeing Board (HWB).

1.7 The following appendices are attached:

- Appendix 1 Proposed new East Sussex-wide health and social care system governance structure
- Appendix 2 Previous agreed ESBT system governance structure
- Appendix 3 Previous agreed C4Y governance structure
- Appendix 4 Terms of Reference for the East Sussex Health and Social Care Executive Group
- Appendix 5 Work programme for integrated community health and social care services
- Appendix 6 The NHS Long Term Plan – A Summary

2. Supporting information

New system governance structure

2.1 The proposed governance has been informed by the learning from the previous Alliance arrangements, as well as the results of the system diagnostic work and consultancy reviews. The refreshed system governance is designed to:

- ensure all partners have a tight grip on delivery, allowing risks and issues to be identified, escalated and tackled swiftly and resources to be allocated and reallocated appropriately, to achieve system objectives of financial recovery and integrated and sustainable health and care;
- ensure a clear focus on agreeing and implementing a small number of priority projects and programmes of change that will make a demonstrable difference in service delivery and performance;
- be streamlined to free up our organisational resources and capacity to implement the agreed projects through a programme approach;
- ensure a focussed approach to engagement and collaboration with staff, patients, clients and other key stakeholders to deliver key objectives. This will enable an inclusive

approach but also will be practical, by shifting away from capacity intensive meeting cycles, instead bringing together time-limited task meetings and workshops as needed, where there is a clear business need to support improvement and change in delivery;

- place population need and patient, client, carer and stakeholder engagement at the core of our work.

2.2 It is proposed that the collective arrangements improve whole system delivery and governance whilst ensuring clear oversight and reporting to our constituent organisations, who remain statutorily accountable. The County Council will therefore remain, through Reconciling Policy, Performance and Resources (RPPR), the responsible body for setting the authority's priorities and budgets. Although integrated working will enable statutory partners to make best use of our collective resources it will not deliver the savings that maybe required of the County Council in future years. The People Scrutiny Committee, through a reference group, will scrutinise the work of the County Council in taking forward integration and delivering change across health and social care.

2.3 These proposals have been developed in the context of changes to the role of the HWB (which has been recently reviewed through a separate exercise), the focus on East Sussex as the strategic unit of planning, and the return to having a single county-wide programme for health and social care. The CCGs' Boards have been fully engaged in these developments and supporting the focus of the programme, and future proposals will also be considered by CCG Boards. As the NHS commissioning governance continues to develop over 2019/20 it will be important to ensure this is properly reflected in the whole system arrangements, including CCG Board statutory accountability.

2.4 The proposals cover the whole population health and social care of East Sussex. This builds on the integration that has already taken place across East Sussex, including Health and Social Care Connect, Joint Community Rehabilitation and Integrated Community Equipment Service. The work and initiatives carried forward from the ESBT programme will continue, most critically the joint management of community health and social care teams. Further work is required to determine the integration of services in the west of the county including primary care and Sussex Community NHS Foundation Trust (SCFT), which reflect patient flows out of county for acute care. Work will also be undertaken to map existing C4Y governance into the proposed whole East Sussex arrangements.

2.5 The proposal for a new system governance structure outlined in Appendix 1 combines financial recovery, strategic oversight of business as usual and the three key programmes of business change into a single, streamlined partnership approach.

2.6 The more streamlined approach proposed will ensure that there is clearer leadership to implement priority changes across the county, which will be collectively owned and overseen by NHS and council partners.

2.7 The East Sussex Health and Care Executive Group brings together the senior executives from all of the statutory commissioner organisations and provider trusts in East Sussex, to hold them organisationally and collectively accountable to the HWB for the delivery of agreed actions and priority programmes of change. The terms of reference for this group are set out in Appendix 4 for information. All officers on the Executive Group remain accountable to their respective organisations with Cabinet responsible for all decisions in respect of social care. The Health Overview and Scrutiny Committee role is unchanged in its oversight and scrutiny of NHS services in East Sussex.

2.8 The ESBT Strategic Commissioning Board (SCB) was established in March 2017 as a joint committee between the County Council, Eastbourne Hailsham and Seaford CCG, and Hastings and Rother CCG. The revised approach means that key elements of the ESBT SCB's role will be undertaken through the HWB meetings. It is therefore recommended to discontinue the ESBT SCB. It is proposed that a report is made to the HWB in July which will set out how the work of the ESBT SCB will be included within the whole system programme.

Reset work programme for integrated community health and care services

2.9 Appendix 5 contains a summary of the resulting projects and describes the further work that was agreed by the Community Oversight Board and ratified by the East Sussex Health and Care Executive Group. Together these linked projects make up Phase 1 of the programme of work across community health and social care services that will deliver a more integrated model of working.

2.10 The programme represents pragmatic and realistic steps to be taken over the next 6 – 12 months to progress fuller integration of health and social care community services. In practice:

- Phase 1 of the work will be delivered in the short term. Further work is being undertaken to describe how integration will develop further over the next 2 to 3 years.
- The respective partner organisations (East Sussex Healthcare NHS Trust (ESHT), East Sussex CCGs and County Council) have agreed to promote and support the proposed integration initiatives as a key organisational priority over the next 12 – 18 months.
- Detailed arrangements for single line management with authority and accountability for community health and social care provision across the County Council and ESHT will be put in place by May. Further work will also be undertaken with SCFT, as the providers of community health services in the west of the county, to agree how integration will be taken forward.
- Resources have been redeployed from within our system to support programme and project management, alongside the system PMO resource which will assist with the development and regular reporting of integrated KPIs and financial information.
- The work with NHSI and NHSE reinforced the need for further investment in IT to enable community health staff to work more efficiently and to participate fully in integrated working initiatives.

2.11 Attention is also being given to ensuring:

- communications are effective, setting out clearly to all stakeholders how services will develop and what improvements will be delivered;
- financial and other risks related to integration, including delivering services on behalf of other statutory partners, are being managed;
- potential for co-location of staff, joint estates management, integration of workforces and IT and digital relationships;
- effective relationships with NHSE/ I and the Sustainability and Transformation Partnership (STP);
- maintaining effective engagement with a broader range of stakeholders in the planning and delivery of services, including patients, clients, carers, Borough and District Councils, independent sector providers and the voluntary and community sector;
- the County Council continues to act as “One Council” as well as working with the NHS and that full consideration is given to evolving the work focussed on Children and Public Health.

NHS Long Term Plan and reform of primary and community healthcare

2.12 The NHS Long Term Plan was published on 7 January 2019. The summary is included at Appendix 6. Alongside further direction on full integration of the health and social care system in line with the NHS Five Year Forward View and national policy to date, it sets out a new approach to primary medical and community health services. Supported by ring fenced growth in funding of at least £4.5bn by 2023-24, the Long Term Plan describes the core features of the reformed primary and community services model to be:

- Flexible teams working across primary care and local hospitals will deliver urgent response and recovery support;
- Using the new investment to create fully integrated community-based care by funding expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices, that work together typically covering 30 – 50,000 people;
- Ensuring stronger links between primary care networks and their local care homes; and
- From 2020/21 primary care networks will assess their local population by risk of unwarranted health outcomes to enable proactive care and targeted support with self-management.

2.13 Our plans and objectives for integration of community health and social care services align with the NHS Long Term Plan, and the plans set out for primary care networks will further strengthen the operational interface with General Practice as we move towards implementing further integration of community health and care services. This, as well the growing lobby for improvement to social care funding to improve long term care and support for older people (with further direction on health and social care integration also expected in the forthcoming Social Care Green Paper), suggests we are right to maintain our focus on transforming to the integrated community care delivery model to meet our population health and care needs and tackle the challenge of an ageing population – which we are at the forefront of in East Sussex.

3. Conclusion and reasons for recommendations

3.1 The reset programme will ensure that there is a clear focus on measurable progress and delivery of outcomes. It was agreed at the East Sussex Health and Care Executive Group that each partner organisation will take the proposed governance and programme arrangements through their governance processes in preparation for 2019/20. Once formally agreed a set of communications can then be shared more widely with stakeholders.

3.2 The three East Sussex CCGs, ESHT, Sussex Partnership NHS Foundation Trust (SPFT) and SCFT will be taking a similar report through their governance processes in the same time-frame.

KEITH HINKLEY
Director of Adult Social Care and Health

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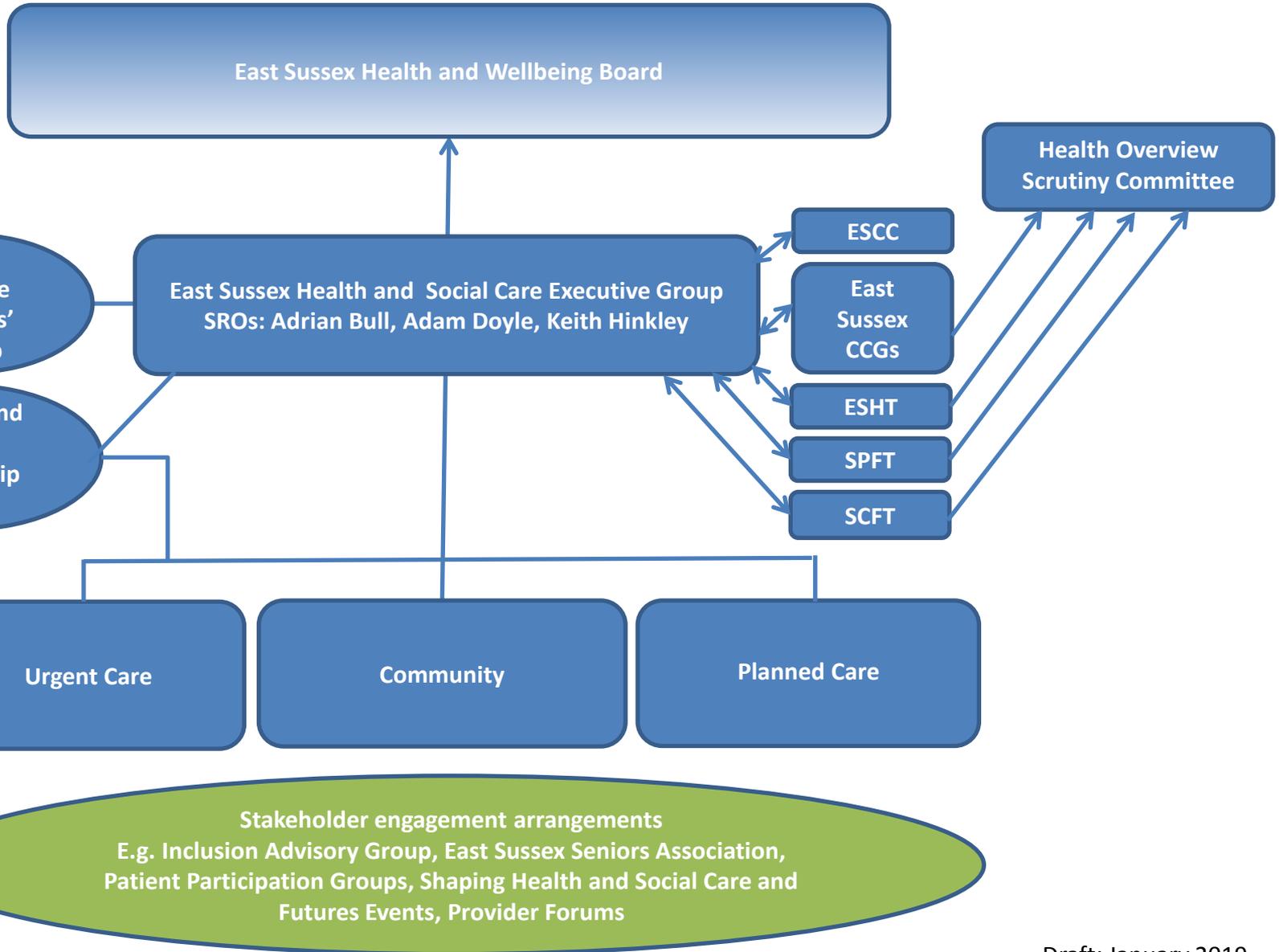
Email: Vicky.smith@eastsussex.gov.uk

Background documents

None

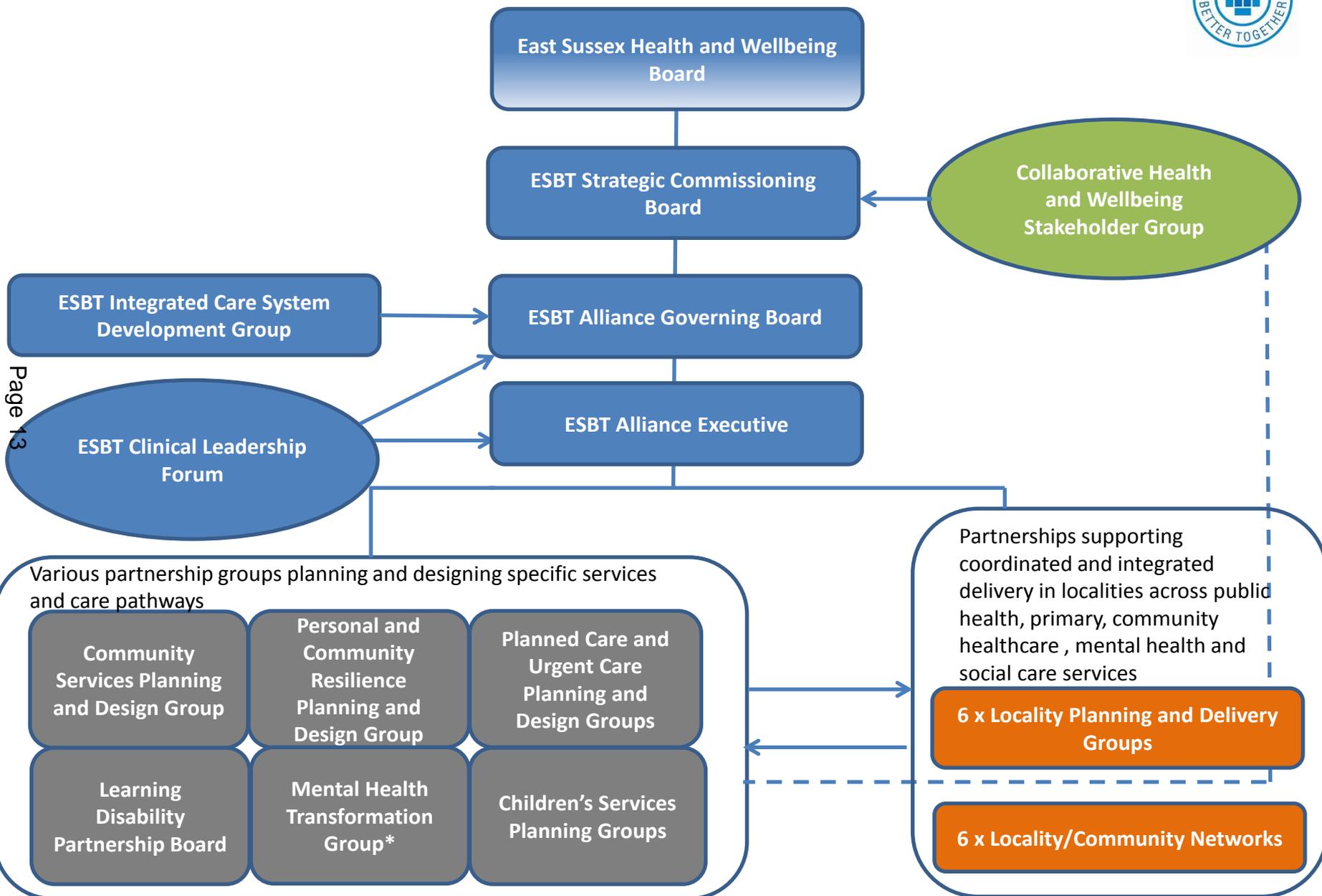
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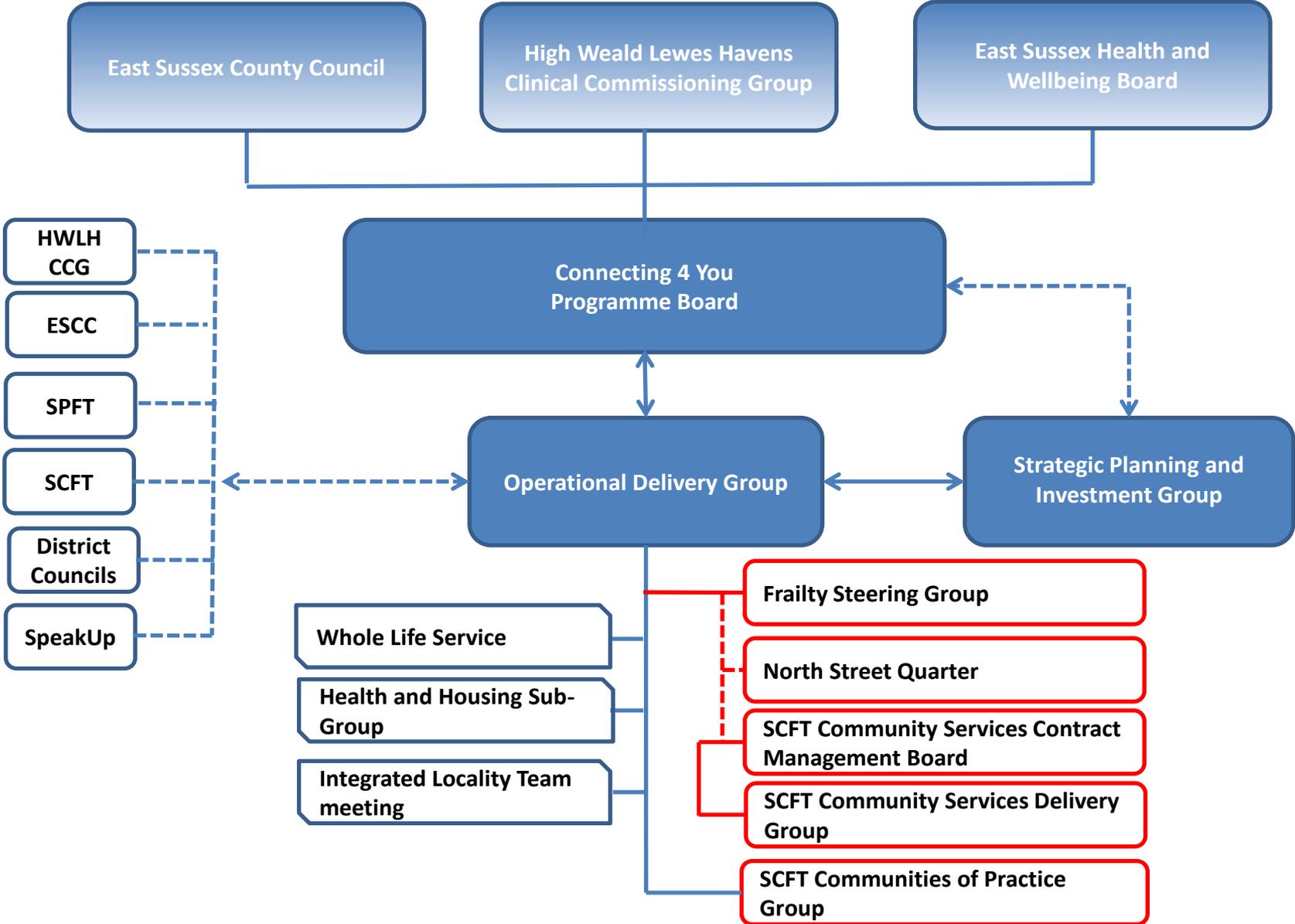
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Appendix 2 Previous ESBT system governance structure

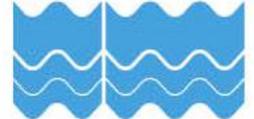


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Appendix 3 Previous Partnership Governance Structure (Connecting 4 You)



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East Sussex Health and Social Care Executive Group Terms of Reference

1. Purpose

The overall purpose of the East Sussex Health and Social Care Executive Group is to deliver the recovery, stabilisation and sustainability of our health and care system, and agree and oversee our local programmes of transformation that will support this. This includes identifying and resolving system, process and capacity issues affecting patient/client flow, with the aim of delivering high quality, effective care for the population covered by East Sussex.

In order to support financial recovery, stabilisation and the future sustainability of our health and care system, through a partnership approach the Health and Social Care Executive Group will have the following key roles:

1. Steering the programme of work set out in the 3+2 financial recovery plan and other cross system projects (including the interdependency with social care);
2. Agreeing and overseeing delivery of priority programmes of transformation in three core areas of urgent care, community services, and planned care;
3. Collectively tackling the issues and challenges we face as a system, including work prioritisation and the allocation or reallocation of resources, and;
4. Assuring the delivery of our KPIs and break through metrics in the context of the wider integrated Outcomes Framework.

In the context of our strong history of partnership working, including recently agreed changes to the role of the Health and Wellbeing Board, the focus on East Sussex as the strategic unit of planning and the return to having a single county-wide transformation programme for health and care, the East Sussex Health and Social Care Executive Group brings together the senior executives from all of the statutory commissioning organisations and provider Trusts in East Sussex, to hold them organisationally and collectively accountable to the Health and Wellbeing Board for the delivery of agreed actions and priority programmes of change.

2. Responsibilities

The East Sussex Health and Social Care Executive Group will:

- Oversee the performance of our system in relation to delivering financial recovery and key system strategy, efficiency and quality indicators, including monitoring agreed critical indicators, and the link between activity and flows resulting in benefits realisation, supported by the system PMO;
- Oversee delivery of strategic programmes of service change and transformation to ensure a shift to prevention and proactive care in community-based settings in line with priorities and objectives;
- Ensure that all transformation plans and programmes of work reflect the health and social care needs of the whole population of East Sussex, and appropriately take into account patient pathways and financial flows outside of the East Sussex system;

- Drive the development of clinical strategies and quality frameworks for the continued development and transformation of services;
- Oversee the development of integrated care pathways to reduce variation and increase standardisation in line with evidence-based best practice;
- Enable an active role for General Practice and accountability in all arrangements as key delivery partners;
- Empower front line managers across the health and social care system to deliver performance improvement and issue resolution through the removal or reconfiguration of organisational and process barriers and obstacles;
- Identify and resolve any immediate and underlying system, process and capacity issues that negatively impact on the timely flow of patients through all elements of the health and social care system;
- Use and allocate the available collective resources to flexibly deliver integrated locality based services at the lowest level of effective care;
- Support further strategic planning activity to develop the appropriate future Integrated Care System and Partnership for East Sussex. This includes testing through learning the balance of services that might be directly provided within a future model, and how the remaining services will be commissioned, and over which geographical footprints this makes sense.

3. Membership

The Joint System Senior Responsible Officers (SROs) will each chair the meetings on their collective behalf for a six month period on a rotating basis. The proposed membership of the East Sussex Health and Social Care Executive Group is as follows:

Representative	Organisation
Dr Adrian Bull	Chief Executive, ESHT and Joint System Senior Responsible Officer (SRO)/Chair
Adam Doyle	Chief Executive Officer, Sussex and East Surrey (SES) CCGs and Joint System SRO/Chair
Keith Hinkley	Director of Adult Social Care and Health, ESCC and Joint System SRO/Chair
Niki Cartwright	Interim Director of Commissioning EHS CCG and HR CCG and SRO for the Planned Care workstream
Joe Chadwick-Bell	Chief Operating Officer, ESHT and SRO for the Urgent Care workstream
Mark Stainton	Assistant Director (Operations) Adult Social Care, ESCC and SRO for the Integrated Community Health and Care Services workstream
David Cryer	Strategic Finance Director, SES CCGs
Dr Stephen Dickson	Director, South Downs Health and Care Limited, GP Federation collective representative of East Sussex GP Federations (pending the development of Primary Care Networks)
Jonathan Reid	Chief Finance Officer, ESHT
Dr Elizabeth Gill	Chair, HWLH CCG and Clinical Commissioning collective representative for the East Sussex CCGs
Catherine Ashton	Director of Strategy Improvement and Innovation, ESHT
Jessica Britton	Managing Director, EHS CCG and HR CCG
Simone Button	Chief Operating Officer, Sussex Partnership NHS Foundation Trust

Wendy Carberry	Managing Director South, CSESCA
Vikki Carruth/Mandy Catchpole (alternate representatives)	Director of Nursing, ESHT/Head of Nursing and Quality EHS and HR CCGs
Siobhan Melia	Chief Executive, Sussex Community NHS Foundation Trust
Dr David Walker	Medical Director and Consultant Cardiologist, ESHT
Lesley Walton	Portfolio Lead – System PMO
<i>tbc</i>	System Transformation Programme Director

Other members can be co-opted as required.

4. **Governance Structure**

The East Sussex Health and Social Care Executive Group will adopt the attached governance structure to deliver its responsibilities.

Members of the East Sussex Health and Social Care Executive Group will each be accountable to their individual organisational governance structures and collectively to the Health and Wellbeing Board.

5. **Meeting proceedings**

East Sussex Health and Social Care Executive Group members will commit to ensuring their attendance at meetings, or to nominate a deputy as appropriate, in order to ensure collective and timely action. In instances where members may have been unable to attend meetings the Executive Group will ensure discussion takes place outside of the meeting in order to progress shared goals.

6. **Attendance**

The East Sussex Health and Social Care Executive Group may invite other senior managers as required from the constituent organisations and services to support the work of the Executive Group.

7. **Administration**

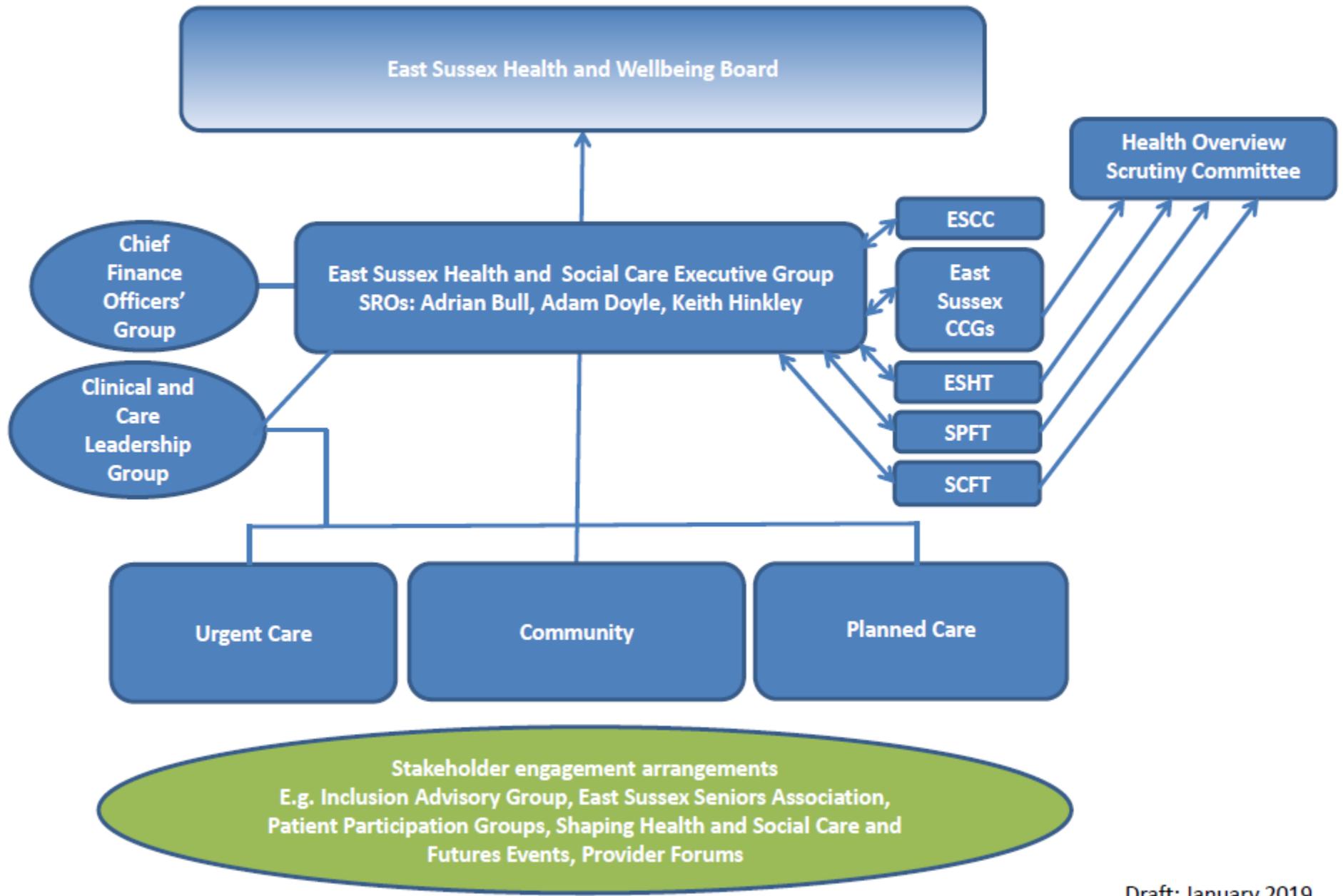
It has been agreed that Andy Lane (the CCGs' Governance & Corporate Services Officer) will provide administrative support for the ongoing meetings of the East Sussex Health and Social Care Executive Group.

8. **Frequency**

The East Sussex Health and Social Care Executive Group will meet at least once a month and not less than eight times a year.

Author(s)	A Bull / V Smith
East Sussex Health and Social Care Executive Group review	6 th December 2018, 29 March 2019
Executive Group review due	September 2019
Version	3.0 (incorporating comments and amendments made as a result of discussions at the Executive Group meetings on 6/12/18, 16/01/19 and 29 March 2018)

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Appendix 5 Community Oversight Board - Initial Programme of Work

1. Summary of Integrated Community Health and Social Care Programme of Work

- 1.1 The projects included within the Integrated Community Health and Care Programme (ICHCP) are based upon a revised target operating model attached as Appendix A. At this stage, the model is not intended to bring about 'total integration'; rather it is a pragmatic programme of work that takes account of the current local conditions and progress to date. The model proposes a phased approach to creating the conditions, *systemically*, for improved joint working across community services. The projects are designed to be deliverable within relatively short timescales and to realise benefits quickly.
- 1.2 The design principles that underpin the target operating model are:
- **Patient/client at centre**
 - **Simplify** – remove artificial / organisation barriers where they make no sense. Consolidate services wherever possible i.e. less condition specific services / specialisms. This proposal starts to consolidate services e.g. therapy services but further work may be required in phase 2, for example, to bring about more a more consolidated nursing offer in the community.
 - **Standardise** – for example, re-emphasising HSCC as the single route into services.
 - **Integrate** - organisationally agnostic, the optimum model for patients/clients is the paramount driver
 - **Savings** - cashable and/or by creating capacity through efficiencies
- 1.3 The 4 main projects within the Phase 1 ICHCP are summarised below:
- i) **Locality Working Pilot (Eastbourne Locality)** – Co-location of Community Nursing service and Social Care staff to facilitate better day-to-day working and develop structured pathways to support joint working and to develop Care Coordination. This project will have particular emphasis on engaging with local primary care, mental health and voluntary services to develop an integrated locality working model.
 - ii) **JCR and OT (Eastbourne, Hailsham and Seaford)** – Develop and implement integrated working between the ASC OT and JCR Team and the ESHT JCR Therapy team– sharing skills and good practice and creating capacity so that the joint service is in a better position to deliver the required services across the System. For example, the initial pilot of HomeFirst Pathway 1 showed very positive results when a patient was discharged to their own home and assessed by an OT; assessed in their home environment the patient exhibited a far higher level of independence and functioning than when assessed in an acute setting. The ability to generate more OT capacity to assess in the community will be essential to the larger scale roll-out of HomeFirst.
 - iii) **Home First Pathways 1 and 4** – Developing and embedding the 'Home First' ways of working. Pathway 1 is characterised by assessing and supporting people at home (rather than assessing within acute settings);

Pathway 4 is the local 'Interim Beds' model whereby people spend less time in acute settings and can be discharged into a (private sector) nursing bed and provided with extra support e.g. Physiotherapy and/or Occupational Therapy as an interim placement pending the identification of the best longer term option; this may be a permanent nursing home placement but, with the additional recovery time and therapy input, need may be reduced. The patient might then be placed in a residential home or even return to their own home.

- iv) **Rapid Response - Hospital Avoidance and Discharge** – Undertaking an audit of staff and their skillsets across the system and then, where necessary, re-deploying staff to create an integrated Health and Social Care Service that can respond within 2 hours of a referral being made in order to directly avoid a hospital admission or to support a hospital discharge. The team would provide assessment (wherever possible in the person's own home) and short-term nursing and care services as well as arranging equipment and on-going care and support if necessary. This integrated team would play a key role in delivering Home First¹ and the 5 Pathways initiative

2. Further work

- 2.1 Further work will be undertaken on the current target operating model (which will also feed into the future target operating model, see below) as to the precise scope of the services included. For example, there has been considerable discussion around rationalising the nursing offer in order to simplify and standardise pathways and deploy the available workforce flexibly and efficiently. However, it is also recognised that there are likely to be some areas of specialist nursing that should continue to be delivered as a discreet team(s). Proposals specifying the consolidation of services will be presented in the next financial year.
- 2.2 An organogram will be produced showing the managerial and professional accountability for health and social care staff within the integrated community services model.
- 2.3 The current target operating model is badged as 'Phase 1'. Therefore, as requested by the Community Health and Care Services Board, further work will be undertaken to develop the blue print for service delivery in c. 3 years' time. This will include a narrative that clearly articulates the outcomes and benefits for local people.
- 2.4 Further developing the interface with Primary Care in Locality areas. As well as developing an integrated approach to Care Coordination across the System the work is also likely, for example, to involve looking at the interface between community nursing and practice nursing; with a view, as per the design principles of the target operating model, to developing ways of working that put the patient at the centre through simplifying service pathways.
- 2.5 Further work on social prescribing with the voluntary and community sector. Obviously this is a System wide initiative that can be beneficial across the whole of community and primary care – but we will specifically seek to ensure that it is a key part of developing Locality working and Care Coordination. The Locality Link Worker will be a key point of liaison for local community and voluntary support.
- 2.6 The lack of dedicated resources for the programme of work has already become an impediment to progress at the pace and scale necessary. Resources, from within the existing staffing establishments, will be identified as a matter of urgency to work on this programme.

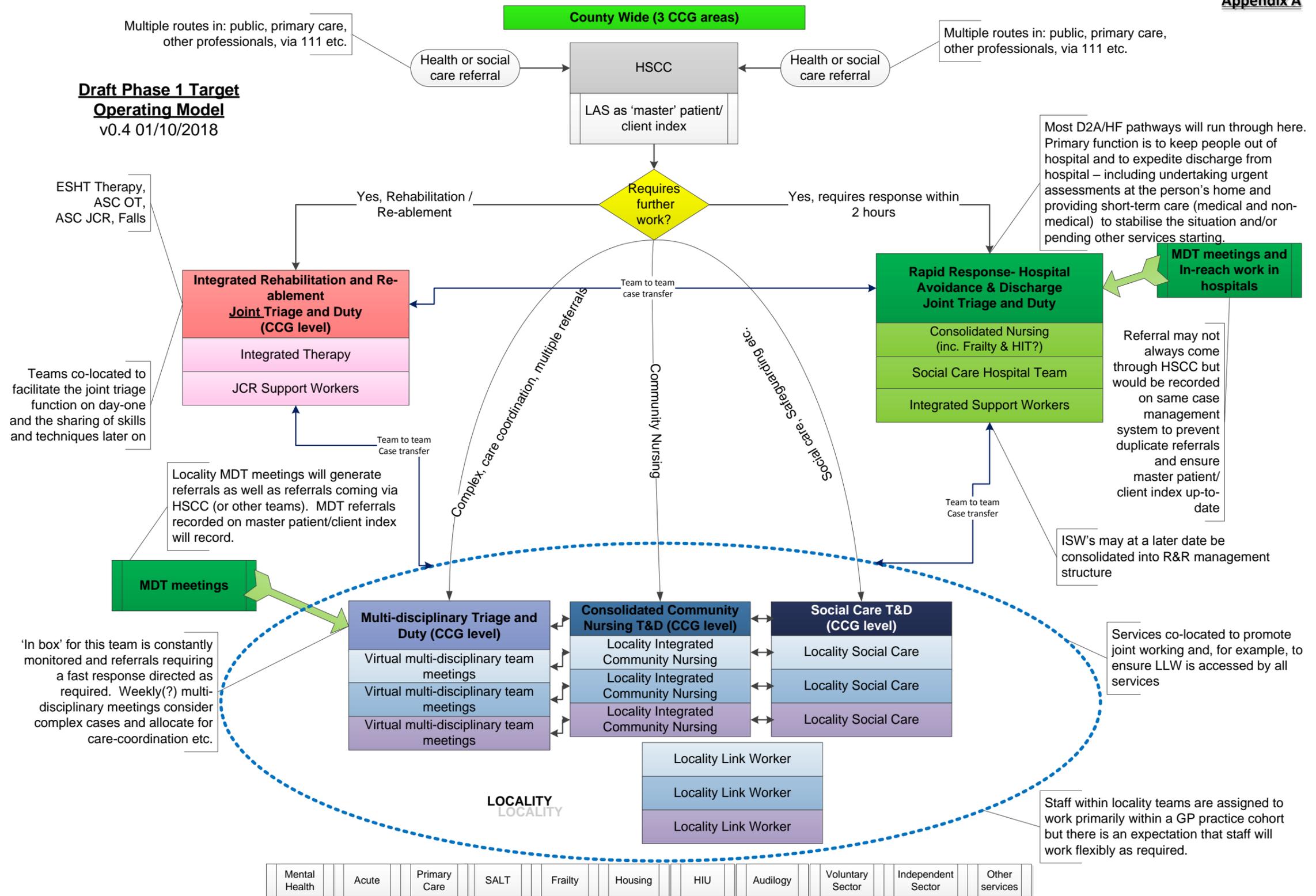
¹ Noting that part of integrating the Home First approach will be emphasising that Home First is not a team but is a way of working that requires staff from across the entire System to contribute.

- 2.7 We will build on the initial work undertaken with the NHSI&E to better understand demand, capacity and the financial effects of the projects within the target operating system. In some instances this will be more straightforward as there are obvious measures that will indicate success. In others, it will be less straightforward as the initiative, as acknowledged by the NHSI, is about changes that position us to start realising day-to-day efficiencies and savings rather than bringing about immediate direct savings. For example, we have identified measures around reducing waiting times for the OT/JCR initiative which will clearly evidence benefits to patients; and we can also collect data that will evidence that therapy capacity has been released into the System to where we believe it can make the greatest difference. These measures are essential in order to support the roll-out of HomeFirst pathways which have the potential to deliver significant financial savings to the System as the evidence shows² that Home First can have a .
- 2.8 We will therefore work closely with the System PMO to assist them in scoping a piece of work that will baseline the current position in order to be able to quantify the impact of the changes we are making. The baseline will describe:
- the services provided in the integrated community model
 - the outcomes sought from the services
 - the capacity of services (this will indicate where it is necessary to develop and share skillsets)
 - the anticipated level of demand on services
 - the financial data associated with the current model

This will support the development of KPIs and financial targets for the programme of work.

² In addition to the national evidence about the success of the Home First approach the two pilots run in East Sussex in November estimated a saving of c. 4 bed days per patient.

**Draft Phase 1 Target
Operating Model
v0.4 01/10/2018**



The NHS Long Term Plan – a summary

Find out more: www.longtermplan.nhs.uk | **Join the conversation:** [#NHSLongTermPlan](https://twitter.com/NHSLongTermPlan)

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.



To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Find out more

More information is available at www.longtermplan.nhs.uk, and your local NHS teams will soon be sharing details of what it may mean in your area, and how you can help shape their plans.

Report to: Cabinet

Date of meeting: 23 April 2019

By: Assistant Chief Executive

Title: Scrutiny Review of Road Repairs

Purpose: To provide an opportunity for the Cabinet to consider the report of the Place Scrutiny Committee.

RECOMMENDATION:

To consider any comments the Cabinet wishes to make to the County Council on the report of the Place Scrutiny Committee.

1 Background

1.1 The condition of the County's roads is something that is of interest to all residents and businesses in East Sussex and is one of the most frequent topics raised with councillors. Many residents question the Council's approach to pothole repairs, asking why some potholes are repaired and others nearby are not. Some residents do not believe this represents value for money and that it would be more economic to repair all the potholes at the same time, rather than coming back repeatedly to the same location.

1.2 The Place Scrutiny Committee established a Scrutiny Review in June 2018 to examine this issue and number of other road maintenance concerns reported to the Committee. The scope of the review includes:

- Road repairs, both reactive pothole repairs and planned resurfacing work;
- The quality of repairs;
- How the Council tackles highway drainage problems; and
- The repair of pavements (added following initial scoping work).

1.3 The Review examined an number of lines of enquiry which reflect the issues raised by residents and councillors, namely:

- How the Council communicates its approach to highway maintenance;
- Whether the current approach to pothole repairs is the right one and represents value for money;
- The quality of the repair and resurfacing work;
- The time it takes to repair blocked drainage infrastructure once it is reported and initial work carried out; and
- The repair of pavements and the factors that affect their condition.

2 Supporting information

2.1 The Place Scrutiny Committee has completed its Scrutiny Review of Road Repairs. The Review makes eleven recommendations which address the areas of highway maintenance covered by the review. A copy of the report is attached at appendix 1.

2.2 Overall the Review Board finds that the Council's arrangements for road repairs are robust and there is a commitment to continuously improve the approach to highways maintenance. The Board has made a number of recommendations which it believes will help improve road maintenance, respond to residents' concerns and highlight issues that warrant further attention.

2.3 The Committee's report will be submitted to the County Council on 14 May 2019. The Cabinet has the opportunity to comment to the County Council on the recommendations in the Scrutiny Committee's report, although it cannot alter the report.

3 Conclusion and reasons for recommendations

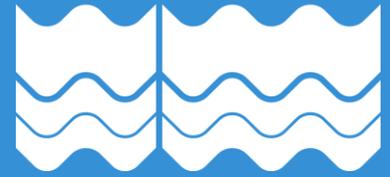
3.1 Cabinet is invited to consider any comments it wishes to make to the County Council on the report of the Place Scrutiny Committee.

PHILIP BAKER
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Local Members: All

Background Documents: None



Scrutiny Review of Road Repairs

Report of the Review Board:

Councillors: Chris Dowling
Claire Dowling
Simon Elford
Nigel Enever
Pat Rodohan
Stephen Shing
Richard Stogdon (Chair)
Barry Taylor

March 2019

Place Scrutiny Committee – 19 March 2019

Cabinet – 23 April 2019

Full Council – 14 May 2019

The report of the Scrutiny Review of Road Repairs

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Recommendations

Recommendations		Page
1	The Council examines how it could better communicate with residents on highways maintenance policies and practices, and the Committee would welcome the opportunity to work with Officers to achieve this (e.g. how the Council achieves value for money).	6
2	Officers conduct a pilot into the feasibility of introducing a new approach to repair all neighbouring potholes at the same time, within a given distance of a category 2 or 3 intervention standard pothole using the funding allocated from the Department for Transport (DfT) pothole fund for the pilot.	6
3	Scrutiny should be consulted on the use of any future one-off highways funding from Government, before work has been programmed via a Review Board of the Committee.	6
4	That the existing level of capital investment in roads through planned maintenance and the Asset Management approach is maintained and if possible increased, as this is the most cost effective way of repairing potholes.	8
5	The Council explores the possibility of identifying additional funding to improve the condition of pavements, via existing sources of funding and partnership working.	10
6	The condition of the remaining 50% of pavements is surveyed, and a measure of the condition of pavements is developed within the next 2 years, so that their condition can be monitored and the impact of any additional investment can be assessed.	10
7	The Council considers using its powers to ban parking on pavements and verges in problem areas, as part of regular parking reviews.	10
8	Safety defect intervention criteria are defined for the different types of pavement surfacing, and insurance claims for pavements are separately recorded.	10
9	Increase the amount of sampling and inspections to 20% to monitor and assure the quality of road repairs or reinstatements, and the work carried out prior to resurfacing, particularly those carried out by utility companies.	11
10	Officers develop a work programme to complete the Council's knowledge of the highway drainage network, including determining the cost and timeframe for this work, focussing initially on utilising the remaining additional capital investment to gain knowledge of parts of the network that require repair and replacement as a priority. The work programme is to be reported to the Scrutiny Committee in September 2019.	13
11	Joint work is undertaken with District and Borough Councils to improve street sweeping, particularly in autumn, to prevent highway gullies and other drainage becoming blocked with leaves and other debris.	13

Summary

1. The condition of the County's roads is something that is of interest to all residents and businesses in East Sussex and is the most frequent topic raised with councillors. Of particular concern has been the Council's approach to repairing potholes and whether this represents value for money.
2. The Place Scrutiny Committee established a Scrutiny Review in June 2018 to examine this issue. The scope of the review also includes the quality of repairs; how the Council tackles highway drainage problems and; the repair of pavements. Members of the Review Board have undertaken a number of site visits to examine road maintenance issues. They have also taken evidence from key officers and representatives from the Highways Contractor involved in delivering highway maintenance.
3. The Review found that the Council's approach to reactive and planned road repairs is effective and does represent value for money. However, the need to prioritise resources and the nature of the County's road network means that unclassified roads are more likely to need resurfacing, and may be subject to repeated pothole repairs before more extensive work is possible.
4. The Review recommends that steps are taken to better explain the Council's approach to road repairs, and to test the feasibility of repairing clusters of potholes, rather than just those that meet the Council's intervention criteria, particularly on unclassified roads.
5. Although improvements have been made to the quality assurance processes used to ensure the quality of roads repairs, the Review is recommending that the amount of work audited is increased to provide further quality assurance, particularly for utility company reinstatement work.
6. Good progress has been made in tackling highways flooding 'hot spots' and a strategic approach is being taken to gaining the information needed to manage the highways drainage network effectively. However, the Board agrees that further targeted work needs to be undertaken to gain a full knowledge of the highways drainage asset.
7. During the course of the review it became evident that the condition of the County's pavements is becoming an increasing concern to residents and councillors. The Review found the current levels of funding are low in comparison with the amount of repair work identified, and there is a risk that the condition of pavements will deteriorate further.
8. The Review makes a number of recommendations to address this issue, although finding additional funding to invest in the repair of pavements is challenging in the Council's current financial position.
9. Overall the Review finds that the Council's arrangements for road repairs are robust and there is a commitment to continuously improve the approach to highways maintenance. The Review makes recommendations, where possible, that focus on how the Council could bring about improvements within existing resources.

Background

10. Many residents question the Council's approach to pothole repairs, asking why some potholes are repaired and others nearby are not. Some residents do not believe this represents value for money and that it would be more economic to repair all the potholes at the same time rather than coming back repeatedly to the same location.

11. The Place Scrutiny Committee (incorporating the former Economy, Transport and Environment Scrutiny Committee) also received a substantial amount of correspondence regarding the quality of road repairs. This led to questions over the quality of resurfacing work, and the possibility that this might undermine the Council's Asset Management approach. The Committee has also received questions about the Council's approach to repairing blocked drains.

12. In response to this Members of Scrutiny Committee have undertaken site visits to examine issues on the ground. The main themes that emerged from this work which have been explored in this review are:

- Whether the current approach to pothole repairs is the right one and represents value for money;
- The quality of the repair and resurfacing work; and
- The time it takes to repair blocked drainage infrastructure once it is reported, either by a member of public or following routine inspection or maintenance.

13. The Review Board subsequently added the repair and maintenance of pavements (footways) to the scope of the review. Residents and councillors have expressed some concerns over the condition of pavements and the potential for trip hazards to result in falls.

Review Board Findings

Communications

14. The Council's policies and approach to repairing potholes can be complex and difficult to understand. They are based on best practice guidance and are comparable with the approach taken by other highway authorities. Spending on road maintenance is limited by the Council's financial position and the external funding it receives. Therefore work has to be prioritised to meet the Council's legal duties to maintain roads in a safe condition, whilst maximising value for money in the way it resurfaces roads.

15. During the course of the review it became apparent that members of the public and councillors do not fully understand the way the highway maintenance contract is structured and the policy approach that is being taken. For example, the reactive repair of potholes as safety defects is covered by a fixed price element within the contract. So the Council does not pay extra money for subsequent or repeated visits. Any perceived inefficiency from return visits to repair adjacent potholes is a cost managed by the contractor while the Council only pays a fixed price irrespective of the number of visits.

16. Work has already been undertaken to provide better information on the approach to highway repairs, including a handbook for Councillors and Parish Councils and information on the East Sussex Highways web site. The Review Board acknowledges the work that is being done, and would welcome the opportunity to work with Officers on how better to communicate the Council's approach to highway maintenance (e.g. how the Council achieves value for money, and the terminology it uses when communicating with the public). The Board has agreed with Officers that a hard copy of the handbook will be made available for reference purposes.

Recommendation 1

The Council examines how it could better communicate with residents on highways maintenance policies and practices, and the Committee would welcome the opportunity to work with Officers to achieve this (e.g. how the Council achieves value for money).

Road Repairs

Reactive Pothole Repairs

17. The Review Board found that the current intervention policy for the reactive repair of potholes is sustainable and is keeping the road network in a safe condition. Overall the Board considers that the approach to reactive repairs under the new contract arrangements has improved compared with the previous Highways Maintenance Contract. For example, all category 3 pothole defects are now repaired within 28 days, rather than by the time of the next inspection (for further detail of the evidence reviewed please see appendix 1).

18. However, the current policy does not deal with the situation where one or two potholes that meet the intervention criteria are repaired, and other adjacent potholes nearby (that are not at the intervention standard yet) are not repaired. The Board considered that if the repair teams have to come back a number of times in a twelve month period to carry out reactive repairs to the adjacent potholes when they do reach the intervention standard, then this does not appear to the public to represent value for money.

19. Undertaking reactive pothole repairs enables the Council to meet its statutory duty to maintain the highway in a safe condition. However, it is evident that members of the public do not understand why the Council does not repair all adjacent potholes at the same time.

20. The Board suggests examining whether it would be feasible to introduce an approach where all potholes within a given distance, say 5 metres, of an intervention level pothole are repaired at the same time. This is similar to the way the Highways Contractor currently repairs neighbouring potholes as 'Advisories' and 'Observations' at the same time or a later date (depending on location and complexity), but the scope of this work is limited by budget constraints. The Board is aware that the timescales required for safety defect repairs (category 1, 2 hours; category 2, 5 days and; category 3, 28 days) and the budget constraints may make a wider approach to repairing potholes difficult to achieve in practice.

21. The Board heard from officers that they would not support this wider approach, but nevertheless the Board felt it is worth piloting a wider approach to pothole repairs, targeting category 2 and 3 defects on unclassified roads. A wider "360 degree" repair approach, coupled with better communicating the Council's approach to repairs to the public, may provide an answer to councillors and local people's concerns about the current approach to repairing potholes.

Recommendation 2

Officers conduct a pilot into the feasibility of introducing a new approach to repair all neighbouring potholes at the same time, within a given distance of a category 2 or 3 intervention standard pothole using the funding allocated from the Department for Transport (DfT) pothole fund for the pilot.

Recommendation 3

Scrutiny should be consulted on the use of any future one-off highways funding from Government, before work has been programmed via a Review Board of the Committee.

Planned Road Repairs

22. The Council has a capital programme budget of £15 million per year to maintain roads (carriageways). In 2013 when this level of funding was introduced, it was considered sufficient to maintain the condition of the road network in a stable state. The most recent performance figures as measured by the percentage of roads requiring repair and those for 2013, prior to when the Asset Management Strategy was implemented, are given below:

Road Category	Actual 2012/13 % requiring repair	Actual 2017/18 % requiring repair	Target 2018/19 % requiring repair	% of Road Network
Principal (A)	8%	4%	8%	13%
Non-principal (B&C)	10%	7%	9%	32%
Unclassified	19%	14%	20%	55%

23. The performance targets give priority to the maintenance of principal and non-principal roads, which carry the most traffic compared with unclassified roads. The Board heard that the Council does not have enough resources to resurface all roads requiring repair and therefore planned resurfacing work has to be prioritised.

24. The Review Board found that condition of East Sussex roads, measured by the percentage requiring repair, is stable and has improved with the current level of capital funding. This is likely to have been helped in part by the efficiencies included within the new highways maintenance contract arrangements. Progress is being made in the planned maintenance of roads and the Council is now able to schedule maintenance at the optimum time, before road condition deteriorates too far and repairs become more costly. As a result of its Asset Management approach the County Council has secured Band 3 status (highest) and as a consequence receives all of the Incentive Element of its DfT funding.

25. Under the Asset Management approach, reactive pothole repairs are undertaken to keep the highway network in a safe and useable condition, until planned resurfacing work can be carried out. Planned maintenance schemes take into account the overall condition of roads, their classification (A, B, C or unclassified) together with the volume of traffic they carry to prioritise investment where it will make the most improvement. The high cost per square metre for filling potholes as part of reactive maintenance, makes it more expensive to repair potholes using that method and does not represent value for money in comparison with planned road resurfacing. Further details of the evidence the Review Board examined is contained in appendix 1.

26. However, 55% of road network in East Sussex is made up of unclassified roads and 14% of unclassified roads are assessed as being in need of repair. This means that the unclassified roads outside residents' houses and in rural areas are more likely to need repairing because over half of the County's roads are unclassified, but do not have the highest priority for resurfacing. This position, in combination with the reactive repair policy, may explain why some residents are dissatisfied with the condition of their local roads, which are more likely to be unclassified roads.

27. The Review Board is of the view that on the whole, the way planned maintenance work is being carried out is better than under the previous contract. Based on the evidence, the Board finds that planned maintenance work is the most cost effective way of dealing with potholes, and does represent value for money.

28. It may take longer for an unclassified road to be resurfaced as part of the planned maintenance programme, and therefore it may be subject to repeated pothole repairs to keep the road safe to use until more extensive resurfacing is undertaken. The introduction of a wider “360 degree” pothole repair approach may help bridge the outcomes of the reactive repair and planned maintenance policies, but would need to be affordable.

29. If investment in road repairs is reduced in the future, there is a risk that it will increase the costs incurred by the Council for road maintenance and reduce value for money. The Board considered that maintaining and improving the level of capital investment in the County’s road network is essential for the wellbeing of residents and the economy of East Sussex.

Concrete Roads

30. The Board heard that there are slightly different maintenance issues for roads that are surfaced with concrete. Concrete roads make up approximately 5% of all unclassified roads in the County where the main issue is repairing any cracking of the surface to prevent water ingress. This prolongs the life of the road and the Board understands that reconstructing concrete roads is very expensive.

31. Some concrete roads have had a thin layer of tarmac applied in the past to improve the road surface appearance and to reduce road noise. This has in some cases started to wear away, but does not constitute an intervention level repair. Of particular concern to residents is the issue of ‘stick on kerbs’ attached to the concrete surface, which are easily damaged. However, there is no budget to replace them (e.g. by resetting the kerbs behind the concrete slab) and they do not currently represent a priority for maintenance under the Asset Management Strategy.

Road Sub-base Construction

32. The construction of many roads in East Sussex do not meet modern standards, due to the historical construction methods that were used or simply the way roads have evolved from tracks. With modern volumes of traffic this can lead to the failure of the sub-base of the road, requiring expensive reconstruction work to be undertaken. Typically some roads may only have a 20-30mm wearing course of tarmac laid on top of a ‘hoggin’ sub base (‘hoggin’ is a mixture of sand, clay and gravel, or what was available locally when the road was built). In many cases, where the road surface is crazed and a depression forms, this is due to the underlying sub-base failing.

33. The Board heard that the amount of survey data available on the quality of the sub-base of roads is limited. Data from the Scanner survey the Council undertakes every year only gives an indication of the condition of the road surface and not the underlying foundations. The Asset Management Team therefore take core samples every 50m or 100m when designing appropriate repairs to determine the underlying condition. In some cases repair work has to be carried out before more extensive road reconstruction works can be undertaken due to budget constraints.

Recommendation 4

That the existing level of capital investment in roads through planned maintenance and the Asset Management approach is maintained and if possible increased, as this is the most cost effective way of repairing potholes.

Repair of Pavements

34. The Review Board heard evidence that residents and ESCC councillors are becoming increasingly concerned about the condition of pavements, with some councillors reporting that this is now the number one highways issue that residents contact them about. The Review Board heard that a reactive and planned maintenance programme is in place for pavements in a similar way to road repairs.

35. There are 2,373 kilometres of pavements in the County. Regular condition surveys are carried out and in 2017, 50% of the pavements in the County were surveyed. This revealed that 53,566 linear metres (around 2.25% of the total) were in 'red' condition and needed major work. Overall, 54% of pavements are in either a 'red' or 'amber' condition, and 46% are in a good or 'green' condition.

36. The Board heard evidence that based on an average repair cost of £40 per square metre for a 1.8 metre wide pavement, it would cost an estimated £3.85m to resurface all the 'red' condition pavements. If it is assumed that the other half of the pavements in the County are in a similar condition, then the estimated cost to repair all 'red' condition pavements will be around £7.7m (for around 4.5% of the total). The estimated cost to bring the whole of the East Sussex pavement network up to a 'Good' condition is £45.6m (based on the notional cost of repair of £20 per square metre for the remaining 1,159,717 linear metres). This is compared with an annual capital maintenance budget of £1.6m.

37. The Board found that there is a considerable amount of work that is required on 'red' condition pavements, which are in need of immediate repair, in comparison with the size of the available capital budget. Although new survey data is becoming available to monitor the condition of pavements, there are no targets set for the condition of pavements, as is the case with roads.

38. Vehicles parking on pavements and verges are often responsible for damage to pavements, particularly where paving slabs are used. This undermines the Council's work to keep pavements in good condition, and options to prevent pavement parking in problem areas should be explored.

39. The Review Board heard that the intervention criteria for safety defects in pavements is 20mm or more difference in level and less than 600mm in width or length. The criteria is in line with the one used by other Highway Authorities and is applied to all types of pavement surfacing. The Board considered that it would also be beneficial to have safety defect intervention criteria defined for different types of pavement surfacing (e.g. one for tarmac, one for paving slabs etc.) to provide clarity for when changes in level should be repaired. The Board also heard that insurance claims made for accidents (trips and falls) on pavements are not separately recorded, and considered it would be helpful to separately record them.

40. The Board concluded that that ways of increasing investment in pavement repairs should be explored. Options to increase investment could include, but are not limited to:

- The use of the DfT pothole fund money for pavement works;
- Joint working with other councils (e.g. District, Borough, Town and Parish Councils);
- Exploring the use of Public Health funding for fall prevention (in a similar way to the £1m that was allocated to the East Sussex Road Safety Programme);
- Use of Local Transport Plan funding (for walking and cycling);
- Re-allocation of existing capital sums within the highways structural maintenance core programme;
- Utilisation of any un-spent Community Match funding;
- Additional capital allocation funded by one-off capital receipts, or new borrowing.

41. The Review Board also found that it would be beneficial to develop a baseline and measure for the condition of pavements, so that their condition can be monitored and investment targeted to improve footway condition over time.

42. The Review Board considered that it would be worth exploring the use of powers to ban parking on pavements through annual parking reviews, where this would prevent damage to pavements, or resolve problems with obstructing the pavement.

Recommendation 5

The Council explores the possibility of identifying additional funding to improve the condition of pavements, via existing sources of funding and partnership working.

Recommendation 6

The condition of the remaining 50% of pavements is surveyed, and a measure of the condition of pavements is developed within the next 2 years, so that their condition can be monitored and the impact of any additional investment can be assessed.

Recommendation 7

The Council considers using its powers to ban parking on pavements and verges in problem areas, as part of regular parking reviews.

Recommendation 8

Safety defect intervention criteria are defined for the different types of pavement surfacing, and insurance claims for pavements are separately recorded.

Quality of Repairs

43. The Board has heard evidence concerning the works undertaken prior to surfacing dressing or resurfacing. The evidence given by the Highway Contractor emphasised that there is no incentive for not getting the standard of work right first time, as the contractor pays for any work that has to be re-done because of quality defects. The work undertaken as part of resurfacing schemes includes:

- repairing existing defects such as pot holes and previous utility reinstatements;
- adjusting surfacing levels and falls to improve drainage and;
- raising ironwork (e.g. drains, inspection covers etc.) or including other features such as granite setts across driveways.

44. The Highways Contractor has given evidence of the changes it has made to the quality control processes, including holding a defects 'walk through' with sub-contractors whilst they were still on site so that any defects could be rectified more quickly, and monthly performance monitoring of supply chain partners. There is a robust performance management process in place which monitors key performance indicators and is overseen by the ESCC Contract Performance and Compliance Team. The Team also undertakes quality control inspections and reviews.

45. The Board heard that there are six utility company works on the road network for every one carried out by East Sussex Highways. Given that the greater proportion of utility workings compared to ESCC works, it is likely that some of problems reported on the road network could be due to work carried out by public utilities.

46. Anyone wishing to carry out work on the highway has to apply for a permit to work through the Street Works Permit scheme operated by the East Sussex Highways contractor under the New Roads and Street Works Act (1991). The contractor employs a team of Permit Inspectors who inspect on a randomised basis 10% of utility company works in progress; 10% of works 6 months after completion and; 10% within the 2 year guarantee period. This includes taking core samples from the reinstated road works, to check the quality of work.

47. There is evidence that utility company road openings can reduce the structural life of the carriageway by up to 30% and local authorities on average spend 11% of their highway maintenance budget addressing premature maintenance arising from utility road openings (Annual Local Authority Road Maintenance survey 2018).

48. The Board heard evidence that 98% of potholes are repaired permanently on the first visit, and all potholes are repaired permanently with 28 days. The Highways Contractor is using advanced, durable materials for emergency repairs and those undertaken in wet weather conditions. Repair failure rates are monitored through quality assurance work and quality auditing levels are increased if necessary.

49. The Board noted and welcomed a number of recent improvements in the quality monitoring and control processes. The Board found that the direction of travel in the monitoring of quality is encouraging, but considered more time was needed to assess the impact of these changes.

50. The Board heard that the failure rate of pothole repairs is low, but there are challenges in using the reporting system to monitor situations where repairs have failed. This is due to the level of accuracy of the information in reports and recording the location of defects. The Board supports the work being undertaken to improve information in this area

51. The Board considered that 10% auditing of repair and reinstatement work is insufficient and would like to see 20% of works audited, whether they are planned repairs such as resurfacing schemes, reactive pot hole repairs, and particularly reinstatement work carried out by utility companies. The current cost of auditing utility works is funded through the Street Works Permit scheme, and there will be an increased cost to the Council of undertaking additional audits if this is not related to higher reinstatement failure rates.

Recommendation 9

Increase the amount of sampling and inspections to 20% to monitor and assure the quality of road repairs or reinstatements, and the work carried out prior to resurfacing, particularly those carried out by utility companies.

Highway Drainage and Gulley Emptying

52. The Review Board's interest in highway drainage problems is centred on the situation where a drainage problem has been reported and it has not been possible to resolve the issue by simply jetting the drain run to remove the blockage. In these circumstances it is often necessary carry out further investigations which rely on good information about the drainage infrastructure, and in particular the connecting pipework and drain outlets. It can also require the use of temporary traffic lights and road closures in order to carry out site investigations and survey work safely.

53. Historically the Council did not have a good picture of where all the drain runs were located and how they were connected to outlets. Information on the condition of the drainage pipes and other infrastructure was also limited. However, since the Scrutiny Review of Highway Drainage further investment has been made and a strategic approach taken to gaining this information. The Board heard that there are currently a number of strands of work taking place to improve drainage information:

- the digitisation of highway drainage infrastructure records;
- Surveys and site investigations;
- the new Mapping Outlet Programme which includes whole area surveys; and
- new asset management software being used for gulley cleansing.

54. Survey data now includes detailed photographic and map based information on the condition of the drainage infrastructure gathered through whole areas surveys. These surveys are targeted at areas where there are a number of known drainage problems or flooding 'hotspots'. The Board heard that some drainage investigations are very complex and can result in finding drainage assets that the Council was not aware of. Establishing the ownership, and therefore the responsibility for maintenance, of some drainage assets is problematic and can lead to delays in resolving drainage issues.

55. The Board heard evidence of the work being undertaken to improve the resolution of known highway drainage problems. This work includes:

- Improved knowledge and better mapping of drainage systems, thus making it easier and quicker to identify and resolve problems;
- The addition of specialist sub-contractors to the supply chain, so there is more resource available to investigate problems;
- Looking at larger problem areas, through whole area surveys;
- A better understanding of the need to improve efficient planning for jetting/ clearing and the establishment by the Highways Contractor of a dedicated co-ordinator for drainage work; and
- The Asset Team will also keep work processes under review to improve systems.

56. If there is serious flooding of the highway it will be made safe within 2 hours, and rectified within 5 days. If a property is at risk of flooding due to a highway drainage issue, the aim is to clear the problem within 28 days. However, there are some circumstances where this might not be possible, especially where there is a long standing or complex drainage issue and ESCC is not responsible for the drainage outlet.

57. The Review Board noted the improvements that had been made to speed up the resolution of drainage problems. In particular the measures taken to improve the information held about the drainage infrastructure and speed up drainage problem resolution mean highway drainage problems are more likely to be resolved in a timely way.

58. The Review Board noted the progress that has been made to reconstruct drainage ditches and that all identified highway flooding 'hot spots' are being investigated. The Board recognises the need to fix the problems revealed through the detailed investigations that have taken place, but considers further work should be undertaken to improve the information the Council holds on the highway drainage network.

59. The Board considered that the good progress had been made, and the increased capital budget of £1.0 million per year is helping. However, the Board is unsure whether this is having enough impact, especially on the time it may take to gain a more complete knowledge of the highways drainage infrastructure network.

60. The blocking of highway drains with leaves and other debris remains a problem, particularly in the autumn. The Board understands that street sweeping is the responsibility of District and Borough Councils and suggests ESCC liaises with them regarding joint working on any problem areas.

Recommendation 10

Officers develop a work programme to complete the Council's knowledge of the highway drainage network, including determining the cost and timeframe for this work, focussing initially on utilising the remaining additional capital investment to gain knowledge of parts of the network that require repair and replacement as a priority. The work programme is to be reported to the Scrutiny Committee in September 2019.

Recommendation 11

Joint work is undertaken with District and Borough Councils to improve street sweeping, particularly in autumn, to prevent highway gullies and other drainage becoming blocked with leaves and other debris.

Conclusions

61. The recommendations the Review Board has made are based on the evidence that it has heard and aim to address the key issues in the areas of highway maintenance covered by the review. The Council is achieving value for money in the approach it has taken to reactive and planned road repairs, but the Board believes there are improvements that could be made in the way the Council communicates its approach to road repairs and how it deals with clusters of potholes, particularly on unclassified roads.

62. Improvements have been made in the quality assurance processes used by the Council and the way highway drainage problems are tackled. The Board considers further work needs to be undertaken to improve the Council's knowledge of the highway drainage network. The condition of the County's pavements is becoming an increasing concern, and the Board has made a number of recommendations to address this issue.

63. The Review Board recognises that the Council's increasingly difficult financial position, however the issues under consideration are pivotal to the wellbeing of residents and the economy of East Sussex and investment now will save money in the long run. There are risks associated with under investment in the County's Highways infrastructure, which the Council should avoid if it possibly can.

Appendix 1:– Summary of additional evidence examined by the Review Board

Road Repairs

Repair of Potholes – Reactive Repairs

1. The Council has a duty under Section 28 of the Highways Act (1980) to maintain highways, maintainable at public expense, in a safe condition. As one of a number of measures to do this, the Council has defined criteria for repairing potholes according to their severity. Other measures include regular inspections carried out by Highway Stewards and undertaking detailed condition surveys which feed into planned maintenance work programmes. The current intervention criteria has three categories of pothole repair:

- Category 1 - Potholes which are greater than 100mm deep and at least 300mm wide in all directions are made safe or repaired within 2 hours.
- Category 2 - Potholes which are greater than 60mm deep and less than 99mm deep, and at least 300mm wide in all directions are made safe or repaired within 5 days.
- Category 3 - Potholes which are greater than 40mm deep and less than 59mm deep, and at least 300mm wide in all directions are made safe or repaired within 28 days.

2. This policy ensures that the worst potholes are made safe or repaired quickly, and all potholes are made safe or repaired within 28 days. The Review Board heard evidence that under the Highways Contract approximately 30,000 potholes are repaired each year, of which 98% are permanently repaired on the first visit. The response time for category 3 repairs has been improved under the current Highways Contract as all defects are repaired within 28 days, rather than by the time of the next inspection. The Board heard that the majority of councils use the 40mm depth intervention criteria for pothole repairs, but not all councils make safe or repair all potholes with 28 days.

3. The Board has reviewed the current intervention policy for the reactive repair of potholes and the use of 40mm depth as a trigger for intervention. This policy is judged to be sustainable because it is affordable within the existing resources (i.e. the timescales for repairs can be met and there is sufficient budget to carry out the repairs), and it accords with good industry practice. Evidence examined by the Board indicates that the current policy is achieving the aim of maintaining highways in a safe condition, and has reduced the number of insurance claims.

4. The Board has heard evidence that the cost of repairing all pot holes that meet the intervention criteria is around £1.5m a year, which is funded from the core revenue budget. It is estimated that there are four times as many non-intervention pot holes, which if repaired, would cost approximately £6m. Evidence presented to the Board indicates that the cost of repairing pot holes in a reactive way is less cost effective than repairing them through planned maintenance work based on a cost per square metre.

5. The Review Board understands that work is underway looking at how the Council could better communicate its approach to highway maintenance. The Board supports this work to better explain the work the Council undertakes so that the public has confidence that the Council is acting in a way that achieves value for money, whilst ensuring safety requirements are met.

Repair of Potholes – Planned Repairs

6. The Council's policy approach to highway maintenance is driven by national and local policies, with maintenance regimes derived from national codes of practice, which in turn determine local levels of service. The Council has adopted an Asset Management approach to planned maintenance work that looks at the whole life cost of each asset, and determines an annual resurfacing work programme for roads based on condition surveys and the road hierarchy.

7. The Board reviewed the standards the Council has set for the condition of the East Sussex road network. The road network has been divided into a hierarchy of principal roads (A roads), non-principal roads (B and C roads) and unclassified roads. These standards are monitored quarterly through Council monitoring reports. Evidence was also presented that the level of Department for Transport (DfT) funding for road repairs is contingent upon the Council using an Asset Management approach.

8. However, unclassified roads make up 55% of the road network in East Sussex and are the roads on which most journeys start and finish (e.g. the road outside your house, whether that is in a housing estate or on a country lane, is likely to be an unclassified road). The Board also examined evidence that indicates that the previous one-off additional capital investment of £10m (spread over 2 years) for resurfacing unclassified roads, is likely to have led to the condition of unclassified roads improving from 25% in need of repair in 2013/14, to 14% in 2017/18.

9. The Board heard evidence from the Asset Management Team that resurfacing roads when they are in 'amber' condition, but before they deteriorate to 'red', is the optimum time to intervene and is the most cost effective (value for money) approach. There is evidence that the backlog of 'red' condition roads has been reduced and the Council is in a position to intervene at the optimum time.

10. The Council measures value for money based on the 'whole life cost' of each asset such as roads. There are occasions where budget constraints mean that work is undertaken to extend the life of an asset when renewal would have been preferable, but unaffordable at the time. The Asset Management Team devise planned maintenance programmes for all types of highway assets. Allocating the capital budget to meet the competing needs of the different assets such as roads, pavements, drainage, bridges and other structures is challenging.

Pavements

11. The main types of pavement repairs are slurry sealing and the reconstruction or resurfacing of pavements using tarmac. Structural reconstruction may involve renewing kerbs and the surface of the footway, providing edging, replacing damaged paving slabs or replacing slabs with tarmac. Tarmac is considered to be the most cost effective type of surfacing and as it is long lasting. Damaged concrete slabbed pavements are resurfaced with black tarmac where possible, but other surface materials are used in conservation areas and where communities fund other materials (e.g. red tarmac, paving slabs, concrete pavements etc.).

12. The Review Board also saw evidence of the particular maintenance issues involved where the roots of mature street trees have started to damage pavements and cause trip hazards. It was evident that in extreme cases, different approaches to dealing with the surface level changes may be needed to ensure pedestrian safety whilst preserving the mature street trees (e.g. the mature Elm trees in Eastbourne).

Appendix 2:

Scope and terms of reference of the review

The scope of the review includes the repair of roads (carriageways) covering the reactive repair of pot holes and planned maintenance work to resurface or reconstruct roads by examining current policies, quality of work and value for money. The review also examines the arrangements for the repair of blocked highways drainage and the maintenance of pavements (footways), following a decision by the Review Board to extend the scope of the review.

The Review was established to examine a number of lines of enquiry and make recommendations on the following:

- Are the current intervention criteria and maintenance policies producing the intended outcomes?
- At what point is it more cost effective to resurface a section of road rather than patch repair it and how is this decision made?
- What happens when a Highway Steward reports a section of road that is likely to need repairing/resurfacing in the near future but it is not yet at the intervention standard, and how is this work prioritised?
- Would it be more cost effective to carry out more substantial/extensive pothole repairs rather than re-surfacing?
- Has the adopted contract model got the right amount of resources to monitor the quality of re-surfacing work and other road repair operations in order to assure the longevity of the road surface and protect the investment the Council is making?
- What steps could be taken to improve the time it takes to resolve cases of blocked drainage infrastructure, once they have been reported for attention?
- How are pavements (footways) maintained and what measures could be taken to improve the condition of pavements.

Board Membership and project support

Review Board Members:

Councillors Chris Dowling, Claire Dowling, Simon Elford, Nigel Enever, Pat Rodohan, Stephen Shing, Richard Stogdon (Chair) and Barry Taylor.

Martin Jenks, Senior Democratic Advisor provided support to the Board throughout the review.

Review Board meeting dates

4 October 2018

29 October 2018

3 December 2018

29 January 2019

12 February 2019

1 March 2019

Witnesses providing evidence

The Board would like to thank all the witnesses who provided evidence in person:

Karl Taylor, Assistant Director Operations

Dale Poore, Contract Manager Highway Infrastructure Services

Mathew Jasper, Team Manager Asset Management

Mike Egleton, Service Director Costain/Jacobs

Hannah Cawley, Team Manager Contract Performance and Compliance

Councillor Nick Bennet, Lead Member for Transport and Environment

East Sussex County Council Members who submitted written evidence:

Councillors Godfrey Daniel, Angharad Davies, Deirdre Earl-Williams, David Elkin, Steve Wallis.

Evidence papers

Item	Date
East Sussex County Council - Highway Asset Management Strategy 2015 – 2022	August 2015
Annual Local Authority Road Maintenance (ALARM) survey 2018	March 2018
Road Conditions in England 2017 (Department for Transport statistical release)	January 2018
RAC Report on Motoring 2018	September 2018
Well-Managed Highway Infrastructure: A Code of Practice (UK Roads Liaison Group)	October 2016

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Report to: **Cabinet**

Date of meeting: **23 April 2019**

By: **Director of Communities, Economy and Transport**

Title: **Scrutiny Review of Road Repairs**

Purpose: **To provide the Cabinet with the opportunity to comment on the report of the Scrutiny Review of Road Repairs**

RECOMMENDATIONS:

Cabinet is recommended to:

- 1. note and welcome the report of the Place Scrutiny Committee; and**
 - 2. advise the County Council that, in considering the report of the Scrutiny Committee, the Council be recommended to welcome the report of the Scrutiny Committee and to agree the response of the Director of Communities, Economy and Transport to the recommendations and their implementation as set out in the action plan attached as appendix 1 to this report.**
-

1. Background

1.1 The Place Scrutiny Committee at the meeting on 14 June 2018 agreed to establish a Review Board to undertake a Scrutiny Review of Road Repairs. The scope of the Review encompassed a number of highways maintenance issues, and in particular examined the Council's approach to pothole repairs. This was following concerns expressed to the Scrutiny Committee about the value for money of the current approach to pothole repairs; the quality of repairs and resurfacing; and dealing with more difficult highway drainage problems. The Review also examined the repair of pavements.

2. Supporting information

2.1 The Scrutiny Review of Road Repairs is welcomed by the Department and in particular the opportunity afforded by this review to explain to Members how the service operates, the legislation and policies governing highway maintenance, and the Council's approach to maintenance.

2.2 The Department's response to the Review Board's recommendations and action plan are set out in appendix 1.

3. Conclusion and reasons for recommendations

3.1 The Scrutiny Review has highlighted a number of Member concerns about the current approach to road repairs and the maintenance of pavements. It is recommended that the Cabinet agrees to the implementation of the action plan as detailed in appendix 1.

RUPERT CLUBB
Director of Communities, Economy and Transport

Contact Officer: Karl Taylor
Telephone Number: 01273 482207
Email: karl.taylor@eastsussex.gov.uk

LOCAL MEMBERS

ALL

BACKGROUND DOCUMENTS

Appendix 1

PLACE SCRUTINY REVIEW OF ROAD REPAIRS – ACTION PLAN			
SCRUTINY RECOMMENDATION		DIRECTOR'S RESPONSE AND ACTION PLAN	TIMESCALE
R1.	The Council examines how it could better communicate with residents on highways maintenance policies and practices, and the Committee would welcome the opportunity to work with Officers to achieve this (e.g. how the Council achieves value for money).	<p>The Department has recently produced a Members' Guide to Highway Maintenance which the Review Board reported as being very useful. The Department would welcome the further opportunity to work with a sub-group of the Place Scrutiny Committee to advise on improving communications with those Members, parish and town councils.</p> <p>The Department would particularly welcome working with Members to expand the feedback from residents to help broaden our benchmarking data as the Service.</p>	On-going 12-18 months
R2.	Officers conduct a pilot into the feasibility of introducing a new approach to repair all neighbouring potholes at the same time, within a given distance of a category 2 or 3 intervention standard pothole using the funding allocated from the Department for Transport (DfT) pothole fund for the pilot.	<p>Moving away from the current approach to the repair of potholes risks undermining the Council's Asset Management Strategy. It would also increase the overall cost of the highways service. Moving from an asset management approach would impact outcomes and risk losing the Council's Department for Transport Band 3 status and associated incentive element of its funding.</p> <p>While we recognise the concerns of the board the Department works within a finite budget, at a time when financial resources are constrained, and it is more cost effective and best practice to invest in the planned resurfacing of roads to prevent potholes forming, rather than to repair potholes on a reactive basis.</p>	

		<p>The Department already addresses those neighbouring potholes that do not meet the Council's intervention criteria. When identifying a pothole(s) at intervention level the Highway Stewards also make recommendations for larger-scale patch repairs of adjacent potholes, where it is appropriate. Whilst not in the same timescale, these Steward recommendations are added to the Council's patching programme and repairs are carried out on a prioritised, planned basis.</p> <p>The approach to the repair of potholes accords with industry best practice and DfT guidance. It also supports the Councils statutory defence of claims under S58 of the Highways Act as well as Council Policy that sets out very clear intervention criteria and repair timescales.</p> <p>The Department recommends continuing with the current approach to repairing those safety defects that trigger the current intervention criteria and within the Council's prescribed timescales.</p>	
R3.	Scrutiny should be consulted on the use of any future one-off highways funding from Government, before work has been programmed via a Review Board of the Committee.	<p>Scrutiny Committee has oversight of all highways expenditure as all investment in highways, both base and one-off funding, is spent in accordance with the Asset Management Plan, which is available for review by Place Scrutiny.</p> <p>The timing of DfT announcements of pothole and other one-off funding does not always allow for consultation with Scrutiny Committee.</p> <p>The most recent funding of £4.7m was announced by the DfT shortly before Christmas, to spend before the end of the 2018/19 financial year. The timescales for spending this</p>	

		money is extremely short, but the Council was able to allocate funding to those highest priority schemes across the county from its Asset Plan.	
R4.	That the existing level of capital investment in roads through planned maintenance and the Asset Management approach is maintained and if possible increased, as this is the most cost effective way of repairing potholes.	The Department welcomes this recommendation to support the Council's Asset Management approach to highway maintenance.	
R5.	The Council explores the possibility of identifying additional funding to improve the condition of pavements, via existing sources of funding and partnership working.	The Council invests £1.4m pa in pavement maintenance. Any additional funding would need to be provided within the current funding envelope and therefore an increase over and above the £1.4m would reduce funding available for other highway related improvements. Any additional funding for improving the condition of pavements would be explored within the RPPR context	
R6.	The condition of the remaining 50% of pavements is surveyed, and a measure of the condition of pavements is developed within the next 2 years, so that their condition can be monitored and the impact of any additional investment can be assessed.	Whilst there is no statutory requirement to do this and report to the DfT as there is with carriageways, the Department agrees with this recommendation and will put in place a condition survey regime to report on the overall condition of pavements across the county within the timescales suggested by the Board.	24 months
R7.	The Council considers using its powers to ban parking on pavements and verges in problem areas, as part of regular parking reviews.	The Council already has the ability to introduce, and does introduce pavement and verge parking restrictions and corresponding enforcement. Such restrictions can be requested and considered through the annual parking reviews that are carried out in Lewes, Eastbourne and Hastings where the County Council has civil parking enforcement powers.	Ongoing
R8.	Safety defect intervention criteria are defined for the different types of pavement surfacing, and insurance claims for pavements are separately recorded.	The Department considers the existing intervention criteria are appropriate for pavements, irrespective of their makeup. The Department advocates a continuation of its Asset Management Strategy and to tackle defects in pavements	Ongoing

		through targeted planned maintenance programmes.	
R9.	Increase the amount of sampling and inspections to 20% to monitor and assure the quality of road repairs or reinstatements, and the work carried out prior to resurfacing, particularly those carried out by utility companies.	<p>The Department considers it meets its legal responsibilities under the Traffic Management Act and ensures adequate quality of workmanship from its current level of sampling and inspections.</p> <p>The management of utility workings through the Council's Permitting scheme and the inspection of those works are carried out by the Council's Highway Maintenance contractor. The highway maintenance contract is outcome based and is governed by the requirements of the Traffic Management Act which stipulates levels of sampling and inspection.</p> <p>The existing sampling and inspection regime comprises a number of different inspections at different timescales following a utility company repair, as well as taking core samples from finished reinstatements. The Traffic Management Act also enables financial penalties to be applied for compliance failures. The DfT is currently consulting on extending the period utility companies are responsible for road condition after undertaking works.</p> <p>The Compliance and Performance Team and Contract Supervisors carry out regular audits of the council's contractor. They collect performance data and evidence of compliance and non-compliance with the contract requirements. They develop specific actions and plans to correct and improve performance. This information is shared with Members annually and the Place Scrutiny Committee will be updated on the year 3 performance later this year.</p>	6 months
R10.	Officers develop a work programme to complete the Council's knowledge of the highway drainage network, including determining the cost and	The Department recognises the importance of completing its knowledge of the highway drainage infrastructure which is undertaken in parallel with its aims to resolve flooding hot-	6 months

	<p>timeframe for this work, focussing initially on utilising the remaining additional capital investment to gain knowledge of parts of the network that require repair and replacement as a priority. The work programme is to be reported to the Scrutiny Committee in September 2019.</p>	<p>spots.</p> <p>The recent increase in funding for highway drainage is welcomed and drainage engineers are using the increased level of resource to complete a far greater number of investigations and resolve flooding problems at the same time.</p> <p>The Department will report progress to Scrutiny Committee in September 2019.</p>	
R11.	<p>Joint work is undertaken with District and Borough Councils to improve street sweeping, particularly in autumn, to prevent highway gullies and other drainage becoming blocked with leaves and other debris.</p>	<p>The Board heard that there is already a good level of partnership working with Borough and District Councils.</p> <p>Litter picking and street cleansing is a Borough and District Council responsibility and in Wealden, Rother, Hastings and Eastbourne the service is currently carried out by their waste collection contractor. That contract ends in June when a new contractor will take over waste collection and street cleansing in Wealden, Rother and Hastings, whilst in Lewes and Eastbourne the service is being brought back in-house. The Department has been working closely with all five borough and district councils in the lead up to the new arrangements to ensure the outcomes are reflected in these new arrangements.</p>	On-going

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Report to: Cabinet

Date of meeting: 23 April 2019

By: Assistant Chief Executive

Title: Scrutiny Review of the Changing Care Market: Information and Signposting

Purpose: To provide an opportunity for the Cabinet to consider the report of the People Scrutiny Committee.

RECOMMENDATION:

To consider any comments the Cabinet wishes to make to the County Council on the report of the People Scrutiny Committee.

1 Background

1.1 In June 2018 the People Scrutiny Committee established a Scoping Board to look into the range of challenges facing the local care market. Some of these were highlighted in the 2018 Care Quality Commission Local Area Review of East Sussex; others are well known locally and nationally and are linked to increased demand for services and resources which are declining in relative terms.

1.2 The Scoping Board identified four key areas for further scrutiny:

- Public understanding and expectations of social care
- Social care workforce challenges
- Developing care markets
- Increasing community resilience, in particular addressing loneliness.

1.3 The Changing Care Market: Information and Signposting Scrutiny Review addressed the first of these areas (public understanding and expectations of social care) and is expected to be the first in a series of reviews by the Committee covering the areas identified above.

2 Supporting information

2.1 The People Scrutiny Committee has completed its review of the Changing Care Market: Information and Signposting. A copy of the report is attached at appendix 1.

2.2 The Review Board recognised that many public perception issues related to social care are national ones which are difficult to address at an East Sussex level. The Board therefore focused on developing recommendations which are realistically achievable within the Council's sphere of influence and available resources.

2.3 The Committee's report will be submitted to the County Council on 14 May 2019. The Cabinet has the opportunity to comment to the County Council on the recommendations in the Scrutiny Committee's report, although it cannot alter the report.

3. Conclusion and reasons for recommendations

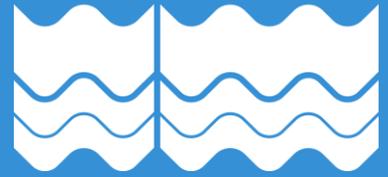
3.1 Cabinet is invited to consider any comments it wishes to make to the County Council on the report of the People Scrutiny Committee.

PHILLIP BAKER
Assistant Chief Executive

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Local Members: All

Background Documents: None



Scrutiny Review of the Changing Care Market: Information and Signposting

Report by the Review Board:

Councillor Michael Ensor (Chair)

Councillor Angharad Davies

Councillor Roy Galley

Councillor Jim Sheppard

Councillor John Ungar

March 2019

People Scrutiny Committee – 7 March 2019

Cabinet – 23 April 2019

Full Council – 14 May 2019

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Recommendations

Recommendation	Page
1 Adult Social Care (ASC) should undertake additional engagement, ideally in partnership with an independent organisation, to gain a better insight into how well-informed people in East Sussex feel about social care support and funding arrangements. The engagement should include people who are not existing ASC clients and the findings should be used to inform ongoing ASC communications and information provision.	9
2 The Council's response to the anticipated Adult Social Care Green Paper should highlight the need for a national awareness campaign to improve the public's understanding of social care services and funding. In particular, how modern social care services work and how people can help themselves to stay independent and plan ahead for their future social care needs.	10
3 ASC should publish information on standard local authority rates paid for care in East Sussex to help individuals and families make informed choices about care.	11
4 ASC should review the information on sources of financial advice provided online and in factsheets and consider whether signposting to accredited independent financial advisors could be improved.	11
5 ASC should ensure that the new digital content, particularly the availability of enhanced online self-assessment tools, is promoted to key groups who can support wider communication, for example voluntary and community sector organisations and county councillors.	13
6 Within the digital project particular attention should be given to the interface between the ESCC and NHS websites to ensure this is clear and seamless for users and minimises the risk of confusion.	13
7 ASC should check that leaflets are circulated to all community run libraries, as well as ESCC libraries.	13
8 ASC should engage with GP Practice Locality Groups and Patient Participation Group networks to promote the new digital offer, particularly self-assessment tools, and to refresh knowledge of Health and Social Care Connect. GPs should be encouraged to share this information with their practice staff.	14
9 Opportunities to align ESCIS and 1Space within available resources should be fully explored, for example co-locating links to the databases on the ESCC website. Opportunities to improve the way the directories are updated should also be explored.	15
10 All councillors should encourage local groups and organisations to ensure their entries on ESCIS are kept up to date. Councillors should also make use of the online reporting facility to flag out of date information relating to local organisations within their division.	15
11 The People Scrutiny Committee should further examine the role of social prescribing and how it is developing in East Sussex within the planned scrutiny review of community resilience and loneliness.	17
12 The ASC departmental guide for councillors should be updated to include links to useful information sources and to reflect the new digital offer. A briefing session for councillors should also be arranged to accompany the updated guide.	17

Introduction

1. Members of the People Scrutiny Committee are aware of a range of challenges facing the local care market. Some of these were highlighted in the 2018 Care Quality Commission Local Area Review of East Sussex; others are well known locally and nationally and are linked to increased demand for services and resources which are declining in relative terms. The Committee established a Scoping Board to explore these challenges, with the aim of identifying specific areas which would benefit from additional scrutiny. The Scoping Board found that the Adult Social Care department (ASC) has a range of initiatives in place to manage the immediate and short-term issues, particularly in terms of engagement with providers and the NHS to support the market and deliver appropriate and more integrated care. Work is also underway to address longer term challenges and this was the focus for scrutiny.

2. It was apparent to the Scoping Board that the care market will need to change significantly in the coming years to adapt to increasing demand, changing public expectations and the reduced resources available for statutory services. These challenges are particularly acute in East Sussex given the county's demographics. The level of anticipated future demand due to an ageing population requires a forward looking, innovative approach to how care is provided and a partnership with individuals and communities to increase resilience. As East Sussex has a high level of self-funders this needs to include engaging with the wider public about planning for the future care needs of individuals and the wider population and how people and communities can 'help themselves'.

3. The Scoping Board identified four key areas for scrutiny:

- Public understanding and expectations of social care
- Social care workforce challenges
- Developing care markets – to be informed by a markets review due to be complete by mid-2019
- Increasing community resilience, in particular addressing loneliness.

4. This Review addresses the first of these areas, public awareness, understanding and expectations, and is expected to be the first in a series of reviews by the People Scrutiny Committee which will look at the above challenges identified by the Scoping Board.

5. The Review Board recognised that many public perception issues related to social care are national ones which are difficult to address at an East Sussex level. The Board therefore focused on three key questions which specifically relate to the Council's responsibilities with regard to information and advice about services and whether any enhancements can be made to the way in which these duties are currently met:

- **Is the Council doing enough to signpost people to resources which will help them arrange and manage their own care?**
- **Could the Council do any more to inform people about how we support them, including the arrangements for funding their care?**
- **What is the Council's role, in the context of limited resources, in managing expectations regarding the provision of care?**

6. This report presents a summary of the Board's findings in relation to these questions and its recommendations. The Board focused on developing recommendations which are realistically achievable within the Council's sphere of influence and available resources. It should also be noted that the Board's enquiries focused on social care for older people, as this is the biggest and the fastest growing area of demand for Adult Social Care.

Background

Adult Social Care responsibilities

7. Under the Care Act 2014, Councils with responsibility for adult social care have a range of general duties including a duty to provide comprehensive information and advice about care and support services in their local area. This is to help people understand how care and support services work locally, the care and funding options available, and how to access services. The other general duties in the Care Act include: promoting individual wellbeing; preventing needs for care and support; promoting integration of care and support with health services; and promoting diversity and quality in provision of services (market shaping).

8. Local authorities also have a responsibility to assess an adult's needs for care and support, or a carer's needs for support, where they appear to have such needs. There is a national minimum threshold for eligibility. If someone is assessed as having eligible care needs, the local authority will work with them to consider what types of support might be provided to meet their needs. Some types of care and support are provided free such as short term respite services or equipment and minor adaptations to the home. Other types of care and support are subject to a charge; however, people are only asked to pay what they can afford. Sometimes the person will pay the full cost (self-funding) and sometimes the cost will be shared between the person and their local authority.

9. To decide what a person can afford to pay, a local authority will carry out a financial assessment. The local authority will consider the person's income and any assets they own, like a house or other investments. The local authority will then calculate how much the person can afford to pay towards their care and support costs. People in receipt of ASC-funded care and support receive support to organise that care, either through the Council arranging the care with a provider or through the provision of a direct payment which enables the client to arrange and pay for their own care. People who fund their own care and support usually arrange their own care independently of the Council, but may make use of information, advice and signposting services provided or commissioned by ASC. The Council can help people to arrange their care in some circumstances.

10. Homeowners moving into residential care can consider entering into a 'deferred payment agreement' with the local authority. This is an arrangement whereby the person agrees, with the local authority to pay some of their fees at a later date. This means they should not be forced to sell their home during their lifetime, to pay for their care. The person usually repays the local authority from the sale of their property or it is repaid from their estate.

11. Although the Council has statutory responsibilities the Board considers that individuals have an important role in taking responsibility for their own choices and planning for their potential future care needs.

12. In many cases, this will include making arrangements to fund the cost of care themselves as a relatively small proportion of people will receive care which is fully funded by the local authority. Indications are that East Sussex has a relatively high proportion of self-funders. For example, self-funding fees have been estimated to make up 76% of care costs in the residential care market in East Sussex.

Information, advice and signposting

13. The box below provides further detail on the Council's responsibilities specifically in relation to information and advice.

How does the Care Act improve information and advice?

Local authorities need to provide comprehensive information and advice about care and support services in their local area. This is to help people to understand how care and support services work locally, the care and funding options available, and how people can access care and support services.

The Act clearly sets out that they must provide information on:

- what types of care and support are available – e.g. specialised dementia care, befriending services, reablement, personal assistance, residential care etc
- the range of care and support services available to local people, i.e. what local providers offer certain types of services
- what process local people need to use to get care and support that is available
- where local people can find independent financial advice about care and support and help them to access it
- how people can raise concerns about the safety or wellbeing of someone who has care and support needs

All information and advice must be provided in formats that help people to understand, regardless of their needs. This may include a range of different types of information and include working with partners to provide information on different services together.

Source: Gov.uk Care Act Factsheet 1

14. There are a range of ways in which the Council meets the duty to provide universally available information and advice about social care services. These are set out in the ASC Information and Advice Strategy and include:

- **Health and Social Care Connect** – the single point of telephone contact for residents and professionals about social care services. The service provides information, signposting and advice over the phone and can be accessed direct by the public and professionals and take referrals from other services (see box below).
- Online information via the **ESCC website**. This includes:
 - the directory of care and support services **East Sussex 1Space** (run by ASC): Services listed on East Sussex 1Space have a care and support element directed at adults. Many services are accredited by Support with Confidence or other regulatory bodies, such as the Care Quality Commission or an organisation recognised by the Professional Standards Authority for Health and Social Care. Other services are listed on a case-by-case basis where they are determined to have met the required standards by the directory administrators.
 - the **ESCIS directory** (East Sussex Community Information Service – managed by the Library and Information Service) which provides listings for a wider range of community groups, organisations, information and events.
 - **online self-assessment tools**: these give users an indication as to whether they would be eligible for social care support, and signposts them to other sources of help.

- A range of **leaflets and factsheets** available in a variety of public places, downloadable from the website and provided direct to individuals.
- Via **front line staff** – a key role of front line staff involved in undertaking assessments or managing ongoing care is to provide information and signposting to appropriate services and support. Proactive awareness raising about local care, support and community services is also undertaken by staff including Locality Link Workers.
- **Services that the Council commissions** are asked to provide information and advice on behalf of ASC. For example, services commissioned from voluntary sector organisations such as Care for the Carers, Age UK East Sussex or Healthwatch East Sussex.



Health and Social Care Connect (HSCC) offers both the public and professionals a single point of access for adult health and social care enquiries, assessments, services and referrals. It offers a single phone number (0345 60 80 191) open from 8am to 8 pm, 7 days a week, including bank holidays.

This means adults in need of care and support, and their carers, receive faster access to the services they need at home or closer to home – this could be information and advice, social care support or a community health service.

HSCC was set up by bringing together three separate services (health referrals, social care assessments and a public adult social care helpline) into a single team able to deal with any health or social care enquiry from any source.

15. The Review Board considered how well these methods are meeting the Care Act duties in relation to information and advice and whether and how they can be enhanced.

Review Board findings

Public understanding of social care

The national picture

16. A range of national research has provided an insight into the level of public understanding of social care services. This consistently indicates a substantial lack of understanding about social care for older people, particularly in terms of how the system works and how care is funded.

17. The King's Fund report 'A fork in the road: Next steps for social care funding reform' (2018) states that the public has little understanding of how social care operates and even less on how it is funded. A report on research by the Health Foundation, published in May 2018, found that public understanding of social care is limited and there is a lack of clarity around the current offer. Those who have experience of using social care services, either for themselves or through friends and relatives, have more knowledge, but overall social care services are not well understood. People are also not clear about how to access social care and how services are managed.

18. Findings from the British Social Attitudes Survey 2017 suggests that there is no clear understanding of how social care is currently funded, with 34% believing that the government pays for care, whilst 12% believe the individual pays. 51% gave answers which reflect their belief that costs are shared between the government and the individual. Furthermore, people often struggle to distinguish between social care and the health services provided by the NHS. 63% of the people surveyed believed that the NHS provides social care for older people, whilst 47% believed that social care services are free at the point of need. Many people also assumed their GP is the entry point to the system.

19. In terms of information the statistics are more positive. A 2015 Department of Health survey found that three quarters (73%) of people aged 50 and over are confident that they would know where to find information about local care and support services if they needed to. However, this means a quarter are not confident and this figure is higher amongst some groups.

20. This widespread lack of understanding may be partly due to the relative complexity of the current funding arrangements, particularly compared to health services, and the fact that social care does not have the same national profile and brand as the NHS. These are not issues which can be addressed locally, but the Board recognised the significant impact of these factors on the Council's ability to communicate with the general public locally. The Board felt that a national awareness campaign should be organised to increase public awareness.

The local picture

21. There is no evidence to suggest that the level of public understanding in East Sussex is any greater than the national picture. The Board heard from Healthwatch East Sussex, Age UK East Sussex and Care for the Carers that their experience reflects the national statistics, with individuals expressing confusion about the health and social care system and in some cases believing that social care is free to all at the point of need in a similar way to the NHS. The Board heard from an independent financial advisor who specialises in advising people about care costs that, in his experience, people's understanding of social care costs and funding arrangements is very sketchy and there is no grasp of the detail.

22. Some additional insights did however emerge from the Board's research:

- The public's lack of familiarity with terms used by professionals such as 'social care' and 'carer'.

- The possibility of some fear amongst older people about contacting 'social services' due to concern about being 'put in a home' and losing their independence.
- Apparently very traditional views of social care services, largely restricted to traditional home care or care homes, both of which have negative associations for some people. There appears to be less awareness of newer forms of care such as personal assistants or supported housing and that there is now a broader spectrum of care and support options available.
- People have very limited understanding of the social care system until they, a family member or friend needs support. They then use a range of sources to find information and can find it difficult to navigate the information available.
- People tend not to plan ahead resulting in action often being taken in a 'crisis' situation.
- People often talk about a range of issues in their lives rather than identifying a specific social care need – this can emerge from an initial, more general conversation.
- A significant lack of awareness and understanding of specific aspects of social care funding such as how property assets are taken into account and the deferred payment option.

23. The Board recognised that this Review provided insights into local public awareness which could potentially inform future information and communications produced by ASC but that further research would be necessary to corroborate and deepen the evidence base. The Board also recognised that any significant shift in public perceptions and awareness would require national action.

Recommendation 1

Adult Social Care should undertake additional engagement, ideally in partnership with an independent organisation, to gain a better insight into how well-informed people in East Sussex feel about social care support and funding arrangements. The engagement should include people who are not existing ASC clients and the findings should be used to inform ongoing ASC communications and information provision.

Planning ahead

24. The 2015 Department for Health survey explored the perceptions and attitudes of people aged 50 and over in England towards health, ageing and care and support. The survey asked specifically about financial preparations. Around half (53%) of people aged 50 and over say they are preparing financially to pay for the care and support services they might need when they are older. However, a third (31%) say they have not made any preparations at all and 15% have made hardly any preparations. 52% of people aged 50 to 64 years and 46% of those aged 65 to 74 say they have made little or no preparation, compared with 35% of those who are 75 or older.

25. The Board explored with witnesses whether it would be possible to influence people to plan ahead for their potential future needs in old age, either financially or practically. ASC officers and voluntary sector representatives indicated a general unwillingness amongst the public to think about care needs until forced to do so, as well as a lack of understanding of the need to do this and how to go about it.

26. There are practical difficulties for individuals and families in planning ahead financially without knowing the type, length and therefore the likely cost of care that might be needed which can vary considerably. This uncertainty about cost, coupled with the high likelihood of needing some form of care, is reflected in the lack of available insurance or payment plan type products available on the market.

27. Witnesses indicated that it may be more realistic to expect people to plan when care needs begin to become apparent rather than attempting to engage the general public. Healthwatch indicated that people and families are likely to be more receptive to information and advice about planning for support and care costs when initial low-level needs emerge. This would potentially be a point at which ASC could be more proactive with information about planning ahead, for example if someone has experienced a first fall, or a period of reablement. Age UK East Sussex also suggested that the ideal approach would be proactive communication ahead of a point of crisis and ahead of the assessment stage. The additional engagement recommended above may be able to explore this approach further and inform what might be achievable within available resources.

28. Even when planning for care provision at a relatively late stage, for example on entering residential care, the Board heard that provision of good information can help individuals and families make more informed choices. For example, information on the standard fees the Council pays for residential care can help families know how likely it is that their choice of home will continue to be affordable if care becomes ASC funded in the future (if assets reduce to below the threshold for funding).

29. Access to accredited specialist financial advice can help people maximise the ability of their assets to fund their care for the full length of time it is needed. This has benefits for the individuals and families in providing greater choice and certainty and also reduces the likelihood of ASC funded care being needed. ASC offers the opportunity for independent financial advisors qualified to advise on care costs (such as those registered with the Society of Later Life Advisors) to become accredited with Support with Confidence. This makes them accessible via East Sussex 1Space, but take-up is limited. ASC also provides a range of sources of financial information and advice within factsheets and online. An alternative approach in West Sussex provides signposting to a number of accredited financial advisors through the Council's Carewise scheme. Given the potential benefits to individuals, families and the Council from better financial planning the Board recommends exploring whether the information already available in East Sussex could be built upon.

30. The Board heard significant evidence about the importance of encouraging individuals to plan for future care needs as early as possible. Witnesses indicated that there is currently a lack of incentive to encourage people to plan. The Board agreed that this is an issue but that there are benefits which could be highlighted to people, such as increased choice of residential care setting or how care is provided. The Board also accepts the practical difficulties of influencing people's willingness or ability to plan to any great extent locally.

31. A significant shift in attitudes would need to take place at national level, potentially linked with changes to social care policy, to make a significant impact on people's willingness and ability to plan ahead. In light of this, the Board believes that national policy across the political spectrum should reflect and support measures to encourage better planning for old age. The Board hopes the forthcoming Green Paper will address these issues.

Recommendation 2

The Council's response to the anticipated Adult Social Care Green Paper should highlight the need for a national awareness campaign to improve the public's understanding of social care services and funding. In particular, how modern social care services work and how people can help themselves to stay independent and plan ahead for their future social care needs.

Recommendation 3

ASC should publish information on standard local authority rates paid for care in East Sussex to help individuals and families make informed choices about care.

Recommendation 4

ASC should review the information on sources of financial advice provided online and in factsheets and consider whether signposting to accredited independent financial advisors could be improved.

Information provision

Quality of information provision

32. Twice a year the department undertakes surveys of ASC clients and carers known to the service which include a question about how easily people are able to find the information they need. Responses from the most recent mailing (212 client responses) show that 50% of clients can 'always' find the information they need, 47% can 'sometimes' find it, and 2% can 'never' find it (this excludes people who haven't needed any information, chose 'not applicable' or didn't answer the question). The carer rating for finding information for the person they care for has stayed fairly consistent, also at around the 50% mark for 'always' being able to find information (102 carer responses). However, the rating for finding information for them as a carer is more mixed, with 44% saying they could always find the information they need (101 carer responses).

33. Nationally comparable data is available from the ASC annual survey of people in receipt of long term support services (that are funded or managed by the local authority following a full assessment of need), which is undertaken by all local authorities. The most recent results indicate that 78.6% of respondents stated they found it easy to find information about services. Although performance showed a slight decrease in 2017/18, and the Council's target of >79.4% was not met, performance is still high compared to other authorities, situated in the upper quartile of performance at the 22nd highest (best) performance out of 150 authorities.

34. The ASC Comments, Compliments and Complaints Annual Report 2017/18 identified that the third highest category of complaints related to 'information provision'. Further analysis reveals that this type of complaint most frequently relates to information about funding and charges. The number of complaints falling into this category totalled 41 of 420 and represents a very small number in comparison to the many thousands of contacts ASC has with clients and the public each year. The report also notes that many compliments are received in relation to information and advice each year.

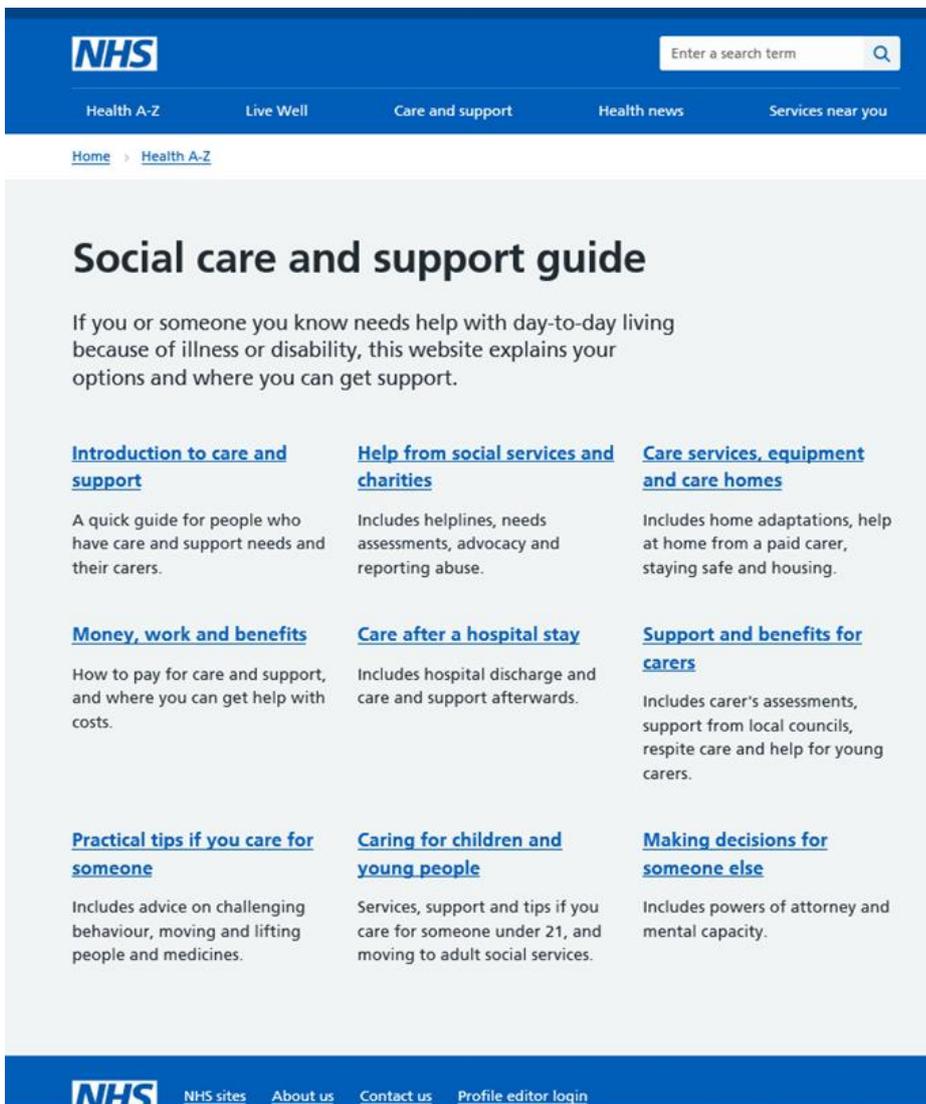
35. These indicators of satisfaction with ASC information provision suggest a relatively high degree of satisfaction, but also that there is room for improvement. The feedback mechanisms are largely limited to people already in contact with ASC services – as recommended above it would be helpful to have greater insight into the information needs of those with less direct experience of services.

Online information

36. The 'Adult Social Care and Health' section of the ESCC website is a significant information resource and makes a substantial contribution to meeting the authority's information and advice duties. It is also a very efficient way to provide information in comparison to the more resource intensive telephone and face to face methods. The website has been designed in line with the GOV.UK principles to make it as simple, readable and accessible as possible. The information has been tested with Google Translate and can be translated from English into the 12 next most commonly spoken languages within East Sussex. Work is currently in progress to produce a British Sign Language video to put on the website.

37. A digital project is underway to review and redesign the ASC section of the website, further developing the online offer available for clients and carers. As well as improving navigation, the redesign will support a move towards a 'self-serve' approach to helping the public. For example, it will enable individuals to complete an initial financial and needs self-assessment form online in their own time. This will give them a more tailored understanding of what care they may receive and the amount they may be required to contribute towards the costs of care. In turn, this will support them in making a decision as to next steps and whether they want to contact ASC for an assessment or look at options to meet their needs themselves. If they do wish to proceed to contact ASC they can choose to submit the online information already completed. The financial self-assessment tool is expected to be available from April 2019.

38. The digital project is also looking to provide clearer information on charges and financial criteria; make information directories (such as Support with Confidence and 1Space) more prominent; and to rationalise the information available, including by linking to national social care information provided by NHS Choices rather than creating duplicate local versions. The NHS website has been redeveloped in order to ensure it is compliant with the Care Act 2014. It contains a wide range of information relating to social care and support and the intention is that the ESCC website does not duplicate this information, instead linking to it and vice versa.



A screenshot of the NHS online social care and support guide

39. The improvements to the ESCC website will include synchronisation of the information available so that clients and carers can more easily access the information and advice they need. However, the Board identified some remaining areas of fragmentation, for example Disabled Facilities Grants are managed by district and borough councils rather than ESCC and this can lead to some inconsistency in the information provided in different parts of the county on the various council websites. The Board also had some concerns that using NHS branded pages could exacerbate the confusion (apparent from national and local evidence) between NHS and ASC services and how these are funded.

40. Overall the Board welcomed the digital transformation work and recognised that ASC is taking a proactive and best practice approach in this area.

Recommendation 5

ASC should ensure that the new digital content, particularly the availability of enhanced online self-assessment tools, is promoted to key groups who can support wider communication, for example voluntary and community sector organisations and county councillors.

Recommendation 6

Within the digital project particular attention should be given to the interface between the ESCC and NHS websites to ensure this is clear and seamless for users and minimises the risk of confusion.

Leaflets and factsheets

41. It is recognised that online information does not suit everyone and the Board welcomed the ongoing commitment from ASC to the provision of hard copy and telephone information and advice for those who need or prefer it. ASC produces a range of information leaflets which are available in libraries, pharmacies and GP surgeries and also distributed countywide once a year in the spring. These cover topics such as 'A guide to Adult Social Care', 'What you need to pay' and 'Do you look after someone?'. The department also produces a series of factsheets: in-depth documents which provide more detailed information on specific areas such as financial assessments, direct payments, mental capacity and advocacy and safeguarding. These are given out at an appropriate time, when people need them, and are publicly available on relevant webpages and upon request.

42. Printed leaflets are provided to people in contact with ASC who do not have access to or are unable to use electronic devices. These are available in larger print versions and can be produced in braille, audio and translated formats on request.

43. The ASC produced leaflets are available alongside a wide range of information leaflets available from other organisations which contain information relevant to social care services and support. Care for the Carers indicated that before making contact with ASC or other support organisations people may have accumulated a 'wheelbarrow of leaflets' (or their online equivalent) and that it can be hard for people to navigate through the substantial amount of information available. This highlights the importance of the signposting work discussed below.

Recommendation 7

ASC should check that leaflets are circulated to all community run libraries, as well as ESCC libraries.

Face to face/telephone information

44. ASC is aware that some residents do not have access to the internet or simply prefer to speak to someone direct. This was confirmed by Age UK East Sussex who indicated that personal contact (face to face or phone) remains the preferred method for many older people. As a result the single contact number for community health and social care services in East Sussex, Health and Social Care Connect (HSCC), features prominently in ASC information. The HSCC telephone number is at the top of the 'contact Adult Social Care' webpage, along with the phone line's opening hours, and above the 'applying for support' link. The HSCC number is also included on all the ASC leaflets and factsheets. The Board supports the efforts to make HSCC as prominent as possible.

45. HSCC is the entry point for anyone seeking advice or support in relation to adult social care. The HSCC access team gathers initial information from those making contact to understand their needs or the needs of the clients/carers they are referring. At this stage the individual may be signposted to services available within the community or given advice and guidance. If the information provided meets their needs they will then exit the ASC pathway. This can help to prevent further support needs or delay the need for a formal care package.

46. Feedback from voluntary sector organisations indicated that awareness of HSCC may not be widespread amongst the older population in East Sussex. People may instead make initial contact with a voluntary organisation known to them. This may also be because many people don't view their situation as a 'social care' need – they may be concerned about social isolation or a range of interlinked health, housing and social care issues. These organisations can then direct people to HSCC (and other agencies) if appropriate.

47. A large proportion of contacts with HSCC are via third party referrals from health professionals such as GPs and community nurses. The Board heard evidence from voluntary sector groups that the GP is often the first point of contact for people seeking support with care related needs. This emphasises the important role of health services in providing information and signposting in relation to care and support services. However, although ASC information is available in GP surgeries, it is impossible to know whether consistent information about social care is being provided by health colleagues. The standardised and Care Act compliant information now available on the NHS website may go some way to addressing this.

48. Raising awareness about costs and charging is key. The Board heard that information provided by staff about financial contributions towards care is continuing to develop. Conversations between professionals and people needing support are becoming even more open, which is enabling ASC to better manage expectations around the costs of care. For example, HSCC inform clients and carers early on in the conversation that they are likely to be expected to contribute towards their care costs, but that this is subject to an individual financial assessment. A standard letter is provided by ASC staff to summarise information about care costs which has been discussed verbally with people whilst in hospital. This enables it to be read by the person, their family or carer at a later date, recognising that information may be hard to take in at a stressful time. The new online financial assessment tool will give an idea of indicative costs – as well as being used independently by clients and carers it can also potentially be used by third parties or by ASC staff at to give an indication of charges before someone 'commits' to going down the assessment route.

Recommendation 8

ASC should engage with GP Practice Locality Groups and Patient Participation Group networks to promote the new digital offer, particularly self-assessment tools, and to refresh knowledge of Health and Social Care Connect. GPs should be encouraged to share this information with their practice staff.

Signposting to services

Directories

49. There are two local directories which hold information about different services available within East Sussex which may be able to meet care and support needs: East Sussex Community Information Service (ESCIS) and East Sussex 1Space. ESCIS provides links to community information, groups and events such as lunch clubs and football clubs and is managed by the Library and Information Service in the Communities, Economy and Transport department. East Sussex 1Space is a directory managed by ASC specifically for services which can meet local social care and support needs of adults, including providers approved through the Support with Confidence scheme. These directories are key resources both for the public (those in need of support, families and carers) and professionals looking to signpost people to available local community and support services.

50. ASC officers commented on the challenges of keeping the directories of services up to date. The Locality Link Workers based within ASC have carried out a large piece of work to update directories but ongoing maintenance remains difficult within available resources. Given the limited resource available from the Library and Information Service, community and voluntary sector organisations have a key role in maintaining the information available regarding their organisations available on ESCIS. There is an email update facility within the directory which organisations or individuals can use to flag outdated information to the administrators. There is more proactive management of the 1Space entries as the listings are reviewed annually and, where relevant and possible, accreditations are checked.

51. The Board received evidence that there is a degree of overlap between ESCIS and 1Space and that this can cause some confusion about their respective purpose and content. Although there are differences in terms of the scope of services covered (ESCIS is much wider than care and support) and level of checking or review carried out on services listed (which is significantly greater for 1Space), the overlap is an issue recognised by the department. ASC is currently working with the Library and Information Service to look at a closer collaboration between the two directories. This would make information more readily available for communities and fit for purpose for practitioners.

52. The Board explored whether it would be feasible to combine the two directories into one, which the Board regarded as the ideal situation. Challenges to achieving this may be the availability of the level of resource required or issues relating to the different procedures for checking information on the two sites which would need to be resolved. However, it may be possible to align the resources more fully, and this is being considered through the project to redesign the ASC webpages.

53. The Board received feedback that the information about services available from the directories does not give sufficient indication of the likely capacity of the service. However, the Board recognises that including such information would be challenging, particularly in terms of ongoing maintenance, and dependent on providers regularly reporting this information. The Board also suggests that any development or changes to the directories should be undertaken with feedback from end users, in line with current practice.

Recommendation 9

Opportunities to align ESCIS and 1Space within available resources should be fully explored, for example co-locating links to the databases on the ESCC website. Opportunities to improve the way the directories are updated should also be explored.

Recommendation 10

All councillors should encourage local groups and organisations to ensure their entries on ESCIS are kept up to date. Councillors should also make use of the online reporting facility to flag out of date information relating to local organisations within their division.

Signposting by frontline staff

54. Social care staff are increasingly focusing on a strengths-based approach i.e. concentrating on what the individual can do for themselves and encouraging independence. This approach links to the signposting of services available within the community. People can be signposted to services that may meet their needs without requiring traditional care, or which can help maintain independence and delay the need for ongoing formal care.

55. In a similar vein, the Board heard from voluntary sector witnesses that there is a need for a more holistic conversation about overall needs and the full range of services available in the community rather than a narrow focus on eligible needs. Care for the Carers also highlighted the importance of frontline staff having knowledge of and access to the range of information and services available and of consistency and effective communication between health, social care and voluntary sector organisations to minimise confusion and risk. In addition to ongoing work to develop more integrated health and social care services, a number of specific initiatives have been underway to develop the approach to signposting and the resources available to frontline social care and health staff.

56. Over the past two years eight Locality Networks have been established within East Sussex which have been jointly developed by the Locality Link Workers (based within ASC and funded through Public Health) and the three Voluntary Actions (RVA, HVA and 3VA). They aim to bring together practitioners from the community and voluntary, public, and independent sectors to share information and resources, to build relationships and to provide opportunities to support and strengthen community-based services. One role of these networks has been to map and connect existing local community organisations and to make them more easily accessible to individuals through signposting services.

57. The Locality Link Worker team has been commissioned to work with frontline health and social care professionals to better access community-based support for clients. Each locality has a designated Locality Link Worker responsible for collaborating and communicating with practitioners, voluntary organisations and individuals within the community using their extensive knowledge of the community assets available within their area. In addition to sharing their knowledge of these services, the workers are able to share information between the different localities and ensure common working practices across the County, as opposed to each locality working in silos. ASC assessors have a working relationship with the Locality Link Workers and can draw on their expertise to signpost people to appropriate services available within the community. The Locality Link Worker team is currently funded to the end of the 2019/20 financial year, and work is underway to look at how their activity can become embedded in practice after this time

58. The Board explored issues around signposting to services and risk. Due to data protection requirements it would not be appropriate for personal information to be given to community organisations which had not been accredited or commissioned to provide services by ASC. Where it has become apparent through assessment that a client may benefit from further support which could be delivered through the community, and the client has capacity, they will be signposted to that specific organisation rather than referred. This means that the client takes responsibility for contacting the organisation they have been signposted to. As well as addressing risk issues this is also about facilitating a language and cultural change amongst both staff and residents in relation to self-care and personal responsibility for choices. The statutory requirement to provide a formal care package where needed remains.

59. Social prescribing is an initiative to enable GPs, nurses and other primary care professionals to signpost patients to a range of non-clinical services which complement existing medical treatments to improve health and well-being. It was described to the Board by Age UK East Sussex as a 'pathway to help people navigate what's out there'. The approach has begun to be used in specific areas of East Sussex. A social prescribing steering group has now been set up to oversee and bring together the different models being used across the whole of the county, focusing on the Care Navigator role based in GP surgeries. A group of VCS organisations are involved in this work, including Care for the Carers and Age UK East Sussex. Social prescribing recently received national impetus through the government's Loneliness Strategy which states that, "By 2023, government will support all local health and care systems to implement social prescribing connector schemes across the whole country, supporting government's aim to have a universal national offer available in GP practices". This review was not able to go into this initiative in any detail and it is at a relatively early stage. The Board recognised its potential importance and recommends further consideration by scrutiny in the future.

Recommendation 11

The People Scrutiny Committee should further examine the role of social prescribing and how it is developing in East Sussex within the planned scrutiny review of community resilience and loneliness.

The role of councillors

60. Councillors have an important role as community leaders in terms of local engagement and signposting to services, both generally within local communities and on an individual level in terms of managing enquiries and casework.

61. Having considered a wide range of evidence in the course of the review the Board concluded that county councillors, in their interactions with communities and individuals, have a role to play in improving understanding of social care services. This includes how services are changing, promoting realistic expectations of the services and costs and, where appropriate, encouraging people to 'help themselves' through signposting.

62. In order to do this, councillors themselves need to understand more about the social care system. Members of the Review Board have found through this review that there is a lot to learn and that councillors require a good understanding of the information that is available to refer to. For example, an awareness of the directories of services, the role of Health and Social Care Connect and the online and printed material available. Councillors can also use their local knowledge to feed into the mapping of local services.

Recommendation 12

The ASC departmental guide for councillors should be updated to include links to useful information sources and to reflect the new digital offer. A briefing session for councillors should also be arranged to accompany the updated guide.

Conclusions

63. The Board concluded that the limited public understanding of social care services, systems and funding is a very significant issue. This has a real impact on how people plan for their old age, their expectations and how they access services. Given the county's demographic, East Sussex is ahead in terms of the ageing population nationally and is therefore at the sharp end of pressures on older people's social care services. This makes it critical that East Sussex leads the way in the information and advice we provide. Good information and advice benefits individuals, families, communities and ultimately the Council as it helps people to help themselves.

Appendix:

Scope and terms of reference of the review

The Review was established to consider and make recommendations on the following:

Managing public understanding and expectations with the key questions being:

1. Is the Council doing enough to signpost people to resources which will help them arrange their own care?
2. Could the Council do any more to inform people about how we support them, including the arrangements for funding their care?
3. What is the Council's role, in the context of limited resources, in managing expectations regarding the provision of care?

Board Membership and project support

Review Board Members: Councillors Angharad Davies, Michael Ensor (Chair), Roy Galley, John Ungar and Jim Sheppard.

The Project Manager was Claire Lee, Member Services Manager, with project support provided by Hannah Matthews, Democratic Services Officer.

Bianca Byrne, Head of Policy and Strategic Development, Adult Social Care, provided ongoing support to the Board throughout the review.

Review Board meeting dates

First scoping meeting – 21 August 2018

Second scoping meeting – 6 September 2018

First formal meeting – 2 November 2018

Informal meeting – 8 November 2018

Informal meeting – 27 November 2018

Second formal meeting – 11 December 2018

Third formal meeting – 14 January 2019

Fourth formal meeting – 30 January 2019

Fifth formal meeting – 13 February 2019

Witnesses providing evidence

The Board would like to thank all the witnesses who provided evidence in person:

ESCC Officers.

Bianca Byrne, Head of Policy and Strategic Development

Samantha Williams, Assistant Director of Strategy, Commissioning and Supply Management

Kay Holden, Interim Assistant Director Planning, Performance and Engagement

Jacqueline London-Willis, Operations Manager – Operational Development Team

Alex Callaghan, Project Manager, Adult Social Care Web Transformation Project

Rebecca Earl, Customer Access Advisor, Health and Social Care Connect

Julian Fowler, Head of Organisational Development

Janette Lyman, Community Relations Manager

Rachael Toner, Locality Link Coordinator

Terry Hume, Community Resilience Programme Manager

Healthwatch East Sussex

John Routledge, Executive Director, East Sussex Community Voice
Elizabeth Mackie, Volunteer & Community Liaison Manager
John Curry, Healthwatch Volunteer

Care for the Carers

Jennifer Twist, Chief Executive Officer

Age UK East Sussex

Steve Hare, Chief Executive

Care Advice Service (Big River Ltd)

Tom Scott, Independent Financial Advisor

Evidence papers

Item	Date considered
Social care funding and paying for care – briefing paper, ASC	2 11 2018
Locality Link Worker case studies, ASC	11 12 2018
ESCC response to the LGA green paper for adult social care and wellbeing, ESCC, 2018	14 01 2019
County Councils Network (CCN) policy proposals, CCN, 2018	14 01 2019
Adult Social Care departmental guide for councillors, ASC, 2017	14 01 2019
Adult Social Care Comments, Compliments and Complaints – Annual report 2017-2018, ASC	30 01 2019
'A fork in the road: Next steps for social care funding reform', King's Fund, 2018 (extracts)	Various
British Social Attitudes survey 2017, National Centre for Social Research (extracts)	Various
Health, Ageing and Support: survey of views of people aged 50 and over. A study for the Department of Health 2017 (extracts)	Various

Contact officer: Claire Lee (Member Services Manager) Telephone: 01273 335517
E-mail: Claire.lee@eastsussex.gov.uk

Report to: Cabinet

Date of meeting: 23 April 2019

By: Director of Adult Social Care and Health

Title: Scrutiny Review of the Changing Care Market: Information and Signposting

Purpose: To provide Cabinet with the opportunity to comment on the report of the Scrutiny Review on the Changing Care Market: Information and Signposting

RECOMMENDATIONS:

Cabinet is recommended to:

- 1. note and welcome the report of the People Scrutiny Committee; and**
 - 2. advise the County Council that, in considering the report of the Scrutiny Committee, the Council be recommended to welcome the report of the Scrutiny Committee and to agree the response of the Director of Adult Social Care and Health to the recommendations and their implementation as set out in the action plan attached as appendix 1 to this report.**
-

1. Background

1.1 In June 2018 the People Scrutiny Committee established a Scoping Board to look into the range of challenges facing the local care market. The Scoping Board identified four key areas for further scrutiny:

- Public understanding and expectations of social care
- Social care workforce challenges
- Developing care markets
- Increasing community resilience, in particular addressing loneliness.

1.2 The Scrutiny Committee has completed its review covering the first of these areas - public awareness, understanding and expectations.

2. Supporting information

2.1 The Scrutiny Review of the Changing Care Market: Information and Signposting is welcomed by the department as it provides a timely opportunity to review the provision of information and advice, and to inform the scope of improvements underway such as the Digital Transformation Project.

2.2 The action plan attached as appendix 1 responds to the recommendations made by the Scrutiny Committee.

3. Conclusion and reasons for recommendations

3.1 The Scrutiny Review has provided a useful insight into Information and Signposting. It is recommended that Cabinet agree to the implementation of the action plan detailed in appendix 1.

KEITH HINKLEY
Director of Adult Social Care and Health

Contact Officer:

Bianca Byrne, Head of Policy and Strategic Development

Telephone Number: 01273 336656

Email: bianca.byrne@eastsussex.gov.uk

LOCAL MEMBERS

ALL

BACKGROUND DOCUMENTS

None

PEOPLE SCRUTINY COMMITTEE REVIEW OF THE CHANGING CARE MARKET: INFORMATION AND SIGNPOSTING – ACTION PLAN		
SCRUTINY RECOMMENDATION	DIRECTOR'S RESPONSE AND ACTION PLAN	TIMESCALE
R1	Adult Social Care (ASC) should undertake additional engagement, ideally in partnership with an independent organisation, to gain a better insight into how well-informed people in East Sussex feel about social care support and funding arrangements. The engagement should include people who are not existing ASC clients and the findings should be used to inform ongoing ASC communications and information provision.	The department welcomes the opportunity to gain further insight into how people access information about ASC support and funding arrangements and will commission an independent organisation to undertake public engagement on this issue.
		Apr – Oct 2019

PEOPLE SCRUTINY COMMITTEE REVIEW OF THE CHANGING CARE MARKET: INFORMATION AND SIGNPOSTING – ACTION PLAN			
SCRUTINY RECOMMENDATION	DIRECTOR'S RESPONSE AND ACTION PLAN	TIMESCALE	
R2	<p>The Council's response to the anticipated Adult Social Care Green Paper should highlight the need for a national awareness campaign to improve the public's understanding of social care services and funding. In particular, how modern social care services work and how people can help themselves to stay independent and plan ahead for their future social care needs.</p>	<p>ASC uses every opportunity to highlight the need for a national awareness campaign to improve the public's understanding of social care services and funding.</p> <p>Last year, in response to the Communities and Local Government and Health Committees inquiry into the long-term funding of adult social care, we suggested that Government should create greater public awareness and understanding of the importance of adult social care, how it is paid for and that funding for long-term care is means tested.</p> <p>Our response to the LGA Green Paper consultation also included recommendations that Government must create increased public understanding of social care, the way it is funded and the need to plan for the future and that a public conversation is needed about expectations and the role and responsibilities of individuals, families and communities in relation to supporting and improving people's health and wellbeing.</p> <p>We will use the Adult Social Care Green Paper consultation to reinforce these points.</p>	<p>In accordance with publication of the Green Paper – expected 'early 2019'</p>
R3	<p>ASC should publish information on standard local authority rates paid for care in East Sussex to help individuals and families make informed choices about care.</p>	<p>ASC will upload published rates information on the ESCC webpages.</p>	<p>May 2019</p>

PEOPLE SCRUTINY COMMITTEE REVIEW OF THE CHANGING CARE MARKET: INFORMATION AND SIGNPOSTING – ACTION PLAN			
SCRUTINY RECOMMENDATION	DIRECTOR'S RESPONSE AND ACTION PLAN	TIMESCALE	
R4	ASC should review the information on sources of financial advice provided online and in factsheets and consider whether signposting to accredited independent financial advisors could be improved.	A forthcoming customer insight report into financial information and advice should highlight where online content and paper publications can be strengthened. Two other factors should also aid signposting in this area; firstly, the recent creation by NHS Choices of an online social care section, which contains links to national sources of independent financial advice; and secondly, a new information architecture for the website which encourages greater usage of our online directories East Sussex 1Space and ESCIS, which both contain multiple listings of locally-based independent financial advisors who are accredited through the Society of Later Life Advisors (SOLLA).	Sept 2019
R5	ASC should ensure that the new digital content, particularly the availability of enhanced online self-assessment tools, is promoted to key groups who can support wider communication, for example voluntary and community sector organisations and county councillors.	ASC engaged early on with many groups within the voluntary and community sector about plans for the web project. As such, we are committed to 'closing the communication loop' as the project progresses. We will do this as important milestones are met as opposed to waiting until the conclusion of the project. In addition, one of the project's actions is to engage VCS organisations and contracted partners in a 'best practice' information sharing session, at which new content and self-assessment tools will be promoted.	Dec 2019

PEOPLE SCRUTINY COMMITTEE REVIEW OF THE CHANGING CARE MARKET: INFORMATION AND SIGNPOSTING – ACTION PLAN			
SCRUTINY RECOMMENDATION		DIRECTOR'S RESPONSE AND ACTION PLAN	TIMESCALE
R6	Within the digital project particular attention should be given to the interface between the ESCC and NHS websites to ensure this is clear and seamless for users and minimises the risk of confusion.	When we design new ASC sections of the ESCC website we will pay particular attention to sections where we either link to, synchronize with or copy information from the NHS choices website to ensure that the information is clear and relevant to East Sussex residents. We will put in place a schedule of user testing of the new pages.	Ongoing
R7	ASC should check that leaflets are circulated to all community run libraries, as well as ESCC libraries.	Community libraries have been added to the distribution list for leaflets. The whole distribution list will be reviewed prior to the next annual delivery of leaflets. This is scheduled to take place at the end of May once the user testing of the new draft leaflet is complete.	June 2019
R8	ASC should engage with GP Practice Locality Groups and Patient Participation Group networks to promote the new digital offer, particularly self-assessment tools, and to refresh knowledge of Health and Social Care Connect. GPs should be encouraged to share this information with their practice staff.	There is a firm commitment from the ASC web transformation project manager to engage with both GP Practice Locality Groups and Patient Participation Groups. Engaging with GPs and patients is recognised as critical in order to effect the kind of channel shift towards self-assessment tools that the project seeks to foreground.	Sept 2019
R9	Opportunities to align ESCIS and 1Space within available resources should be fully explored, for example co-locating links to the databases on the ESCC website. Opportunities to improve the way the directories are updated should also be explored.	A working group has been established between ES1Space and ESCIS managers to explore alignment of the directories. A scoping exercise is underway to establish user requirements for the directories which will inform how best to develop the databases.	Sept 2019
R10	All councillors should encourage local groups and organisations to ensure their entries on ESCIS are kept up to date. Councillors should also make use of the online reporting facility to flag out of date information relating to local organisations within their division.	The department welcomes councillors using their local knowledge and networks to contribute to updating ESCIS. To support this, the updated ASC guide for councillors (see R12) will include links to ESCIS and details of how updates can be submitted by local groups or by councillors themselves.	Ongoing

PEOPLE SCRUTINY COMMITTEE REVIEW OF THE CHANGING CARE MARKET: INFORMATION AND SIGNPOSTING – ACTION PLAN

SCRUTINY RECOMMENDATION		DIRECTOR'S RESPONSE AND ACTION PLAN	TIMESCALE
R11	The People Scrutiny Committee should further examine the role of social prescribing and how it is developing in East Sussex within the planned scrutiny review of community resilience and loneliness.	The People Scrutiny Committee has accepted this recommendation and the department notes that the committee intends to further examine the role of social prescribing within the planned scrutiny review. ASC will provide appropriate information to support the committee's review.	Oct 2019- Mar 2020 (planned timescale for scrutiny review)
R12	The ASC departmental guide for councillors should be updated to include links to useful information sources and to reflect the new digital offer. A briefing session for councillors should also be arranged to accompany the updated guide.	ASC will work with Member Services to update and enhance the departmental guide for councillors, with particular reference to the new digital offer, and to organise a briefing session to support this.	Aug 2019

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Report to: Cabinet

Date of meeting: 23 April 2019

By: Assistant Chief Executive

Title: Scrutiny Review of the effectiveness of School Travel Plans

Purpose: To provide an opportunity for the Cabinet to consider the report of the Place Scrutiny Committee.

RECOMMENDATION:

To consider any comments the Cabinet wishes to make to the County Council on the report of the Place Scrutiny Committee.

1 Background

1.1 In September 2018 the Place Scrutiny Committee established a Review Board to look into the effectiveness of School Travel Plans. The Review Board was comprised of three members of the Place Scrutiny Committee: Councillors Claire Dowling, Nigel Enever and Godfrey Daniel.

1.2 The Review Board's report is contained in appendix 1 and makes seven recommendations to:

- Support greater effectiveness of the monitoring of school travel plans secured through the planning process, and
- Ensure existing information in relation to school travel initiatives and guidance in relation to school travel is readily available to access for schools, parents and carers.

2 Supporting information

2.1 A recurring feature of objections to expansions of schools in the County is the effect on traffic conditions in the area, particularly anti-social parking at pick-up and drop-off times. In the minds of objectors an increase in pupil numbers equates to an inevitable increase in cars, traffic and negative impact on their amenity. Members of the County Council's Planning Committee have expressed reservations as to the enforceability and effectiveness of School Travel Plans.

2.2 The Committee's report will be submitted to the County Council on 14 May 2019. The Cabinet has the opportunity to comment to the County Council on the recommendations in the Scrutiny Committee's report, although it cannot alter the report.

3. Conclusion and reasons for recommendations

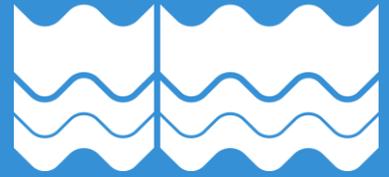
3.1 The Cabinet is invited to consider any comments it wishes to make to the County Council on the report of the Place Scrutiny Committee.

PHILLIP BAKER
Assistant Chief Executive

Contact Officer: Simon Bailey
Tel. No. 01273 481935
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Local Members: All

Background Documents: None



Scrutiny Review of the effectiveness of School Travel Plans

Report by the Review Board:

Councillor Godfrey Daniel (Chair)

Councillor Claire Dowling

Councillor Nigel Enever

March 2019

Place Scrutiny Committee – 19 March 2019

Cabinet – 23 April 2019

Full Council – 14 May 2019

The report of the Scrutiny Review of the effectiveness of School Travel Plans

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Recommendations

Recommendation	Page	
1	<p>The Board recommends that schools continue to return data on pupils' modes of travel through the school census run by the IT&D Team, to enable schools which have travel plans to monitor these with a consistent set of data.</p>	5
2	<p>The Board recommends that Communities, Economy and Transport Officers encourage schools to nominate a senior post-holder to have responsibility for the review of the School Travel Plan, and for this to be included in the School's Development Plan.</p>	5
3	<p>The Board recommends further promotion of the active travel initiatives offered by the Active Access for Growth Programme 2017-2020 to educational establishments.</p>	6
4	<p>The Board recommends that future external funding be sought to support active travel with schools and other organisations, alongside signposting to schools of other funding streams which they can apply for, to support these types of measures.</p>	6
5	<p>The Board recommends the Planning Team include a Condition requiring a new or revised (as appropriate) School Travel Plan, including a stipulated review period. Consideration should also be given to including an Informative, encouraging schools to nominate a senior post-holder to undertake responsibility for its review, and for this to be included in the School Development Plan.</p>	7
6	<p>The Board recommends that the Communities, Economy and Transport department ensure that advice and guidance to develop School Travel Plans and Walking Buses is available electronically, on CZone (the Intranet for schools) and the East Sussex County Council website.</p>	7
7	<p>The Board encourages staff to continue to co-ordinate work in relation to active travel, to support the delivery of key departmental objectives relating to the economy, planning, the environment and health.</p>	7

Background

1. A School Travel Plan is a statement by a school of its plans to encourage sustainable methods of transport to the school, and to reduce reliance on cars to pick up and drop off pupils. When applying for planning permission, especially in cases of significant expansion, the provision or updating of a School Travel Plan is usually made a formal condition of that permission, in accordance with national guidance and established good practice. This contributes to mitigating the impact of an increase in journeys to and from the school site, and to addressing concerns and objections raised by local residents with regard to increases in traffic. Members of the County Council's Planning Committee, which determines applications made by County Council controlled schools, have expressed reservations as to their enforceability and effectiveness.
2. A recurring feature of objections to expansions of schools in the County is the effect on traffic conditions in the area, particularly anti-social parking at pick-up and drop-off times. In the minds of objectors, an increase in pupil numbers equates to an inevitable increase in cars, traffic and negative impact on their amenity.
3. The School Travel Plan is a document produced by the school which sets out how it intends to encourage pupils, parents and staff to travel in a more sustainable way through a set of identified measures and initiatives: cycling, scootering, walking and walking buses, car sharing and school buses. It is also an expression of its ambition to reduce the reliance on car usage and provide greater transport choice.
4. The purpose of the Scrutiny Review is to make recommendations:
 - to support greater effectiveness of the monitoring of School Travel Plans secured through the planning process; and
 - to ensure that existing information in relation to school travel initiatives and guidance in relation to school travel is readily available to access for schools, parents and carers.
5. It is important to note that the County Council had a duty placed on it by the Education and Inspections Act 2006 to produce a Sustainable School Travel Strategy, which it did for 2007-2011. There was an incentive, in the form of capital grants, for schools to adopt a plan, and this resulted in considerable commitment from schools through the development of plans. This duty still applies, despite there being no government funding available to support this. Subsequent iterations of the strategy have been incorporated in the County Council's Local Transport Plan 2011-2026 (extract at appendix 2). Therefore a summary of the Sustainable School Travel Strategy is currently being developed, which will include current advice for parents/carers on travelling to school and the initiatives available to schools. This will be available electronically in 2019.

Review Board Findings

School Travel Plans – current situation

6. Responsibility for a School Travel Plan, once adopted by a school, rests with the headteacher. Consequently, schools are required to monitor the effectiveness of their school Travel Plan with the information that is available to them. The Review Board heard evidence that at Telscombe Cliffs School, whose 2016 School Travel Plan was reviewed in 2018, there was of a drop in car journeys from 50% to 40%. The school used information provided by way of an annual survey conducted by the school to monitor the plan, in response to requirements of the Children’s Services Department.

7. Officers informed the Board that East Sussex County Council still collects data on pupils’ modes of travel through the school census, run by IT&D Team, although there is no longer a statutory requirement for the authority to collect and report this data. The data is freely available to schools and can be utilised both by officers in supporting the design of traffic infrastructure projects and initiatives, and by schools to inform the review and monitoring of School Travel Plans. The Board recommended the continued collection of this data.

8. The Board considered the results of a questionnaire circulated to a range of schools that had recently received planning consent which had included a condition regarding a School Travel Plan. The Board heard evidence that School Travel Plans used to form part of a school’s overall Development Plan, with a named member of staff or post-holder responsible for reviewing it. The Board considered that this approach should continue to be encouraged as it appeared to be effective.

Recommendation 1.

The Board recommends that schools continue to return data on pupils’ modes of travel through the school census run by the IT&D Team, to enable schools which have travel plans to monitor these with a consistent set of data.

Recommendation 2.

The Board recommends that Communities, Economy and Transport Officers encourage schools to nominate a senior post-holder to have responsibility for the review of the School Travel Plan, and for this to be included in the School’s Development Plan.

Active Access for Growth

10. The Board’s attention was drawn to the £1.2m of funding the County Council secured to deliver the Active Access for Growth programme in 2017 for a three year period. This is a programme of cycling and walking initiatives targeting those that are currently inactive and are struggling to access work opportunities, with the aim to broaden employment and training horizons and support greater access to educational opportunities.

11. As part of the programme the County Council launched the Active Access for Growth Community Fund, to enable organisations and schools to apply for small grants to enable them to deliver cycling and walking initiatives. The scheme offered:

Individual grants to support small projects which enable improved access to work, education and healthy lifestyles, through the Active Access for Growth Fund

programme (AAfG). AAfG is funded through the Department for Transport's Access Fund, and focuses on inspiring and enhancing existing and longer term active travel (cycling, walking and public transport) across the three key growth areas of Newhaven, Eastbourne/South Wealden, Bexhill and Hastings.

12. So far the scheme has assisted Seaford Head School, Oakwood Primary Academy, Eastbourne; Sandown Primary School, Hastings; and Annecy Primary School, Seaford with projects ranging from new cycle storage to cycle promotion initiatives.

13. The County Council has commissioned Sustrans (a national walking and cycling charity) to lead the management of the Active Access for Growth Programme. The Board strongly encouraged the promotion of this programme to schools, alongside the signposting to other potential funding streams, and the County Council exploring the opportunities for future funding for these types of measures.

14. A summary of the Active Access for Growth Programme can be found at the link below:

<https://www.eastsussex.gov.uk/roadsandtransport/localtransportplan/funding/active-access-for-growth/active-access-for-growth/>

Recommendation 3.

The Board recommends further promotion of the active travel initiatives offered by the Active Access for Growth Programme 2017-2020 to educational establishments.

Recommendation 4.

The Board recommends that future external funding be sought to support active travel with schools and other organisations, alongside signposting to schools of other funding streams which they can apply for, to support these types of measures.

Review of Planning Conditions

15. The Board considered that ensuring greater prominence for the monitoring and review of Travel Plans, either by way of re-drafted Planning Conditions or an additional note (Informative), would be beneficial. Officers confirmed that the wording of Conditions had been discussed with the Head of Planning and other team members. A standardised Condition, applicable to all applications, is difficult to achieve, given the range of school settings. The Planning Team prefer to consider the individual merit of each application, and tailor the Conditions accordingly. A selection of previously applied Conditions is at appendix 3.

16. The Board considered the appropriate interval between reviews. Officers commented that a period for review and a nominated post-holder in a school responsible for the review is included in all approved Travel Plans. Typically the first review is at the end of the first year with subsequent reviews every two years. The Board considered the benefits of including these requirements in an Informative to the planning consent, which would draw the applicant's attention to the matter and set out best practice.

Recommendation 5.

The Board recommends the Planning Team include a Condition when issuing a planning permission, requiring a new or revised (as appropriate) School Travel Plan, including a stipulated review period. Consideration should also be given to including an Informative, encouraging schools to nominate a senior post-holder to undertake responsibility for its review, and for this to be included in the School Development Plan.

On-line material

17. Officers remarked that guidance on a range of options (walking buses, school travel plans) was previously available on CZone (ESCC's Intranet for schools). This could assist schools in developing School Travel Plans, taking into account the local geography.

18. Officers provided the Board with examples of the material, confirmed that it had been reviewed, and was currently with Legal Services and the Insurance Team for their input. Officers confirmed that this material, once finally approved, will be made available on CZone and the County Council website. The Board considered that this would ensure a consistency of approach, and economy of effort.

Recommendation 6.

The Board recommends that the Communities, Economy and Transport department ensure that advice and guidance to develop School Travel Plans and Walking Buses is available electronically, on CZone (the Intranet for schools) and the East Sussex County Council website.

Public Health

19. The Board considered the link between School Travel Plans and Public Health outcomes, and the Board discussed how School Travel Plans could be used as part of a holistic approach. Officers confirmed that the Public Health Team is currently reviewing the "Healthy Weight" strategy, which could include reference to School Travel Plans. School Travel Plans could complement the work schools undertake on Health Improvement Plans by the County Council's Public Health department.

20. The Board encouraged the continued sharing of information, knowledge and sources of funding, especially between those staff in Communities, Economy and Transport and Public Health with commissioning roles. This will have the twin effect of raising the profile of School Travel Plans and assist with supporting the delivery of key departmental objectives in relation to the economy, planning, the environment and health.

Recommendation 7.

The Board encourages staff to continue to co-ordinate work in relation to active travel, to support the delivery of key departmental objectives relating to the economy, planning, the environment and health.

Conclusion

21. In reviewing the effectiveness of School Travel Plans, the Board found areas of good practice that they recommend should continue, such as completion of the relevant sections of the school census, and promotion of the Active Access for Growth programme. By addressing the matter through the planning process, whether in granting consent or providing strategic transport advice, the County Council can encourage schools and their pupils, parents and staff to reduce reliance on cars and choose sustainable methods of travel. Further promotion of the benefits of Travel Plans and opportunities for funding initiatives are also encouraged by the Board.

Appendix 1

Scope and terms of reference of the review

The Review was established to consider and make recommendations on the following:

- a) the effectiveness of School Travel Plans
- b) how schools can be encouraged to develop and maintain School Travel Plans

Board Membership and project support

Initial scoping was undertaken by Councillor Godfrey Daniel, Councillor Claire Dowling and Councillor Darren Grover.

Review Board Members were Councillor Godfrey Daniel, Councillor Claire Dowling and Councillor Nigel Enever.

The Project Manager was Simon Bailey, Democratic Services Officer.

Review Board meeting dates

16 October 2018

14 November 2018

9 January 2019

25 February 2019

Witnesses providing evidence

The Board would like to thank all the witnesses who provided evidence in person:

Alex Jack, Transport Development Control Team Manager

Andrew Keer, Transport Planning Manager

Lisa Simmonds, Principal Transport Policy Officer

David Vickers, Principal Planner

Headteachers at Burfield Academy and Cavendish School

Evidence papers

Item	Date
East Sussex County Council's Local Transport Plan (LTP) 2011-2026	Various
Questionnaire responses	Winter 2018/19

Appendix 2 - East Sussex County Council Local Transport Plan (LTP) 2011-2026 [extracts]

Active Travel – Walking and cycling (pp 38-39)

Our approach to providing walking and cycling is ...:

Through school travel plans, promote walking to school and encourage schools to provide adequate, secure, covered cycle parking and provide on-road training for year 6 pupils

Sustainable School Travel 4.60 (page 40)

The County Council has a statutory duty to promote sustainable travel to schools. Our strategy for sustainable school travel focuses on measures and initiatives which move away from a car based school run and encourage more walking and cycling in order to make the school journey experience better for families and reduce the impact that school travel has on the environment.

- **SUSTAINABLE SCHOOL TRAVEL**

Facilitate the school community and governing bodies, to introduce sustainable school travel initiatives through school travel plans, which:

- reduce the use of cars on school journeys and increase the number of children walking, cycling, car sharing and using public transport,
- reduce the negative environmental impacts of car travel,
- promote the positive benefits of physically active travel,
- increase and promote sustainable school travel choices, and
- raise awareness of road safety issues.

Local Transport Plan Background Paper D – Strategic Context (page 9-10)

35 Changing travel behaviours to more sustainable modes of travel will be delivered through our 'Travelchoice' brand, by a range of initiatives and measures including...

- School Travel Plans – as identified in the Sustainable School Travel Strategy, outlined later in the chapter, we will focus on working with schools to ensure that the school travel plans, which have been developed are kept up to date are relevant to existing journey patterns, and introduce measures and initiatives which reduce the number of car borne school journeys.

Sustainable School Travel (page 11)

38 The County Council has a statutory duty to promote sustainable travel to school under the Education and Inspections Act 2006. A strategy has been developed to co-ordinate both policies and partnerships that enable the delivery of services that focus on making the school journey experience better for families, and reduces the impact that school travel has on the environment.

39 All schools in the county have developed or are developing a school travel plan. We will continue to work with schools and governors to maintain their school travel plans as active and relevant to their needs; continue to deliver education and safety programmes and provide practical advice for families about travel and the transport choices available to schools in the county.

40 By moving away from a car based school run and encouraging more families to walk and cycle, there is significant potential to contribute to tackling climate change by reducing local congestion, carbon emissions and improving air quality. This will also positively impact on families' health therefore improving quality of life.

41 Improving road sense in children, through child pedestrian and year 6 on-road cycle training programmes, complemented by highway safety measures, will contribute to a key aspect of this strategy for safety on the school journey. Finally, a reduced number of car journeys at peak times can also contribute to improving economic competitiveness and growth by improving journey time reliability for businesses.

Appendix 3 - Examples of Travel Plan conditions attached to planning permissions

LW/3226/CC, condition 18 (Tideway School, Newhaven, January 2015)

Before the first occupation of the development hereby permitted, a Travel Plan shall be submitted to and be approved in writing by the Director of Communities, Economy and Transport. The Travel Plan shall include targets for reduced car use and an associated monitoring programme together with procedures for review. The approved Travel Plan shall be implemented in full and thereafter reviewed in accordance with the approved details.

Reason: To increase awareness and use of alternative modes of transport for school journeys in accordance with Saved Policy T1 of the Lewes District Local Plan 2003.

WD/3252/CC, condition 18 (Burfield Academy, Hailsham, March 2015)

Before the first occupation of the development hereby permitted, a Framework Travel Plan shall be submitted to and approved in writing by the Director of Communities, Economy and Transport. The Travel Plan shall be implemented and thereafter reviewed in accordance with the approved details.

Reason: To help increase awareness and use of alternative modes of transport for school journeys in accordance with Saved Policy TR2 of the Eastbourne Borough Plan 2003.

EB/3238/CC, condition 14 (Cavendish School, Eastbourne, June 2015)

Before the first occupation of the development hereby permitted, a Framework Travel Plan shall be submitted to and approved in writing by the Director of Communities, Economy and Transport. The Travel Plan shall be implemented and thereafter reviewed in accordance with the approved details.

Reason: To help increase awareness and use of alternative modes of transport for school journeys in accordance with Saved Policy TR2 of the Eastbourne Borough Plan 2003.

LW/3332/CC, condition 12 (Meridian CP School, Peacehaven, December 2016)

An updated Travel Plan is required to support this development and shall be submitted to the Director of Communities, Economy and Transport for written approval before the occupation of the development hereby permitted. The Travel Plan should include targets for reduced car use and a monitoring programme to ensure these targets are met. This will need to recommend realistic proposals in providing for and improving non-car modes of travel through walking, cycling and the use of public transport and assess the residual impact of the development on the surrounding highway network including ameliorative measures, as necessary, which shall be first agreed in writing with the director of Communities, Economy and Transport. The Travel Plan shall be carried out in accordance with the approved proposals.

Reason: To ensure that private car trips to and from the site are reduced to contribute to meeting the objectives of sustainable development, in accordance with Core Policy 13 of the Lewes District Joint Core Strategy 2016 and the provisions of Part 4 of the National Planning Policy Framework 2012.

WD/3385/CC, condition 10 (Willingdon Community School, April 2018)

No part of the development shall be occupied until a Draft Framework Travel Plan has been submitted to and approved in writing by the Director of Communities, Economy and Transport. Thereafter the approved Travel Plan shall be implemented and reviewed as specified within the approved document.

Reason: To encourage and promote sustainable transport options in accordance with Saved Policy TR3 in the Wealden Local Plan 2003.

WD/3388/CC, condition 12 (Polegate Primary School, June 2018)

No part of the approved development shall be occupied until a Draft Framework Travel Plan has been submitted to and approved in writing by the Director of Communities, Economy and Transport. Thereafter the approved Travel Plan shall be implemented and reviewed as specified within the approved document.

Reason: To encourage and promote sustainable transport options in accordance with Saved Policy TR3 in the Wealden Local Plan 2003.

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Report to: **Cabinet**

Date of meeting: **23 April 2019**

By: **Director of Communities, Economy and Transport**

Title: **Scrutiny Review of the effectiveness of School Travel Plans**

Purpose: **To provide Cabinet with the opportunity to comment on the report of the Scrutiny Review of the effectiveness of School Travel Plans**

RECOMMENDATIONS:

Cabinet is recommended to:

- 1. note and welcome the report of the Place Scrutiny Committee; and**
 - 2. advise the County Council that, in considering the report of the Scrutiny Committee, the Council be recommended to welcome the report of the Scrutiny Committee and to agree the response of the Director of Communities, Economy and Transport to the recommendations and their implementation as set out in the action plan attached as appendix 1 to this report.**
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-

1. Background

1.1 The Place Scrutiny Committee at the meeting on 13 September 2018 agreed to establish a Review Board to undertake a Scrutiny Review of the effectiveness of School Travel Plans. The scope of the Review encompassed the monitoring of School Travel Plans secured through the planning process, and the existing information in relation to school travel initiatives and guidance in relation to school travel available to access for schools, parents and carers.

1.2 The Review Board was comprised of three members of the Place Scrutiny Committee: Councillors Claire Dowling, Nigel Enever and Godfrey Daniel.

1.3 At the Place Scrutiny Committee on the 19 March 2019 the report of the Review Board and recommendations to Cabinet for comment, and Council for approval, was presented.

2. Supporting information

2.1 The Scrutiny Review of School Travel Plans is welcomed by the Communities, Economy & Transport Department. School Travel Plans are an important consideration in the planning process, and are often a condition applied to planning applications, so it is important that they are effective when applied.

2.2 Planning applications for new schools often draw negative reaction from local residents, principally around the unwanted effects of school 'drop off' and 'pick up' times. An increase of pupils may equate to an increase in the number of cars, congestion and inappropriate parking, all of which can impact negatively on a community.

2.3 The Department's response to the Review Board's recommendations and action plan are set out in Appendix 1. The Communities, Economy and Transport Department fully supports the proposed recommendations, and is grateful for the work of the Review Board. They are pragmatic and deliverable and will strengthen their application when applied to future applications.

3. Conclusion and reasons for recommendations

3.1 The Scrutiny Review has highlighted a number of issues regarding the current approach to ensuring School Travel Plans are effective. It is recommended that the Cabinet agree to the implementation of the action plan as detailed in Appendix 1.

RUPERT CLUBB
Director of Communities, Economy and Transport

Contact Officer: JAMES HARRIS
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LOCAL MEMBERS

ALL

BACKGROUND DOCUMENTS

None

PLACE SCRUTINY REVIEW OF THE EFFECTIVENESS OF SCHOOL TRAVEL PLANS – ACTION PLAN			
SCRUTINY RECOMMENDATION	DIRECTOR'S RESPONSE AND ACTION PLAN	TIMESCALE	
R1	The Board recommends that schools continue to return data on pupils' modes of travel through the school census, to enable schools which have travel plans to monitor these with a consistent set of data.	Officers will continue to encourage schools to complete this question and can analyse the data and present it in a GIS format, on request.	Ongoing
R2	The Board recommends that Communities, Economy and Transport Officers encourage schools to nominate a senior post-holder to have responsibility for the review of the School Travel Plan, and for this to be included in the School's Development Plan.	This will be included in the updated guidance for school travel planning, which will be published on Czone.	May 2019
R3	The Board recommends further promotion of the active travel initiatives offered by the Active Access for Growth Programme 2017-2020 to educational establishments.	This is part of the existing ESCC Active Access for Growth Programme. The next event schools can participate in is Sustrans 'The Big Pedal', which will be launched on 25 th March 2019.	Ongoing
R4	The Board recommends that future external funding be sought to support active travel with schools and other organisations, alongside signposting to schools of other funding streams which they can apply for, to support these types of measures.	A new programme is being developed during 2019, which will be scalable according to the external funding that ESCC and other key partners, including schools, can secure in the future.	July 2019
R5	The Board recommends the Planning Team include a Condition requiring a new or revised (as appropriate) School Travel Plan, including a stipulated review period. Consideration should also be given to including an Informative, encouraging schools to nominate a senior post-holder to undertake responsibility for its review, and for this to be included in the School Development Plan.	Where considered necessary and appropriate, a condition requiring the revision/submission of a School Travel Plan will be imposed on planning permissions for new schools or expansions to existing schools which result in an increase in pupil/staffing numbers. The Planning Team will, through the imposition of Informatives, encourage schools to identify a nominated person to regularly review its Travel Plan.	Ongoing

PLACE SCRUTINY REVIEW OF THE EFFECTIVENESS OF SCHOOL TRAVEL PLANS – ACTION PLAN

PLACE SCRUTINY REVIEW OF THE EFFECTIVENESS OF SCHOOL TRAVEL PLANS – ACTION PLAN			
SCRUTINY RECOMMENDATION	DIRECTOR’S RESPONSE AND ACTION PLAN	TIMESCALE	
R6	The Board recommends that the Communities, Economy and Transport department ensure that advice and guidance to develop School Travel Plans and Walking Buses is available electronically, on CZone (the Intranet for schools) and the East Sussex County Council website.	This is currently being updated and will be published via ESCC website and Czone.	May 2019
R7	The Board encourages staff to continue to co-ordinate work in relation to active travel, to support the delivery of key departmental objectives relating to the economy, planning, the environment and health.	This is undertaken through numerous programmes of work including:- <ul style="list-style-type: none"> • Delivery of cycling and walking infrastructure schemes included in ESCC local Transport Capital Programme. • Delivery of ESCC current travel behaviour change programme - ‘Active Access for Growth’. • Supporting district and boroughs in the development of their Local Plans, and ensuring policies will enable active travel will be a key element of future development. • Input into other key departmental strategies relating to the economy, environment and health. 	Ongoing

Report to: **Cabinet**

Date: **23 April 2019**

By: **Chief Operating Officer**

Title of report: **External Audit Plan 2018/19**

Purpose of report: **To inform the Cabinet of the content of the Council's External Audit Plan for 2018/19**

RECOMMENDATION

Cabinet is recommended to approve the External Audit Plan for 2018/19.

1. Background

1.1 Grant Thornton were appointed as the Council's external auditors for a five year period from 2018/19 to 2022/23.

1.2 The External Audit Plan provides an overview of the planned scope and timing of the statutory audit of the Council's accounts and identifies any significant risks. The auditors must form and express an opinion on the Council's financial statements. The plan also outlines the work the auditor will undertake as part of the assessment of whether the Council has proper arrangements in place to secure value for money (VFM).

2. Supporting Information

2018/19 Financial Statements

2.1 The External Audit Plan for 2018/19 (Appendix 1) identifies four significant risks that require audit consideration as they could potentially cause a material error in the financial statements. These are:

- Fraud in revenue recognition (this presumed risk has been rebutted);
- Management override of controls (journals, estimates and transactions);
- Valuation of property, plant & equipment;
- Valuation of the Pension Fund net liability.

2.2 The VFM significant risks identified are:

- The Council's financial sustainability;
- Working in partnership with the National Health Service.

2.3 The unaudited draft financial statements have to be prepared by 31 May 2019. The audit will be conducted during June and early July. The audited statements have to be approved by committee before 31 July 2019.

2.4 The planned audit fee for 2018/19 is £64,350 which is a reduction of £6,802 on the previous year. The fee is based on the assumption that the scope of the audit, and the Authority and its activities, do not significantly change.

3. Conclusion and reasons for recommendations

3.1 The External Audit Plan provides an overview of the planned scope and timing of the statutory audit of the Council's 2018/19 accounts and identifies any significant risks. The Plan was considered by the Audit Committee at its meeting on 25 March 2019.

3.2 Cabinet is recommended to approve the External Audit Plan for 2018/19.

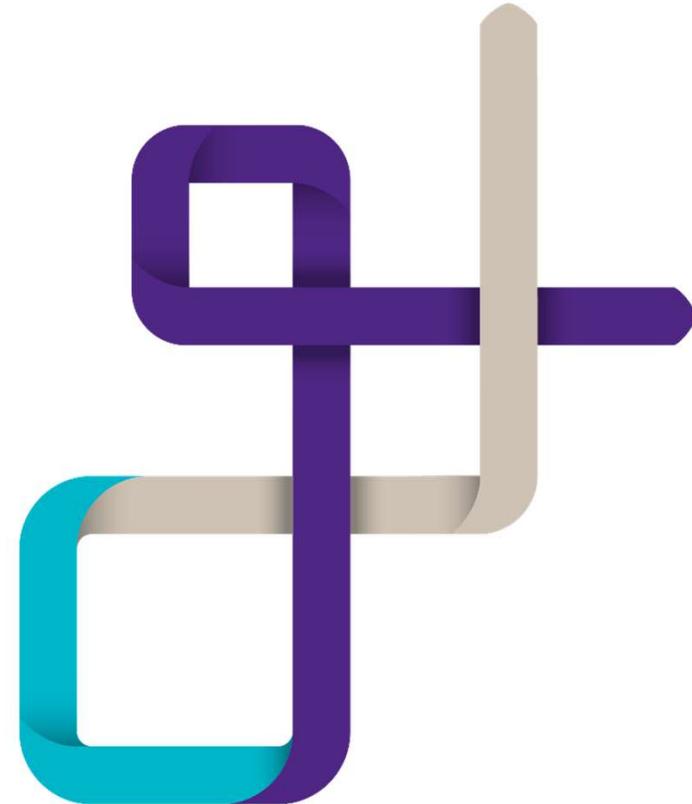
KEVIN FOSTER
Chief Operating Officer

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Local Member(s): All
Background Documents
None

External Audit Plan

Year ending 31 March 2019



Contents



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Section

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2. Key matters impacting our audit approach
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5. Other matters
6. Materiality
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8. Audit logistics, team & fees
9. Early Close
10. Independence & non-audit services

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The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you as part of our audit planning process. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect the Authority or all weaknesses in your internal controls. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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Introduction & headlines

Purpose

This document provides an overview of the planned scope and timing of the statutory audit of East Sussex County Council ('the Authority') for those charged with governance.

Respective responsibilities

The National Audit Office ('the NAO') has issued a document entitled Code of Audit Practice ('the Code'). This summarises where the responsibilities of auditors begin and end and what is expected from the audited body. Our respective responsibilities are also set out in the Terms of Appointment and Statement of Responsibilities issued by Public Sector Audit Appointments (PSAA), the body responsible for appointing us as auditor of East Sussex County Council. We draw your attention to both of these documents on the [PSAA website](#).

Scope of our audit

The scope of our audit is set in accordance with the Code and International Standards on Auditing (ISAs) (UK). We are responsible for forming and expressing an opinion on the :

- Authority's financial statements that have been prepared by management with the oversight of those charged with governance (the Audit committee); and
- Value for Money arrangements in place at the Authority for securing economy, efficiency and effectiveness in your use of resources.

The audit of the financial statements does not relieve management or the Audit Committee of your responsibilities. It is the responsibility of the Authority to ensure that proper arrangements are in place for the conduct of its business, and that public money is safeguarded and properly accounted for. We have considered how the Authority is fulfilling these responsibilities.

Our audit approach is based on a thorough understanding of the Authority's business and is risk based.

Significant risks

Those risks requiring special audit consideration and procedures to address the likelihood of a material financial statement error have been identified as:

- Fraud in revenue recognition – this risk has been rebutted for the Council as documented on page 6;
- Management override of controls;
- Valuation of property, plant and equipment;
- Valuation of the Pension Fund net liability.

We will communicate significant findings on these areas as well as any other significant matters arising from the audit to you in our Audit Findings (ISA 260) Report in July 2019.

Materiality

We have determined planning materiality to be £20m for the Authority, which equates to 1.75% of your prior year gross expenditure (rounded down) for the year. We are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. Clearly trivial has been set at £1m.

Value for Money arrangements

Our risk assessment regarding your arrangements to secure value for money has identified the following VFM significant risks:

- The Council's Financial Sustainability
- Working in partnership with the NHS

Audit logistics

Our interim visit will take place in March and our final visit will take place in June and July. Our key deliverables are this Audit Plan and our Audit Findings Report.

Our fee for the audit will be £64,350 for the Authority, subject to the Authority meeting our requirements set out on page 13.

Independence

We have complied with the Financial Reporting Council's Ethical Standard and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements.

Key matters impacting our audit

Key matters

The wider economy

Local Government funding continues to be challenging with increasing cost pressures and demand from residents, especially around Special Educational Needs and Disability (SEND) funding and the cost of Adult Social Care. You are responding to this challenge in a variety of ways, including consultation with residents in regards to your Core Offer proposal and lobbying Central Government.

You are progressing with shared service arrangements under the 'Orbis' partnership with Surrey County Council and Brighton & Hove City Council.

The forecast revenue budget outturn for 2018/19 as at month 9 was a £3.7m surplus. This comprises a £3.1m deficit on service provision, offset by a £6.8m surplus on centrally held budgets and corporate funding. The surplus amount includes £3.5m from your contingency provision.

You are a Business Rates pilot for 2019/20 which means you will retain 75% rather than 50% of any real-terms growth in Business Rates revenue.

You are planning for a balanced budget in 2019/20 with a net contribution to reserves. This position is possible due to one-off increases in funding, including the Social Care Grant. Later years show a deficit gap between forecast income and expenditure.

Working with the NHS

You have a statutory duty to provide Public Health and Adult and Child Social Care services to residents. Failure to secure maximum value from partnership working with the NHS could impact negatively on these services, leading to worse health outcomes for your residents and an increase to current and future costs.

Orbis financial reporting

This is the first year that your financial reporting team will be delivered via the Orbis partnership.

There are challenges for your financial reporting team to overcome with the new working arrangements, including understanding the different cultures, systems, processes, controls and procedures across the Orbis partnership.

There is also a capacity risk; at the time of writing there is a financial reporting post vacant in the Orbis structure.

Brexit

You face the challenge of delivering services during significant political uncertainty on a national scale. With the UK due to leave the European Union on 29 March 2019, there will be national and local implications resulting from Brexit that will impact on you.

You will need to review your workforce plans, analyse your supply chains and model potential impacts on your finances including investment and borrowing as well as any potential impact on the valuation of your assets.

Changes to the CIPFA 2018/19 Accounting Code

The most significant changes relate to the adoption of:

- IFRS 9 Financial Instruments which impacts on the classification and measurement of financial assets and introduces a new impairment model.
- IFRS 15 Revenue from Contracts with Customers which introduces a five step approach to revenue recognition.

Our response

- We will assess the financial sustainability of the Council and your partnership working with the NHS as part of our Value for Money conclusion. See pages 11 and 12 for more detail.
- We will keep you informed of changes to the financial reporting requirements for 2018/19 through on-going discussions and invitations to our technical update workshops.
- We will ask management to provide us with a paper which documents their consideration and judgement in relation to the adoption of the new standards. We will consider whether your financial statements reflect the financial reporting changes in the 2018/19 CIPFA Code.
- We will have early discussions with management in regards to any key financial reporting considerations and / or changes, for example to your Minimum Revenue Provision accounting.

Audit approach

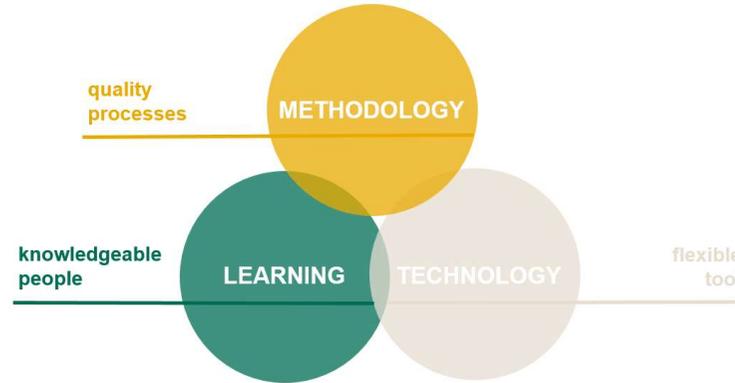
Use of audit, data interrogation and analytics software

LEAP



Audit software

- A globally developed ISA-aligned methodology and software tool that aims to re-engineer our audit approach to fundamentally improve quality and efficiency
- LEAP empowers our engagement teams to deliver even higher quality audits, enables our teams to perform cost effective audits which are scalable to any client, enhances the work experience for our people and develops further insights into our clients' businesses
- A cloud-based industry-leading audit tool developed in partnership with Microsoft



Info



Cloud based software which uses data analytics to identify trends and high risk transactions, generating insights to focus audit work and share with clients.



REQUEST & SHARE

- Communicate & transfer documents securely
- Extract data directly from client systems
- Work flow assignment & progress monitoring



ASSESS & SCOPE

- Compare balances & visualise trends
- Understand trends and perform more granular risk assessment



VERIFY & REVIEW

- Automate sampling requests
- Download automated work papers



INTERROGATE & EVALUATE

- Analyse 100% of transactions quickly & easily
- Identify high risk transactions for investigation & testing
- Provide client reports & relevant benchmarking KPIs



FOCUS & ASSURE

- Visualise relationships impacting core business cycles
- Analyse 100% of transactions to focus audit on unusual items
- Combine business process analytics with related testing to provide greater audit and process assurance



INSIGHTS

- Detailed visualisations to add value to meetings and reports
- Demonstrates own performance and benchmark comparisons

IDEA



- We use one of the world's leading data interrogation software tools, called 'IDEA' which integrates the latest data analytics techniques into our audit approach
- We have used IDEA since its inception in the 1980's and we were part of the original development team. We still have heavy involvement in both its development and delivery which is further enforced through our chairmanship of the UK IDEA User Group
- In addition to IDEA, we also other tools like ACL and Microsoft SQL server
- Analysing large volumes of data very quickly and easily enables us to identify exceptions which potentially highlight business controls that are not operating effectively

Appian



Business process management

- Clear timeline for account review:
 - disclosure dealing
 - analytical review
- Simple version control
- Allow content team to identify potential risk areas for auditors to focus on

Significant risks identified

Significant risks are defined by ISAs (UK) as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, audit teams consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement.

Risk	Reason for risk identification	Key aspects of our proposed response to the risk
<p>Management over-ride of controls</p>	<p>Under ISA (UK) 240 there is non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities.</p> <p>We identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk for the Authority.</p>	<p>We will:</p> <ul style="list-style-type: none"> • evaluate the design effectiveness of management controls over journals • analyse the journals listing and determine the criteria for selecting high risk unusual journals • test unusual journals recorded during the year and after the draft accounts stage for appropriateness and corroboration • gain an understanding of the accounting estimates and critical judgements applied made by management and consider their reasonableness with regard to corroborative evidence • evaluate the rationale for any changes in accounting policies, estimates or significant unusual transactions.
<p>ISA240 revenue risk</p> <p>The risk that revenue includes fraudulent transactions</p>	<p>We have considered the rebuttable presumed risk under ISA (UK) 240 that revenue may be misstated due to the improper recognition of revenue.</p> <p>We have rebutted this presumed risk for revenue streams that are derived from Council Tax, Business Rates and Grants on the basis that they are income streams that are hard to manipulate.</p> <p>We have not deemed it appropriate to rebut this presumed risk for all other material streams which are as follows:</p> <ul style="list-style-type: none"> • Fees, charges and other service income • Support service recharges <p>We have therefore identified the occurrence and accuracy of these income streams and the existence of associated receivable balances as a significant risk of material misstatement.</p>	<p>For all material income streams where we have not rebutted the presumed risk of revenue recognition we will:</p> <ul style="list-style-type: none"> • evaluate your accounting policy for recognition of income for appropriateness and compliance with LG Code of Practice • update our understanding of your system for accounting for income and evaluate the design of the associated controls • review and sample test income to supporting evidence • evaluate and challenge significant estimates and the judgments made by management

Significant risks identified - continued

Risk	Reason for risk identification	Key aspects of our proposed response to the risk
Valuation of Property, Plant and Equipment	<p>You revalue your land and buildings on an rolling three-year basis to ensure that carrying value is not materially different from current value. This represents a significant estimate by management in the financial statements.</p> <p>Additionally, management will need to ensure the carrying value of assets not revalued as at 31 March 2019 in the financial statements is not materially different from the current value at the financial statements date.</p> <p>We identified the valuation of land and buildings revaluations and impairments as a risk requiring special audit consideration.</p>	<p>We will:</p> <ul style="list-style-type: none"> • evaluate management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work • evaluate the competence, capabilities and objectivity of the valuation experts • Write to the valuer to confirm the basis on which the valuation was carried out • challenge the information and assumptions used by the valuer to assess completeness and consistency with our understanding • test revaluations made during the year to see if they had been input correctly into the Council's asset register • evaluate the assumptions made by management for those assets not revalued during the year and how management has satisfied themselves that these are not materially different to current value at year end.
Valuation of the Pension Fund net liability	<p>Your Pension Fund net liability, as reflected in your balance sheet as the net defined benefit liability, represents a significant estimate in the financial statements</p> <p>The pension fund net liability is considered a significant estimate due to its value (£409.8 million PY) in the Council's Statement of Financial Position and the sensitivity of the estimate to changes in key assumptions. Brexit could have an impact on the values included within the Accounts at year end so this will need to be factored into consideration.</p> <p>We identified valuation of the your Pension Fund net liability as a risk requiring special audit consideration.</p>	<p>We will:</p> <ul style="list-style-type: none"> • update our understanding of the processes and controls put in place by management to ensure that your Pension Fund net liability is not materially misstated and evaluate the design of the associated controls; • evaluate the instructions issued by management to their management expert (an actuary) for this estimate and the scope of the actuary's work; • assess the competence, capabilities and objectivity of the actuary who carried out your Pension Fund valuation; • assess the accuracy and completeness of the information provided by the Council to the actuary to estimate the liability; • test the consistency of the Pension Fund asset and liability and disclosures in the notes to the core financial statements with the actuarial report from the actuary; • undertake procedures to confirm the reasonableness of the actuarial assumptions made by reviewing the report of the consulting actuary (as auditor's expert) and performing any additional procedures suggested within the report.

Significant risks identified - continued

Risk	Reason for risk identification	Key aspects of our proposed response to the risk
<p>Private Finance Initiative (PFI) liability</p> <p>The risk of material error in the accuracy and presentation of the Private Finance Initiative (PFI) liability and associated disclosures</p>	<p>You have two builds which are financed through PFI schemes: Waste and Peacehaven Schools. As these PFI transactions are significant, complex and involve a degree of subjectivity in the measurement of financial information we have categorised them as a significant risk.</p>	<p>We will</p> <ul style="list-style-type: none">• review your PFI models and assumptions contained therein;• compare your PFI models to previous year to identify any changes;• review and test the output produced by your PFI models to generate the financial balances within the financial statements;• review the PFI disclosures to ensure they are consistent with the Code of Practice on Local Authority Accounting and the International Accountancy Standard IFRIC12. We will check any additional disclosures that you include within the financial statements to the PFI models.

Other matters

Other work

In addition to our responsibilities under the Code of Practice, we have a number of other audit responsibilities, as follows:

- We read your Narrative Report and Annual Governance Statement to check that they are consistent with the financial statements on which we give an opinion and consistent with our knowledge of the Authority.
- We carry out work to satisfy ourselves that disclosures made in your Annual Governance Statement are in line with the guidance issued by CIPFA.
- We carry out work on your consolidation schedules for the Whole of Government Accounts process in accordance with NAO group audit instructions.
- We consider our other duties under legislation and the Code, as and when required, including:
 - Giving electors the opportunity to raise questions about your 2018/19 financial statements, consider and decide upon any objections received in relation to the 2018/19 financial statements;
 - Issue of a report in the public interest or written recommendations to the Authority under section 24 of the Act, copied to the Secretary of State.
 - Application to the court for a declaration that an item of account is contrary to law under Section 28 or for a judicial review under Section 31 of the Act; or
 - Issuing an advisory notice under Section 29 of the Act.
- We certify completion of our audit.

Other material balances and transactions

Under International Standards on Auditing, "irrespective of the assessed risks of material misstatement, the auditor shall design and perform substantive procedures for each material class of transactions, account balance and disclosure". All other material balances and transaction streams will therefore be audited. However, the procedures will not be as extensive as the procedures adopted for the risks identified in this report.

Going concern

As auditors, we are required to "obtain sufficient appropriate audit evidence about the appropriateness of management's use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the Authority's ability to continue as a going concern" (ISA (UK) 570). We will review management's assessment of the going concern assumption and evaluate the disclosures in the financial statements.

Materiality

The concept of materiality

The concept of materiality is fundamental to the preparation of the financial statements and the audit process and applies not only to the monetary misstatements but also to disclosure requirements and adherence to acceptable accounting practice and applicable law. Misstatements, including omissions, are considered to be material if they, individually or in the aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

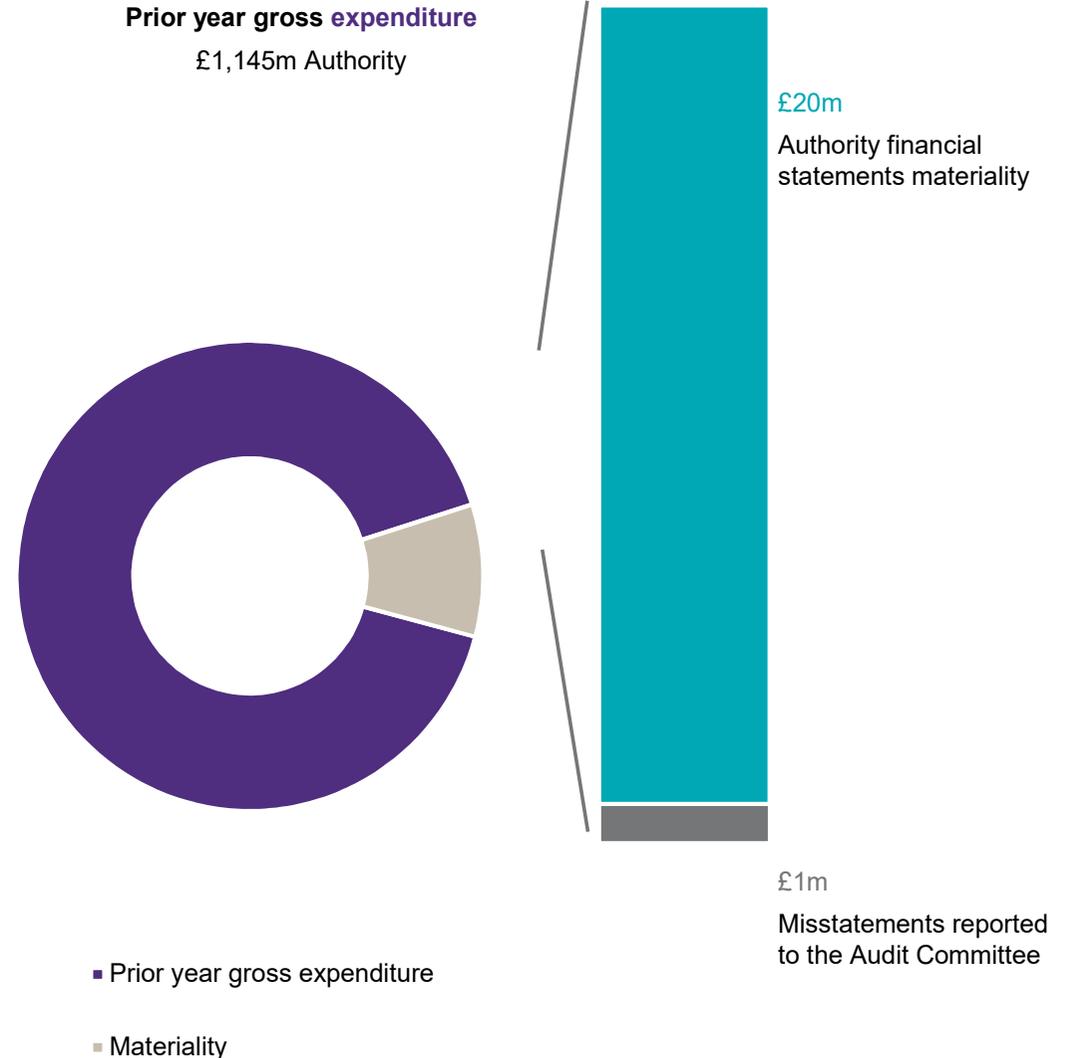
Materiality for planning purposes

We have determined financial statement materiality based on a proportion of the gross expenditure of the Authority for the financial year. In the prior year the outgoing auditors used the same benchmark. Materiality at the planning stage of our audit is £20m for the Authority, which equates to 1.75% of your prior year gross expenditure. We reconsider planning materiality if, during the course of our audit engagement, we become aware of facts and circumstances that would have caused us to make a different determination of planning materiality.

Matters we will report to the Audit Committee

Whilst our audit procedures are designed to identify misstatements which are material to our opinion on the financial statements as a whole, we nevertheless report to the Audit Committee any unadjusted misstatements of lesser amounts to the extent that these are identified by our audit work. Under ISA 260 (UK) 'Communication with those charged with governance', we are obliged to report uncorrected omissions or misstatements other than those which are 'clearly trivial' to those charged with governance. ISA 260 (UK) defines 'clearly trivial' as matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria. In the context of the Authority, we propose that an individual difference could normally be considered to be clearly trivial if it is less than £1m.

If management have corrected material misstatements identified during the course of the audit, we will consider whether those corrections should be communicated to the Audit Committee to assist it in fulfilling its governance responsibilities.



Value for Money arrangements

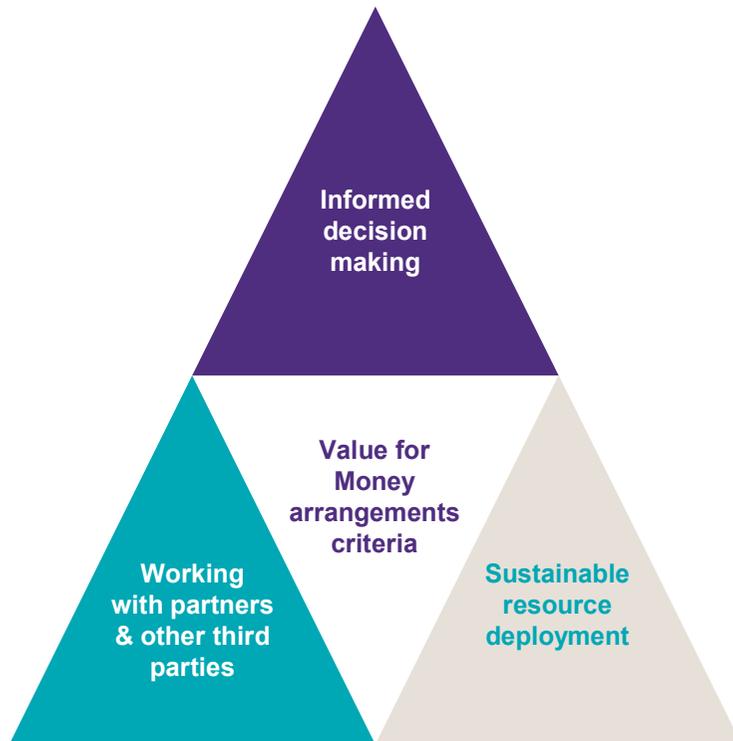
Background to our VFM approach

The NAO issued its guidance for auditors on Value for Money work in November 2017. The guidance states that for Local Government bodies, auditors are required to give a conclusion on whether the Authority has proper arrangements in place to secure value for money.

The guidance identifies one single criterion for auditors to evaluate:

"In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people."

This is supported by three sub-criteria, as set out below:



Significant VFM risks

Those risks requiring audit consideration and procedures to address the likelihood that proper arrangements are not in place at the Authority to deliver value for money.



Ongoing Financial Sustainability

Risk

Rising demand for the Council's services and falling government grants are putting the Council's finances under considerable strain. Your Medium Term Financial Plan shows a deficit position of £12m in 2020/21. Therefore you need to manage your resources carefully to ensure a sustainable future. Brexit adds uncertainty to this challenge and you will no doubt monitor developments closely as the end of March approaches.

Planned Response

To gain assurance over this risk we are planning to undertake work in the following areas:

- review your 2018-19 outturn, including details of performance against both the Revenue and Capital Budgets;
- review progress against the 2019-20 financial plan up to the completion of our audit; and
- assess the reasonableness of assumptions made in your Medium Term Financial Strategy
- assess your reserve levels
- review documentation and discuss your progress and plans to address the budget gap in coming years including the Core Offer.

We will also consider the financial impact of any financial issues arising from Brexit. These may include changes in property values, adverse changes to investment and borrowing rates, changes to business rate income, and the impact on your workforce.

Value for Money arrangements (continued)

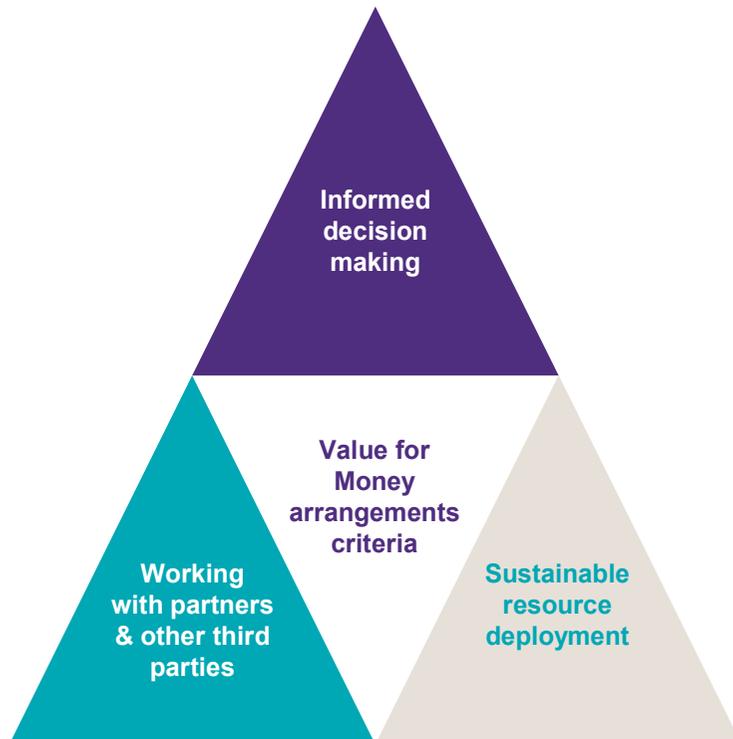
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This is supported by three sub-criteria, as set out below:



Significant VFM risks

Those risks requiring audit consideration and procedures to address the likelihood that proper arrangements are not in place at the Authority to deliver value for money.



Working in partnership with the NHS

Risk

Failure to secure maximum value from partnership working with the NHS could impact negatively on social care and public health services, leading to worse health outcomes for your residents and also increased current and future costs.

Planned Response

We will review documentation and speak to officers at the Council and potentially NHS partners to understand your significant NHS collaboration initiatives, including but not limited to: East Sussex Better Together and Connecting 4 You.



Brexit

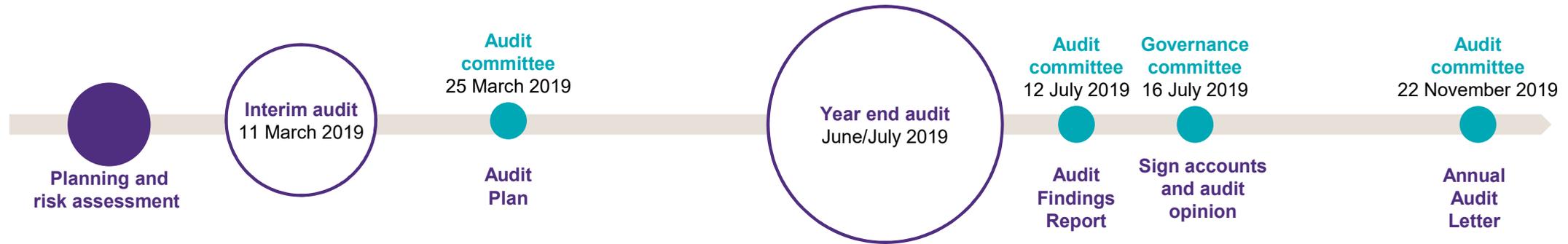
Risk

With the UK due to leave the European Union on 29 March 2019, there will be national and local implications for which you will need to plan.

Planned Response

Review your arrangements and plans relating to Brexit. Our review will focus on areas such as workforce planning, supply chain analysis and impacts on finances including investment and borrowing as well as any potential impact on the valuation of your assets.

Audit logistics, team & fees



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Darren Wells, Engagement Lead

Darren will be the main point of contact for the Chief Executive and Members. He will share his wealth of knowledge and experience across the sector providing challenge as a critical friend and sharing good practice. Darren will provide pragmatic solutions and act as a sounding board with Members including Audit Committee. Darren has overall responsibility for quality and as such will review all reports and the team’s work.



Marcus Ward, Audit Manager

Marcus will work with the senior members of the finance team and oversee project management, including early transaction and controls testing and agreement of accounting issues on a timely basis. Marcus will ensure our audit is tailored specifically to you and is delivered efficiently. Marcus will undertake reviews of the team’s work and draft reports for Audit Committee, ensuring they remain clear, concise and understandable.



Liulu Chen, Audit In-charge

Liulu will lead the onsite team and will be the day to day contact for the audit. She will monitor the deliverables, manage the query log with your finance team and highlight any significant issues and adjustments to senior management. She will also undertake the more technical aspects of the audit, coach the junior members of the team and review the team’s work.

Audit fees

The planned audit fees are £64,350 for the financial statements audit completed under the Code, which are inline with the scale fee published by PSAA. In setting your fee, we have assumed that the scope of the audit, and the Authority and its activities, do not significantly change.

Our requirements

To ensure the audit is delivered on time and to avoid any additional fees, we have detailed our expectations and requirements in the following section ‘Early Close’. If the requirements detailed overleaf are not met, we reserve the right to postpone our audit visit and charge fees to reimburse us for any additional costs incurred.

Any proposed fee variations will need to be approved by PSAA.

Early close

Meeting the 31 July audit timeframe

We have carefully planned how we can make the best use of the resources available to us during the final accounts period. As well as increasing the overall level of resources available to deliver audits, we have focused on:

- bringing forward as much work as possible to interim audits
- starting work on final accounts audits as early as possible, by agreeing which authorities will have accounts prepared significantly before the end of May
- seeking further efficiencies in the way we carry out our audits
- working with you to agree detailed plans to make the audits run smoothly, including early agreement of audit dates, working paper and data requirements and early discussions on potentially contentious items.

We are satisfied that, if all these plans are implemented, we will be able to complete your audit and those of our other local government clients in sufficient time to meet the earlier deadline.

Client responsibilities

Where individual clients do not deliver to the timetable agreed, we need to ensure that this does not impact on audit quality or absorb a disproportionate amount of time, thereby disadvantaging other clients. We will therefore conduct audits in line with the timetable set out in audit plans (as detailed on page 13). Where the elapsed time to complete an audit exceeds that agreed due to a client not meeting its obligations we will not be able to maintain a team on site. Similarly, where additional resources are needed to complete the audit due to a client not meeting their obligations we are not able to guarantee the delivery of the audit by the statutory deadline. Such audits are unlikely to be re-started until very close to, or after the statutory deadline. In addition, it is highly likely that these audits will incur additional audit fees.

Our requirements

To minimise the risk of a delayed audit or additional audit fees being incurred, you need to ensure that you:

- produce draft financial statements of good quality by the deadline you have agreed with us, including all notes, the narrative report and the Annual Governance Statement
- ensure that good quality working papers are available at the start of the audit, in accordance with the working paper requirements schedule that we will share and agree with you in advance
- ensure that the agreed data reports are available to us at the start of the audit and are reconciled to the values in the accounts, in order to facilitate our selection of samples
- ensure that all appropriate staff are available on site throughout (or as otherwise agreed) the planned period of the audit
- respond promptly and adequately to audit queries.

In return, we will ensure that:

- the audit runs smoothly with the minimum disruption to your staff
- you are kept informed of progress through the use of an issues tracker and weekly meetings during the audit
- we are available to discuss issues with you prior to and during your preparation of the financial statements.

Independence & non-audit services

Auditor independence

Ethical Standards and ISA (UK) 260 require us to give you timely disclosure of all significant facts and matters that may bear upon the integrity, objectivity and independence of the firm or covered persons relating to our independence. We encourage you to contact us to discuss these or any other independence issues with us. We will also discuss with you if we make additional significant judgements surrounding independence matters.

We confirm that there are no significant facts or matters that impact on our independence as auditors that we are required or wish to draw to your attention. We have complied with the Financial Reporting Council's Ethical Standard and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements.

We confirm that we have implemented policies and procedures to meet the requirements of the Financial Reporting Council's Ethical Standard and we as a firm, and each covered person, confirm that we are independent and are able to express an objective opinion on the financial statements. Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in December 2017 and PSAA's Terms of Appointment which set out supplementary guidance on ethical requirements for auditors of local public bodies.

Other services provided by Grant Thornton

For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams. No other services were identified.



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Report to: **Cabinet**

Date: **23 April 2019**

By: **Chief Operating Officer**

Title of report: **Internal Audit Strategy and Annual Plan 2019/20**

Purpose of report: **To present the Council's Internal Audit Strategy and Annual Plan 2019/20**

RECOMMENDATIONS

Cabinet is recommended to review and agree the Council's Internal Audit Strategy and Plan 2019/20

1. Background

1.1 The Council's Internal Audit Strategy and Annual Plan 2019/20 (Annex A) sets out how the Council will meet its statutory requirements for internal audit, as defined within the Accounts and Audit Regulations 2015. The Strategy proposes an approach based on focussing audit resources in those areas where the highest risk to the achievement of the Council's objectives lies. These areas have been identified and prioritised based on the Council's own risk assessment processes (including the Strategic Risk Register) and following extensive consultation with officers, Members and other stakeholders.

1.2 A workshop was held with Members of the Audit Committee on 30 January 2019 and comments made have been fed into the planning process.

Supporting Information

2.1 The Strategy and Plan will be delivered in line with proper internal audit practices as set out within Public Sector Internal Audit Standards (PSIAS).

2.2 The Internal Audit Charter sets out the scope and responsibility of internal audit.

3. Conclusions and Reasons for Recommendations

3.1 Cabinet is asked to review and agree the Internal Audit Strategy and Plan 2019/20 which was previously endorsed by the Audit Committee at its meeting on 25 March 2019.

Kevin Foster, Chief Operating Officer
Contact Officers: Russell Banks

Tel No. 01273 481447

BACKGROUND DOCUMENTS

Internal Audit Strategy and Annual Audit Plan 2019/20

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Internal Audit Strategy and Annual Audit Plan 2019-2020

1. Role of Internal Audit

1.1 The full role and scope of the Council’s Internal Audit Service is set out within the Internal Audit Charter and Terms of Reference.

1.2 The mission of Internal Audit, as defined by the Chartered Institute of Internal Auditors (CIIA), is to enhance and protect organisational value by providing risk-based and objective assurance, advice and insight. Internal Audit is defined as *“an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.”*

2. Risk Assessment and Audit Planning

2.1 East Sussex County Council’s Internal Audit Strategy and Annual Audit Plan is updated annually and is based on a number of factors, especially management’s assessment of risk (including that set out within the strategic and departmental risk registers) and our own risk assessment of the Council’s major systems and other auditable areas. This allows us to prioritise those areas to be included within the audit plan on the basis of risk.

2.2 The update of the annual plan for 2019/20 has involved consultation with a range of stakeholders, to ensure that their views on risks and current issues, within individual directorates and corporately, are identified and considered. In order to ensure that the most effective use is made of available resources, to avoid duplication and to minimise service disruption, efforts continue to be made to identify, and where possible, rely upon, other sources of assurance available. The following diagram sets out the various sources of information used to inform our 2019/20 audit planning process:



2.3 In producing the audit plan, the following key principles continue to be applied:

- All key financial systems are subject to a cyclical programme of audits covering, as a minimum, compliance against key controls;
- Previous reviews which resulted in 'minimal assurance' audit opinions will be subject to a specific follow-up review to assess the effective implementation by management of agreed actions. This will also include a number of previous reviews with a 'partial assurance' opinion where deemed necessary or where the area under review is considered to be of a higher risk nature.

2.4 In addition, formal action tracking arrangements are in place to monitor the implementation by management of all individual high risk recommendations, with the results of this work reported to the Audit Committee on a quarterly basis.

2.5 During the last two years, Surrey County Council, East Sussex County Council and Brighton and Hove City Council have been working together to develop and form the Orbis Partnership, covering a range of business services, including internal audit. This work has resulted in the formation of a single, integrated internal audit service from April 2018, involving three locality based teams supported by two specialist teams in the areas of ICT audit and counter fraud. It is our ambition that this will provide greater resilience and capacity for our partner councils whilst also building on existing high quality services.

3. Key Issues

3.1 In times of significant transformation, organisations must both manage change effectively and ensure that core controls remain in place. In order to respond to the continued reduction in financial resources and the increased demand for services, the Council needs to consider some radical changes to its service offer in many areas.

3.2 Internal Audit must therefore be in a position to give an opinion and assurance that covers the control environment in relation to both existing systems and these new developments. It is also essential that this work is undertaken in a flexible and supportive manner, in conjunction with management, to ensure that both risks and opportunities are properly considered. During 2019/20, a number of organisational and new system initiatives are featured within the audit plan, with the intention that Internal Audit is able to provide proactive advice, support and assurance as these projects progress. These include:

- South East Transport Hub
- Health and Social Care Integration
- New E-Recruitment System
- Travel and Expenses Systems

3.3 In recognition that in some cases, sufficient information regarding the full extent of future changes and associated risks may not yet be known, the 2019/20 audit plan includes a proportion of time classified as 'Emerging Risks'. This approach has been adopted to enable Internal Audit to react appropriately throughout the year as new risks materialise and to ensure that expertise in governance, risk and internal control can be utilised early in the change process.

3.4 In view of the above, Internal Audit will continue to work closely with senior management and Members throughout the year to identify any new risks and to agree how and where audit resources can be utilised to best effect.

3.5 Other priority areas identified for inclusion within the audit plan include:

- Special Educational Needs and Disabilities Assessment and Commissioning
- Direct Payments
- Business Continuity
- Council Procurement Practices
- Cyber Security
- Network Security

3.6 The results of all audit work undertaken will be summarised within quarterly update reports along with any common themes and findings arising from our work.

4. Counter Fraud

4.1 Managing the risk of fraud and corruption is the responsibility of management. Internal Audit will, however, be alert in all its work to risks and exposures that could allow fraud or corruption and will investigate allegations of fraud and corruption in line with the Council's Anti-Fraud and Corruption Strategy.

4.2 The Chief Internal Auditor should be informed of all suspected or detected fraud, corruption or irregularity in order to consider the adequacy of the relevant controls and evaluate the implication for their opinion on the control environment.

4.3 In addition, Internal Audit will promote an anti-fraud and corruption culture within the Council to aid the prevention and detection of fraud. Through the work of the Counter Fraud Team, Internal Audit will maintain a fraud risk assessment and deliver a programme of proactive and reactive counter fraud services to help ensure that the Council continues to protect its services from fraud loss.

5. Matching Audit Needs to Resources

5.1 The overall aim of the Internal Audit Strategy is to allocate available internal audit resources so as to focus on the highest risk areas and to enable an annual opinion to be given on the adequacy and effectiveness of the Council's framework of governance, risk management and control.

5.2 In addition to this, resources have been allocated to the external bodies for whom Orbis Internal Audit also provide internal audit services, at an appropriate charge. These include Horsham District Council, Elmbridge District Council, East Sussex Fire Authority and South Downs National Park.

5.3 Internal audit activities will be delivered by a range of staff from across the Orbis Internal Audit Service, maximising the value from a wide range of skills and experience available. In the small number of instances where sufficient expertise is not available from within the team, mainly in highly technical areas, externally provided specialist resources will continue to be utilised.

5.4 The following table summarises the level of audit resources expected to be available for East Sussex County Council in 2019/20 (expressed in days), compared to the equivalent number of planned days in previous years. Whilst the overall level of resource was reduced in 2018/19, as part of the Internal Audit contribution towards planned organisational savings, no further significant reductions have been made for 2019/20. This level of resource is considered to be sufficient to allow Internal Audit to deliver its risk based plan in accordance with professional standards¹ and to enable the Chief Internal Auditor to provide his annual audit opinion. It should also be noted that the impacts of the previous year’s reduction in resources have been mitigated as far as possible through efficiencies and additional resilience offered from the Orbis partnership, as explained above.

Table 1: Annual Internal Audit Plan – Plan Days

	2015/16	2016/17	2017/18	2018/19	2019/20
Plan Days	1,602	1,532	1,583	1,417	1,400

6. Audit Approach

6.1 The approach of Internal Audit is to use risk based reviews, supplemented in some areas by the use of compliance audits and themed reviews. All audits have regard to management’s arrangements for:

- Achievement of the organisation’s objectives;
- Reliability and integrity of financial and operational information;
- Effectiveness and efficiency of operations and programmes;
- Safeguarding of assets; and
- Compliance with laws, regulations, policies, procedures and contracts.

6.2 In addition to these audits, and the advice on controls given on specific development areas which are separately identified within the plan, there are a number of generic areas where there are increasing demands upon Internal Audit, some of which cannot be planned in advance. For this reason, time is built into the plan to cover the following:

- Contingency – an allowance of days to provide capacity for unplanned work, including special audits and management investigations. This contingency also allows for the completion of work in progress from the 2018/19 plan;
- Advice, Management, Liaison and Planning - an allowance to cover provision of ad hoc advice on risk, audit and control issues, audit planning and annual reporting, ongoing liaison with service management and Members, and audit management time in support of the delivery of all audit work, planned and unplanned.

6.3 In delivering this strategy and plan, we will ensure that liaison has taken place with the Council’s external auditors, Grant Thornton, to ensure that the use of audit resources is maximised, duplication of work is avoided, and statutory requirements are met.

¹ Public Sector Internal Audit Standards (PSIAS)
East Sussex County Council

7. Training and Development

7.1 The effectiveness of the Internal Audit Service depends significantly on the quality, training and experience of its staff. Training needs of individual staff members are identified through a formal performance and development process and are delivered and monitored through on-going management supervision.

7.2 The team is also committed to coaching and mentoring its staff, and to providing opportunities for appropriate professional development. This is reflected in the high proportion of staff holding a professional internal audit or accountancy qualification as well as several new members of the team embarking on new apprenticeship training during 2019/20.

8. Quality and Performance

8.1 With effect from 1 April 2013, all of the relevant internal audit standard setting bodies, including CIPFA, adopted a common set of Public Sector Internal Audit Standards (PSIAS). These are based on the Institute of Internal Auditors International Professional Practices Framework and replace the previous Code of Practice for Internal Audit in Local Government.

8.2 Included within the new Standards is the requirement for the organisation to define the terms 'Board' and 'senior management' in the context of audit activity. This has been set out within the Internal Audit Charter, which confirms the Audit Committee's role as the Board.

8.3 The PSIAS require each internal audit service to maintain an ongoing quality assurance and improvement programme based on an annual self-assessment against the Standards, supplemented at least every five years by a full independent external assessment. The outcomes from these assessments, including any improvement actions arising, will be reported to the Audit Committee, usually as part of the annual internal audit report. For clarity, the Standards specify that the following core principles underpin an effective internal audit service:

- Demonstrates integrity;
- Demonstrates competence and due professional care;
- Is objective and free from undue influence (independent);
- Aligns with the strategies, objectives, and risks of the organisation;
- Is appropriately positioned and adequately resourced;
- Demonstrates quality and continuous improvement;
- Communicates effectively;
- Provides risk-based assurance;
- Is insightful, proactive, and future-focused;
- Promotes organisational improvement.

8.4 In addition, the performance of Orbis Internal Audit continues to be measured against key service targets focussing on service quality, productivity and efficiency, compliance with professional standards, influence and our staff. These are all underpinned by appropriate key performance indicators as set out in Table 2 below.

8.5 At a detailed level each audit assignment is monitored and customer feedback sought. There is also ongoing performance appraisals and supervision for all Internal Audit staff during the year to support them in achieving their personal targets.

8.6 In addition to the individual reports to management for each audit assignment, reports on key audit findings and the delivery of the audit plan are made to the Audit Committee on a quarterly basis. An Annual Internal Audit Opinion is also produced each year.

8.7 Whilst Orbis Internal Audit liaises closely with other internal audit services through the Sussex and Surrey audit and counter fraud groups, the Home Counties Chief Internal Auditors' Group and the Local Authority Chief Auditors' Network, we are continuing to develop joint working arrangements with other local authority audit teams to help improve resilience and make better use of our collective resources.

Table 2: Performance Indicators

Aspect of Service	Orbis IA Performance Indicators	Target
Quality	<ul style="list-style-type: none"> Annual Audit Plan agreed by Audit Committee Annual Audit Report and Opinion Satisfaction levels 	By end April To inform AGS 90% satisfied
Productivity and Process Efficiency	<ul style="list-style-type: none"> Audit Plan – completion to draft report stage by 31 March 2019 	90%
Compliance with Professional Standards	<ul style="list-style-type: none"> Public Sector Internal Audit Standards Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act 	Conforms Conforms
Outcomes and degree of influence	<ul style="list-style-type: none"> Implementation of management actions agreed in response to audit findings 	97% for high priority
Our Staff	<ul style="list-style-type: none"> Professionally Qualified/Accredited 	80%

Russell Banks
Orbis Chief Internal Auditor

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DRAFT INTERNAL AUDIT PLAN

2019/20



Planned Audit Reviews

Review Name	Outline Objective
Schools	We will continue our audit coverage in schools which will involve a range of assurance work, including key controls testing in individual schools, follow-ups of previous audit work and themed reviews. We will also work with our Orbis partners to provide information bulletins and guidance for schools on risk, governance and internal control matters.
Parking	A review to assess the various aspects of ESCC parking arrangements, where there are risks of invalid payments, poor performance of contractors and also inadequate income collection procedures, resulting in financial loss to the Authority. The audit will include contract management, budget and financial management and income collection.
Transport for the South East	Transport for the South East is a sub-national transport body created to improve the transport network and grow the economy of the whole South East area. It is currently bidding to achieve statutory status. ESCC is the accountable body and there are clear financial and reputational risks associated with this. We will therefore complete a review of the governance and financial management arrangements in place once statutory status has been achieved.
Care Assessment Process	To complete an audit of children's care assessments and the management of care provision. This will include looking at arrangements for the commissioning and procurement of care, cost identification and forecasting, financial monitoring and reporting, and the arrangements for reviewing care packages over time to ensure they remain effective in delivering care needs and managing costs.
Commissioning of Adult Social Care Services	A review of social care commissioning and contract management arrangements within the Adult Social Care Department to provide assurance that roles and responsibilities are sufficiently clear and robust to deliver the required outcomes and to maximise efficiency within the process.
Health and Social Care Integration	Continued audit advice, support and assurance in relation to the integration of health and social care. We will work with Adult Social Care and Finance colleagues to identify key areas of support to help provide assurance that a sufficiently robust framework of control exists in this complex and changing area.

DRAFT INTERNAL AUDIT PLAN 2019/20



Review Name	Outline Objective
Direct Payments	A review to examine the system of control associated with the administration, payment and monitoring of direct payments to social care clients, following the transfer of management arrangements in this area from Business Operations to the Adult Social Care Department.
Declaration of Interests and Gifts/Hospitality, and Secondary Employment	This audit will assess the arrangements in place within the Council to manage staff declarations of interest and gifts and hospitality. This will include an assessment of compliance with corporate policy and will seek to confirm that declarations made are appropriately managed. In addition, we will also review the adequacy of arrangements within the Council to identify and manage staff secondary employment.
Business Continuity	A review to examine the adequacy and effectiveness of business continuity arrangements across the Council, covering issues such as roles and responsibilities, identification of business critical services, adequacy of response plans, communication, testing and review. As part of this, business continuity risks specifically associated with Brexit, and the Council's preparation for these, will be assessed.
Procure to Pay	To review the processes and key controls relating to the accounts payable system, including those in place for ensuring the accuracy of vendor details, the processing of invoices, goods receipting and promptness of payments.
Accounts Receivable	To review the processes and key controls relating to the accounts receivable system, including those in place for ensuring the accuracy of customer details, completeness, accuracy and timeliness of invoicing, recording and matching payments to invoices, and debt recovery.
HR/Payroll	To review controls in relation to the staff payment system, including those relating to starters, leavers, temporary and permanent payments, variations of pay, overpayments and pre-employment checks.
Pensions Fund Administration - Process and Systems	We will review controls over the calculation and payment of pension benefits, transfers to and from the Pension Fund and the collection and recording of pension contributions from scheduled and admitted bodies.
Pension Fund - Compliance with Regulatory Requirements	A review of the effectiveness of management assurance processes to ensure compliance with statutory and regulatory requirements.

DRAFT INTERNAL AUDIT PLAN 2019/20



Review Name	Outline Objective
Pension Fund - Governance, Strategy and Investments	We shall review the adequacy of governance arrangements over the East Sussex Pension Fund, to cover strategy and the arrangements to manage investments, including pooling arrangements, and the internal controls of external fund managers.
Treasury Management (TM)	A review to assess the adequacy of key controls and procedures across the Council's Treasury Management arrangements, including cash flow forecasting, segregation of duties, financial investments and use of treasury advisers. This will also include an assessment of the impact of changes as a result of Orbis integration.
General Ledger	A key financial system audit. To review controls in relation to the Council's general ledger, including year-end procedures, journal transfers and bank reconciliation.
Adult Social Care Liquidlogic (LAS) and Controcc	A review to assess the adequacy of controls within the LAS (client information and management system for Adults) and Controcc (the social care payments and billing system).
Children's Social Care Liquidlogic (LCS) and Controcc	A review to assess the adequacy of controls within the LCS (client information and case management system for Children) and Controcc (the social care payments and billing system).
Making Tax Digital	A review of the robustness of the preparations made by the Council for the compulsory digital tax-keeping records from HMRC – Making Tax Digital (MTD) – which come into effect for local authorities on 1 October 2019.
Orbis Integrated Budget Management Follow Up	This review will assess the implementation of the agreed actions arising from the Orbis Integrated Budget Management audit that was completed in 2018/19 and which received an audit opinion of partial assurance. In addition, we will evaluate the effectiveness of budget management arrangements for a sample of individual service budgets within Orbis.
Grants	We will continue to undertake grant certification work where the Authority has bid for grant funding. In many instances, certification is required by the grant funding body prior to reimbursing the funds or prior to applying for further grants. Wherever possible, we will seek to ensure we are able to recover the costs of this work through the bidding process.

DRAFT INTERNAL AUDIT PLAN 2019/20



Review Name	Outline Objective
Commissioning and Delivery of Property Projects	This review will focus on the commissioning, planning, approval and delivery of a sample of projects within the Property Division of Business Services, with a view to providing assurance that they are aligned with the needs of the Council and deliver their objectives within the resources available.
Atrium	Atrium is the property asset management system used by the Council. In previous years', we have provided assurance over the implementation of certain modules of Atrium, highlighting key risks and issues. We will continue this work for any new modules being implemented, and will also review the operation of controls within those elements of the system already in place.
Council Procurement Practices	A review to assess the adequacy and effectiveness of procurement practices across the Council, potentially including: <ul style="list-style-type: none"> • The role of the Procurement team; • Compliance with Procurement Standing Orders, including the use of waivers and the award of contracts; • Supply chain management, supplier resilience, business continuity and the associated risks of Brexit; • Procurement transparency requirements; • Management of social value requirements.
Anti Fraud and Corruption	To cover the investigation of potential fraud and irregularity allegations as well as proactive counter fraud activities, including the National Fraud Initiative (NFI) data matching exercise.
Cultural Compliance	This review will aim to provide assurance over basic management controls within a sample of teams across the organisation, assessing compliance with key council policies and procedures.
E-Recruitment System	Advice and support on controls associated with the new e-recruitment system, TribePad, which is to interface directly into the Council's main financial system, SAP.
Travel and Expenses Follow Up	A follow-up review of the Travel and Expenses audit that was completed in 2018/19 and which received an audit opinion of partial assurance. This will also include audit advice and support into the project to source an automated solution for staff travel and expenses.

DRAFT INTERNAL AUDIT PLAN 2019/20



Review Name	Outline Objective
Cyber Security	The audit will review the Authority's arrangements for protecting its systems and services from cyber-attack, including arrangements for effectively responding to attacks as and when they occur.
Orbis Data Centre	A review of the Orbis data centre to ensure appropriate controls are in place to prevent unauthorised physical and electronic access (including 3rd party access) to data held within the centre. The audit will also consider the effectiveness of controls to protect the servers from fire, electrical and water damage; and review the adequacy of backup arrangements to ensure systems and services are not affected in the event of an outage. Where possible, we will place reliance on assurances already available.
Network Security	Significant changes to the way the network is secured are planned, with these beginning to take effect during 2019/20 and fully established in 2020/21. This audit will review the current network security arrangements, and will critically evaluate the planned changes.
Patch Management	We will review the controls in place to support effective patch management ensuring that patches are tested prior to being applied and that they are applied in a timely manner.
Cloud Computing	From a sample of applications and systems retained in the cloud, we will review the controls in place to manage the security, access, recovery and deletion of the data.
Liquid Logic Application Controls Audit	This review will evaluate the application controls over the Council's major social care systems which make up a significant proportion of its payments to suppliers. The audit will review all major input, processing and output controls and the controls in place to interface with the main payment system and general ledger.
ICT Compliance Frameworks	The Council's application to the Government's Public Sector Network (PSN) Code of Connection (CoCo) provides significant assurance over its ICT governance arrangements. With the demise of the CoCo PSN assessment, we will review the ICT governance arrangements in place and, where appropriate, rely on any other suitable sources of assurance, such as the Cyber Essentials Plus submissions.
Surveillance Cameras	We will review the effectiveness of the controls in place to meet the requirements of the Security Camera Commissioner's Code of Practice. This will include a follow-up of the findings of previous audit work in this area.

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Review Name	Outline Objective
IT&D Project Management	To review the project management arrangements for a sample of high priority/risk IT&D projects.
Mobile Device Migration	This audit will review the controls for managing the security of mobile devices and the arrangements for securing the data contained on these.
Potential Follow-Up Audits (from quarter 4 work in 2018/19)	This will cover any follow-up audit reviews arising from our work in quarter 4 of 2018/19.

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Internal Audit Service Management and Delivery

Review Name	Outline Objective
Action Tracking	Ongoing action tracking and reporting of agreed, high risk actions.
Annual Internal Audit Report and Opinion	Creation of Annual Report and Opinion.
Audit and Fraud Management	Overall management of all audit and counter fraud activity, including work allocation, work scheduling and Orbis Audit Manager meetings.
Audit and Fraud Reporting	Production of periodic reports to management and Audit Committee covering results of all audit and anti-fraud activity.
Audit Committee and other Member Support	Ongoing liaison with Members on internal audit matters and attending Audit Committee meetings and associated pre-meetings.
Client Service Liaison	Liaison with clients and departmental management teams throughout the year.
Client Support and Advice	Ad hoc advice, guidance and support on risk, internal control and governance matters provided to clients and services throughout the year.
External Liaison	Liaison with external auditors and other external bodies, including attendance at regional and national audit groups and counter fraud hubs.
Orbis IA Developments	Audit and corporate fraud service developments, including quality improvement and ensuring compliance with Public Sector Internal Audit Standards.
Organisational Management Support	Attendance and ongoing support to organisational management meetings, e.g. Financial Management Team (FMT), Statutory Officers Group (SOG).
Strategy and Annual Audit Planning	Development and production of the Internal Audit Strategy and Annual Audit Plan, including consultation with management and Members.
System Development and Administration	Development and administration of Audit and Fraud Management systems.

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