East Sussex County Council

Adult Social Care

Three Year Plan

for the years 2007/8, 2008/9, 2009/10

We are all committed to improving the performance and standing of Adult Social Care so that we can all feel proud to be part of our Department and the contribution we make to the wellbeing of our local community. We recognise the challenges facing us, including the difficult financial climate and increasing demand for our services. There are steps we need to take to ensure we can meet the challenges of the White Paper, 'Our Health, Our Care, Our Say'. It is essential that we continue to work with partners to develop and improve the services that we provide. There is a significant programme of change planned which will have an effect on all the services that we deliver and help us improve productivity and efficiency.

Councillor Keith Glazier
Lead Member for Children's and Adult's Services

Councillor Bill Bentley
Lead Member, Adult Social Care

May 2006

Contents

Executive summary

This document presents Adult Social Care's intentions for the provision of care, planning and partnership working until 2009/10 across all service user groups. The Executive Summary sets out:

a Key challenges within East Sussex

b Planned improvements in performance

c Increases in funding for Adult Social Care from 2006/07 to 2009/10

d Key risks in delivering the Plan

e Action to be taken in delivering the Plan.

Key Challenges

1 Demographic changes in East Sussex will lead to a significant rise in the demand for services for those with a learning disability and older people. East Sussex has the highest proportion of 'oldest old' residents (aged over 85 years) of any county in England and from 2010/11 this will increase at a greater rate.

2 Funding for Adult Social Care from Government fails to address the issue of the 'oldest old' within East Sussex as the grant is based on those aged over 65 years, whereas it is the proportion of people aged over 85 years that has the greatest impact on demand. Additional resources to fund this gap have been met by the County Council by diverting resources from other important services. The poor overall financial settlement for the County Council means this is not a sustainable approach. Beyond 2009/10 the funding pressures and demographic change requires Government to address the funding balance more effectively.

3 Local and national policy requires care to be provided as close as possible to people's homes and in their own communities, and not in institutional care. The Government White Paper *Our Health, Our Care, Our Say* places greater responsibilities on Adult Social Care for the wellbeing of the whole community and for investment into preventative services but without any increase in funding to meet these new responsibilities. Significant shifts are therefore required in how care is delivered.

4 Significant improvements in performance are required for Adult Social Care.

5 Need for improvements in performance to be managed in conjunction with modernisation in the local Health economy.

Performance

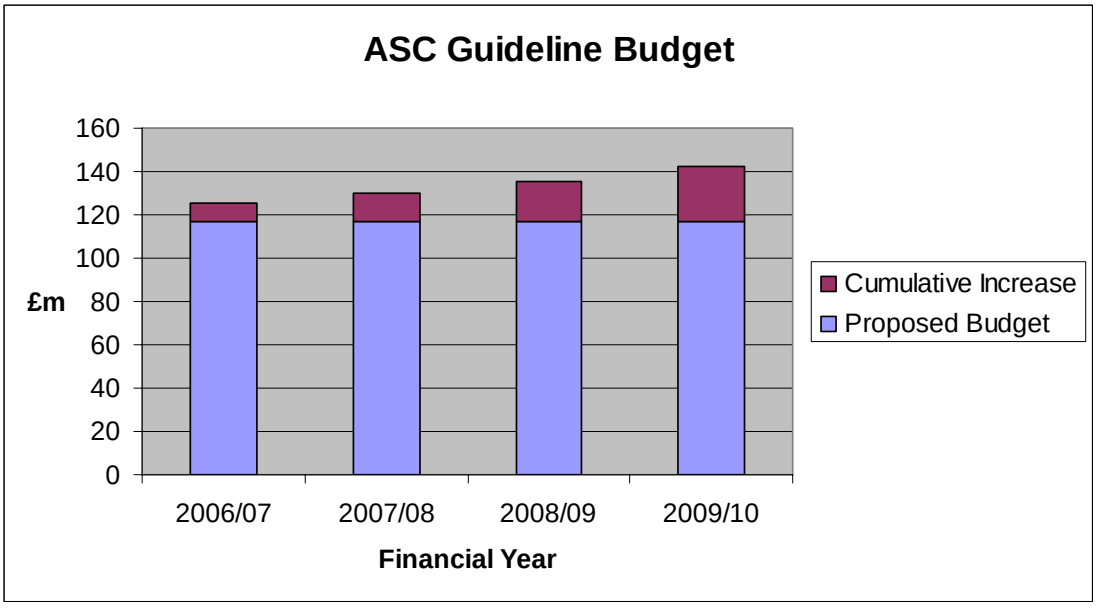
Set out below are the planned improvements across a range of key indicators:

		2005/06 Final Figures	2006/07 Targets	2007/08 Targets	2008/09 Targets	2009/10 Targets
People receiving a statement of need and receiving a review	People receiving statement of needs following assessment	92.2%	92.0%	94.0%	96.0%	96.0%
	Clients receiving an annual review	63.4%	80.0%	82.0%	85.0%	85.0%
Acceptable Waiting Times	Assessments completed within four weeks	49.8%	65.0%	75.0%	85.0%	90.0%
	Care packages in place within four weeks of assessment	71.6%	74.0%	80.0%	85.0%	90.0%
Direct Payments	Actual Numbers of People	193	228	253	278	308
Services for Carers	Actual Numbers of People	326	775	800	830	870

Targets have been established through benchmarking performance against best practice elsewhere and taking account of available resources. Details of improvements in performance for numbers of people who are supported in the community across all service groups are included in Section 3 of the Plan.

Resources

Set out below are the cash increases proposed for Adult Social Care from 2006/07 to 2009/10:



The additional resources made available by the County Council reflect the priority that is being given to Adult Social Care, and an understanding of the increased demand caused by demographic changes. The need for changes to the formula for Government grant has been subject to intensive lobbying from the County Council and this will continue through the forthcoming Spending Review. Unless the Government acknowledges the significant additional demands placed by people aged over 85 years, the County Council and its partners face difficult choices in the future about how services are prioritised. As it is, the increase in cash will still require efficiency savings to bridge the gap between pressures and available resources. The Plan identifies the contribution that efficiency and productivity can make to this gap.

Risks

The key risks in implementing the Plan are as follows:

1 The critical role of partners in delivering improvements to services within East Sussex. Ensuring the wellbeing of our community requires integrated working across statutory, independent, and voluntary sector partners. The achievement of improvements in health, housing and social care services are essential given the interdependent nature of care across agencies. The development of more effective ways of working across all sectors is essential in sustaining improvement in Adult Social Care.
2 Prudent assumptions have been made about specific grants received from Government. Nonetheless the withdrawal in whole or part of a range of specific grants continues to present a risk to our financial planning.
3 The level of change required to deliver the Plan across Adult Social Care is significant. There is a need to ensure the effective management of this programme as a whole, as well as the requirement to identify sufficient management capacity to deliver the objectives of the Plan.

Delivering the Plan

The delivery of the Plan requires the development of still more effective ways of working across Adult Social Care, including engagement with partners. The key areas being:

1 A wide ranging Business Transformation Programme, funded by the County Council to deliver service improvements and efficiencies through the collection of income, procurement of services, care management arrangements, and predictive planning and performance management.
2 A broader range of key projects within an overall Departmental Programme which focuses on the development of commissioning strategies across all service user and carer groups, service reviews for directly provided and independent and voluntary sector services, improved arrangements for the delivery of care and

strengthening of performance management throughout the organisation.

3 Engagement with all key stakeholders in developing service and budget plans for Adult Social Care. This will take place within the framework of the Three Year Plan and will take account of policy commitments, available resources, and requirements for improved performance, but will also seek a more transparent process in determining priorities and delivery of the best possible services within East Sussex.

4 Implementation of a communications strategy.

Adult Social Care has a clear responsibility to lead the development of services which addresses the wellbeing of East Sussex as a whole. The Plan sets out a commitment to developing and delivering services which meet the changing needs and aspirations of that community. This can be most effectively delivered through joint working with our partners.

In taking this work forward, however, we need to acknowledge that previously accepted pressures may no longer be funded due to changes in demography and to the underlying problems in how Government funds care. Although the County Council will continue to lobby for changes to the grant formula, significant challenges are likely to remain and difficult choices will need to be made about prioritising services, for example in how decisions are made about the investment in preventative care, against services that are care managed and focussed on those with higher levels of need. In setting out this Plan, Adult Social Care is confident that with stronger partnership working, a solid and committed workforce, and the resources and systems to support them, this strategy will deliver improved performance and the best possible services that we can within East Sussex.

1 Introduction

1.1 Overview

East Sussex is predominantly a rural, coastal county with an area of approximately 700 square miles. It has densely populated areas of urban development centred around Hastings and Eastbourne, and smaller areas in towns such as Lewes, Uckfield and Hailsham.

East Sussex has a total population of 504,833, of whom 386,300 are aged over 16 years. Over the next 25 years the population, across all age groups, is set to increase by 7.6%. The post-retirement age groups are however projected to increase much faster over this period, with the greatest increase amongst the 'oldest old' aged 85+, with a rate of 69%. Even now, East Sussex still has the highest proportion of 'oldest old' residents of any county in England. With respect to social care, it is the proportion of people aged 85 and over which has the greatest impact on the demand; it is well known, for example, that the incidence of dementia increases with age, rising to an average of 1 in 5 once people enter their 80s, with need for services rising accordingly. Carers of people with dementia, often older people themselves, are also known to need significant levels of support.

Housing is a crucial and often overlooked issue for this age group. In many cases older people are 'asset rich' because they own their home but 'income poor' because they are living on a limited income, which can lead to deterioration of the housing stock and earlier need for alternative accommodation. In addition, much of the older housing stock does not lend itself to the 'retrofit' of mobility aids and adaptations that frail people need.

According to the 2001 Census, 11,500 local residents regard themselves as belonging to a Black or minority ethnic (BME) community, representing 2.3% of the East Sussex population. This is less than the regional average of nearly 5% and substantially lower than the national figure of 9%. Residence is mainly concentrated in or around the urban boroughs of Eastbourne and Hastings. The largely rural nature of East Sussex is an important factor affecting this section of the population, as research shows that those living in rural or semi-rural settings are more likely to experience harassment and isolation, and be less well informed about local services. The East Sussex BME population includes a significant settled and mobile Gypsy Traveller population, who are the most subject to social exclusion in terms of health, education and employment, and poor life expectancy.

1.2 What is social care?

Local communities have always supported those in need, but in Britain our contemporary approach to state-funded support largely begins with the passing of the National Assistance Act in 1948. This placed certain responsibilities on local authorities, largely concerned with providing residential care for those in need by virtue of '*age, infirmity or any other circumstances . . . .'* Slowly, however, the concept of 'community care' started to develop, as the shortcomings of much institutional provision

began to emerge. The notion that promoting 'wellbeing' might enhance an individual's health and social circumstances is a much more recent arrival.

Today, social care can be broadly defined as a systematised way of meeting the needs of vulnerable members of the community, through rigorous assessment and provision of advice, information and services to support and maintain independence, where possible, and provision of long-term care when remaining at home is no longer an option. Social Care services are provided on the basis of assessed need and, unlike the National Health Service (NHS), the services of which are free at the point of use, are means-tested. Financial assessment establishes an individual's ability to pay and charges are made, or waived, accordingly. Since 1995, with the passing of the Carers (Recognition and Services) Act, carers have been entitled to services in their own right.

1.3 What is Adult Social Care in East Sussex?

Adult Social Care (ASC) is a relatively new directorate of the East Sussex County Council (ESCC), formed in January 2005 when, following government legislation streamlining the way children's services are organised, the old Social Services Department was split into two - a Children's Directorate and an Adult Social Care (ASC) Directorate. The new ASC directorate assumed responsibility for meeting the social care needs of adults in East Sussex. Support is delivered via a range of services to the following client groups: older people, people with mental health needs (adults and older people 65+), disabled people with physical disabilities and learning disabilities, people with substance misuse problems and carers. In all of these client groups careful attention is paid to ensuring that vulnerable adults receive the protection and support necessary to keep them safe.

Our staff are our most significant and valuable asset. Adult Social Care currently (at March 06) has a total workforce of 1790 people, representing 1454.4 full time equivalents. Located in various buildings across the county, including the district general hospitals in Eastbourne and Hastings, and in the Primary Care Trusts, staff work in close partnership with colleagues from health, borough and district councils, independent and voluntary sector organisations to ensure that individuals and carers receive the help, advice and support they need.

1.3.1 Our vision, values and principles

Vision

Our vision for the future of ASC is to provide a range of services which promote choice, independence and wellbeing, in people's own homes or as close to them as possible. We will, through the developing joint commissioning process, set rigorous standards and monitoring processes which will promote continuous improvement. We will demand high quality and adhere to the principles of Value for Money and Contestability. We will:

- improve the experience of disabled people, older people and people with mental health problems, and their carers, who access and use ASC services

- provide a choice of well managed and integrated services for our community, and to work with partners to develop a wider range of preventative services

- develop robust joint commissioning strategies and service development initiatives with partners to secure services which are outcome-focussed, high quality and cost-effective

- provide leadership of a high professional standard which models openness and integrity, demonstrate transparency of decision-making, builds trust with partners and supports and values the workforce

- ensure that people from Black and minority ethnic communities and other minority groups have fair and equitable access to information and advice, and receive appropriate and inclusive services which reflect the Social Model of Disability.

Our longer term **ambition** is to:

- modernise services in line with the objectives in the White Paper '*Our health, our care, our say: a new direction for community services',* by developing alternative ways to deliver care within identified resources and through integrated work with partners

- improve continuously our engagement with service users, carers and minority groups, resulting in inclusive and appropriate commissioning and service delivery

- develop further a highly skilled, culturally competent workforce which reflects the communities it serves, and

- continue to increase efficiency by ensuring that our commissioning and procurement arrangements and business processes provide value for money.

Emotional well-being and resilience are fundamental to people's capacity to get the most out of life, for themselves and for their families.

'Our health, our care, our say' DH, 2006

2 Why a three year plan?

2.1 Background

Although East Sussex County Council has received, in effect, no increase in formula grant for services outside schools for the last four years, it recently committed an additional £8.3 million to ASC for the current year 2006/07, reflecting an acknowledgement of the considerable pressures facing East Sussex in meeting the needs of the most vulnerable people in the community and a firm commitment to tackling these pressures. In addition, the Council has agreed guideline figures based on various assumptions and efficiency savings which, if fulfilled, will deliver a net year on year increase of approximately 5% into the ASC budget for the years 2007/08, 2008/09 and 2009/10. Given this, the decision was taken to develop a strategic three year plan for ASC, spanning all client groups, for presentation to Cabinet in June. This is a unique opportunity to adopt a longer term approach to planning, by linking information on existing service use and costs to predicted demand, based on demographic data, to project future need and plan services accordingly. The Plan aims to:

- reflect national strategic priorities set by Government, most recently in the White Paper *'Our health, our care, our say: a new direction for community services'*
- reflect local priorities set by the County Council, and those agreed through strategic planning processes with partners
- highlight key areas where ASC needs to improve performance
- set out the level of investment available over the next three years
- set out a framework within which service and budget plans will be delivered in future years

The Plan will also include an outline of strategies which will need to be in place to ensure key policy objectives are met and that performance, as judged by the Commission for Social Care Inspection (CSCI) and the Audit Commission, improves.

In preparing this plan, we have engaged with both staff and external stakeholders to ensure that we were explaining what we hoped the Plan would achieve and then gaining input from a wide group about their views on issues and priorities. A seminar for external partners, including voluntary organisations representing service users and carers, was held on 6 April; a report of the proceedings is attached at Appendix 1. A follow up event was held on 15 May, and further consultation events will be organised during the summer months to develop an implementation plan which will include further detail on the next steps once this higher level plan has been formally agreed.

2.2 What is the policy context for the plan?

Earlier this year the Government published its long-awaited White Paper '*Our health, our care, our say: a new direction for community*

services', which set out its vision for community health and social care. The key themes are:

- Personal and responsive health and social care services that reflect people's needs and wishes and treat them with dignity and respect
- Prevention, public health and well-being
- Tackling inequality
- More focussed support for those with long term conditions
- More services provided outside of hospitals, closer to people

It urges that people who use social care should be helped to transform their lives by giving them more control over the things they value, providing more choice and the chance to do things that other people take for granted, and giving the best quality of support and protection to those with the highest levels of need. These are high ideals which build upon key policy documents such as the Valuing People: a New Strategy for Learning Disability in the 21st Century (2001), Improving the Life Chances of Disabled People (2005) and Mental Health and Social Exclusion (2004).

More recently Sir Derek Wanless published his report *'Securing Good Care for Older People – taking a long-term view''* for the King's Fund. This report sought to determine social care spend for older people over the next 20 years, and what funding arrangements need to be in place to support high quality outcomes. The report, which contains much useful research on modelling of demand, the value of services such as telecare and the evidence base for preventative services[1], is a valuable resource for the demand modelling work being undertaken in East Sussex.

The report '*Living well in later life',* recently published by the Audit Commission, Healthcare Commission and the Commission for Social Care Inspection, details findings from their joint inspections of ten areas in different parts of the country on progress made towards fulfilling the objectives of the National Service Framework for Older People's Services. The report's findings are of relevance to East Sussex, providing a further policy steer and signalling the development of joint service improvement indicators with health, focused on outcomes for people rather than service details, which will be used to underpin improved partnership working through the development of Local Area Agreements.

The East Sussex Local Area Agreement (LAA) reflects the national policy agenda outlined above, and also sets out its own objectives, which are to:

- build healthier communities
- reduce health inequalities
- improve access to information, local services and economic wellbeing

1 Preventative services are those which help to delay or prevent decline and/or promote psychosocial and physical wellbeing. To distinguish them from the services which we professionally assess for and which would need on going care management by a social care worker, the Commission for Social Care Inspection are also referring to some preventative services as 'non-care managed support'

- improve independence and choice, focusing on keeping people well in the community
- improve user experience through engagement of older people and minority groups
- improve support for carers

The LAA is a substantial document and is divided into blocks. Of particular relevance is the Older People and Healthier Communities block, which is attached as Appendix 2.

> *'We must set a new direction for health and social care services to meet the future demographic challenges we face. We must re-orientate our health and social care services to focus together on prevention and health promotion . . . . Local Area Agreements should be a key mechanism for joint planning and delivery'*
>
> *'Our health, our care, our say' Department of Health, 2006*

All these policy drivers are underpinned by the Race Relations Acts 1976 and 2000, Sex Discrimination Act 1975 and Disability Discrimination Acts 1995 and 2005. These give public authorities the duty to be proactive in rooting out discrimination on the basis of race, disability or gender, including the duty to assess all policies and services to ensure they are fair and inclusive in their effect. The ESCC Equality Policy extends these expectations to all people on the basis of religion and belief, sexual orientation and age. Other key strategy documents also provide a steer for planning in East Sussex; details of these are set out in Appendix 3.

There is no doubt that, in order to achieve all of the aims set out in these policy documents, there must be changes to the way ASC services are designed and provided. East Sussex is committed to making the changes to its own services and business systems necessary to achieve these aims, and to working collaboratively with partners to ensure that jointly commissioned services are similarly aligned to these objectives.

2.3 Who are our customers – and how do we currently meet their needs?

ASC in East Sussex is currently meeting the needs of a wide range of individuals in all client groups, and our customers include members of all the diverse communities within East Sussex. Further details, by client group, are shown below

2.3.1 Physical Disability and Older People's Services

People with physical impairments, mobility problems, hearing and/or visual loss are assessed by one of four 'assessment and care management teams'. As the above generally affect older people more than younger adults, this is the largest group supported. They typically enter the social

care system either because of a specific health incident (such as following a fall or stroke) or as a result of increasing frailty and impairment, such that they can no longer live independently without some support. Indeed, the loss of a carer is another reason why many people need social care. Older people are provided with a range of services designed to promote wellbeing and support them to live at home, including homecare and day care. When rehabilitation is required, for example, after a hospital stay, a range of intermediate care services is in place to help people regain their independence. Older people who can no longer manage to live at home, even with support, are offered residential or nursing care, according to their levels of need. All our assessment and care management teams carry out the following types of assessment:

- Social care assessments to determine what help people need in their homes to remain independent;
- Occupational therapy assessment to determine what equipment would make it easier for people to remain active and independent in their homes
- Hearing and visual impairment specialist assessments

Services provided by ASC and our partners include:

- domiciliary care delivered by the department and by the independent sector;
- residential and nursing care delivered through a comprehensive range of independent homes;
- respite in our four residential respite units;
- advice, information and support through Social Care Direct and our voluntary sector partners

Within each individual service, procedures are in place to ensure that vulnerable adults are safeguarded and protected from abuse.

2.3.2 Learning Disability

About 1200 learning disabled people with moderate or severe impairments, some of whom have concurrent physical or mental health needs, use specialist services across the county. Services, some provided in partnership, others by ASC alone, include

- day opportunities co-ordinated from seven locations across the county
- twelve residential care services
- three respite units
- three Community Support Teams
- three health and social care Community Learning Disability Teams
- a Residential Placements Team

2.3.3 Mental Health

The Sussex Partnership Trust, in partnership with ASC, is responsible for meeting the needs of people with mental health problems. Integrated

health and social care mental health teams work in the community enabling people to manage their mental health problems and to maximise their independence. Services are provided though Community Mental Health Teams, Primary Care Teams, Crisis Response and Home Treatment Teams and Assertive Out-Reach Teams. Crisis response services for working age adults are available 24 hours a day 7 days a week. Intensive support services for older people are available from 8.00- 8.00 seven days a week.

Services provided by Adult Social Care and our partners include:

- Domiciliary care delivered by the department and by independent providers
- Residential and nursing care delivered by independent providers
- Day services providing social support and meaningful activity and stimulation
- Vocational services for working age adults supporting people back into employment
- Memory assessment services
- Advice, information and guidance through voluntary sector partners
- Carers support including a respite scheme via Rethink
- Advocacy services
- Service user self help organisations
- Alternatives to admission to hospital and provision of short term residential stays
- Supported accommodation to support people with mental health problems remain in the community.

2.3.4 Carers

Led by ASC, NHS and voluntary sector partners work with carers on the implementation of an agreed, closely monitored Carers Strategy Action Plan to develop and improve information, advice and services for carers consistently. Informal and family carers receive support in a range of ways: carers organisations offer advice and information, and act as a lobby to ensure that carers' voices are heard. Carers groups and carers workers (some focused on specific needs such as mental health) work with individuals and small groups to offer advice, information and breaks from caring. Last year, carers received the following services, among others

- Nearly 700 carers received short break vouchers, allowing them greater choice and control over when and how they took a break from their caring roles
- 224 carers received carers' direct payments, including carers grants

2.4 Equality and diversity

We take the issue of equality seriously in East Sussex. An Equality Impact Assessment in 2004/5, carried out in conjunction with community-based groups and ASC managers resulted in a three year action plan for improving performance on equality and diversity. For example, ASC is committed to ensuring that people from BME communities, including Gypsies and Travellers, have equitable access to information and health and social

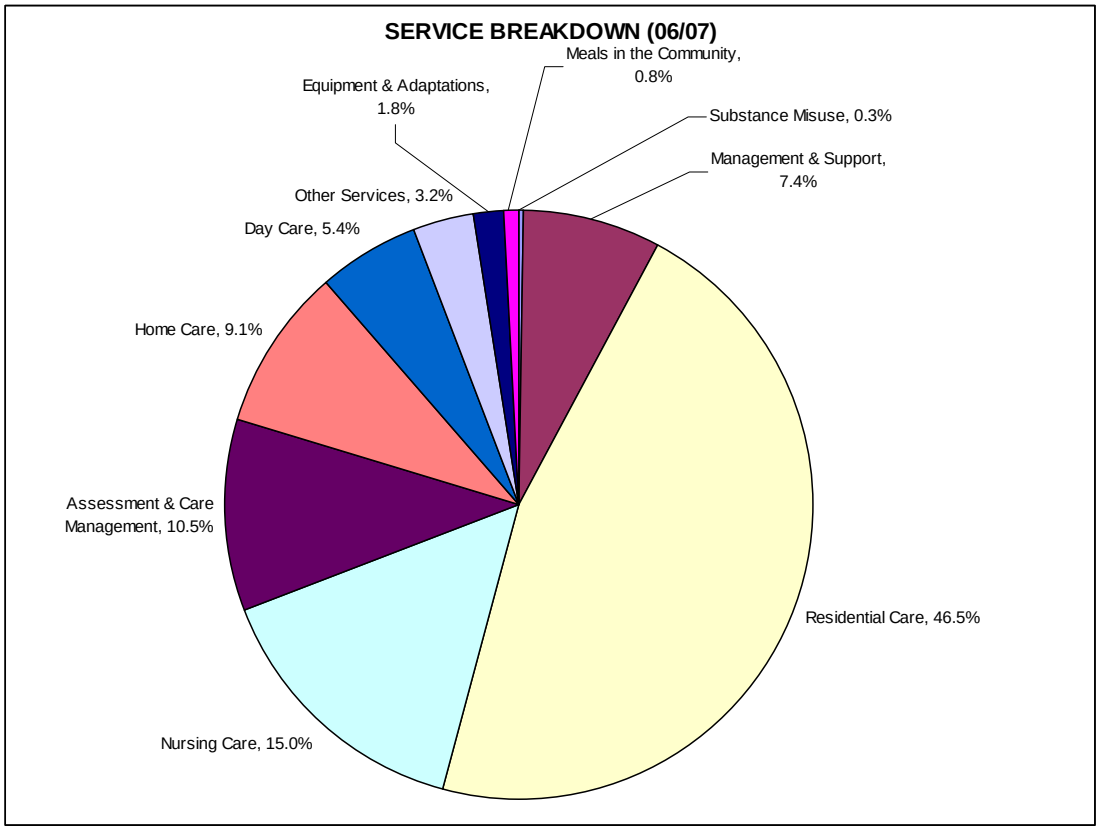
care services. The department is actively working with BME voluntary/community sector organisations to ensure this is achieved.

Similarly, there are plans to improve information and access to services for all disabled people, and to involve them in service design and development. The same ambition applies to the county's Lesbian, Gay, Bisexual and Transsexual (LGBT) population.

2.5 How do we currently spend our money?

The chart below shows how resources were spent in 2005/6 on services for all ASC's client groups.

Chart 1 ASC spend by service type for all client groups 2006/7



Behind the broad pattern of spend, some examples of what ASC was responsible for include:

- provision of services to 16,000 adults in 2005/6
- In 2005/06, 4276 people received home care packages, 2769 were in residential care, 1507 were resident in nursing homes
- percentage of daily living equipment delivered within seven working days increased from 64% to 84% in the last year
- access to information made easier through availability of MP3 audio files on the internet

- partnership work with Age Concern and others resulted in the establishment of 6 Older People's forums across the county, with another 2 in development, including one for BME elders
- additional eight extra care housing places developed for learning disabled people
- Social Care Direct was launched and provides information and advice to an average of over 2,000 callers per month.
- a successful anti-bullying pilot project was developed in Learning Disability Services.

In summary then, we provide a wide range of services to a large and diverse population, which must be delivered cost-effectively through sophisticated business structures. Although there is a solid base to our service provision, improvement is needed in every aspect of what we do.

2.6 The need to improve – demand for our services and organisational Effectiveness

> " . . . reforming and improving our community services, to create health and social care services that genuinely focus on prevention and promoting health and well-being; that deliver care in more local settings; that promote the health of all, not just a privileged few; and that deliver services that are flexible, integrated and responsive to people's needs and wishes."
>
> From the Foreword to the White Paper – "Our health, our care, our say: a new direction for community services", Department of Health, 2006

We know we need to improve – this plan sets out the ways in which we intend to improve. As discussed elsewhere in this document, the demographic data available to us show clearly how the population will change in the next few years, and the additional demands for services that these changes will bring. We know that simply doing 'more of the same' will not enable us to meet these challenges – we must change the way we think about social care, and the way we do things, working more closely with partners to be more creative about service structure and more effective in delivery.

By comparing ourselves to similar organisations and the kinds of business processes they employ, we have recognised that there are many ways in which we can improve how we operate, through better use of information technology, better performance and financial management systems which would allow us to devolve more decision-making to front-line staff, efficient procurement systems and streamlining many other processes. This need to improve has been recognised through the creation of the ASC Change Programme, a fundamental revision, through a series of nearly 50 targeted and inter-linked projects, of the Department's systems, processes and practices.

A number of major initiatives within the Programme have been grouped under the Business Transformation Programme, a £4 million investment which is reviewing our entire operation, from front line to back office, through its four work streams: Finance, Procurement, Predictive Planning and Performance Management and Operational Practice. This major investment for the Department acknowledges that review and change must occur simultaneously throughout the organisation's systems, practices and processes if lasting impact is to occur; we cannot 'tinker at the edges'. Through this work we will pursue and implement the technological innovations which will support our front line staff to spend less time with paper and more with service users, and our 'back office' staff to use robust systems which will provide faster delivery of information and a clearer 'end to end' process, understood by staff at all levels and in all parts of the organisation. Savings made will be reinvested in services.

2.7 Changing demand

As discussed earlier, the rising population, particularly the proportion of older people, is a very significant feature in East Sussex and is perhaps the key driver of demand for our services. Other significant factors which drive use of social care services include health and disability-related impairment (physical and cognitive) with some being directly age-related, housing circumstances, family and (informal) carer circumstances. A person's income and wealth are important, too; low income can exacerbate poor health, and explain poor housing, and a person's ability to pay for care influences the likelihood and intensity of social care use. Against this backdrop, the following tables help to illustrate the underlying factors which precipitate demand in East Sussex. The growing number of older people (65+), in particular the proportion of 'oldest old' (85+), and the associated increase in dependency, will have a marked impact on demand for services.

Table 1 Increasing numbers of the 'oldest old'

INCREASING NUMBERS OF THE 'OLDEST OLD'
The East Sussex population has a relatively elderly age structure with one in four residents being over pension age. East Sussex still has the highest proportion of 'oldest old' residents of any county in England. Disability in later life arises as a result of heart disease, stroke, sensory problems (vision and hearing), arthritis, incontinence, dementia and depression; it is these diseases and conditions that shape the demand for social care. The incidence and revalence of mental illness increases with age. East Sussex, with its large proportion of 'oldest old' will be one of the first authorities to experience large increases in the number of older people with mental health problems. Based on available prevalence data, the number of people with dementia will increase from approximately10,000 (2006) to 17,000 (2028). Thus by 2028, 10% of people aged 65+ in East Sussex could have some form of dementia. This includes estimated increases in the number of people with Alzheimer's from 5,700 (2006) to 9,400 (2028) and vascular dementia from 2,100 (2006) to 3,400 (2028). Dementia is not the only mental health problem faced by older people, however - 15% suffer from depression, 3% having a severe or psychotic depression. This translates to an increase in the number of older people with depression from 16,000 (2006) to 27,000 (2028) and those with severe or psychotic depression from 3,400 (2006) to 5,800 (2028).

People living with one or more long term conditions are at increased risk of requiring long term social care, and these needs are likely to increase still further with advancing age and frailty. The prevalence of dementia is highest amongst the 'oldest old'.

Table 2 Prevalence of long term conditions

PREVALENCE OF LONG TERM CONDITIONS

Securing good care for older people emphasises the effect of the long term diseases and conditions on the demand for social care. At the end of 2004/05, local GPs reported that they had registered:

- Over 21,000 people with Coronary Heart Disease;
- Just under 10,000 people had experienced a Stroke/Transient Ischaemic Attack;
- Over 69,000 with Hypertension;
- Over 16,900 people with Diabetes
- Over 6,600 people with Chronic Obstructive Pulmonary Disease Register;
- Over 29,200 people suffering from Asthma
- 12% of people aged 65 and over are likely to have arthritis

The numbers of people with dementia are predicted to increase from approximately 9,600 (2006) to 15,200 (2028)**. It is important to note that people with one or more long term conditions are at increased risk of requiring long term social care.**

Falls are the biggest reason for A&E attendance and acute hospital admission in older people. They may lead to injury, anxiety, loss of physical function and placement in long term care, particularly if the older person remains in hospital longer than medically necessary.

Table 3

IMPROVED LIKELIHOOD OF SURVIVAL FOLLOWING TRAUMA BUT WITH INCREASED SOCIAL CARE NEEDS

In East Sussex in 05/06, there were approximately 10,000 ambulance attendances due to falls, approximately 42% of them led to an attendance at A&E of which 28% require the care of a Trauma and Orthopaedic team.

Improvements in orthopaedic care have meant increased mobility for a large number of older people, but has increased the 'pool' of older people who may require social care in the future.

Medical advances in recent years have resulted in better survival rates from conditions such as stroke and coronary heart disease – but survival is not

always free of disability. This increased number of people surviving with a disability therefore increases demand for health and social care services. In addition, the likelihood of stroke increases with age and is highest with respect to the 'oldest old'. Additionally, factors such as increases in the numbers of people with type II diabetes (a risk factor for stroke), will potentially increase the numbers of people suffering and being admitted to hospital with a stroke.

Table 4

IMPROVED LIKELIHOOD OF SURVIVAL FOLLOWING STROKE BUT WITH DISABILITIES

At the end of 04/05, there were just under 10,000 people registered with East Sussex GPs as having had a Stroke or TIA. Emergency admissions for strokes are gradually increasing:

- For people aged 65 and over the number of strokes per year has increased from 398/yr (02/03) to 438/yr (04/05); more alarming is the fact that;
- For people aged 18-64 yrs, numbers have increased from 77/yr (02/03) to 135 (04/05)
- Over 16,900 people with diabetes registered with GPs in East Sussex

Medical advances in neo-natal and post-natal care have increased the probability of children with significant physical and learning disabilities surviving into adulthood. This will increase the numbers requiring services from ASC as they reach adulthood.

Table 5

IMPROVEMENTS IN NEO-NATAL AND POST-NATAL CARE IMPROVING THE LIFE CHANCES OF CHILDREN WITH DISABILITIES

Within East Sussex, we are observing increasing numbers of children with complex learning and physical disabilities reaching adulthood.

In addition, the presence of high quality schools for people with special needs means that there is a net migration of children with complex needs into East Sussex.

The Special Educational Needs in England Survey1 (January 2005) showed that East Sussex has the second largest number of children in special schools per 1000 people (aged 5-19 yrs) compared to its comparator authorities.

The amount of social care support needed in relation to the above is directly influenced by the configuration of primary and secondary care services

within East Sussex. Services such as those shown below all have a direct impact on the magnitude, intensity and duration of social care provision.

- A countywide falls prevention service in line with national best practice guidance
- Countywide access to stroke rehabilitation units that can meet current and future needs
- 'Step up' services that help to prevent inappropriate admissions to hospital (Research carried out during preparation of the Wanless Review found that hospital avoidance services (step-up) tended to be associated with cost savings, while supported discharge (step down) tended to lead to increases in costs overall)
- Community nursing teams organised to meet current and future needs of the 'oldest old', together with a community matron service which supports people with long term conditions
- Three community support teams, funded by the Learning Disability Development Fund, enable people with learning disabilities across the county to access community services and develop independence skills

These issues clearly illustrate the necessity of planning jointly with health partners.

2.8 Housing circumstances

The impact of poor housing on health and, correspondingly, the need for social care has long been documented. Lack of high quality, well designed, appropriately adapted (or capable of being adapted) accommodation that enables people to continue to live independently with support in their own homes is a key driver for admission to residential care. East Sussex Extra Care Housing Strategy (2003-08) builds on a report by Peter Fletcher in 2000 which identified a need for 540 extra care units for older people across the county. The need has been further substantiated by locality housing and support strategies and the East Sussex housing needs survey (2005), which identified the lack of appropriate housing options for older people as a pressing issue. The survey included specialist interviews with older people and found that:

- 40% of respondents or their partners said that they had a long term illness or disability
- only 20% of households with a disability live in adapted accommodation

Housing is also a key issue in supporting independence and choice for people with a learning disability. Of 650 people living in residential care, nearly 30% are placed with a level of support that indicates a relatively able group, for whom the Council, if required to offer accommodation-based services now, should be offering supported living opportunities. Only 13%, however, of all users of learning disability services (200 people) are currently supported to live in their own homes and less than 50 live in housing with integrated care and support. A lack of supported housing opportunities is preventing and frustrating learning disabled people aspiring to greater independence. The increasing life expectancy of this group of people, along

with increasing numbers living with ageing parents, represents significant future social care demand in the system.

Other housing-related pressures include:

- the increasing numbers of children surviving into adulthood , sometimes with profound disabilities, and the lack of specially adapted, or adaptable, accommodation for this group
- homelessness and lack of supported housing for people with mental health needs, substance misuse problems or other complex needs.

2.9 Carers

A great deal of care is provided by informal and/or family carers – it is estimated that in the UK carers are currently saving the economy, in care costs, the equivalent of a second national health service. It is well documented that many carers are themselves frail and elderly, often providing high levels of care and support, which in turn is likely to impact on their own health and wellbeing. The breakdown of informal caring arrangements can often lead to the need for health and social care services, including hospital admission, as evidenced in the 2005 report 'Windows of Opportunity' by Val Jones and Jan Stevenson.

2.10 Financial drivers

In managing the expensive and complex services provided by the County Council using public funds, it is vital to understand the inter-relationship between investment and performance. ESCC uses an extensive process called Reconciling Policy and Resources to enable a clear understanding to be shared within the ASC department, corporately across the County Council and by elected Members as to demand and investment drivers.

The Reconciling Policy and Resources process looked at Audit Commission Comparative data for 2004/05. This indicated that: -

- The spend on people aged 65+ was average, however this does not take account of the high level of people aged 85+ in East Sussex
- Performance against the Intensive Home Care indicator was 2nd lowest
- There are relatively high numbers of learning disabled adults and mental health needs in residential care
- The spend per head of population for learning disabled people is high
- Unit costs for residential, nursing and home care are above the national, shire and cluster group averages

These issues clearly signalled the need for review and the value of strategic planning, hence this Three Year Plan.

2.11 Understanding the Market

Success in part for the Business Transformation Programme centres on modernising our procurement of care services. The first stage of this is developing our market intelligence and this work is in hand. Findings have revealed that the residential care sector in East Sussex has a prevalence of homes that are small and not built for purpose. For example, of 123

residential homes 65% have fewer than 25 beds and 93% have fewer than 40 beds. These issues militate against achieving value for money, and it will be increasingly difficult to deliver the sort of quality services that service users will expect in the future. We intend to work proactively with the market to develop services based on our commissioning needs in the future, and underpinned by clear specifications.

2.11.1 Directly provided services versus the Independent Market

Whilst it is acknowledged that our Directly Provided Services (DPS) deliver services that are different from those purchased from the Independent Sector, there are clear value for money issues that require further investigation. For example, for older people's home care provided by DPS we spend 27% of our budget on 10% of our services users. On bed-based care (excluding nursing) provided by DPS we spend 25% of our budget on 11% of our service users. We will carry out robust reviews of these services.

2.12 Current issues in the East Sussex Local Health Economy

The Surrey and Sussex health economy had an underlying deficit of around £100 million in 2004/05. This obviously has an impact in East Sussex, where the drive to recover the local proportion of this deficit, coupled with reorganisation and a continuing push to modernise local health services and systems, will present an ongoing challenge to joint working in the foreseeable future. At a service level, the continued high numbers of patients designated as 'delayed transfers of care' signal ongoing 'systems' problems, characterised by blockage in various key areas and resulting in inefficient 'flow' of patients around the health and social care system.

The Whole Systems Action Plan was developed following an Audit Commission review into the issue of 'delayed transfers of care'. Its focus on the three key areas of complex discharges, demand management and admission avoidance and long term conditions, promises to tackle these 'systems' issues and remains the most significant vehicle for change at the health and social care interface.

One particular service which links to all three of the key areas referred to above is intermediate care. Intermediate care is key to achieving the effective 'flow' of patients. We will undertake a robust review, with health partners, of intermediate care services, to determine whether service configuration is appropriate and whether, by redesign and redeployment of key staff, we could achieve more effective outcomes with fewer bed-based services. We will also put a sharper focus on service inputs, the setting of user-determined goals and the measurement of outcomes.

We know, too, that in order to get people out of hospital (or prevent their unnecessary admission) there must be a range of services in the community, ready to respond rapidly. We need to engage with health, voluntary and independent sector partners in a review of our out-of-hours services and must explore how we might, for example, provide weekend and overnight care. For health partners, admission avoidance strategies may also include,

for example, review of patients admitted to acute hospitals for short lengths of stay, to determine whether alternative services such as community-based rehydration facilities, might have prevented admission.

2.13 Workforce Issues

The social care workforce is critical to the delivery of quality services. Nationally social care is struggling to meet the demands placed upon it and vacancy rates in social care are higher than those for all other employment sectors in England.

We know that the sector experiences difficulties in recruitment and retention. Recent findings from a workforce survey carried out across the residential care sector in East Sussex, Brighton and Hove has concluded:

- One fifth of care homes reported an annual staff turnover of more than 40%
- The highest rates of turnover are for staff with between one and two years experience, particularly in homes for older people
- In 2005, 29% of staff had attained NVQ qualifications

(Source: "The Social Care Workforce in East Sussex, Brighton and Hove", the Independent Provider Forum, February 2006)

Additionally, the 2004/5 Equality Impact Assessment identified the need to ensure the workforce is sufficiently diverse to meet the personal care needs of the diverse East Sussex population.

3 Measuring our performance

3.1 Background

Performance in ASC is assessed by the CSCI through the Performance Assessment Framework (PAF). Performance is measured against a set of nationally-defined performance indicators, based on information gathered regularly in East Sussex (and all social services departments) and reported to CSCI. Over 25 items are aggregated and reported to summarise our performance on:

- number of adults and older people being supported to live independently in their own homes
- cost of services provided
- quality of service
- levels of satisfaction with services
- number of carers in receipt of services

The Department reviews performance against national and local indicators on a monthly and quarterly basis, as appropriate, and the delivery of annual performance targets is achieved through a combination of process and service delivery improvements. CSCI make an annual judgement about the Department's performance using a combination of evidence, including the performance indicators and the results of any recent inspections of services. This year, for example, CSCI are conducting a review of older people's services.

3.2 The picture in East Sussex

Against a backdrop of a large ageing population and relatively high service costs, demonstrating performance improvement is challenging. In order to achieve the twin goals of improving user and carer experience and providing value for money, ASC sets annual performance targets prioritised to areas where greatest improvement is needed. These targets are shown in the tables below.[2]

The quality of services we provide or commission is based on such things as how referrals are received and how quickly assessments and care plans are completed and services delivered. We know that we need to improve our performance in several areas, and have set targets in the following areas:

- **People Receiving a Statement of Need & Receiving a Review**

The Department is currently showing good performance against the D39 indicator and will be working towards similar improvements in the number of clients receiving a review - indicator D40, below.

Key Service Delivery Performance Assessment Framework Indicators	2005/06 Final Figures	2006/07 Targets	2007/08 Targets	2008/09 Targets	2009/10 Targets
D39 - People receiving statement of needs	92.2%	92.0%	94.0%	96.0%	96.0%
D40 - Clients receiving a review	63.4%	80.0%	82.0%	85.0%	85.0%

- **Acceptable Waiting Times**

'Acceptable waiting times for assessments' (D55) is identified as an area for significant improvement. The Department is starting from a relatively low base and the year on year improvement targets are challenging. 'Acceptable waiting times for care packages' (D56) is also an area requiring improvement and, whilst the targets are less challenging than for D55, will nonetheless require significant effort and commitment if they are to be achieved.

Key Service Delivery Performance Assessment Framework Indicators	2005/06 Final Figures	2006/07 Targets	2007/08 Targets	2008/09 Targets	2009/10 Targets
D55 - Acceptable waiting times for assessments (BVPI) (KT)	49.8%	65.0%	75.0%	85.0%	90.0%
D56 - Acceptable waiting times for care packages (BVPI) (KT)	71.6%	74.0%	80.0%	85.0%	90.0%

[2] The targets for 2007/8 have been set through a formal process; those shown for years 08/09 and 09/10 are estimates which will be reviewed each year through the Reconciling Policy and Resources process.

- **Effectiveness of service delivery**

Effectiveness of service delivery, monitored by the level of service provision to support people in their own homes, for example, Direct Payments and intensive home care, must also be priority areas. These indicators are calculated using a formula which is based on dividing the number of people supported by the overall population which means that just to maintain the same performance levels, many more people have to be supported because the base population is increasing. This is a key challenge in East Sussex.

3.2.1 Resources

All our performance targets are set within the context of the resources available to the Department through the Reconciling Policy and Resources process, and the indicators outlined below are particularly sensitive to resource availability. During the process in 2005 we developed ambitious targets and the necessary budgets that, allowing for the increasing population, took our performance in key service areas closer to CSCI recommended levels. The Cabinet recognised the needs we outlined and agreed a significant increase to ASC. Even with the increase, however, the funding levels do not allow ASC immediately to reach the performance levels we need to achieve. We must plan our improvements in a phased and targeted way and the extra budget must be supplemented by efficiency savings, such as those which will be progressed through the Business Transformation Programme, the re-provisioning of services and the use of additional external funding secured, particularly for telecare and from a successful bid we made for a grant for preventative services for older people (the Partnerships for Older People's Projects).

'Results indicated by the analysis conducted by the Review . . . . indicate that for the average local authority, a one per cent increase (from the mean) of total adult expenditure per head of population 65+ corresponds to a 0.9 per cent increase in the chance of being rated a high performer'

'Securing Good Care for Older People' Sir Derek Wanless, 2006

3.3 Improving our performance

Over the next three years, then, we aim to increase services to support people in their own homes significantly, with particular emphasis on increasing intensive home care provision and community based services for older people.

Improving performance against Intensive Home Care for older people (C28) and Older people helped to live at home (C32) is particularly challenging, as over 100 additional clients need to be supported on an annual basis for C32 for instance, just to maintain our current performance against our

increasing older population. These are key areas where our use of the external grants and business efficiencies will be pivotal in securing better performance against this backdrop of increasing demand, especially given that ESCC has received no increase in formula grant from the government for social services for over four years. Further, the availability of effective community-based provision by the NHS will make a tremendous impact on these indicators, so joint working will be crucial,

Key Service Delivery Performance Assessment Framework Indicators	2005/06 Final Figures	2006/07 Targets	2007/08 Targets	2008/09 Targets	2009/10 Targets
C28 - Intensive home care(BVPI) (KT)	6.2	6.5	7.6	8.1	8.5
Actual Numbers of People	703	738	770	950	1020
C32 - Older people helped to live at home	57.4	57.1	56.6	56.8	58.2
Actual Numbers of People	6517	6470	6570	6700	7000

Similarly, the impact of current and intended initiatives will be reflected through the following performance indicators showing increases in the numbers of adults with learning disabilities (C30) and mental health problems being helped to live at home (C31). We currently support a large number of people with physical disabilities at home (C29) and our performance has consistently remained within the national banding of 'very good' for the last two years. We will be looking to maintain that position against any increases in the 18-64 population.

Key Service Delivery Performance Assessment Framework Indicators	2005/06 Final Figures	2006/07 Targets	2007/08 Targets	2008/09 Targets	2009/10 Targets
C30 - Adults with Learning Disabilities helped to live at home	2.4	2.8	2.9	3.0	3.2
Actual Numbers of People	675	770	800	850	895
C31 - Adults with mental health problems helped to live at home	1.7	1.9	2.0	2.2	2.3
Actual Numbers of People	478	540	565	610	660
C29 - Adults with Physical Disabilities helped to live at home	5.1	5.1	5.1	5.1	5.1
Actual Numbers of People	1420	1425	1430	1435	1440

Our performance on providing Direct Payments (D51) is relatively low compared to similar authorities, as is our performance regarding services currently provided to carers (D62). Our progress on Direct Payments generally has been slow overall than we would wish as we have been concentrating on developing Direct Payments for those with mental health

problems and learning disabilities. These new client groups need more complex support and, in some circumstances, the establishment of Independent Trusts to ensure appropriate legal requirements are met. We have also been redesigning the support service to ensure that all client groups can receive appropriate and cost-effective support in considering and using Direct Payments. These improvements to our support systems will soon start to yield improvements in the overall numbers using Direct Payments.

Services for carers is another area prioritised for improvement and, as well as reviewing the overall ways in which we support carers and voluntary sector carers organisations, we must improve our recording of carers' assessments completed by our staff, as incomplete recording results in our performance figures appearing lower than they should be.

Key Service Delivery Performance Assessment Framework Indicators	2005/06 Final Figures	2006/07 Targets	2007/08 Targets	2008/09 Targets	2009/10 Targets
C51 - Direct Payments (BVPI) (KT) Actual Numbers of People	54.7 193	60.4 228	66.3 253	72.3 278	81.2 308
D62 - Services for Carers Actual Numbers of People	2.5 326	6.0 775	6.2 800	6.4 830	6.7 870

3.4 Measuring performance on 'prevention'

We have indicated that we wish to provide more services which are preventative (some of which are referred to by CSCI as 'non-care managed' services). Performance on these is not currently measured using the formal indicators discussed above. For this reason, we cannot set similar formal targets for this area of activity, but the Department of Health and CSCI are moving towards a national requirement to capture this data. This will help to give recognition to the levels of investment the Department makes in organisations which provide services to help people maintain or improve their current levels of (supported) independence. We will be setting targets for this activity in the future, but we know that we currently fund the voluntary sector with £3.8m (about 2% of our gross budget) for these types of services.

4 The offer - what is our commitment to the local community?

4.1 The framework

We will ensure that those in greatest need will always continue to receive our support. We will provide a range of services, in partnership with others, which are simple to access and easy to understand. We will be clear about who we can help, and why, and if we are not able to help, will point people towards other services which will help to meet their needs. Services must be provided in a timely and equitable manner, financial assessments must be completed quickly and we must be clear about costs and charges.

As part of the care planning process, individuals and their carers will be encouraged to help determine the best ways to meet their needs, and they will be offered a choice of services.

4.2 Actions

In our 2006/07 Adult Social Care Business Plan we are committed to the following actions:

- In partnership with Health, develop more services to prevent unnecessary hospital admission and ensure timely discharge

- Promote flexibility and choice through services designed to support disabled adults and older people in their own homes

- Continue to provide appropriate levels of residential and nursing care provision

- Improve support to young people transferring from children's to adult social care services

- Improve the user experience of assessment, care management and review processes

- Review the use of residential care for learning disabled people and increase support at home

- Improve choice and flexibility of community based services for people with mental health problems

- Develop a range of flexible and responsive services for people with physical impairments, to promote choice and support people in their own homes

4.3 Additional areas we will develop

We are committed to ensuring that the following additional areas are developed during the life of the Plan:-

- more people supported to receive Direct Payments for their care, if that is their wish, as part of a shift towards greater self-determination. As national guidance emerges from the 'In Control' national pilots, we will develop the systems to support a move to individualised budgets;

- more information, advice and support provided to people with the means to fund their own care, to help them determine the best options available to them and maximise their purchasing power;

- implementation of robust multi-agency policy and procedures to safeguard adults, in line with 'No Secrets 2000'. A multi-agency Safeguarding Adults Management Committee is in place;

- development of new initiatives to promote enhanced wellbeing for those with less complex needs – the so-called 'preventative' or 'non-care-managed' services, which provide 'upstream' support to help promote and sustain independence at home, and prevent 'downstream' crises;

- the commissioning process will include a firm focus on service outcomes; we will work with providers to determine effective measures to inform future strategic planning;

- plans to improve the inclusive and culturally appropriate nature of our services to all minority groups;

- through our Business Transformation Programme, close working with staff across ASC to review current processes and practices, with the aim of streamlining operational practice and 'back office' systems, and ensure most effective deployment of resources;

- implementation of the Partnerships for Older People Projects (POPP) programme;

- review of intermediate care services, to determine whether the current predominantly bed-based structure is the most effective;

- Learning Disability: improve information provided to users and carers regarding transition into Learning Disability services, in accordance with eligibility criteria, support the transition panel process in improving forward planning for children moving to adulthood, increase advocacy and service user involvement;

- Dementia: continue to develop a range of services for people with dementia and their carers, including the role of specialist home care and intermediate care services for this group, within the overall care provision to older people;

- Carers: the Carers Strategy Group is effective and well supported and has agreed a clear action plan which is in the process of implementation. The recent cuts in the carers grant budget in no way reflects a de-prioritisation of carers or our wish to support them. There will be a review of the level of funding available for carers' services as part of the commissioning strategy development during the summer of 2006, to inform the Reconciling Policy and Resources process for 2007/8 and beyond;

- Community Leadership Strategic Needs Assessment: we will collaborate with public health in the development of a strategic needs assessment for the East Sussex population for the next 10 to 15 years.

5 How we will deliver the offer

5.1 Change Management and Communication

Change is not just about systems. To achieve the improvements and changes we seek it is essential that we focus, too, on the human dimensions of change. We recognise and understand that change, whilst being essential to continued improvement and welcomed by many, can also bring anxiety and unease for staff. We are strongly committed to supporting them through the transformation programme, working within the corporate 'change management framework', ensuring that communication is open and two-way, information is disseminated widely, ideas are encouraged and concerns heard and addressed. The Programme's teams can only deliver results through people – principally our own staff, but also other stakeholders and partner organisations.

Communication is a crucial element to change management. We will use the many existing groups and structures as the principal mechanisms to ensure transparency of communication about the change programme. Additionally, we will continue to have a dialogue with stakeholders about the development of this plan.

5.2 Working in partnership

We have set ourselves an ambitious and challenging programme; we know that we cannot deliver this without the close involvement of partners, including those in health, housing and the voluntary and independent sector. The achievement of closer, more effective partnership working is therefore one of our main aims. This will involve development of robust joint commissioning strategies and action plans, underpinned by intelligent and creative use of collective resources.

5.2.1 Health Partners

In health, there is an immediate context of severe financial pressures which are unlikely to be resolved in the near future. Further, new ways of working, commissioning and paying for services, which are just beginning to become established, will potentially have increasing impact on partners as the focus continues to shift from secondary to primary care. The impact will be felt at many levels: better management of long term conditions, for example, through improved 'secondary prevention' and patient involvement in their own care, should result in improved health status and, in turn, could reduce or slow the need for social care. At an organisational level, Payment by Results and Practice-Based Commissioning, will drive changes in patient care, by sharpening the focus on activity and where this should best take place. It is too soon to see the full effect of these relatively new approaches. Key questions therefore remain about how they will affect resource flows and will the 'incentives' they produce in the system make a positive contribution to the modernisation of the 'whole system' of health and social care? The development of Joint Commissioning Strategies will be very important in helping to ensure these changes have a positive effect, and are addressed in the final section.

5.2.2 Housing Partners

Joint working between housing and social care continues to expand. With two main strategic programmes being delivered through a number of established partnership groups:-

- ASC is committed to a strategic partnership approach in the development of housing-based options for vulnerable people. The strategic aim can be summarised as reducing reliance on residential care responding to people's increasing aspirations and enabling people to live independently in high quality, well designed accommodation, suited to their needs with support at home as required. This will include continued development of extra care and supported housing for older people and learning disabled people and taking advantage of opportunities afforded by reviews of sheltered housing across the county;
- ASC will continue to work in partnership on a range of developments arising from Supporting People, which aims to promote independence and prevention. This will include a range of support services, new approaches to delivery of adaptations, including use of Disabled Facilities Grants, joint approaches to aspects of homelessness and joint development of provision for adults with complex needs;
- additionally, the Private Finance Initiative (PFI) bids outlined elsewhere in this report provide a mechanism to achieve our joint housing and social care objectives.

5.2.3 Voluntary Community Sector (VCS)

It is important to emphasise the role of the VCS in delivering adult social care services and objectives to the residents of East Sussex. We greatly value our VCS partners and continue to invest substantially in the sector, both in terms of grant funding of general activities of organisations promoting the wellbeing of the local community and in purchasing or funding services which are part of the 'core business' of ASC, for example, home from hospital schemes provided by Age Concern, or carers support services by Crossroads. We needed to make significant savings in 2006/07, and due to a time constraint were not able to involve partners in a way that we would wish. In future we should, partly as a result of the Plan, be able to involve Partners sooner.

A key objective of this plan, the process of its production and the means by which further detail including investment decisions will be reached and implementation plans developed, is a demonstration of our commitment to ensuring partners are fully involved in the future. The Compact provides the overarching framework for our partnership with the VCS; we will continue to work together through joint strategic planning groups on service development and commissioning strategies and implementation of partnership initiatives, such as the Partnership for Older People's Projects and the Local Area Agreement.

We will preserve our level of investment in the VCS as a minimum, and ring fence funding for non-care managed, early intervention and preventative services that the voluntary sector traditionally deliver so well. In order to ensure value for money and improved outcomes for service users, we will

improve our commissioning, contracting and performance management processes in full collaboration with the sector.

5.2.4 Independent Sector

ASC sees the independent sector as key partners in the delivery of our core business, whether in helping people to live at home or, when that is not possible, in providing residential and nursing care. We will continue to engage productively, ensuring their inclusion and early engagement in strategic planning and commissioning forums. We will communicate regularly and effectively with providers and share information such as needs analysis, trends and commissioning intentions, as soon as we are able. We recognise that providers need medium-term financial security on which to base their business planning, and we will develop sound procurement strategies and practices that reflect the balance between cost and quality in achieving value for money and improved outcomes for service users.

We will work with providers to ensure that services are outcome-focused, promote independence and offer choice, control and flexibility. We will collaborate in developing innovative service models that meet rising service user expectations. As outlined below, we will continue to explore and expand opportunities for joint training and staff development, as part of ASC's workforce development strategy.

5.3 Workforce and training

We know that we have a skilled and experienced workforce, whose commitment to helping drive change has been demonstrated not just by their pressured, daily work, but by their ready involvement in consultation and discussion about this plan. Social care is delivered not only within the ASC as the social care workforce also comprises the voluntary and independent sectors and the huge army of informal, unpaid carers – over 50,000 in East Sussex alone (2001 Census).

In order to deliver continuous improvement in social care services, the workforce needs access to training to support them, often in new and emerging roles, working across professional boundaries with health, housing and other services.

There is a significant training programme within ASC to support the delivery of our key business objectives. We collaborate with the independent sector to ensure access to training to enable them to fulfil their roles to the standards we expect. We are contributing financially to a project with the sector which is seeking to promote best practice, in the recruitment and retention of staff, to address high rates of turnover. We also undertake joint training with health and other partners, in implementing the Single Assessment Process for example, in Safeguarding Adults and in developing a joint approach to strategic commissioning. We have plans to develop a staff Equality & Diversity competency framework and a toolkit for team development, together with service users and local minority groups.

Workforce planning and development, however, is an area which has in the past received insufficient focus. We need to develop a coherent workforce

strategy to support the delivery of our service development and commissioning strategies, linking to health and other partners where appropriate, and recognising that NHS reconfiguration provides a significant opportunity.

Finally we need to continue to support our partners in training for future delivery, including supporting informal, unpaid carers in their caring role and in accessing their rights under the Carers (Equal Opportunities) Act 2004

What we will do:-

- develop a workforce strategy to support the service improvement and commissioning requirements outlined in the Three Year Plan;
- continue to work with independent sector providers to ensure their training and workforce requirements are addressed, including the commissioning of training on common areas such as safeguarding adults and equality and diversity of the workforce;
- ensure that the training and support needs of informal, unpaid carers are identified and addressed through the Carers Strategy Group and Action Plan.

5.4 Quality and Standards

The East Sussex Quality Strategy, agreed in 2004, sets the context for continuous improvement of our services. This takes its guiding principles from the standards set out by the CSCI, attached at Appendix 4. Obtaining the views of service users and their carers, and ensuring they are involved in setting standards and monitoring compliance, is central to the East Sussex approach. Regular feedback mechanisms are in place and work has begun on establishing a robust quality assurance framework for each service user group based on:

- a published commitment to quality (the Quality Strategy),
- quality standards and up to date procedures and guidance that match the standards,
- good induction, training and support for staff,
- checking standards, procedures and service delivery against users perspectives, within each service,
- systematic monitoring and collection of evidence of compliance,
- regular audits of standards, procedures and outcomes,
- learning from adverse incidents and complaints,
- clear mechanisms in place to agree and implement changes to practice.

There are many ways in which Adult Social Care listens to service users and carers, staff and other stakeholders. Issues raised by individuals are responded to directly by the service managers, and summary reports produced within individual services. A tracking system is in place to ensure action occurs. This records where concerns have been considered, the outcome and how that information has been fed back to customers.

Ensuring quality is everyone's business. All staff have a responsibility continuously to improve the quality of services and regularly update their skills and knowledge to deliver them effectively and efficiently.

5.5 Equality outcomes for diverse people

The initial Equality Impact Assessment of ASC services was completed in June 2005, with confirmation of proposed action following feedback from community groups. Amendments were made to plans for improving services to minority groups as a result of what people said and planned improvement is in progress in a range of areas, contained within the Equalities Action Plan.

The Local Area Agreement contains two specific targets for improving information for, and engagement of, minority people across agencies and local areas which will be implemented over the next three years. Additionally we will:

- improve monitoring and data collection to inform service improvement;
- improve access to, community engagement of, and trust in, services for BME communities, including Gypsies and Travellers, through the ODPM-funded Invest to Save project, including investment in bi-lingual advocacy through partnership with Sompriti;
- carry out Equality Impact Assessments on new service developments and changes to services;
- improve interpreting and translation services through the "Accessible Services" Contract - extending to British Sign Language in 2006/07;
- ensure fair access through better commissioning practice;
- implement a new corporate management competency framework, including equality and diversity elements, and develop an Equality and Diversity Team Toolkit;
- continue to work with the VCS across the county to improve access to our services and outcomes for individuals in need of social care from minority groups. This work will involve disabled people, BME people and LGBT people in the design and development of services.

5.6 User and carer involvement

The processes for user and carer consultation are already well established in East Sussex, and ASC's commitment to effective consultation was further underpinned earlier this year with the appointment of an Older People's Involvement Manager. There are currently seven Older People's Forums, with another two in development, including a BME elders group. Further, there are carers strategy and development groups, a network of learning disability service user groups and service user representatives, a User Q group for people with mental health problems and a county-wide reference group developing the involvement of disabled people in design of services and a Disability Strategy.

As part of ASC's determination to improve services to BME groups, a successful bid was made to ODPM to improve access to services for BME people, including Gypsies and Travellers. The work will aim to build trust

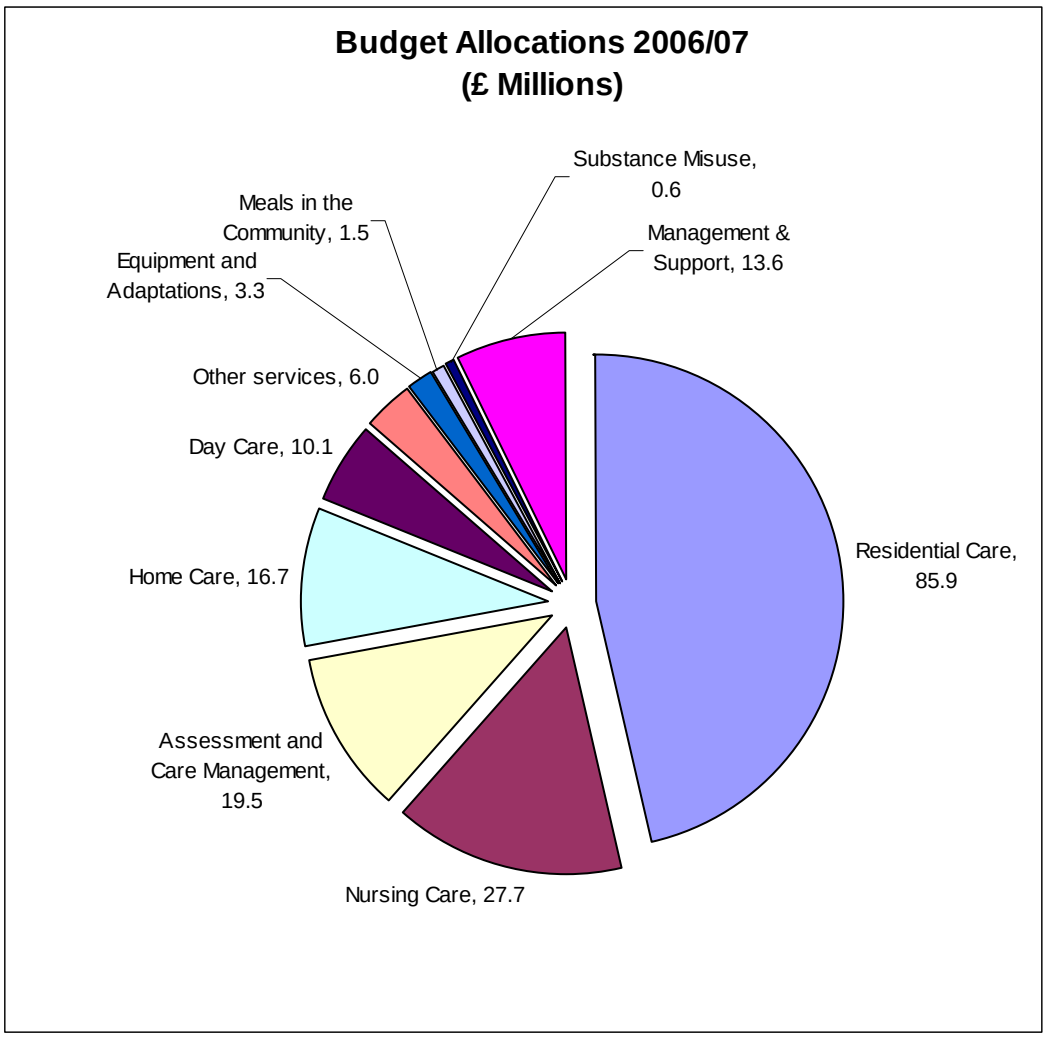
and confidence in services, and will include investment in bi-lingual advocacy through partnership with Sompriti. Further, we have introduced Research Governance procedures which ensure that we use appropriate and ethical processes when we talk to service users and carers.

6 Resources

6.1 Background

In 2005, as stated above, the Reconciling Policy and Resources process enabled a clear understanding to be shared corporately across the County Council and with elected Members about demand and investment drivers and performance issues. Despite the bleak overall outlook facing the County Council which has involved cash limits being imposed on other services, this led to increased investment of £8.3m in 2006/07, and a commitment to increasing ASC allocations above inflation over the next three years, hence our ability to anchor the Three Year Plan in a robust financial context. Our demand projections and our ambitions to improve our performance need to be matched against our available resources. By changing the way we work and the pattern of service delivery, we can however achieve an improvement in performance. The specific issues facing East Sussex regarding the 'oldest old' make this challenge even more difficult and for this reason, we have to be measured and realistic about our intentions to provide more services and also maximise all our opportunities to improve our own processes in ways which will release savings and thereby fund service improvements. The chart below shows the budget allocation, by service, for all client groups in 2006/07.

Chart 2 2006/07 Budget allocation by service for all client groups (gross spend)



At present 61.5% of our budget is spent on bed based care, of this 15% is provided by DPS. Only 20% is spent on services to support people at home such as day care, home care, meals, and equipment and of this 34% is provided by DPS.

Reinvestment in services and re-profiling of budgets has taken place over recent years following the Older Peoples Residential Homes Review, Home Care Review and Day Care Review. These have led to improved value for money by shifting the balance of service provision so that more is provided by the independent and voluntary sector, leaving the remaining services targeted at rehabilitation and intensive and intermediate care. Weekly community care funding allocations have also been increased in response to high numbers of people delayed in hospital, to support timely discharge.

6.2 The need to change the pattern of service delivery

Financial pressures in 2005/06 and evidence from the intensive 2005 Reconciling Policy and Resources process led to a significant savings exercise for 2006/07, focusing resources on improving quality of service to those in

greatest need. This led to some challenging decisions including closure of services that were un-modernised, expensive or under-utilised in order to reinvest and maximise value for money. Similarly, an initial review of intermediate care beds for older people has looked at admission criteria, having a clearer focus on outcomes, maximising effectiveness of input and ensuring best alignment with other services provided by the NHS. It has also considered whether the levels and proportion of ASC's investment in this type of service, vis-à-vis that of their partners, is appropriate.

There is a clear need to support more people in their own homes and to invest more of our resources in this area. The commissioning of such services from the independent sector will be reviewed as part of the Business Transformation Programme Procurement Stream with an emphasis on more intensive home care support for older people and people with complex mental health and learning disabilities. Achieving this investment will require some disinvestment in bed based care.

The demand model has been populated by a high level analysis of demand based on the profile of current services, recent placement levels and attrition, and expected demographic changes. The population is expected to grow by 1.7% per year. It is assumed that internal provision is fixed in its capacity and that all new demand is met by the independent sector.

There are two reasons why the cost of care increases due to volume (as opposed to price) year on year; a) the full year effect of placements made in the previous year, specifically for working age adults where attrition is low, and b) new placements made. The impact of both of these factors is taken into account. Based on current patterns of delivery the following profile of spend and contract numbers is forecast: -

	2006/07 £000	2006/07 Contracts	2007/08 £000	2007/08 Contracts	2008/09 £000	2008/09 Contracts	2009/10 £000	2009/10 Contracts
Older People	41819	5365	44981	5580	50797	5903	53942	6126
Physical and Sensory	9522	914	10083	944	11993	1026	12816	1103
Learning Disability	28788	938	30508	970	32950	1022	36072	1092
Mental Health	4635	316	4927	328	5377	349	5629	357
	84764	**7533**	**90499**	**7822**	**101117**	**8300**	**108459**	**8678**

Service delivery patterns over the Plan period will, however, change. Specifically, the implementation of the new Partnerships for Older People's Projects services and Telecare using new specific grant are estimated to impact upon demand.

The development of new services in the market through our procurement strategies, including intensive home care for older people and those with mental health and learning disabilities will also impact upon the cost profile of new demand. A greater emphasis on intermediate or 'step up' care at

home is planned which will improve value for money and outcomes, and enable funds to be recycled. As confidence develops in new services the potential to alter the position of DPS in the market and target funds to further preventative services will be possible, creating a virtuous circle of prevention. Such reinvestment will be evidence based, and the continued funding of Partnerships for Older People's Projects services and Telecare from 2008/09 will be dependent upon evidence that such services improve service user outcomes and defer or even completely prevent the need for some people to be admitted to bed based care.

6.3 Detailed budget breakdown

Appendix 5 shows the budget breakdown, and the assumptions for the years 2006/07, 2007/08, 2008/09 and 2009/10 follow.

2006/07

The department's original budget for 2006/07 is £117.3m which includes an increase of £8.3m. The total increase in spend during the year is £12.7m which is offset by a savings plan of £4.4m. Also included is a one off sum of £450k for risk management attributable to the savings.

During 2004/05 the department overspent by £0.9m and a part repayment of this of £497k will be made in year. A final repayment of £498k is forecast in 2007/08.

This budget focussed more resources on meeting high level needs and was coupled with an amended Fair Access to Care criteria. It allows for a doubling of the number of residential and nursing placements made from hospital to five per week which will assist in meeting the trajectory for delayed transfers of care.

At this early stage in the year the forecast position for 2006/07 remains within the budgetary provision.

2007/08

The guideline budget for 2007/08 is £123.3m. High level modelling has been undertaken that will need to be updated and further detailed in Reconciling Policy and Resources later this year. The key factors and assumptions that will affect the position for this year are: -

1. Inflation at 2.6% has been allowed based on 3% for pay and 2.5% for goods and services. In fact 2.5% for services is unlikely to be sufficient and historically 'excess' inflation for utility costs, pensions and, in particular, for Older Peoples Residential Care based on the Fair Price for Care Review, has been added to the budget, in 2006/07 these totalled £1.2m
2. Specific Grants: Indicative allocations of Specific Grant are available from the Department of Health and these are included in the Plan. The Preserved Rights Grant reduces based on anticipated attrition, and the Supporting People Grant reduces significantly by £920k, the Plan assumes that both these items are managed by reducing levels of commitments. The Preventative Technology

Grant increases by £222k and it is assumed that new services are commissioned with this funding. A shortfall in funding arises from the fact that grants generally are not inflated and the purchasing power from them is therefore eroded, in reality they are mainly committed to areas such as salaries and care packages where such inflation cannot be avoided and this becomes a pressure area.

3. Business Transformation costs not met by the £4m contribution, and the savings generated are built in to the Plan.
4. Demand for Care: The demand and savings columns reflect the two tables above. Demand is shown at current service delivery models and savings are estimates of the shifts that might occur by reviewing key services, the impact of preventative care such as Telecare and Partnerships for Older People's Projects services and a move to more people supported at home.

2008/09

The guideline budget for 2008/09 is £129.4m. High level modelling has been undertaken that will need to be updated and further detailed later this year.

The key factors and assumptions that will affect the position for this year are: -

1 Inflation – see comments on 2007/08 above. Improved procurement processes and new contractual arrangements will be used to mitigate this risk where possible.

2 Specific Grants – The current government financial settlement only covers the period up to and including 2007/08 and a Comprehensive Spending Review is underway. This will report late in 2007 so for 2008/09 we have no indication of the level of Specific Grants. For the purposes of this Plan it is assumed that grants will generally continue at the same level as 2007/08. The Preserved Rights Grants therefore reduces based on anticipated attrition and the Plan assumes this is managed by reducing levels of commitments. The Preventative Technology Grant and Partnership for Older People Projects Grant are for two years only and funding pressures of £594k and £1.6m arise if these schemes continue to be funded. In both cases it is too early to tell if the outcomes are as predicted i.e. in budgetary terms that more expensive care is avoided, however this budget assumes this is the case and the demand for care has been reduced to take account of this and the funding of the schemes is continued. The evaluation of these schemes will be essential in confirming or changing this assumption. Again, the grants are not expected to keep pace with inflation.

3 Business Transformation ongoing costs and savings generated are built into the Plan.

4 During this year the first Agewell new build will be available for use, costs of some £1.5m will be met by the increased demand allowed for in the purchasing budget.

2009/10

The guideline budget for 2009/10 is £135.9m. High level modelling has been undertaken that will need to be updated and further detailed later this year. The key factors and assumptions that will affect the position for this year are: -

1. Inflation at 2.6% has been allowed based on 3% for pay and 2.5% for goods and services. Previous comments apply.

2. Specific Grants: it is assumed that grants will generally continue at the same level as 2008/09. The Preserved Rights Grants therefore reduces based on anticipated attrition and the plan assumes this is managed by reducing levels of commitments.

3. Business Transformation ongoing costs and savings generated are built into the Plan.

4. During this year the remaining Agewell new builds will be available for use, a further £1.8m will be metby the increased demand allowed for in the purchasing budget.

7 Looking ahead - 2010 and beyond

7.1 Projects in the pipeline

Elements of housing-based support demand significant lead times because of the need to source capital and undertake construction work. Adult Social Care has reviewed its current services in regards to residential and day care provision and made significant investment plans. Two major Private Finance Initiative developments are under way in East Sussex. The Age Well Project, now at outline business case stage, if approved, will provide high quality new buildings to replace three existing premises currently providing residential and day care facilities for older people, including those with mental health problems and dementia. A site for a fourth new centre will be identified and building plans drawn up. If the bid is successful, all building work is expected to be completed during 2009/10.

The 'Living Well – East Sussex' proposal seeks PFI funding for the development of extra care housing which would support older people and vulnerable adults in their own homes, as an alternative to residential care. Plans for the extra care and supported housing include provision of 310 new units across the county – 240 extra care units for older people, 50 supported living units for people with learning disabilities, and 20 for adults with mental health needs in Hastings. If successful, and subject to continuing support, an Outline Business Case will be submitted to Government early in 2007, with a projected build programme starting in 2009.

7.2 Where to from here

This plan has outlined specific areas of work which we will undertake in the short term and also indicted priority areas for future action. This work will need to be timetabled and the more complex areas of

improvement will need to be developed in detail with partners and other stakeholders. The key documents and strategies which will develop this detail are timetabled below.

Table 6 Key documents and strategies which will detail activity

Document	Timetable for Completion
Implementation Plan for this Three Year Plan, to also inform Reconciling Policy and Resources 2007/8	July – December 2006
Local Housing & Support Strategies	
Joint Commissioning Strategy for Older People's services	September – April 2007
Learning Disability Commissioning Strategy	April 2006-March 2007
Physical Disability Commissioning Strategy	April 2006-March 2007
Mental Health Commissioning Strategy	September 2006-September 2007
Equalities Impact Assessment	Ongoing – linked to development of commissioning strategies

7.3 The need to get it right

It is important to note that life expectancy has increased more in the past three decades than at any other time in history. East Sussex already has an 'elderly' focus in its population make-up, and therefore we need to be certain that we have in place not only the right services now, but the right strategies to manage these challenges in the future. This plan is a first step in that direction.

Looking at demographic projections beyond the period of this Plan, however, the numbers of 'older old' people, and therefore the demands placed on ASC, will grow ever more significantly. Where East Sussex leads in this respect, other areas will follow and, unless new ways of meeting the additional costs of these growing needs can be found nationally, there is a danger that the quantity of care we can offer to older people, if not the quality, for those fortunate enough to be able to access care, will deteriorate.

We have, however, moved a long way since, in his 1988 report, Sir Roy Griffiths observed that '*community care is a poor relation; everybody's distant relative but nobody's baby'.* Clearer lines of responsibility and accountability have helped to ensure that services are better managed and simpler to access, that service use is based on robust assessment of need and that mechanisms are in place to allow closer partnership working, through pooled budgets, for example. We know that we must improve still further, we are committed to working with partners, service users and carers to make the vision for our community set out in this plan a reality.

East Sussex Adult Social Care

Adult Social Care Three Year Plan

Report of proceedings and outcomes from the Seminar held on 6 April 2006

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27 April 2006

Contents

Executive Summary

The seminar was organised in order to open an essential dialogue between Adult Social Care and key external partners, to assist the process of joint planning to meet the needs of the adult community of East Sussex, for the three years 07/08, 08/09 and 09/10 – and beyond. This process is designed to be transparent and inclusive, to build on and strengthen existing partnerships, and to enable the pursuit of new initiatives which will help to meet changing demands.

Keith Hinkley, Director, outlined the Department's intention to take a new approach to planning, undertaking wider, more meaningful consultation and adopting the clear responsibility for leadership, as outlined in the Department of Health's White Paper '*Our health, our care, our say'*. The process includes creating a vision for the future of adult social care based on identification of priorities, details of available resources, analysis of existing structures and workforce, and creation of the necessary framework within which the Plan's aims can be delivered and monitored. The process will also demand rigorous attention to the division of resources between various competing demands, which must include more work on prevention.

The seminar sessions included opportunities for participants to break into organisation-based groups to address four topics: priorities, 'wicked issues' – and how to manage them, what in those organisations' worlds might impact on the Plan and what, if anything, was missing from the outlined priorities. Responses are summarised below.

The Three Year Plan will be submitted to Cabinet in June. A further seminar is planned for Monday 15 May, to enable participants to comment on the draft Plan before this time.

1 Participants

Independent/Voluntary sector

Steve Allen	BCCP
Mike Derrick	ICG
Liz Fenton	Care for the Carers
Paddi Mobbs	Mind
Diane Parr	Age Concern
Andrew Phillips	Parchment Trust
Ken Saunders	Crossroads
Nick Tapp	ESDA
Nick Ward	ESDCA

District/Borough Councils

Ian Fitzpatrick	Eastbourne Borough Council
Amanda Hodge	Wealden District Council
Andrew Palmer	Hastings Borough Council
Laurie Priebe	Lewes District Council

Health

Sophie Clark	Eastbourne Downs PCT
Rosemary Diggins	Sussex Downs and Weald PCT
Mary Jones	Hastings and Rother PCT
Marcus Gomm	Drug and Alcohol Action Team

Adult Social Care

Keith Hinkley	Director
Beverly Hone	Assistant Director, Strategy and Commissioning
Rita Stone	Assistant Director, Resources
Kate Dawson	Head of Commissioning, Mental Health
Jessie McArthur	Head of Policy and Service Development
Imran Yunus	Policy Officer
Sam Carr	Head of Performance and Engagement, Finance and Business Support

Health/Adult Social Care joint post

Juliet Mellish	Director, Whole Systems Improvement Programme, Older People's Services

Facilitator

Margaret Edwards	Mead Solutions

Note taking/Report

Val Jones	Business Transformation Programme

2 Introduction

Keith Hinkley welcomed participants to the seminar and outlined his aspirations for the morning – a wish to start a consultative process and strengthen partnerships through a transparent and inclusive approach to planning. He acknowledged that in the past partnerships had been weakened by a lack of trust, and he signalled his intention to invest more time in planning and communication to build trust in the future.

Adult Social Care – a relatively new Department formed in January 2005 – has a committed workforce and provides a range of good services, but needs to improve in various ways, for example, how services are procured, the speed at which people are assessed and services delivered, the overall numbers of people helped to live at home and the support available to carers. Running through all of these is a need for all services to be of high quality, and based on individual need. These improvements cannot be achieved by the Department alone, however: partnerships with health, housing, independent and voluntary sector organisations is crucial to the achievement of goals which must include preventative work and a closer focus on wellbeing and improved outcomes for the County's population.

The Council has given Adult Social Care a cash boost for the next three years, reflecting an understanding of the challenges ahead in meeting the changing needs and increasing demands of people who require services. Setting of this three year budget provides a unique opportunity to undertake strategic planning in a way not previously possible. The White Paper increases expectations at a time when resources are severely stretched, and one of the tasks of the seminar was to explore with partners how to allocate resources to ensure the right balance, with sufficient focus on preventative services whilst still meeting the needs of the most vulnerable members of the community. Adult Social Care is looking beyond the next three years, however – the PFI Age Well programme is an example of this longer term planning.

At the same time, the Director and his senior management team have commissioned a major change programme – the Business Transformation Programme - to ensure that the Department is equipped with a strong workforce and streamlined processes, supported by efficient back office services, to translate this strategic vision into an effective front-line response to the community. The four work streams: Finance, Operational Practice, Procurement and Predictive Planning and Performance Management, cover the major work areas of the Department and together will ensure an 'end to end' approach which has previously been lacking in redesign.

3 Outcomes from break out groups

3.1 Key issues

The following were considered to be essential to successful partnership working and the achievement of desired outcomes. Some, such as the need for trust and transparency, were constant themes which recurred throughout the event and under every heading.

- Trust between partners
- Accommodation of different planning cycles and processes, eg, Boroughs and Districts adopt a 20 year plan for housing development
- Mechanisms for clear communication – clarity is crucial
- Transparency in decision-making – and no unilateral decisions
- Adequate time for consultation, planning and new service development

3.2 Priorities

The following priorities were identified – many of these were discussed further in the plenary session – see (4) below.

- **Workforce planning**, together with robust training and staff support – there are opportunities for cross-sector staff training and development – need to explore and exploit these. Impossible to deliver effective services without good, well trained and supported staff
- Development of **innovative partnerships** between sectors, eg,
  - outreach services from residential and nursing homes
  - recognition and development of opportunities to work with voluntary sector to help deliver the 'choice' agenda
- Effective **forward planning** – particularly for older people and younger people in transition from children's to adult services
- Expansion of services to **meet demographic challenge,** but adapt/redesign what we already know works well
- **Joint commissioning** – including development of shared tools
- **Prevention** – ***consensus*** that we need to develop preventative services, including
  - work with GPs on screening and other 'case finding' approaches
  - making better use of public health information to inform planning
- Further development of **Direct Payments**
- **Integration of intermediate care services**
- Development of community-based **mental health services for older people**
- Adopt **pro-active response to self-funders**
- Tackle and **prevent homelessness**
- **Clarify** roles, responsibilities and processes between partners for **Disabled Facilities Grants** – and make processes simpler for users
- Enhance **support to carers**, offering real needs-focused choices

3.3 'Wicked issues' and managing the risks

Discussions highlighted the following issues, but there was little debate about how to manage the risks. Voluntary organisations took the view that adherence to the Compact – already agreed - would ensure that decisions were taken jointly and communication lines kept clear.

- Need to manage and communicate any mismatch between consultation inputs and eventual outcomes – say *why* it was not possible to adopt 'x' or try out 'y'
- Need clarity about desired/planned outcomes – and a robust means of measuring results against goals
- Organisational reconfiguration – PCTs, Acute Trusts, SHAs
- Investment in preventative services where investor is not immediate beneficiary - ?? how to create incentives - ?strategic use of pump priming?

3.4 What might impact on achievement of the Plan

The issues which could have an impact on the Plan can be summarised as follows:

Organisational

- Organisational reconfiguration – PCTs, Acute Trusts and SHAs – NHS as political football
- Increasing impact of independent health providers
- Mismatched planning cycles and timeframes for strategic planning between organisations

- Districts/Boroughs: issues re housing stock and future demands

Resources

- Need to ensure revenue available to support capital investments
- Negative impact of SHA top slicing PCT budget
- How to keep pace with rising public expectations
- Direct payments – need to demonstrate that any savings made are reinvested in services
- Requirement to follow 'Contestability' process
- Need to divert resources into preventative services – homelessness, ill health, social care
- Too many pilot projects

User focus

- Direct payments: if CSCI demand registration for personal assistants this could have negative impact on availability of workers
- Move to more user-led services – services must be flexible enough to adapt to changing needs, eg, respite

Quality and standards

- Commissioning and procurement: need to ensure service quality is maintained/improved within resource envelope

3.5 Anything missing?

Some participants expressed concerns about the mechanisms for consultation and planning, and the need to ensure transparency of decision-making and effective feedback. All agreed necessity of avoiding the creation of further working groups, as there is already a comprehensive inter-organisation meeting structure in place. Voluntary organisations stressed the need to adhere to the agreed Compact. (see also 'What are the mechanisms for moving forward?' below).

Other 'missing' issues were:

- consideration of co-location of staff
- need for more emphasis on promotion of employment opportunities for people with disabilities
- Trust between partners
- Joint commissioning and procurement – must include robust outcome measures

4 The way forward and next steps

In the plenary participants were invited to feed back the main issues and priorities from their groups, and to discuss these in open forum. The main points discussed were:

4.1 <u>Priorities</u>

- Older people with mental health problems – service development (demographic profile shows increasing numbers of 'oldest old' – will be accompanied by increase in numbers of people with dementia/cognitive impairment)
- Early intervention and prevention – need for balance between prevention and meeting high level needs (dilemma: how to split resources between services for those in highest need and creation of new preventative services)
- Promotion of social inclusion agenda

- Plan for increased numbers of people with learning disability requiring support from Adult Social Care (transition from one service to another)

Housing

- New housing needs to be 'future proof' – ie, needs to be built to standards which can adapt to changing needs and meet Lifetime Home Standards

Workforce

- Training and staff recruitment – many opportunities for cross-training & sharing of resources – across independent sector, as well as statutory. Proposed targeted investment, linked to Adult Social Care service specifications, in order to develop a more responsive, flexible workforce. Related to this, there is a need for more formalised links across care sectors, which in turn would promote greater workforce flexibility.
- Direct payments – language used in discussing these with service users needs to be positive. People require support to use direct payments, but we should not assume that people are unable to/will not want to/will find it too difficult
- Services should be planned with the focus on enhancing quality of life health and wellbeing
- Intermediate tier services – needs to be closer integration, not only between health and social care but with housing, mental health and the voluntary/independent sector. Need a wider range of community-based services – jointly commissioned. Should share information bases across organisations to ensure projections/plans/models are based on common information (otherwise modelling is inaccurate)

Reconfiguration of organisations and services

- Partner organisations need time to develop alternative services when reconfigurations take place – need long lead in times
- Bed closures could be seen as an opportunity to develop alternative approaches to care
- Streamline processes re DFGs
- Be clear about outcomes of what we want to do – ask 'what difference will this make?' – and measure outcomes
- Tackle problems of unscheduled care – health and social care – improve management of acute demand
- Improve methods of identifying people at risk – and intervene accordingly
- Improve approach to procurement – currently fragmented

Funding/resources

- Need to develop a more pro-active response to self-funders – people could be advised of the extra care sheltered housing options, rather than looking at long term care
- Often self-funders approach the voluntary/independent sector for help and are known to them, whereas they may be lost from the radar of statutory organisations
- Statutory organisations need to work more closely with the independent sector

4.2 What are the mechanisms for moving forward?

Commissioning/funding mechanisms for home care

- Joint commissioning strategies need to be developed - ASC and health – we need to be smarter about how we deliver holistic packages of care

Planning structures

- Need to build on existing consultation and planning structures but simplify and streamline where necessary, to enhance clarity, **particularly whether groups are decision-making or advisory**
- Ensure Compact is adhered to
- 'form should follow function' – groups should operate to drive the three year plan
- Regularly review purpose of groups

Decision-making

- Organisations should scope the impact on other organisations/partners of any decisions they wish to make. Must be a whole system approach – no unilateral decisions, and no changed decisions without reference back to the group that made/ratified them
- Currently lack of clarity about how/where decisions are made – what are the formal processes for influencing decisions?

4.3 What next?

A follow-up seminar, to which all participants will be invited, will take place on 15 May to comment on the draft plan.

The seminar had been a very useful event for meeting people and looking at ways of developing new ways of working across organisations. Keith Hinkley expressed interest in using this approach to confirm what we want to do across the whole system – how to link together, how to deliver – and pledged to hold further similar meetings. He also undertook to consult the wide range of groups and individuals not present, in order to achieve a representative spread of opinion.

Val Jones

Appendix 2 East Sussex Local Area Agreement: Healthier Communities and Older People Block

The overall aims of this Block reflect the national and local agendas outlined in a number of key documents including the 'Choosing Health' and "Our health, our care, our say: a new direction for community services" White Papers, and 'Narrowing the Gap', a strategic framework for reducing inequalities in health in Surrey & Sussex. The main objectives are to build healthier communities; reduce health inequalities; improve access to information, local services and economic wellbeing; improve independence and choice, focusing on keeping people well and out of institutional settings and improving the user experience by promoting the engagement of older people and minority groups. We also recognise that carers play an important role in the support they provide in the community and consequently have included support for carers within this Agreement.

Outcome 7 focuses on improving health for all East Sussex residents. Maintaining and improving the health of the population includes not only the provision of healthcare services; it also requires: stimulation of employment and education opportunities; creation and protection of healthy environments; and the provision of effective services which promote self esteem, self-confidence and greater independence and integration in people of all ages. We seek to promote physical and mental wellbeing and reduce smoking which will have an impact on cancer, circulatory diseases and respiratory diseases which account for the majority of deaths (80%) in East Sussex. We aim to reduce premature mortality rates in target 7.3 and inequalities in mortality rates in 11.1; and are committed to reducing falls, both within the home and in the community. Injuries to children are tackled in the Children and Young People Block, and home and road safety are tackled in the Safer and Stronger Communities Block.

East Sussex has a relatively elderly population with 1 in 4 residents being over pensionable age. It has the highest proportion of older people – whether you look at over 75 years, over 85 years or over 90 years of age - of any county in England. It is the population over 85 who are most likely to be intensive users of health and social care resources.

Outcome 9 focuses on those people who use, or potentially use, the health and social care services provided by a wide range of partners across East Sussex. In line with local need and the Green Paper, East Sussex is developing preventative services which will enable more people to live at home. The percentage of people reporting living with a long-term limiting illness has increased (34.4%) and is higher than regional and national averages. In 2003/04 the rate of emergency hospital admissions was significantly higher in East Sussex than in the South East. The Transforming Chronic Care Programme (9.2) will help us address these issues.

Improving the user, patient, and carer experience is a vital concern. We want to encourage older people and people from minority ethnic groups to play a full part in designing and developing public services.

Poor health and health inequalities are closely related to poverty and deprivation, levels of which are significantly higher in parts of East Sussex than in the rest of the generally prosperous South East. Outcome 11 relates to narrowing the inequalities gap between specific areas of deprivation in Hastings and the population of East Sussex as a whole.

Healthier Communities and Older People Block Index

Outcome 7: Improved Health for East Sussex residents: promoting physical health, mental wellbeing and increasing life expectancy.

Target 7.1 Promote physical and mental wellbeing		**E.M. sought?**	No	**R.T sought?**	No
Comments:	Action to increase physical activity is a national, regional and local priority. This increase will contribute towards the successful delivery of other outcomes within the East Sussex LAA such as reducing falls, risk of accidents and premature mortality from diseases linked to obesity. Creating opportunities for involvement in cultural and sporting activities will contribute to mental wellbeing, physical fitness and quality of life. Improving the wellbeing of East Sussex residents is a key priority for the county. Other proxy measures for wellbeing are included within this Agreement, such as promoting active citizenship by increasing the number of older people actively participating within the community (10.1) and encouraging more people from all sections of the community to be involved in volunteering (18.4)				
Lead:	Hastings District Council (Mike Marsh)				
Partners:	Borough and District Councils, Sport England, Voluntary and Community Sector, Primary Care Trusts, East Sussex County Council, Village Hall Committees, East Sussex Association of Local Councils, Community Colleges, Adult Education, East Sussex County Healthcare.				
Indicators:	7.1.1 Increase in GP referrals for exercise 7.1.2 Take up of cultural and sporting opportunities, particularly by priority groups and older people				
Current Performance:	The target for 2006/07 for this outcome will be to collect robust baseline data on which targets for future years can be established.				
Performance at the end of the period of the LAA:	Targets to be agreed at the annual refresh based on baseline data collected during 2006/07				
Pooled Funding:	None identified				
Aligned Funding:	Mainstream budget provision from identified Partners' budgets, including:. Learning Disabilities Development Fund School Travel Plans				
Enabling measures:	None sought				
Cross cutting aspects:	Outcome 2 and 18				
Author:	Judi Dettmar				

Target 7.2 Reduce falls through preventative care and more intervention in the home and the community		**E.M. sought?**	No	**R.T sought?**	Yes 100%
Comments:	The incidence and severity of fall related complications rise steadily after the age of 60, and more rapidly after age 75. Falls have importance beyond physical injury. Falling is a				

<table>
<tr><td></td><td>reason for premature admission to residential care in previously independent people. Recurrent falls is a constant source of anxiety for some older people and limits the lifestyle of previously active people.
Source of Data: East Sussex Whole Systems Data
Periods of Measurement: As at year ending 31 March</td></tr>
<tr><td>Lead:</td><td>East Sussex Falls Implementation Group (Kay Muir)</td></tr>
<tr><td>Partners:</td><td>East Sussex County Council, East Sussex County Healthcare NHS Trust, East Sussex Fire & Rescue Service, Age Concern, District & Borough Councils, East Sussex Association for the Blind, Sussex Ambulance Service NHS Trust, Lifeline</td></tr>
<tr><td>Indicators where stretch is proposed:</td><td>The stretch is proposed on this indicator only:
7.2.3 Number of people who have a fall and are admitted to hospital with a fractured neck of femur.</td></tr>
<tr><td>Any other indicators under this target:</td><td>There are also 3 other non-stretch indicators associated with this target as follows::
7.2.1 Number of falls that lead to attendance by an ambulance
7.2.2 Number of falls that lead to attendance at Accident & Emergency by an ambulance
7.2.4 Number of people accessing Falls Prevention services</td></tr>
<tr><td>Current Performance:</td><td>
<table>
<tr><td></td><td>2004/05</td></tr>
<tr><td>7.2.1 Number of falls that lead to attendance by an ambulance</td><td>10,379</td></tr>
<tr><td>7.2.2 Number of falls that lead to attendance at Accident & Emergency by an ambulance</td><td>4,294</td></tr>
<tr><td>7.2.3 Number of people who have a fall and are admitted to hospital with a fractured neck of femur</td><td>1118</td></tr>
<tr><td>7.2.4 Number of people accessing Falls Prevention services</td><td>0 (Baseline by March 2007)</td></tr>
</table>
</td></tr>
<tr><td>Performance WITHOUT STRETCH at the end of the period of the LAA:</td><td>
<table>
<tr><td></td><td>2005/06 target</td><td>2006/07</td><td>2007/08</td><td>2008/09</td></tr>
<tr><td>7.2.1 Number of falls that lead to attendance by an ambulance</td><td>10380</td><td>10380</td><td>10172 (-2%)</td><td>9766 (-4%)</td></tr>
<tr><td>7.2.2 Number of falls that lead to attendance at Accident & Emergency by an ambulance</td><td>4294</td><td>4924</td><td>4208 (-2%)</td><td>4040 (-4%)</td></tr>
<tr><td>7.2.3 Number of people who have a fall and are admitted to hospital with a fractured neck of femur</td><td>1118</td><td>1118</td><td>1096 (-2%)</td><td>1052 (-4%)</td></tr>
<tr><td>7.2.4 Number of people accessing Falls Prevention services</td><td></td><td>baseline</td><td>2% increase</td><td>2% increase</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><td>Performance WITH STRETCH at the end of the period of the LAA:</td><td>
<table>
<tr><td></td><td>2005/06 target</td><td>2006/07</td><td>2007/08</td><td>2008/09</td></tr>
<tr><td>7.2.3 Number of people who have a fall and are admitted to hospital with a fractured neck of femur</td><td>1118</td><td>1096 (-2%)</td><td>1047 (-4%)</td><td>973 (-7%)</td></tr>
</table>
</td></tr>
<tr><td>Performance Enhancement with the reward element of the LAA:</td><td>
<table>
<tr><td></td><td>2005/06 target</td><td>2006/07</td><td>2007/08</td><td>2008/09</td></tr>
<tr><td>7.2.3 Number of people who have a fall and are admitted to hospital with a fractured neck of femur</td><td>-</td><td>-22</td><td>-49</td><td>-79</td></tr>
</table>
Proposed allocation of Performance Reward Grant: 7.2.3 – 150%
</td></tr>
<tr><td>Pooled Funding:</td><td>None identified</td></tr>
<tr><td>Aligned Funding:</td><td>Mainstream budget provision from identified Partners’ budgets, including:.
Partnerships for Older People Projects</td></tr>
<tr><td>Enabling measures:</td><td>None sought</td></tr>
<tr><td>Stretch Target Business Case:</td><td>Reducing the number of people who fall is a priority for East Sussex partners. Older people who fall are at risk of serious injury, hospitalisation or the loss of mobility and confidence which can lead to premature institutional care. Partners are very committed to addressing falls and are aware of the serious impact it has upon older people and their carers. Many services to prevent falls happening are already in place. Development of these valuable services through the LAA will contribute to the reduction in number of falls requiring attendance by ambulance services and potential stays in hospital as will the increased amount of physical exercise promoted within this LAA.

Evidenced based interventions have shown a reduction in the number of falls, and the negative consequences of them, can be reduced if local health and social care communities work together effectively to address falls and their impact.

This outcome is closely linked to the ‘Independence First Project’, which recently attracted ‘Partnership for Older People Project’ monies, which will help older people to live independently in their own homes, avoiding the need for admission to hospital.

Across East Sussex preventing an additional 150 people falling and fracturing their neck of femur during the 3 years of the LAA will lead to a cost saving of £1,818,600 and based, on a local mean of bed days for hip fractures of 24 days, 3,600 bed days.</td></tr>
<tr><td>Cross cutting aspects:</td><td>Target 18.4</td></tr>
<tr><td>Author:</td><td>Beverly Hone</td></tr>
</table>

Target 7.3 Reduce premature mortality rates (heart disease, stroke, cancer, suicide)	**E.M. sought?**	No	**R.T sought?**	No
Comments:	National targets have been set for reducing mortality rates from major killer diseases and premature mortality across the country by 2010. East Sussex County Council and its partners have been working closely together through the Local Strategic Partnership mechanisms and other forums to achieve these particular objectives in line with our duty to develop the social and economic wellbeing of the communities we serve.			

<table>
<tr><td></td><td>A correlation between rates of morbidity and mortality and social and economic activity levels have been demonstrated by the work of Derek Wanless ‘Securing Good Health for the Whole Population’ and the resultant White Paper ‘Choosing Health’. The East Sussex demographics in relation to age, partners’ perception of mental wellbeing and social and economic activity highlight the local need for working together to meet these key national targets.

East Sussex County Council is committed to Health Improvement and a reduction in Health Inequalities for the population of East Sussex. Working together with our partners around these targets avails us of a continuing opportunity to make significant impact in this area of Public Health.</td></tr>
<tr><td>Lead:</td><td>NSF Groups within Primary Care Trusts (Nigel Hussey)</td></tr>
<tr><td>Partners:</td><td>District & Borough Councils. East Sussex County Council, Voluntary and Community Sector</td></tr>
<tr><td>Indicators:</td><td>7.3.1 Reduction in premature (under 75s) mortality rates* from heart disease and stroke and related diseases

7.3.2 Reduction in premature mortality rates* from cancer

7.3.3 Reduction in mortality rates** from suicide and undetermined injury

* mortality rate per 100,000 (directly age standardised) in people aged under 75 years

** age standardised mortality rate from suicide and undetermined injury per 100,000 per year</td></tr>
<tr><td>Current Performance:</td><td>
<table>
<tr><td colspan="3">Reduce premature mortality rates (heart disease, stroke, cancer, suicide)</td></tr>
<tr><td></td><td>2004/05 Baseline</td><td>2005/06</td></tr>
<tr><td>7.3.1 Reduction in premature (under 75s) mortality rates from heart disease and stroke and related diseases</td><td>78</td><td>74</td></tr>
<tr><td>7.3.2 Reduction in premature mortality rates from cancer</td><td>109</td><td>107</td></tr>
<tr><td>7.3.3 Reduction in mortality rates from suicide and undetermined injury</td><td>11</td><td>10</td></tr>
</table>
</td></tr>
<tr><td>Performance at the end of the period of the LAA:</td><td>.
<table>
<tr><td colspan="4">Reduce premature mortality rates (heart disease, stroke, cancer, suicide)</td></tr>
<tr><td></td><td>2006/07</td><td>2007/08</td><td>2008/09</td></tr>
<tr><td>7.3.1 Reduction in premature (under 75s) mortality rates from heart disease and stroke and related diseases</td><td>71</td><td>67</td><td>63</td></tr>
<tr><td>7.3.2 Reduction in premature mortality rates from cancer</td><td>104</td><td>102</td><td>99</td></tr>
<tr><td>7.3.3 Reduction in mortality rates from suicide and undetermined injury</td><td>10</td><td>10</td><td>10</td></tr>
</table>
.</td></tr>
<tr><td>Pooled Funding:</td><td>None identified</td></tr>
</table>

Aligned Funding:	Mainstream budget provision from identified Partners' budgets
Enabling measures:	None sought
Cross cutting aspects:	Target 18.4
Author:	Cynthia Lyons

Target 7.4 Reduce the effects of smoking	**E.M. sought?**	No	**R.T sought?**	No

Comments:

Smoking is the single greatest cause of preventable illness and early death. It causes a wide range of illnesses, including various cancers (lung cancer is the most significant), respiratory diseases and heart disease. Because of the time lag before onset of illness, the prospects for reducing smoking related disease depends mainly on increasing the rate at which established smokers give up the habit.

Passive smoking is a cause of lung cancer and childhood respiratory disease. There is also evidence that passive smoking is a cause of cot death and middle ear disease.

Restrictions on smoking in public places and work places are necessary to protect non-smokers.

We are committed to working with partners to reduce the effects of smoking within the county in line with national targets and legislative objectives

Lead: Tobacco Alliance (Lee Thorogood)

Partners: District & Borough Councils, East Sussex County Council, East Sussex Fire & Rescue Service

Indicators:

7.4.1 Increasing the number of 4 week smoking quitters who attended an NHS Smoking Cessation service*

7.4..2 Reduction in the percentage of women smoking during pregnancy*

* Note: The targets reflect those in the Local Delivery Plans agreed with the Strategic Health Authority. Note that the 2004/05 and 2005/06 figures were based on total populations whereas in subsequent years the agreed figures in the LDP are based on the estimated numbers of smokers.

Current Performance:

Reduce the effects of smoking		
	2004/05	2005/06
7.4.1 Increase in the number of 4 week quitters	1777	3993
7.4.2 Reduction in the percentage of women smoking during pregnancy	19.9%	18.9%

Performance at the end of the period of the LAA:	Reduce the effects of smoking

	2006/07	2007/08	2008/09
7.4.1 Increase the number of 4 week quitters	2958	3886	3990
7.4.2 Reduction in the percentage of women smoking during pregnancy	17.8%	16.6%	15.5%

Pooled Funding:	
Aligned Funding:	Mainstream budget provision from identified Partners' budgets.
Enabling measures:	None sought
Cross cutting aspects:	Outcome 2
Author:	Cynthia Lyons

Target 7.5 Improve sexual health	**E.M. sought?**	No	**R.T sought?**	No

Comments:	Research suggests that sexual risk taking behaviour is increasing across the population and nationally rates of sexually transmitted infection have increased dramatically over the past ten years. As many as one in ten sexually active women under the age of 25 may be infected with chlamydia, which is left untreated can lead to pelvic inflammatory disease, ectopic pregnancy and subfertility. Other sexually transmitted infections are also increasing. Delays in access to diagnoses and treatment lead to more people being infected with sexually transmitted infections. Increasing access to Genito-Urinary Medicine Clinics and the percentage of sexually active people aged 15-24 yrs accepting chlamydia screening are vital strands in our strategy to improve the sexual health of the population.
Lead:	Primary Care Trusts (Nigel Hussey)
Partners:	District & Borough Councils, East Sussex County Council, Voluntary and Community Sector
Indicators:	7.5.1 The percentage of people attending Genito-Urinary Medicine clinics who are offered an appointment within 48 hours of contacting the service. 7.5.2 The percentage of the sexually active population aged 15-24 accepting Chlamydia screening
Current Performance:	

	2004/05 Baseline	2005/06
7.5.1 The percentage of people attending Genito-Urinary Medicine clinics who are offered an appointment within 48 hours	38%	50%
7.5.2 The percentage of sexually active people aged 15-24 accepting Chlamydia screening	0	3%

Performance at the end of the period of the LAA:	<table><tr><th></th><th>2006/07</th><th>2007/08</th><th>2008/09</th></tr><tr><td>7.5.1 The percentage of people attending Genito-Urinary Medicine clinics who are offered an appointment within 48 hours</td><td>66%</td><td>91%</td><td>100%</td></tr><tr><td>7.5.2 The percentage of sexually active people aged 15-24 accepting Chlamydia screening</td><td>10%</td><td>15%</td><td>20%</td></tr></table> .
Pooled Funding:	None identified
Aligned Funding:	Mainstream budget provision from identified Partners' budgets.
Enabling measures:	None sought
Cross cutting aspects:	Outcome 2
Author:	Cynthia Lyons

Outcome 8: Improved access to information, services and opportunities that support healthy, active lives for East Sussex residents.

Target 8.1 Better access to information, services and choice in health, social care and related services	**E.M. sought?**	No	**R.T sought?**	No
Comments:	Access to information and signposting of services locally is an important driver to improve the health and well being of East Sussex residents. Developing appropriate methods to efficiently deliver information when needed to key target groups such as carers, 'self-funders', people with mental health needs, black and minority ethnic groups and other minority groups is a priority. To achieve this objective a number of initiatives are being implemented such as the use of community help points, a single point of entry for social care increased use of electronic access to services and increased use of existing community facilities for delivering services. Comprehensive monitoring systems are being established to measure the effectiveness of these new services but currently limited data is available on which to base targets for these services. Baseline data will be collected during 2006/07.				
Lead:	East Sussex County Council (Judi Dettmar)			
Partners:	District & Borough Councils, Parish Councils, Action in Rural Sussex, Primary Care Trusts, Sompriti, Mental Health Joint Commissioning Team, Age Concern, Voluntary and Community Sector, Village Hall Committees			
Indicators:	8.1.1 Provision of tailor made methods to efficiently deliver information and services to different parts of the community in collaboration with partners, including electronic access 8.1.2 Number of enquires at Community Help Points resolved at first visit 8.1.3 Percentage of recently newly assessed carers saying they found 'Quick Guide for Carers' useful.			

	8.1.4 Improvements in information and support on options for care for self-funders. 8.1.5 Percentage of Social Care Direct users who are satisfied with the service
Current Performance:	The target for 2005/06 for this outcome will be to collect robust baseline data on which targets for future years can be established.
Performance at the end of the period of the LAA:	8.1.1 Precise definition of indicator to be agreed by 31 March 2006. Baseline data to be collected during 2006/07 and targets to be identified at the LAA annual refresh 8.1.2 Baseline data to be collected within service monitoring from April 2006 and targets to be identified at the LAA annual refresh. 8.1.3 Baseline data to be collected via survey in February 2006 and targets to be identified at the LAA annual refresh. 8.1.4 Precise definition of indicator to be agreed. Baseline data to be collected during 2006/07 and targets to be identified at the LAA annual refresh 8.1 5 Baseline data to be collected within service monitoring from April 2006 and targets to be identified at the LAA annual refresh.
Pooled Funding:	Carers Grant, Adult Social Care and Children's Social Care
Aligned Funding:	Mainstream budget provision from identified Partners' budgets, including:. Learning Disabilities Development Fund
Enabling measures:	None sought
Cross cutting aspects:	Outcomes 2 and 18
Author:	Judi Dettmar

Target 8.2 Improve economic wellbeing for low income households	**E.M. sought?**	No	**R.T sought?**	No
Comments:	Easy access to information, services & opportunities is often dictated by access to adequate funds. Poverty can also have a debilitating effect on older people both physically and socially. East Sussex has a large elderly population on low fixed incomes therefore assisting more people into Council Tax Benefit will reduce pensioner poverty significantly. We have a very large private sector rented market therefore it is essential that we ensure those entitled to housing benefit receive the benefits they are due. The target for East Sussex will be to increase take up of Housing and Council Tax Benefit by 30% over 3 years of those eligible to claim but who currently do not. Based on Department of Work and Pensions research, there are approximately 17,275 claimants who are eligible to claim benefit who do not. In achieving this we will focus on older people and enhance our performance with this age group. An assessment of resources will be undertaken with reference to the case load targets and emerging national data. Evidence prepared for GOSE shows East Sussex has some of the worst fuel poverty in the South East Region. Warmer homes, especially for the elderly, are key to good health and enable more housing to reach the decent homes standard which is especially important with our chronic affordable housing shortages. In East Sussex our aim is to improve performance in this area by working in partnership with the private and voluntary sector. Our aim is to increase the number of households with central heating targeting initially those wards which have highest numbers of homes without heating and to increase the take up of "Warm front" grants.				
Lead:	Wealden District Council (Steve Linnett)				

<table>
<tr><td>Partners:</td><td>Borough and District Councils, Department of Work & Pensions, Citizens Advice Bureaux, East Sussex County Council, Primary Care Trusts, Age Concern, East Sussex Disability Association, Voluntary and Community Sector</td></tr>
<tr><td>Indicators:</td><td>8.2.1 Increase take up of Housing and Council Tax benefit
8.2.2 Increase take up of Housing and Council Tax Benefit by people aged over 60
8.2.3 Reduce the number of households in fuel poverty by increasing the take up of “Warm front” grants for central heating
8.2.4 Reduce the number of households in fuel poverty by increasing the take up of “Warm front” grants for insulation</td></tr>
<tr><td>Current Performance:</td><td>
<table>
<tr><td></td><td>2004/05 Baseline</td><td>2005/06</td></tr>
<tr><td>Housing and Council Tax Benefit take-up</td><td></td><td>42,300 existing claimants (Dec 2005)</td></tr>
<tr><td>Housing and Council Tax Benefit take-up by people aged over 60</td><td>tba in May 2006 when the caseload count is completed for the DWP return</td><td>tba in May 2006 when the caseload count is completed for the DWP return</td></tr>
<tr><td>Take up of “Warm front” grants for central heating</td><td>14,185 households without central heating in 2001 census</td><td>n/a</td></tr>
<tr><td>Take up of “Warm front” grants for insulation</td><td>42,919 households in fuel poverty (Centre for Sustainable Energy Report 2004)</td><td>n/a</td></tr>
</table>
</td></tr>
<tr><td>Performance at the end of the period of the LAA:</td><td>
<table>
<tr><td></td><td>2006/07</td><td>2007/08</td><td>2008/09</td></tr>
<tr><td>Housing and Council Tax Benefit take-up (all ages)</td><td>1,728
10% increase</td><td>1,728
10% increase</td><td>1,728
10% increase</td></tr>
<tr><td>Housing and Council Tax Benefit take-up over 60’s</td><td>15 % increase</td><td>15 % increase</td><td>15 % increase</td></tr>
<tr><td>Take up of “Warm front” grants for central heating</td><td>142
1% decrease of households in fuel poverty</td><td>142
1% decrease of households in fuel poverty</td><td>142
1% decrease of households in fuel poverty</td></tr>
<tr><td>Take up of “Warm front” grants for insulation</td><td>2,150
5% decrease of households in fuel poverty</td><td>2,150
5% decrease of households in fuel poverty</td><td>2,150
5% decrease of households in fuel poverty</td></tr>
</table>
</td></tr>
<tr><td>Pooled Funding:</td><td>None identified</td></tr>
<tr><td>Aligned Funding:</td><td>Mainstream budget provision from identified Partners’ budgets.</td></tr>
<tr><td>Enabling measures:</td><td>None sought</td></tr>
<tr><td>Cross cutting aspects:</td><td>Outcome 23</td></tr>
</table>

Author:	Steve Linnett

Outcome 9: Improved independence, well-being and choice for older people, people with physical disabilities, learning disabilities and mental health problems and those living with long-term conditions

Target 9.1 Increase the number of people receiving services which enable them live at home independently	***E.M. sought?***	*No*	***R.T sought?***	*Yes 100%*

Comments:	*Source of Data:* *1. 'Referrals Assessments & Packages of Care' figures for PSS PAF C32 (turnover figures not 31 March snapshot)* *2. Age Concern returns* *3. Adult Social Care Client Data Base* *4. Fire and Rescue Service returns* *5. Adult Social Care Client Data Base* *6. 'Referrals Assessments & Packages of Care' figures based on PSS PAF C51 but for adults aged 18 – 64 only* ***Precise specification of indicator:*** *This indicator has been developed by partners delivering a wide range of services provided to support people living independently at home. Specific services included are:* *1. Home care and other services traditionally recorded within the definition for PAF indicator C32* *2. Age Concern Home from Hospital Schemes* *3. Extra care housing and outreach support from extra care housing* *4. Fire And Rescue Services Home safety visits* *5. New telecare services* *6. Direct payments* *Although individual targets, and stretches, have been agreed for all these services East Sussex wishes to be judged on the performance of these services as a whole. This is important to allow those people in need of support to be able to choose their own service, or combination of services.* *This 'basket' has been further refined to identify whether the support provided is at a high or low level. The definition for high level support includes more than 10 hours homecare per week, housing with extra care and support, direct payments and significant 'Home from Hospital' and telecare packages. Low level support would include less than 10 hours home care or direct payments, lower levels of 'Home from Hospital' support, telecare and all home safety visits.* *Close monitoring will be undertaken to ensure that there is no double counting of individuals receiving services from more than one of the services identified as contributing to this indicator at the same time.* *Periods of Measurement: Total for 3 years ending 31 March 2009* *Conditions of Grant – To be linked to th successful achievement of improved user satisfaction with home care (Target 10.4.1 – specific target to be agreed at the first annual refresh).*
Lead:	East Sussex Older People's Strategy Group (Jessie McArthur)
Partners:	East Sussex County Council; District & Borough Councils; Primary Care Trusts; NHS Trust; Age Concern; Action in Rural Sussex; East Sussex Disability Association; East Sussex Association for the Blind: East Sussex Fire & Rescue Service

<table>
<tr><td>Indicators where stretch is proposed:</td><td>The stretch is proposed on these indicators:
9.1.1 The number of people receiving high level support services which enable them live at home independently
9.1.2 The number of people receiving low level preventative services which enable them live at home independently.</td></tr>
<tr><td>Any other indicators under this target:</td><td>None</td></tr>
<tr><td>Current Performance:</td><td>2004/05
9.1.1 4,490 receiving high level support services which enable them live at home independently
9.1.2 5,605 receiving low level preventative services which enable them live at home independently.</td></tr>
<tr><td>Performance WITHOUT STRETCH at the end of the period of the LAA:</td><td>These figures are subject to amendment and under further negotiation.
<table><tr><th></th><th>2005/06 forecast</th><th>2006/07</th><th>2007/08</th><th>2008/09 forecast</th></tr><tr><td>9.1.1 The number of people receiving high level support services which enable them live at home independently</td><td>4460</td><td>4535</td><td>4615</td><td>4672</td></tr><tr><td>9.1.2 The number of people receiving low level preventative services which enable them live at home independently.</td><td>6561</td><td>6921</td><td>7320</td><td>7539</td></tr></table></td></tr>
<tr><td>Performance WITH STRETCH at the end of the period of the LAA:</td><td><table><tr><th></th><th>2005/06 forecast</th><th>2006/07</th><th>2007/08</th><th>2008/09 forecast</th></tr><tr><td>9.1.1 The number of people receiving services which enable them live at home independently</td><td>4460</td><td>4591</td><td>4740</td><td>4877</td></tr><tr><td>9.1.2 The number of people receiving low level preventative services which enable them live at home independently.</td><td>6561</td><td>7054</td><td>7567</td><td>8018</td></tr></table></td></tr>
<tr><td>Performance Enhancement with the reward element of the LAA:</td><td><table><tr><th></th><th>2005/06 forecast</th><th>2006/07</th><th>2007/08</th><th>2008/09 forecast</th></tr><tr><td>9.1.1 The number of people receiving high level support services which enable them live at home independently</td><td>N/A</td><td>56</td><td>125</td><td>205</td></tr><tr><td>9.1.2 The number of people receiving low level preventative services which enable them live at home independently.</td><td></td><td>133</td><td>245</td><td>479</td></tr></table>The performance enhancement will ensure 884 adults receive support to remain at home over the 3 years. This is an additional 8% based on 2005/06 forecasts
The definition for high level support includes more than 10 hours home care/week, housing</td></tr>
</table>

	with extra care and support, direct payments, significant home from hospital input and telecare packages, *Low level support would include less than 10 hours of home care, lower levels of home to hospital support and telecare and all home safety assessments* ***NB Any apparent anomalies in the sums relating to the enhancement figures for 9.1.1 and 9.1.2 are due to rounding. The apportionment of 45% of services as high level and 55% as low level resulted in .5 figures. The stretch figures submitted round the .5 up – to do otherwise implies 0.5 of a service is being delivered.*** Proposed Allocation of Performance Reward Grant: 9.1.1 - 56%, 9.1.2 - 44%
Pooled Funding:	*Preventative Technology Grant*
Aligned Funding:	*Mainstream budget provision from identified Partners' budgets, including:.* *Learning Disabilities Development Fund* *Partnerships for Older People Projects*
Enabling measures:	*None sought*
Stretch Target Business Case:	*'Maintaining Independence' is the first outcome listed in 'Independence Well-Being and Choice', the Green Paper which sets out the new vision for Adult Social Care. The paper states that Social Care needs to provide support in a way which increases users' sense of autonomy and identity; their capacity to be in control; and their opportunities to make decisions about their own lives. One of the key drivers for service delivery will be to develop the use of personalised budgets to maximise flexibility and choice when purchasing care.* *Improving services for older people continues to be one of the overarching priorities for East Sussex County Council and the East Sussex Strategic partners. This is reflected in the Adult Social Care vision, within which 'Supporting older people wherever possible in their own homes' remains a key objective. In addition, the vision states that the Adult Social Care Department will continue to ensure that services are flexible, tailored to meet individual need and empowering.* *In East Sussex, partners want to promote independence and choice by providing a range of services designed to enable people to live independently at home. Over the three years of the LAA 17% more people will be supported to live at home through the provision of flexible and responsive services. If this provision was not available then many would need more expensive interventions and may be at risk of needing institutional care.* *This outcome is closely linked to the 'Independence First Project', which recently attracted 'Partnership for Older People Project' monies, which will help older people to live independently in their own homes, avoiding the need for admission to hospital.*
Cross cutting aspects:	*Target 18.4*
Author:	*Beverly Hone*

Target 9.2 Increase the responsiveness and quality of community care	**E.M. sought?**	No	**R.T sought?**	No
Comments:	A key priority for health and social care within East Sussex is to reduce delayed transfers of care from hospital. We are tackling this in a number of ways. The focus of this outcome is to move from a health system that reacts to illness and where too many people have to use hospital services because alternatives are not available, to a health system that aims to keep people well and where care is delivered as close to home as possible. People with long term conditions such as asthma, diabetes and heart failure often have				

<table>
<tr><td></td><td>significant ongoing health and social care needs. There is good evidence that helping people with long-term conditions to manage their own conditions and providing targeted support where needed can reduce deterioration and the need for unscheduled hospital visits. Local health and social care organisations are implementing a number of initiatives under the Transforming Chronic Care Programme to ensure care is more integrated and 'user friendly' for people with long term conditions.

In addition, East Sussex partners are developing the provision of a broader and more extensive range of care schemes to prevent people going into hospital or helping them to regain independence after a stay in hospital.

This outcome is closely linked to the 'Independence First Project', which recently attracted 'Partnership for Older People Project' monies, which will help older people to live independently in their own homes, avoiding the need for admission to hospital.</td></tr>
<tr><td>Lead:</td><td>National Service Framework for Older People: East Sussex PCT Leads Group (Jessie McArthur)</td></tr>
<tr><td>Partners:</td><td>East Sussex Hospitals NHS Trust, East Sussex County Council, Transforming Chronic Care Programme, Age Concern, Primary Care Trusts</td></tr>
<tr><td>Indicators:</td><td>9.2.1 Percentage of people with long term conditions who say they have an improved quality of life
9.2.2 Number of patients and staff who feel their care is well coordinated
9.2.3 Number of people with long term conditions who receive annual medical reviews
9.2.4 Number of emergency hospital admissions for people with long term conditions
9.2.5 Number of people supported by community matrons
9.2.6 Number of delayed transfers of care (across East Sussex Hospitals Trust only)</td></tr>
<tr><td>Current Performance:</td><td>
<table>
<tr><td></td><td>2004/05</td><td>2005/06</td></tr>
<tr><td>9.2.1. Percentage of people with long term conditions who say they have an improved quality of life</td><td>-</td><td>20%</td></tr>
<tr><td>9.2.2. Number of patients and staff who feel their care is well coordinated</td><td>-</td><td>17% patients
28% staff</td></tr>
<tr><td>9.2.3. Number of people with long term conditions who receive annual medical reviews</td><td>-</td><td>50%</td></tr>
<tr><td>9.2.4. Number of emergency hospital admissions for people with long term conditions</td><td>6,723 in 2004</td><td>-</td></tr>
<tr><td>9.2.5. Number of people supported by community matrons</td><td>0</td><td>-</td></tr>
<tr><td>9.2.6. Number of delayed transfers of care (across ESHT only)</td><td>50</td><td>-</td></tr>
</table>
</td></tr>
<tr><td>Performance at the end of the period of the LAA:</td><td>
<table>
<tr><td></td><td>2006/07</td><td>2007/08</td><td>2008/09</td></tr>
<tr><td>9.2.1. Percentage of people with long term conditions who say they have an improved quality of life</td><td>-</td><td>-</td><td>50%</td></tr>
<tr><td>9.2.2. Number of patients and staff who feel their care is well coordinated</td><td>-</td><td>-</td><td>75% patients and staff</td></tr>
<tr><td>9.2.3. Number of people with long term conditions who receive annual medical</td><td>-</td><td>-</td><td>95%*</td></tr>
</table>
</td></tr>
</table>

	reviews			
	9.2.4. Number of emergency hospital admissions for people with long term conditions	6463	6203	6053
	9.2.5. Number of people supported by community matrons	4275	6750	6750
	9.2.6. Number of delayed transfers of care	tba	tba	tba
	*in top two tiers of "Kaiser triangle" receive an annual medical review			
Pooled Funding:	None identified			
Aligned Funding:	Mainstream budget provision from identified Partners' budgets.			
Enabling measures:	None sought			
Cross cutting aspects:	Indicator 10.4.1			
Author:	Judi Dettmar			

Outcome 10: Improved user, patient and carer experience and engagement.

Target 10.1 Improving the well-being of older people by increasing the number who are actively participating within the community	**E.M. sought?**	No	**R.T sought?**	No
Comments:	A key feature of East Sussex is the number of older residents within the County. People are living longer and expect to have a good quality of life well into old age. Our approach reflects the national emphasis on independence, self help, well being and citizenship. We aim to encourage older people to lead active lives and to participate within the community. The government's intention, as outlined in the Green Paper 'Independence, well being and choice', is that future services will be designed to meet the needs of most of the older population via co-ordinated preventative services, enabling older people to remain independent and outside health and social care services. These services need to be firmly based on the priorities of older people themselves, giving them greater choice and control over the way in which their needs are met. The first indicator for this outcome reflects our priority to continue to implement our older people's involvement strategy and provide a mechanism for older people to have their voice heard and encourage active involvement as citizens. Developing public services in partnership with users, carers and older people themselves is crucial for creating support that will make a positive difference to people's lives. It is no longer approriate for older people's services to focus on older people defined as frail, vulnerable older people in need of care, instead services need to consider the quality of life of all older people beyond prevention of health and care needs. To involve older people in making public services better is a top priority for East Sussex partners. The other indicators will also improve well being for older citizens by encouraging them to exercise or take part in learning. This will also improve social inclusion as well as provide active stimulation and reflect priorities identified by older people themselves Our aim is to encourage older people to participate on guided walks within the county. This we will provide a safe environment for people to explore the countryside and encourage individuals to continue to walk either in other groups or individually. We also wish to support the classes providing remedial exercise for frail older people etc which				

<table>
<tr><td></td><td>take place in a range of venues across the county including day centres, community / village halls and in sheltered housing complexes. The aim is to stretch and strengthen the body and to help with coordination and balance. Finally, we wish to support the University of the third Age.

The importance of feeling valued in old age and of being able to continue to contribute to society is a major aid to mental wellbeing. Social isolation increases anxiety and depression. Supporting the development of the older people's forums will improve the social inclusion, enpowerment and being an active citizen, hence contributing to mental well being.</td></tr>
<tr><td>Lead:</td><td>Older People's Strategy Group; Involvement Sub Group (Vicky Smith)</td></tr>
<tr><td>Partners:</td><td>District and Borough Councils, Primary Care Trusts, Age Concern, East Sussex Fire & Rescue Service, Older People's Fora</td></tr>
<tr><td>Indicators</td><td>10.1.1 Increase the number of older people taking part in forums which will set the agenda for involvement in designing and delivering public services

10.1.2 Maintain the number of people aged 55+ participating in walks

10.1.3 Maintain the number of older people taking part in structured programmes of seated and supported exercise

10.1.4 Increase the number attending the University of the Third Age (U3A)</td></tr>
<tr><td>Current Performance:</td><td>10.1.1 130 (Hastings only) in 2004/05
10.1.2 3,500 aged over 55
10.1.3 500 per week
10.1.4 1800 in 2005</td></tr>
<tr><td>Performance at the end of the period of the LAA:</td><td>
<table>
<tr><th>Indicator</th><th>2005/06 forecast</th><th>2006/07</th><th>2007/08</th><th>2008/09 forecast</th></tr>
<tr><td>10.1.1 Increase the number of older people participating in forums</td><td>650</td><td>2,000</td><td>2,500</td><td>3,000</td></tr>
<tr><td>10.1.2 Maintain the number of older people participating in walks</td><td>3500</td><td>3500</td><td>3500</td><td>3500</td></tr>
<tr><td>10.1.3 Maintain the number of older people attending structured exercise classes</td><td>500 per week</td><td>500 per week</td><td>500 per week</td><td>500 per week</td></tr>
<tr><td>10.1.4 Increase the number of older people attending U3A</td><td>2200</td><td>+200</td><td>+200</td><td>+200</td></tr>
</table>
</td></tr>
<tr><td>Pooled Funding:</td><td>None identified</td></tr>
<tr><td>Aligned Funding:</td><td>Mainstream budget provision from identified Partners' budgets.</td></tr>
<tr><td>Enabling measures:</td><td>None sought</td></tr>
<tr><td>Cross cutting aspects:</td><td>Outcome 18</td></tr>
</table>

Author:	Judi Dettmar

Target 10.2 Improve support for carers	E.M. sought?	No	R.T sought?	No

Comments:

East Sussex County Council Adult Social Care & Children's Services, the NHS Trusts, all Primary Care Trusts, Districts and Boroughs work in partnership with carers and their representative organisations in the commissioning, development and delivery of community care, children's and health services. Statutory partners recognise the wealth of knowledge, expertise and skills held by carers and carers' organisations and acknowledge the major role played by carers in supporting people in the community. Taking account of legislation and Government initiatives a Joint Strategy for East Sussex 2005 – 2007, and associated action plan, has agreed. An important target is to increase the services provided directly to carers.

Another key priority within the strategy is developing services for young carers. The Strategy Group recognises that even a small amount of caring responsibilities may restrict a child's educational and social opportunities and may adversely impact on their physical and emotional well-being. An important first step will be to clearly identify who the young carers are. A review of services provided for young carers is underway in order to develop an improvement plan with specific targets for enhancing the services provided. The review will establish prevalence and the needs of young carers through consultation with young carers themselves.

Lead: East Sussex County Council (Barry Sugg)

Partners: Voluntary and Community Sector, Care for the Carers, District & Borough Councils, Primary Care Trusts

Indicators:

10.2.1 Increase the number of carers who receive services

10.2.2 Increase the number of young carers identified and provided with appropriate support

Current Performance:

	2004/05 Baseline	2005/06
10.2.1 Increase the number of carers who receive services	1.76%	3%
10.2.2 Increase the number of young carers identified and provided with appropriate support	-	151

Performance at the end of the period of the LAA:

	2006/07	2007/08	2008/09
10.2.1 Increase the number of carers who receive services	8%	12%	16%
10.2.2 Increase the number of young carers identified and provided with appropriate support	151	3% increase	tba at annual refresh

Pooled Funding: Carers Grant

Aligned Funding: Mainstream budget provision from identified Partners' budgets.

Enabling measures:	None sought
Cross cutting aspects:	
Author:	Judi Dettmar

Target 10.3 Increase the number of people from minority groups engaged in the process of development and design of services	**E.M. sought?**	No	**R.T sought?**	No

Comments:

Meaningful community engagement with minority groups helps to ensure that the public services better meet the needs of everyone in the community. Minority groups commonly face greater challenges in accessing essential services. Public authorities are legally required to assess the impact of their services, by ethnic group, to improve outcomes for everyone. Similar duties will apply in 2006 for disabled people and, through the Equality Standard for Local Government, most authorities also consider the needs of other groups, such as older or younger people. This need is reflected in the requirement to demonstrate that there has been appropriate consideration of "diversity, human rights and user focus" through every aspect of Corporate Performance Assessment.

Effective engagement with minority groups and individuals is managed through the monitoring, consultation and target setting elements of Equality Impact Assessment (EIA). EIAs will be conducted by all public authorities as an integral element of policy and functional change and development whenever there is likely to be an impact on any minority group. As part of the annual refresh we will review how far we can expand this target across other agencies.

Lead: East Sussex County Council (Keith Hinkley)

Partners: District & Borough Councils, Primary Care Trusts, Sompriti, Voluntary and Community Sector

Indicators:

10.3.1 Effective engagement with minority individuals and groups through Equality Impact Assessments for changes to services or new developments

Current Performance:

	2004/05	2005/06
Effective engagement with minority individuals and groups through EIAs	Baseline assessments only	7 EIAs

Performance at the end of the period of the LAA:

	2006/07	2007/08	2008/09
Effective engagement with minority individuals and groups through EIAs	13 EIAs*	To be agreed at the annual refresh	To be agreed at the annual refresh

*within East Sussex County Council

Pooled Funding:	Ethnic Minority Grant
Aligned Funding:	Mainstream budget provision from identified Partners' budgets.
Enabling measures:	None sought

Cross cutting aspects:	Outcome 18
Author:	Judi Dettmar

Target 10.4 Improve the NHS patient and social care users' experience of services	**E.M. sought?**	No	**R.T sought?**	No

Comments:

In addition to engaging more people in the development and design of services it is important to improve the experience of those individuals who receive the services. A number of mechanisms are in place which measure patient / service user satisfaction with services.

Over the last 3 years the views of NHS patients have been sought using the Local Health Services Questionnaire (The Health Care Commission's patient satisfaction survey). In 2006 this survey will focus purely on the diabetes service. More work is required to establish an appropriate indicator which will measure improvements in NHS patient experience for the LAA.

Once every 3 years Social Care Services are required by the Department of Health to undertake a survey of all home care users aged 65 or over. This is known as the User Experience Survey and is useful as it also provides feedback about how East Sussex is performing in this area in comparison to other local authorities. This survey will be undertaken in February 2006, to provide the baseline, and again in February 2009. The target will be to improve the percentage of people who are extremely satisfied or very satisfied with the help that they receive in their own home.

Partners in mental health services are involved in improving users' experiences through developing innovative strategies and programmes to make inclusion a reality. This includes reducing the stigma associated with mental illness, increasing options open to people experiencing mental distress and encouraging recovery through helping people to reconnect to mainstream networks and services. For example through mental health service users actively participating in training and monitoring of mental health services.

The experience of black and minority ethnic groups will be specifically monitored as part of this work and included in relevant reports

Lead: East Sussex County Council (Samantha Carr/Diets Verschuren)

Partners: Independent Social Care Providers, East Sussex County Healthcare NHS Trust, Sompriti, Primary Care Trusts

Indicators:

10.4.1 Percentage of older people who are extremely or very satisfied with the help from Social Services they receive in their home as measured by the Department of Health Home Care User Experience Survey. (Successful achievement of this indicator is linked to the 9.1 reward target).

10.4.2 Improve mental health services through active user participation in service reviews

Current Performance:

	2003 Baseline	2005/06
10.4.1 Percentage of older people who are extremely or very satisfied with the help from Social Services they receive in their home as measured by the Department of Health Home Care User Experience Survey.	54.8%	Current performance April 2006
10.4.2 Improve mental health services through active user participation in service		1 service review per

<table>
<tr><td></td><td>
<table>
<tr><td>reviews</td><td></td><td>year</td></tr>
</table>
</td></tr>
<tr><td>Performance at the end of the period of the LAA:</td><td>
<table>
<tr><td></td><td>2006/07</td><td>2007/08</td><td>2008/09</td></tr>
<tr><td>10.4.1 Percentage of older people who are extremely or very satisfied with the help from Social Services they receive in their home as measured by the Department of Health Home Care User Experience Survey.</td><td>-</td><td>-</td><td>Target at annual refresh 2009 survey</td></tr>
<tr><td>10.4.2 Improve mental health services through active user participation in service reviews</td><td>1 service review per year</td><td>1 service review per year</td><td>1 service review per year</td></tr>
</table>
</td></tr>
<tr><td>Pooled Funding:</td><td>None identified</td></tr>
<tr><td>Aligned Funding:</td><td>Mainstream budget provision from identified Partners' budgets.</td></tr>
<tr><td>Enabling measures:</td><td>None sought</td></tr>
<tr><td>Cross cutting aspects:</td><td>Target 9.1</td></tr>
<tr><td>Author:</td><td>Judi Dettmar</td></tr>
</table>

Outcome 11: (Mandatory Outcome for NRF area: Hastings) Reduce premature mortality rates, and reduce inequalities in premature mortality rates between neighbourhoods/wards, with a particular focus on reducing the risk factors for heart disease, stroke and related disease (CVD) (smoking, diet and physical activity) (see targets under Outcome 23)

Appendix 3

Key strategy documents which provide a steer for planning in East Sussex

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1 National

National Service Frameworks (NSFs) for

- Diabetes (December 2001)
- Long Term Conditions(March 2005)
- Mental Health (September)1999
- Older People (March 2001) + 'A new ambition for old age: next steps in implementing the NSF for Older People', 2006

Adult Social Care Green Paper: *Independence, Wellbeing and Choice: Our Vision for the Future of Social Care in England* DH (2005)

Choosing Health: Making healthy choices easier DH (2004)

Commissioning a Patient-led NHS DH (2005)

Creating a Patient-led NHS: Delivering the NHS Improvement Plan DH (2005)

Everybody's Business – Integrated Mental Health Services for Older People (November 2005)

Improving Life Chances of Disabled People: A joint report with Department for Work & Pensions, Department of Health, Department for Education and Skills, Office of the Deputy Prime Minister Cabinet Office (2005)

No Secrets – guidance on developing multi agency policies and procedures to protect vulnerable adults from abuse (2000)

Opportunity Age: Meeting the challenges of ageing in the 21st Century Department for Work & Pensions (2005)

Valuing People: A new strategy for learning disabilityfor the 21st Century. A White Paper DH (2001)

White Paper: *Our health, our care, our say: a new direction for community services* DH (2006)

2 Local

East Sussex Adult Social Care Business Plan, 2006/07

East Sussex Whole Systems Action Plan 2006 (resulting from Audit Commission's Whole Systems Review of Services for Older People in East Sussex Review, 2005)

East Sussex Extra Care Housing Strategy 2003 - 2008

East Sussex Healthcare Strategy, 2005

Supporting People Strategy 2005 - 2010

East Sussex Local Housing & Support Strategies 2006/07 onwards

Mental Health Commissioning Intentions, 2006/7

Appendix 4 **Service Standards outlined by the Commission for Social Care Inspection (CSCI)**

INSPECTION OF SOCIAL CARE

SERVICES FOR OLDER PEOPLE

STANDARDS AND CRITERIA FOR INSPECTION

STANDARD 1: National Priorities and Strategic Objectives

The council is working corporately and with partners to deliver national priorities and objectives for social care and their own local strategic objectives to meet the needs of their diverse local communities.

1.1 The council has a coherent overall **strategy for responding to national priorities** for social care generally and for older people's services in particular.

- The council and partners are implement and monitoring a clear strategy for responding to the national objectives for social services, national priorities guidance, the social care and partnership elements of the National Service Framework for Older People and the NHS Plan.
- The strategy is supported by mechanisms that link relevant parts of the council and partners. Staff understand and support the direction it is taking.
- The strategy addresses the needs of older people as citizens. It goes beyond health and social care and covers the areas older people say are most important, including the promotion of well-being

1.2 Social Services have developed **local strategic objectives**, priorities and targets for older people's services which complement the national ones and serve the whole community.

- The council has established objectives and performance measures, supported by local indicators and appropriate joint indicators, that complement national objectives and priorities, promote value for money principles and contribute to the promotion of well-being
- The council can demonstrate that it is meeting national targets and milestones and that performance is good.

1.3 The council is consistent in implementing a strategy of **continuous improvement** and can demonstrate Best Value principles in older people's services.

- The council has a coherent approach to securing continuous improvement in the cost and quality of services, including joint services.
- Strategies for improvement are driven through service plans and business plans, linked to individual performance plans. These plans are supported by management information systems that enable performance, cost and targets to be compared.
- There is evidence of reinvestment in services and reprofiling of budgets in order to support continuous improvement in the quality of service delivery and increased value for money.

1.4 All older people's services reflect the active **involvement of services users and carers** including those from diverse groups within the community.

- Social services plans social care services for older people:
  - involving and consulting older people and carers, including who are marginalised or excluded;
  - in collaboration with health organisations, other parts of the council and other agencies; and
  - through local strategic partnerships and an appropriate range of planning mechanisms.

1.5 The Council has well-developed **joint working** arrangements that operate effectively.

- The council's strategic arrangements support the development of cooperative joint working arrangements.
- Planning and working relationships between older people's services, the wider council, the NHS, and other agencies are collaborative and ensure that services are comprehensive and seamless.

STANDARD 2: Cost and Efficiency

Social services commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

2.1 Commissioning is based on sound analysis of local population needs, including minority ethnic groups and is successful in **balancing cost and quality requirements**.

- Social services has a commissioning strategy and is achieving an effective balance of services for older people which are flexible, are of defined quality and are cost effective.
- Social services has in place the key elements for good commissioning, including:
  - needs analysis that develops an understanding of supply, demand, value for money, population needs and market purchasing capacity;
  - strategic planning that develops an informed commissioning strategy in consultation with key participants, including older people and carers;
  - contract setting and market management that supports access to stable and sustainable services that are responsive to delivering social services' commissioning objectives;
  - effective partnership arrangements with independent sector providers, balanced between supporting current good quality providers and stimulating new provision;
  - quality assurance systems, including contract monitoring that provide evidence of trends in service quality; and
  - developments that take account of evidence based practice .

2.2 Expenditure on services reflects **national priorities** and is fairly allocated to meet the needs of diverse communities.

- The Council ensures that the funding of services for older people reflects national and local priorities.
- Budgets are planned over the medium term and delivered on the basis of need.

2.3 The Council demonstrates **improved efficiency** across all aspects of social services operations.

- The council can measure the cost and quality of services, can identify trends and takes action to improve the quality, responsiveness and consistency of services.
- There is evidence of improving performance in care management and provider services.
- Technology is used comprehensively and effectively to support communication, management, delivery and monitoring.

2.4 The Council has implemented **joint financial arrangements** with health and other partners for the delivery of social care services.

- The council and partners make optimum use of the potential for joint commissioning and partnership working to improve the efficiency, economy and effectiveness of services.
- Complex arrangements for funding individual cases are agreed promptly between agencies.
- The council works with partners to ensure that use of external funding streams is maximised.

2.5 The Council's **strategy for resource allocation** for social care supports improvement priorities, with effective risk management of the budget.

- The council's resource allocation is increasingly aligned to improvement priorities.
- Financial management provides the foundation for good planning and commissioning in social care.
- There are effective risk management and contingency arrangements in use.

2.6 The council's **asset management** strategy is helping to deliver social care improvement priorities.

- The Council's asset management strategy supports improvement plans, optimises partnership arrangements and includes a considered balance between the council's own facilities and those externally provided.
- Development, procurement and disposal arrangements are flexible and responsive. They take account of the impact on service users and there is proper consultation.

2.7 The Council demonstrates **probity** in managing resources. **Budget management** is effective and appropriately devolved to trained staff; accountability for budgets and expenditure is clear.

- There is clear management accountability for all budgets, with financial and managerial responsibility aligned as closely as practicable and supported by robust systems.
- Accounting practice and management information enable budget holders to monitor commitment, to link spend and activity and to take prompt corrective action.
- Audit letters confirm that spend is properly accounted for and that audit recommendations are implemented.

STANDARD 3: Effectiveness of Service Delivery and Outcomes for Service Users.

Services promote independence, protect people from harm and support them to make the most of their capacity and potential and achieve the best possible outcomes.

3.1 The independence of service users and carers is promoted actively and consistently to minimise the impact of any disabilities, and to avoid family stress and breakdown.

- Older people and carers experience services that:
  - actively promote independence;
  - promote well-being through access to leisure, health promotion, education and spiritual support;
  - respond to service users' identified needs and choices and achieve agreed outcomes;
  - seek to maintain the dignity of service users; and
  - are reliable, timely, responsive, flexible, accessible, non-intrusive and supportive of informal arrangements.
- Direct Payments are promoted and take-up is increasing.

3.2 The **range of services** available is broad and varied to meet the needs, offer choices to many and take account of individual preferences. This includes sensitivity to the needs and preferences of diverse groups.

- The range of services available is sufficiently broad and varied to meet older people's and carers' needs and includes:
  - an adequate range and quantity of services to meet policy aims;
  - relevant specialist focus including meeting mental health, sensory impairment, learning and physical disability needs;
  - intermediate care, including rehabilitation (particularly following a stay in hospital) and acute preventive services (particularly prevention of avoidable hospital, nursing and care home admissions);
  - general prevention and well-being, addressing longer term risks and the promotion of healthy ageing; and
  - availability outside office hours.
  - The council actively seeks feedback from older people and carers on service quality and acts on this information.

3.3 The council provides a good range of services to **support and encourage all carers** in their caring role.

- Social services encourage and supports carers of all ages, in their caring role.
- Carers are offered separate assessments of their needs, uptake is promoted and this leads to improved support.

3.4 Service users are effectively **safeguarded against abuse**, neglect or poor treatment when using services. Incidents of this kind are rare.

- There is awareness of adult protection processes, supported by prompt risk assessment, good joint working between key agencies and effective outcomes that protect older people from abuse, neglect or poor treatment.
- The adult protection committee provides an effective overview of practice and supports improvement in the quality of protection.
- Commissioning and contracting arrangements specify required safeguards and are regularly reviewed.

STANDARD 4: Quality of Services for Users and Carers.

Service users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences.

4.1 All **referral, assessment, care planning; and review** processes are convenient, timely and tailored to individual needs and preferences including diverse groups.

- Referral and initial response systems are convenient, consumer friendly and responsive to risk.
- The single assessment process is in place and individuals are placed at the heart of assessment and care planning.[3] This includes ensuring that:
  - information about needs is supplied only once;
  - professionals work together in the best interest of the older person;
  - there are effective links to the Care Programme Approach for older people with mental health problems;
  - the older person's views and wishes are central to the assessment process;
  - assessment builds a rounded picture of older people's needs and circumstances;
  - the depth and detail of the assessment is proportionate to an individual's needs;
  - each older person is informed of, and consents to, information being collected and shared; and
  - key decisions and relevant issues are copied to the older person in an accessible format.
- Assessment and care planning arrangements:
  - promote independence, social inclusion, choice, well-being, and view older people and carers holistically;
  - are timely, understandable and needs-led;
  - are coherent and integrated;
  - prevent avoidable hospital admission, facilitate timely hospital discharge and rehabilitation, and minimise the need for long term care;
  - are person centred, involving older people and carers as active participants, providing access to independent advocacy where appropriate;
  - address the full range of the social care needs of the local population of older people, including mental health needs, physical disability and sensory impairment;
  - include risk assessment and contingency planning to manage emergencies.
- Care plans are:
  - comprehensive and build on strengths as well as addressing and clarifying eligible needs;
  - reflective of the holistic needs identified in multidisciplinary assessments
  - make clear the intended outcomes of each element; and
  - are person centred, involving older people and carers.
- Monitoring and review arrangements:
  - systematically check the effective implementation of care plans;
  - are person centred, involving older people and carers
  - regularly consider whether older people's needs for support have changed; and
  - ensure that reviews are effective and are held within the required time periods.
  - Older people and carers know they have access to records held about them.

[3] see Annexe E of the guidance on the Single Assessment Process

4.2 The service has effective **quality assurance** systems in place and service quality is consistent across all sectors, services and communities.

- Commissioners, purchasers and service providers monitor and manage services to ensure that they are effective, of good quality, responsive to need and that they promote independence.
- Servie users are satisfied that they are approached with courtesy and respect by staff who they regard as being easy to contact, skilled and reliable.
- Quality standards focus on outcomes, are defined and applied for all services, both directly provided and purchased.
- Monitoring systems include the effective use of: management information; service user and carer feedback; and management oversight of practice and recording.

4.3 Privacy and confidentiality are assured in all contacts supported by appropriate policies and procedures.

- All service providers are committed to the same values and practice that, which protect the privacy and assure the confidentiality of older people and carers.
- The council and partners have implemented an information sharing protocol.

4.4 Good quality **information about services** and standards is readily accessible to all, including diverse groups in the community.

- Social services with its partners produces and distributes comprehensive and accessible information to older people and carers. This covers the nature, range and types of services provided and how to access them.

STANDARD 5: Fair Access

Social Services act fairly and consistently in allocating services and applying charges.

5.1 **Clear eligibility criteria** for older people's services are published, easy to understand and fair to all.

- Eligibility criteria:
  - inform existing and potential service users and carers about how older people qualify for what types of services;
  - help fieldworkers to carry out effective assessments and then match services to assessed needs;
  - avoid age discrimination and result in older people being treated fairly; and
  - are produced in accessible formats.

5.2 Social Services are effective in monitoring the social care needs of the local population and the take-up of services. **Fair access** can be demonstrated in all areas and action is taken to increase the take-up of services from under-represented groups.

- Older people have fair and equal access to services and those with similar needs are assured of similar access and outcomes regardless of where they live.
- Policies have been checked for compliance with appropriate anti-discriminatory legislation.
- Older people with mental health problems have good access to generic services.
- Information on referrals, assessments, take-up of services and outcomes for older people and carers from black and minority ethnic communities is routinely gathered and used to ensure that over or under representation is identified and dealt with.
- The council is setting up systems to record information on self funders, and gives guidance to self funders on procedures for entering and funding care homes.

5.3 There are clear routes to access all **key social services 24 hours a day, 7 days a week**, as needed.

- Older people and carers benefit from access to services at times that best meet their needs.
- Older people and carers can contact duty workers for emergencies out of office hours.

5.4 The range of services available reflects the needs of the community, promotes equality to comply with all relevant legislation and demonstrates that **diversity and social inclusion** are valued.

- The council implements a policy of equality of opportunity and anti-discriminatory practice in the services it provides and commissions.
- Staff have the knowledge and skills to work effectively with older people and carers from black and minority ethnic communities and other marginalised groups.
- Services are delivered in a way that respects and responds appropriately to older people's and carers' cultures and lifestyles.

5.5 Access to services is culturally appropriate, and inclusive. Advocacy services are promoted and used appropriately.

- The council is proactive about promoting access to services for people from minority ethnic backgrounds and other marginalised groups.
- Older people and carers have ready access to an independent advocacy service.
- Older people, carers and staff have ready access to trained interpreters.

5.6 A fair and transparent **charging policy** has been agreed with stakeholders and approved by the Council, and income is collected efficiently.

- The system for charging is transparent, fair and consistent and avoids age discrimination.
- Financial assessments are completed quickly, linked to advice on benefits and explained to service users and carers.
- Collection of charges is easy for service users to understand and use.

5.7 Complaints are handled promptly and courteously. The complaints/comments procedure is well-publicised and service user friendly and effective in improving services.

- Older people and carers are supported in commenting or complaining about services, through accessible information and listening mechanisms. The comments and complaints system is effective, responsive and timely and actively supports continuous improvement.

STANDARD 6: Capacity for Improvement

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in social services.

6.1 The council's leaders have a **clear vision and strategic direction** for social services, communicate this effectively, and organise the necessary resources required to deliver it.

- Leaders clearly support, communicate and implement the vision and the strategy. Staff have good understanding of the vision and strategy, and are committed to achieving it.

6.2 The council's improvement strategy for social services has resulted in **sustained recent progress**. It is supported by relevant policies, plans, objectives, targets and risk assessments.

- The strategy is translated into practical plans, with timescales, responsibilities, targets and objectives. These plans:
  - demonstrate how improvements will be achieved;
  - identify the resources required;
  - cover at least a three year period;
  - are realistic; and
  - are monitored through effective quality assurance systems.
- The council has determined its specific responsibilities and those of its partners in delivering improvements. The plans include partners' contributions and are clearly linked with those partners' plans. All stakeholders are actively involved.
- The council has a track record of successfully implementing its plans supported by effective management of change.
- The council has a track record of competently managing its social care budgets.
- Organisation and management are supported and informed by:
  - IT and administrative systems that provide management information, serve care managers' operational needs and facilitate appropriate inter-agency communication; and
  - policies and procedures for staff including jointly agreed protocols covering interfaces with other agencies.

6.3 Performance management, quality assurance and scrutiny arrangements are in place and effective: performance improvement can be demonstrably linked to management action.

- Performance management, quality assurance, and scrutiny systems are effective supported by the effective and regular use of performance data.
- Service user and carer views are included in performance and quality management processes.
- Improvement plans agreed with auditors and inspectorates are implemented and improvements achieved.
- Staff understand the relationship between their performance and the council's performance. They are motivated to contribute to improvement.
- The council is a learning organisation. It develops the knowledge and skills of its staff and encourages teamwork, flexibility, innovation and initiative.
- The council uses supervision, appraisal and audit to provide clear management oversight of casework and to improve the quality of recording and intervention.
- Councillors are actively involved in improving older people's services, including those with lead responsibility for social care, scrutiny and the older people's champion.

6.4 The council's **organisational structure** and management arrangements promote improvements for social services and the wider modernisation agenda.

- The organisational structure for services for older people and carers clearly defines the responsibilities and accountability of all managers, including responsibility for partnership arrangements. Decision-making routes are clear and consistent and all councillors and staff understand and use them.
- Political structures effectively support social services in achieving its targets for improvement and modernisation.

6.5 The social care **workforce is well trained** and reflects local diversity. Local partnerships across all sectors have produced a human resources strategy that effectively trains, recruits and retains staff.

- Social services ensures that the workforce delivering the council's social services responsibilities is of sufficient size, stability and experience; that all staff are appropriately skilled, qualified and supervised; and promotes the uptake of training for staff of all partner organisations.
- Social services monitors the composition of its workforce as part of an equal opportunities strategy to ensure that the workforce profile reflects the composition of the local community.

6.6 The council works effectively with external and corporate **partners** to improve the range, quality and coordination of services.

- Social services works collaboratively with health, housing, other parts of the council and other agencies to provide seamless services. The council actively participates in partnerships which support social inclusion, such as community safety and the promotion of well-being.
- Local partnerships have a track record of effective joint working to support improvement to social care services.

Appendix 5 2006/7 Budget for Adult Social Care

3 Year Plan
Resource Planning

2007/08

	2007/08 Test Budget	Base Budget + Inflation (2.6%)	Specific Grants Shortfall	Transformation (Growth)	Transformation (Savings)	Demand Increase	Other Savings	Forecast Requirement	(Surplus)/Deficit
Older People:									
Assessment & Care Management	8,132	7,628	48					7,676	(456)
Nursing Care - Externally Purchased	15,776	14,798	(76)					14,722	(1,054)
Residential Care - Directly Provided	10,034	9,412						9,412	(622)
Residential Care - Externally Purchased	16,566	15,540	239					15,778	(788)
Home Care - Directly Provided	3,685	3,457						3,457	(228)
Home Care - Externally Purchased	9,872	9,260						9,260	(612)
Day Care - Directly Provided	2,539	2,382						2,382	(157)
Day Care - Externally Purchased	150	141						141	(9)
Meals in the Community	822	771						771	(51)
Other Services - Directly Provided	289	271						271	(18)
Other Services - Externally Purchased	471	442	(222)					220	(251)
Sub Total	68,336	64,100	(11)			2,476		66,566	(1,770)
Learning Disabilities:									
Assessment & Care Management	1,241	1,250						1,250	10
Nursing Care - Externally Purchased	339	342						342	3
Residential Care - Directly Provided	3,336	3,363						3,363	27
Residential Care - Externally Purchased	14,887	15,006	437					15,443	557
Home Care - Directly Provided	160	161						161	1
Day Care - Directly Provided	2,557	2,577						2,577	21
Day Care - Externally Purchased	1,352	1,362						1,362	11
Other Services - Externally Purchased	490	494						494	4
Sub Total	24,361	24,556	437			971		25,965	1,604
Physical Disabilities:									
Assessment & Care Management	3,424	3,506						3,506	81
Nursing Care - Externally Purchased	823	843						843	20
Residential Care - Externally Purchased	1,411	1,445						1,445	34
Home Care - Directly Provided	61	62						62	1
Home Care - Externally Purchased	1,417	1,451						1,451	34
Day Care - Directly Provided	15	16						16	0
Day Care - Externally Purchased	624	639						639	15
Equipment & Adaptations	1,120	1,146						1,146	27
Other Services - Directly Provided	161	165						165	4
Other Services - Externally Purchased	1,894	1,939						1,939	45
Sub Total	10,950	11,210				679		11,889	939
Mental Health:									
Assessment & Care Management	3,425	3,528	62					3,590	165
Nursing Care - Externally Purchased	378	389						389	11
Residential Care - Externally Purchased	2,809	2,894						2,894	84
Home Care - Externally Purchased	297	306						306	9
Day Care - Directly Provided	240	248	9					257	16
Day Care - Externally Purchased	159	164						164	5
Other Services - Externally Purchased	80	83						83	2
Sub Total	7,389	7,611	72			163		7,845	456
Other Adults Services:									
Substance Misuse - Directly Provided	266	265						265	(0)
Substance Misuse - Externally Purchased	203	203						203	(0)
AIDS/HIV	58	58	3					61	3
Other Adults Services	732	732	9					741	9
Supporting People			921				(921)	0	0
Sub Total	1,258	1,258	934			59	(921)	1,330	72
Management & Support	10,975	11,145	17	912	(1,391)			10,683	(292)
Total - All Services	123,268	119,880	1,448	912	(1,391)	4,349	(921)	124,278	1,009

2008/09

	2008/09 Test Budget	Base Budget + Inflation (2.6%)	Specific Grants Shortfall	Transformation (Growth)	Transformation (Savings)	Demand Increase	Other Savings	Forecast Requirement	(Surplus)/Deficit
Older People:									
Assessment & Care Management	8,805	8,344	1,642					9,985	1,180
Nursing Care - Externally Purchased	17,082	16,186	92					16,278	(804)
Residential Care - Directly Provided	10,864	10,295						10,295	(570)
Residential Care - Externally Purchased	17,938	16,997	433					17,431	(507)
Home Care - Directly Provided	3,990	3,781						3,781	(209)
Home Care - Externally Purchased	10,690	10,129						10,129	(561)
Day Care - Directly Provided	2,749	2,605						2,605	(144)
Day Care - Externally Purchased	163	154						154	(9)
Meals in the Community	890	843						843	(47)
Other Services - Directly Provided	313	296						296	(16)
Other Services - Externally Purchased	510	483	594					1,078	568
Sub Total	73,993	70,113	2,762			4,832		77,706	3,713
Learning Disabilities:									
Assessment & Care Management	1,261	1,273						1,273	12
Nursing Care - Externally Purchased	345	348						348	3
Residential Care - Directly Provided	3,390	3,423						3,423	33
Residential Care - Externally Purchased	15,127	15,274	442					15,716	588
Home Care - Directly Provided	162	164						164	2
Day Care - Directly Provided	2,598	2,623						2,623	25
Day Care - Externally Purchased	1,374	1,387						1,387	13
Other Services - Externally Purchased	498	503						503	5
Sub Total	24,755	24,994	442			1,649		27,085	2,330
Physical Disabilities:									
Assessment & Care Management	3,428	3,513						3,513	85
Nursing Care - Externally Purchased	824	845						845	20
Residential Care - Externally Purchased	1,413	1,448						1,448	35
Home Care - Directly Provided	61	62						62	2
Home Care - Externally Purchased	1,419	1,454						1,454	35
Day Care - Directly Provided	15	16						16	0
Day Care - Externally Purchased	625	640						640	15
Equipment & Adaptations	1,121	1,149						1,149	28
Other Services - Directly Provided	161	165						165	4
Other Services - Externally Purchased	1,896	1,943						1,943	47
Sub Total	10,963	11,235				1,648		12,883	1,920
Mental Health:									
Assessment & Care Management	3,406	3,514	32					3,546	140
Nursing Care - Externally Purchased	376	387						387	12
Residential Care - Externally Purchased	2,794	2,882						2,882	89
Home Care - Externally Purchased	296	305						305	9
Day Care - Directly Provided	239	247	5					251	12
Day Care - Externally Purchased	158	163						163	5
Other Services - Externally Purchased	80	82						82	3
Sub Total	7,348	7,581	37			372		7,990	642
Other Adults Services:									
Substance Misuse - Directly Provided	273	272						272	(0)
Substance Misuse - Externally Purchased	208	208						208	(0)
AIDS/HIV	59	59	3					63	3
Other Adults Services	751	751	14					765	13
Supporting People			335				(335)	0	0
Sub Total	1,291	1,291	352			(51)	(335)	1,257	(34)
Management & Support	11,082	11,260	29	1,025	(2,719)			9,595	(1,486)
Total - All Services	129,431	126,473	3,621	1,025	(2,719)	8,450	(335)	136,516	7,085

2009/10

	2009/10 Test Budget	Base Budget + Inflation (2.6%)	Specific Grants Shortfall	Transformation (Growth)	Transformation (Savings)	Demand Increase	Other Savings	Forecast Requirement	(Surplus)/Deficit
Older People:									
Assessment & Care Management	9,537	9,034	1,691					10,725	1,188
Nursing Care - Externally Purchased	18,501	17,526	92					17,618	(884)
Residential Care - Directly Provided	11,767	11,147						11,147	(620)
Residential Care - Externally Purchased	19,237	18,404	403					18,807	(430)
Home Care - Directly Provided	4,322	4,094						4,094	(228)
Home Care - Externally Purchased	11,578	10,968						10,968	(610)
Day Care - Directly Provided	2,977	2,820						2,820	(157)
Day Care - Externally Purchased	176	167						167	(9)
Meals in the Community	963	913						913	(51)
Other Services - Directly Provided	339	321						321	(18)
Other Services - Externally Purchased	552	523	612					1,136	583
Sub Total	79,951	75,917	2,798			2,013		80,728	777
Learning Disabilities:									
Assessment & Care Management	1,281	1,293						1,293	12
Nursing Care - Externally Purchased	350	354						354	3
Residential Care - Directly Provided	3,445	3,478						3,478	33
Residential Care - Externally Purchased	15,372	15,521	398					15,919	547
Home Care - Directly Provided	165	167						167	2
Day Care - Directly Provided	2,640	2,665						2,665	26
Day Care - Externally Purchased	1,396	1,409						1,409	14
Other Services - Externally Purchased	506	511						511	5
Sub Total	25,154	25,398	398			2,266		28,061	2,907
Physical Disabilities:									
Assessment & Care Management	3,432	3,517						3,517	85
Nursing Care - Externally Purchased	825	846						846	20
Residential Care - Externally Purchased	1,415	1,450						1,450	35
Home Care - Directly Provided	61	62						62	2
Home Care - Externally Purchased	1,420	1,455						1,455	35
Day Care - Directly Provided	15	16						16	0
Day Care - Externally Purchased	626	641						641	16
Equipment & Adaptations	1,122	1,150						1,150	28
Other Services - Directly Provided	161	165						165	4
Other Services - Externally Purchased	1,898	1,945						1,945	47
Sub Total	10,976	11,248				511		11,759	783
Mental Health:									
Assessment & Care Management	3,387	3,494	32					3,526	139
Nursing Care - Externally Purchased	373	385						385	12
Residential Care - Externally Purchased	2,778	2,866						2,866	88
Home Care - Externally Purchased	294	303						303	9
Day Care - Directly Provided	238	245	5					250	12
Day Care - Externally Purchased	157	162						162	5
Other Services - Externally Purchased	79	82						82	3
Sub Total	7,307	7,539	37			115		7,690	383
Other Adults Services:									
Substance Misuse - Directly Provided	280	280						280	(0)
Substance Misuse - Externally Purchased	214	214						214	(0)
AIDS/HIV	61	61	3					64	3
Other Adults Services	771	771	14					785	14
Supporting People			335				(335)	0	0
Sub Total	1,325	1,325	352			(2)	(335)	1,340	15
Management & Support	11,189	11,370	29	1,061	(3,039)			9,420	(1,769)
Total - All Services	135,902	132,796	3,613	1,061	(3,039)	4,903	(335)	138,999	3,097