

Report to: **Scrutiny Committee for Adult Social Care**

Date: **13 September 2007**

By: **Director of Adult Social Care**

Title of report: **Stakeholder involvement in Adult Social Care (ASC) Reconciling Policy and Resources (RP&R) Process**

Purpose of report: **To inform the Scrutiny Committee of stakeholder involvement in the ASC RP&R process for 2008/2009**

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## **RECOMMENDATIONS**

**The Scrutiny Committee is recommended to:**

- 1. Consider and comment on the ASC approach to stakeholder involvement in the 2008/2009 RP&R process.**
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### **1. Financial Appraisal**

1.1 Current spend on stakeholder involvement and consultation in the ASC 2008/2009 RP&R process has come from existing management budget lines or from specifically identified investment, e.g. development of the older people's involvement networks has been funded from LAA pump priming.

1.2 We are planning to put our spend in this area on more formal footing with the development of an involvement strategy with a specific budget.

### **2. Background and Supporting Information**

2.1 The ASC policy steers commit us to 'involving users, carers and partners in the planning and delivery of services'. This commitment is reinforced in the ASC 2007/2010 three-year plan with the statement that we will 'seek a more transparent process in determining priorities and delivery of the best possible services within East Sussex'.

2.2 Partnership working and user participation is intrinsic to the white paper *Our health, Our care, Our say*, where there is an expectation of 'extensive involvement of people who use services and surveys of their views'. ASC must be able to provide evidence of this involvement in the new CSCI inspection regime.

2.3 In order to deliver on these obligations we have, over the past year, made significant changes to how we work our partners. The Health and Social Care Executive Group was formalised in May 2007. This group provides overall leadership and co-ordination of health and social care planning for East Sussex. It oversees the work of seven planning streams, the detailed planning of which takes place in partnership boards. All the work streams have established networks of stakeholder (including user and carer) involvement. See Appendix 1: Whole Systems Strategic Planning.

2.4 This structure has worked particularly well in the development of jointly agreed commissioning strategies for services for carers, older people and people with learning difficulties.

2.5 A steering group oversees and monitors stakeholder involvement in the ASC planning process. The group was keen to have the service specific partnership board system supplemented by locality cross cutting stakeholder events and five of these will be lead by Health and ASC in October and November 2007. In addition, ASC is planning an event aimed at increasing involvement from more diverse minority communities.

2.6 Staff are key stakeholders and we have developed ways of involving them in planning and service development through consultative roadshows, business planning workshops, feedback groups, team meetings, emails and the ASC newsletter, Brief Encounter.

### **ASC Reconciling Policy and Resources Consultation 2008/2009**

2.7 Last year ASC carried out a consultation exercise directly linked to budget decisions for 2007/08 RP&R process. This year, as we have opened up our planning processes, we have been able to refine the RP&R consultation.

2.8 The steering group (mentioned in 2.5 above in) agreed that service specific planning information should flow via the partnership board structure. The locality events planned in October and November will enable cross cutting decisions to be addressed.

2.9 We have alerted stakeholders, including staff, to our budget setting process through an information paper giving details of our planning structures and timetable. A copy of the paper is attached in Appendix 2. This information has been distributed in person to partnership boards, roadshows, team meetings, and via email and Brief Encounter.

2.10 In line with the timetable set out in the information paper, more specific ASC 2008/09 budget information will be made available to partnership boards in September 2007 and at the locality stakeholder events in October and November 2007. A deadline of November 5<sup>th</sup> has been given for commenting on the budget plans.

### **3. Conclusion and Reasons for Recommendation**

3.1 Stakeholders are now integral to how ASC develops its plans. We believe that we are more transparent in how we make decisions and, whilst we still have considerable improvements to make, we increasingly take user and carer opinions into account. Given this greater involvement at an earlier stage, stakeholders have a more realistic ability to influence decisions. If we get this right, we could expect less comment on final plans except where decisions polarise stakeholder opinion.

3.2 Scrutiny committee are recommended to endorse this approach to stakeholder involvement in the ASC 2008/09 RP&R process.

Appendix 1 Whole systems strategic planning and commissioning across health and social care in East Sussex: proposals for joint arrangements

Appendix 2 Information sheet on ASC Reconciling Policy Resources July 2007

**KEITH HINKLEY**  
**Director of Adult Social Care**

Contact Officer: Name Julian Fowler Tel No.01273 482627

Local Member(s): All

#### **BACKGROUND DOCUMENTS**

Our health, our care, our say: a new direction for community services. White paper January 2006

## Whole systems strategic planning and commissioning across health and social care in East Sussex: proposals for joint arrangements

### 1 Background

- 1.1 There has long been a requirement for health and social care services to plan, commission and deliver health and social care to local populations in a joined up way. Both the White Paper for health and social care *Our Health, Our care, Our Say*, and the White Paper for Local Government *Strong and Prosperous Communities* comment on the need to approach both the assessment of need in local areas, and the subsequent arrangements that are put in place to meet that need, in partnership. In addition to this it is anticipated that the Department of Health will publish the Joint Commissioning Framework for health and social care services in early 2007.
- 1.2 In East Sussex increasing pressure on resources in both the health and social care system mean that it makes sense to align resources in order to add value by ensuring maximum outcomes for service users, reduce the potential for duplication and wherever possible integrate the services provided by different organisations, again for the benefit of service users and their carers.
- 1.3 This discussion paper presents the view that in order to strategically plan, co-ordinate and deliver health and social care services effectively across the whole system a Joint Health and Social Care Executive Group needs to be established to lead the process.

### 2 Proposal to set up a Joint Health and Social Care Executive Group

- 2.1 There are currently seven key planning streams that make up the health and social care 'whole system':
- Services for people with a learning disability
  - Services for older people
  - Services for people with mental health problems
  - Services for carers
  - Services for people with a physical disability, sensory impairment and/or long-term condition
  - Services for people with substance misuse needs
  - Housing related support including the Supporting People programme funding.
- 2.2 There are partnership 'boards' in each of the above service areas which are currently at varying stages of development. Broadly speaking each partnership board aims to be as inclusive as possible in terms of stakeholder involvement and also undertakes to co-ordinate the following tasks in each service area:
- Identification of need/needs assessment
  - Seeking and considering the ongoing views of users, carers and providers through the appropriate involvement processes
  - Formal consultation on the draft joint commissioning strategy
  - Agreeing targets and goals for implementation and monitoring progress
  - Determining and co-ordinating operational direction, service objectives and priorities

- Maximising resources and reducing duplication
  - Costing proposals
  - Advising on monitoring and evaluation
- 2.3 A fuller explanation of the activities to be undertaken by each partnership board is listed in appendix 1 of this paper.
- 2.4 Building on the work of the existing county-wide Whole Systems Steering Group, a strengthened Whole Systems Leadership Group (WSLG) is being developed which will span the seven planning streams (or service areas) referred to in paragraph 2.1. With particular reference to the interfaces between different health and social care services, the WSLG will bring together senior managers from the key organisations to work collaboratively to ensure that the *operational* systems and processes underpinning service delivery are cohesive and subject to continuous improvement. Where appropriate the WSLG will look to integrate systems across organisational and service boundaries in order to provide seam-free and efficient care for patients and service users, regardless of their specific illness, condition or need.
- 2.5 In order to ensure that there is clarity and accountability for the way that decisions about health and social care services are reached and taken jointly it is proposed that a Joint Health and Social Care Executive Group be set up. As a key part of the health and social care planning and commissioning framework this group would have the following roles:
- To provide overall leadership for the six partnership boards and the WSLG within the health and social care planning and commissioning framework
  - To receive recommendations for specific service changes and developments from each of the six partnership boards and the WSLG and taking decisions accordingly
  - To provide the overall co-ordination and prioritisation of the planning process, by drawing together the work of the seven planning streams and the WSLG, and providing the overall management and leadership for the health and social care planning and commissioning framework
  - To commit the key health and social care organisations to action by ensuring that decisions reached are taken through the appropriate decision-making structures of the individual member-organisations of the Joint Executive Group
- 2.6 A whole systems planning and commissioning framework is, out of necessity, multi-layered. In line with this it is important to be clear about the decision making and accountability roles and processes within the framework. A helpful decision making framework is appended with the acronym '**RAPID**'. This identifies five critical decision-making roles within which the function of the Joint Executive Group would be to provide the formal **decision-making** role on behalf of the overall partnership framework, thereby committing the individual organisations to action. This would also mean ensuring that individual organisation Cabinet and Boards are committed through the appropriate organisational decision-making structures and processes.
- 2.7 Each of the six partnership boards and the WSLG underneath the proposed Joint Executive Group would bring the relevant representatives together who have a role in **inputting** into decisions and **agreeing** that **recommendations** are made to the Joint Executive Group for a final decision. The membership of the partnership boards and WSLG would also have a key role in **performing** or **executing** the decisions in each service area, at the behest of the Joint Executive Group. For a

fuller explanation of the **RAPID** model of decision-making please see appendix 2 of this paper.

- 2.8 For health and social care joint working through the Joint Executive Group would increase the ability to:
- Remove the health/social care divide to facilitate easier access to services for service users;
  - Maximise the potential for linking areas of common interest and having a shared strategic agenda;
  - Maximise resources, reduce duplication and improve co-ordination;
  - Further develop opportunities for joint working and joint commissioning;
  - The ability to ensure that joint priorities are delivered

- 2.9 Through the overarching partnership framework provided by the Joint Executive Group member organisations would also be able to meet the requirements for:
- Contributing to the local Sustainable Community Strategy and the Local Area Agreement Healthier Communities and Older People Block.
  - Implementing the draft East Sussex Integrated Service Improvement Plan (ISIP)
  - Implementing the Adult Social Care Three Year Plan
  - Implementing the recommendations of the Commission for Social Care Inspection of older people's services in East Sussex
  - Implementing the aspects of the local NHS Sustainability Plan concerned with integration
  - Developing joint arrangements using the Health Act (1999) Flexibilities
  - Implementing the guidance in the DH Joint Commissioning Framework – due for publication in 2007.

### **3. Suggested Terms of Reference for a Joint Health and Social Care Executive Group**

#### **3.1 Purpose and scope**

In addition to the roles described in paragraphs 2.8, the suggested purpose and scope for the Joint Executive Group would be as follows:

- To provide direction for joint planning, commissioning and service development and delivery across the whole range of health and social care services
- To provide co-ordination for the development and monitoring the plans which each partner has a responsibility for
- To oversee the development and implementation of the Healthier Communities and Older People Block of the LAA and its contribution to the Community Strategy
- To feed into the wider health improvement agenda being taken forward by Local Strategic Partnerships in the county
- To be responsible for prioritisation and the commitment of resources, including the implementation of the Health Act (1999) Flexibilities where appropriate.

## 3.2 Membership

The Joint Health and Social Care Executive Group membership will initially consist of:

- East Sussex County Council - Director of Adult Social Care
- East Sussex Hospitals Trust – Chief Executive
- East Sussex Primary Care Trusts – Chief Executive
- Sussex Partnership Trust – Chief Executive

It is suggested that deputies would only be accepted where they are already agreed and that they attend with decision making powers.

## 3.3 Leadership and co-operation

In order to work effectively together it is suggested that the member organisations sign up to the following agreement aimed at promoting leadership and co-operation across the four organisations:

### 3.3.1 Organisations and individuals can have the following expectations of each other:

- To work together, support and respect each other to improve the health and well being of the people of East Sussex
- To ensure equity of access and quality of services
- To place the interests of local people before institutions
- To accept that collaboration and inter-dependence is the key to serving people well
- To respect and support those leading or affected by change
- To use evidence and good practice to design and develop services

### 3.3.2 In undertaking the leadership role on behalf of health and social care organisations in East Sussex, members of the Joint Executive Group agree to behave in the following way:

- To lead and inspire, not blame
- To provide answers not make excuses
- To support not undermine each other
- To communicate early, clearly and honestly
- To share information, knowledge and ideas
- To support collaborative behaviours, not reward anti-collaborative behaviours

### 3.3.3 The following rules for doing business together will also be adhered to:

- An agreement is an agreement; there is no going back. Once agreements are made they are final unless the situation changes and then they are openly re-negotiated.
- We set and achieve collective and individual objectives and targets reflecting what we want to be known for.
- We speak well of each other - differences of view around the table are encouraged and debated when decisions are made. We do not make undermining comments to other audiences.

- We are clear about the decisions making process and our individual and collective accountability for decisions.

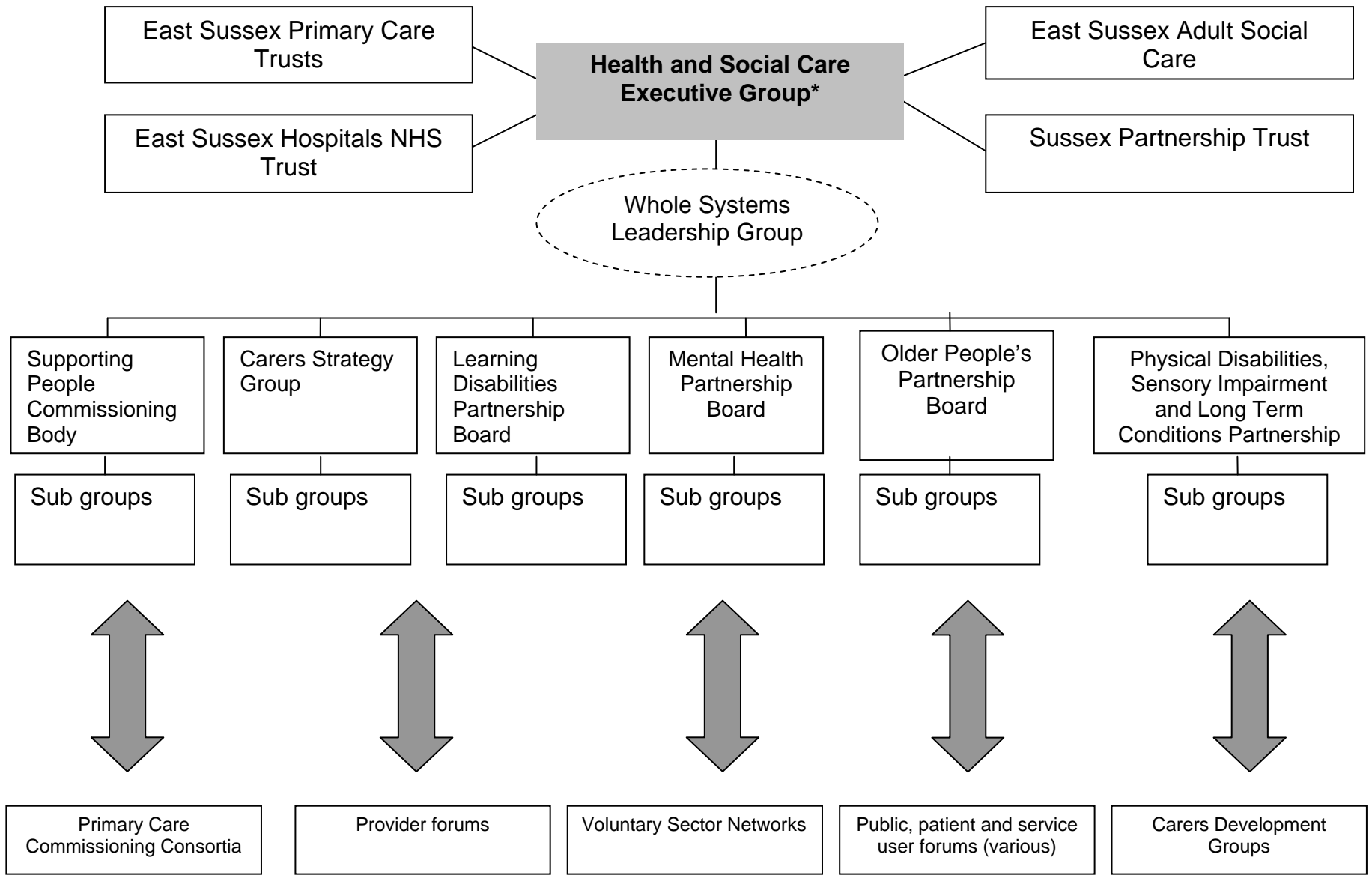
### 3.4 Principles

The key objectives and actions identified in action plans should also be considered alongside the following **principles** underlying the Joint Executive Group's approach to change, development and improvement in health and social care services:

- 3.4.1 **Prevention and well being** - Through health promotion and the prevention of disease the Joint Executive Group considers that people are given a positive sense of health and well being so that they can make full use of their physical, mental and social capacities.
- 3.4.2 **Equity** – The Joint Executive Group considers that existing inequalities in health and well being must be reduced so that the poorest and most vulnerable sections of the community enjoy similar levels of health and well being to those who are more secure and affluent within society.
- 3.4.3 **Community participation** – The Joint Executive Group will ensure that people are informed, enabled and motivated to participate in achieving health goals.
- 3.4.5 **Independence** – The Joint Executive Group will maximise the opportunities to promote independence and support for people in their own homes.
- 3.4.6 **Partnerships for health and social care** - The Joint Executive Group considers the encouragement and support of multi-sector collaboration as the most effective way of achieving health and social care goals.
- 3.4.7 **Accessible primary health and social care** - The Joint Executive Group considers that basic health and social care services should be provided as close as possible to where people live. Services should be readily accessible and acceptable to the communities they serve and developed with their participation.

### 4. Structure

- 4.1 The Executive Group would oversee the whole systems health and social care planning structure as set out below



**\*Note:** The county-wide Health and Social Care planning framework will feed into the Local Strategic Partnerships in East Sussex in respect of the wider health improvement agenda and the East Sussex Local Area Agreement



- 4.2 This structure would be to a certain extent fluid and evolving.
- 4.3 Communication will be key to ensuring that this complex structure works effectively

## **5. Frequency of Meetings**

- 5.1 The Executive's Groups will meet on a monthly basis. Each meeting will comprise two elements: the first part will be a formal session with an agenda planned in advance (see paragraph 7 below) and minutes; this will be followed by a less structured 'open space' session aimed at trouble-shooting and problem-solving any joint-working issues that each partner organisation would like to bring to the table.
- 5.2 The Chair of the Joint Executive Group will rotate annually. The Director of Adult Social Care will hold the Chair in 2007/08.

## **6. Co-ordination/facilitation**

- 6.1 Responsibility for organising the secretariat of the Joint Executive Group will rest with the organisation holding the Chair who will identify someone to be responsible for the co-ordination of Joint Executive Group meetings.
- 6.2 In 2007/08 secretariat for the Joint Executive Group is to be provided by the East Sussex Adult Social Care. Secretariat and chairing of any sub-groups is to be shared between partner agencies
- 6.3 The Joint Executive Group will develop and review its strategies and plans in line with government guidance. It will work to action plans developed in order to deliver strategies and these will be monitored and reviewed on a regular basis.
- 6.4 Notes of the Joint Executive Group will be circulated to each of the lead partnerships in key areas of health and social care services to facilitate communication.
- 6.5 In order to facilitate good communication and effective working within the Joint Executive Group minutes will be circulated within two weeks of a meeting and agendas and the accompanying papers will be sent out at least 7 days prior to a meeting.

## **7. Agenda Setting**

- 7.1 Items for the agenda will need to be forward to the meeting coordinator 2 weeks prior to the meeting and there is an expectation that where possible items will have an accompanying written report. Where appropriate, other officers may be invited to speak to an agenda item, however they will attend for the duration of that item only. All agenda items must have a summary front sheet. Where necessary the Executive's Group will prioritise the agenda.
- 7.2 To ensure clear communication between the different streams of the planning framework it will be necessary to develop a mechanism which allows issues to fed up to the Joint Executive Group as well as down to each planning stream i.e. services for older people, people with mental health problems etc. As a starting point each planning stream will be expected to submit a short report to each Executive's Group meeting highlighting any outstanding issues of which the Group

should be aware. If any issues require further discussion, they become items in themselves for which a written report will be expected.

## 8. Review

8.1 These terms of reference will be reviewed every 12 months after April 2007.

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### Appendix 1 – role of service-specific partnership boards

- To act as lead body for the strategies initiated and developed in the service area which the partnership board has responsibility for
- To contribute to key plans and strategies such as the LAA, Sustainable Community Strategy, ASC Three Year Plan, NHS Sustainability Plan, Integrated Service Improvement Plan in respect of the relevant service area.
- Overseeing and managing the delivery and implementation of the joint commissioning strategy in each service area.
- Maintaining an overview of all services for the client group in question in East Sussex
- Ensuring that communication happens between key delivery agencies about service change and development that has implications for services within the partnership board's remit.
- To take responsibility and provide direction for joint working with partner organisations across the specific service area
- Making recommendations to the East Sussex health and social care executive group (to be set up) about the direction and priorities for specific types of service in the county.
- Considering specifically how resources can be deployed jointly to add value, and deliver better services and outcomes for the local population.
- Responding to key reports arising from inspections and reviews of services.
- Overseeing and ensuring that national policy in relation to health and social care services is reflected in local policy and service development in the specific service area where appropriate
- Ensuring co-ordination and liaison with other significant work streams that have an impact on the service area, for example All Together Better - the East Sussex LAA; the County Older People's Housing and Support Group; Health Improvement Programmes etc.
- To set up sub groups as necessary to take forward specific service development and change as signalled by service commissioning strategies
- To ensure that the views of service users and their carers are taken into account when planning, commissioning, designing and changing services

## Appendix 2 - explanation of the RAPID model of decision-making

This is based on article in the Harvard Business Review (January 2006\*) outlining some of the problems that can occur when there is no clarity about the various and distinct roles within the decision making and accountability process. It helps to assign clear roles so that accountability can be clearly exercised. This is especially useful in the context of a structured approach to whole systems planning and commissioning in order to move work forward at the various levels.

The authors make the point:

**“Often, organizations struggle to make decisions because lots of people feel accountable – or no-one does!”.**

*The 5 critical decision making roles- ‘RAPID’ :*

### 1. Recommend

The people in this role are responsible for making a proposal, gathering input, providing the right data and analysis to make a sensible decision in a timely fashion. They consult with people who provide input, building ‘buy in’ along the way.

They must have analytical skills, common sense and are organizationally smart.

*(In the main text of the proposal this role is assigned to the appropriate service representatives or subgroups within each of the Partnership Boards who then recommend to the Joint Executive but the Joint Executives are also in this role when recommending to their Boards/Cabinet etc.) )*

### 2. Agree

Individuals in this role have veto power- yes or no- over the recommendation.

Exercising the veto triggers a debate between themselves and the recommenders which should lead to a modified proposal. They can if necessary escalate to the person with the **D**

*(In the proposal, the Partnership Boards themselves need to agree whether the recommendation should be made to the Joint Executive).*

### 3. Input

These people are consulted on the decision. Because the people who provide input are typically involved in implementation, recommenders have a strong interest in taking their advice seriously. No input is binding but this shouldn’t undermine its importance. If the right people are not involved and motivated the decision is far more likely to falter during execution.

*(In the proposal, this might be service representatives, stakeholders or a mixture of these. It is important to know who they are and should be for each issue being decided and also to make sure that they are clear that, for instance, being consulted and inputting is not the same as having the decision making role. Lack of clarity on this is often where public consultation runs into difficulty)*

### 4. Decide

The person with the ‘D’ is the formal decision maker. He or she is ultimately accountable for the decision, for better or worse and has the authority to resolve any impasse in the decision making process and commit the organization to action.

*(In the proposal this role is assigned to the Joint Executives when they have the authority to make a decision or, for deciding to recommending it to their Boards / Cabinet when this is appropriate)*

## **5. Perform**

Once a decision is made, a person or group will be responsible for executing it. In some instances the people responsible for implementing it are the same as the people who recommended it.

Writing down the roles and assigning accountability are essential steps, but good decision-making also requires the right process. Too many rules can cause the process to collapse under its own weight. The most effective process is grounded in the specifics of each decision or issue to be decided but simple to adapt if necessary.

When the process gets slowed down, the problem can often be traced back to one of 3 trouble spots:

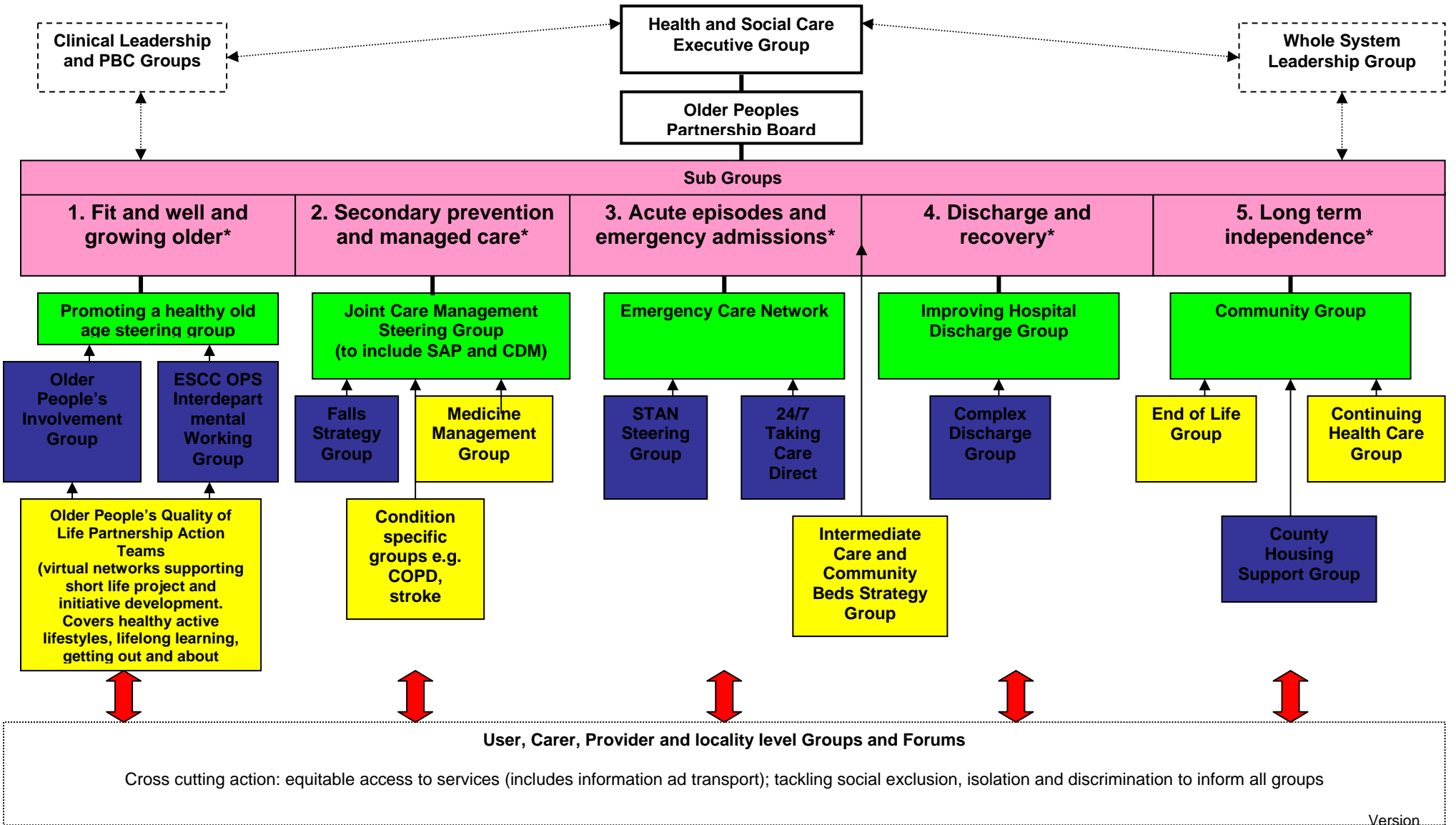
- Lack of clarity about who has the final 'D'.
- A proliferation of people who have veto power can make life tough for recommenders. If too many people are in the 'agree' role, it usually means that decisions are not pushed down far enough in the organization.
- If too many people are giving 'input', it's a signal that at least some of them may not be making a meaningful contribution.

*Linda Smith  
January 2007*

*\* Who Has The 'D'? How Clear Decision Roles Enhance Organisational Performance:  
Paul Rogers and Marcia Blenko.*

Older People Strategy 5 Workstreams	Key Planning Groups established
Key Steering Groups to be established	Key Planning Groups to be established
* See Appendix 1 to cross-reference to LAA HCOP Block	

### Draft Whole System Planning and Governance Arrangements for Older Peoples Services



## **Adult Social Care Reconciling Policy and Resources**

*July 2007*

### **Information about the 2008/2009 process**

This document explains how and when we will make decisions about how we will use the money we have available for the 2008/2009 financial year.

We are clear about what we need to do and in the last year we have made significant changes to how we work with our partners to plan what we are going to do and how best to do it.

### **Our strategic direction**

Our overall direction is steered by the Government and East Sussex County Council. How we, in Adult Social Care, will carry this out is described in our Three-Year Plan 2007/2010. It can be downloaded from the council website or you can ask for a copy to be sent to you. There is information on how to do this at the end of the document.

In the last six months we have been concentrating on developing commissioning strategies for each service area. We will continue to develop these for all service areas. We will also update our Three-Year Plan over the summer. We will do this by gathering and analysing information on our performance, noting new and updated Government guidance, taking note of the results of reviews and taking account of all the comments and information that we have been given at planning meetings and events throughout the year.

The County Council will issue its policy steers for 2008/2009 in August and we will use these as the basis of our updated plan.

If you would like to make a comment or feed into updating the Three-Year Plan you can do so via the partnership board structure as described below, through specifically advertised events or directly to **ascthreeyearplan@eastsussex.gov.uk**

## How we work with our partners

This year we have made important changes to how we work with our partners. We have jointly established a management group called the **Health and Social Care Executive Group**. This group provides overall leadership and co-ordination of health and social care planning in East Sussex. It provides leadership for the seven key planning streams.

The detailed joint planning for these work streams takes place in partnership boards. These are at varying stages of development in the following areas

- Services for people with a learning disability
- Services for older people
- Services for people with mental health problems
- Services for carers
- Services for people with a physical disability, sensory impairment and/or long-term condition
- Services for people with substance misuse needs
- Housing related support including the Supporting People programme funding

There is information at the end of this document explaining where you can find out about our joint planning arrangements.

## Reconciling policy and resources 2008/2009

Through the County Council's Reconciling Policy and Resources process, the Adult Social Care Department can give a clear picture to the Council about the demand for our services, the need for investment in future services and our ability to perform our services at the highest standard. The Reconciling Policy and Resources process balances those policy needs with the resources available to the Department.

## Money available

The County Council, in February 2007, approved the Adult Social Care net budget for 2007/2008 of £123.1m and the initial budgets for 2008/2009 and 2009/2010 of £129.3m and £135.8m respectively.

However, we still do not have a clear picture of the situation for next year. The Government has yet to publish the results of its Comprehensive Spending Review (this is a long-term in-depth examination of spending priorities for each Government department). We do not know how this will affect the money that the Government gives us.

We do not know if we will be required to make more efficiency savings in 2008/2009. This financial year we were expected to make saving of 2.5%.

It is still early in our planning cycle and we do not know all the spending pressures for next year; we will continually revise our estimates of demand for 2008/2009.

## **At present, we are planning our work within the following resources**

Our approved initial budget from the County Council for 2008/2009 is	<b>£129.3m</b>
This represents a 5% increase on the 2007/08 budget of	<b>£6.2m</b>
Set against this additional funding are budget pressures of	<b>£8.7m</b>
The gap in funding will be filled by planned efficiency savings of	<b>£2.5m</b>

## **Priorities for 2008/2009**

This year we are much clearer than we have been in the past about how much money we will get from the Council and we are clear about what we want to do. Our Three-Year Plan committed us to improve our performance and our business transformation programme has delivered efficiencies. We will continue to work on improving our operational systems this year and into 2008/2009.

The Three-Year Plan committed us to developing commissioning strategies and we have already developed, with our partners, strategies for People with a Learning Disability, a Joint Commissioning Strategy for Older People and a strategy for Carers. These outline what we intend to do; our challenge in 2008/2009 will be to realign our spending to the priorities in these strategies.

## **More information**

You can download the current Three-Year Plan from  
**[eastsussex.gov.uk/socialcare/howeare/downloadthreeyearplan](http://eastsussex.gov.uk/socialcare/howeare/downloadthreeyearplan)**

You can ask for a copy to be posted to you by emailing  
**[ascthreeyearplan@eastsussex.gov.uk](mailto:ascthreeyearplan@eastsussex.gov.uk)**

You can find out about the health and social care planning structure from the cabinet minutes for 13<sup>th</sup> March 2007 at  
**[eastsussex.gov.uk/yourcouncil/about/committees](http://eastsussex.gov.uk/yourcouncil/about/committees)**

You can find out about partnership boards by contacting  
**[ascthreeyearplan@eastsussex.gov.uk](mailto:ascthreeyearplan@eastsussex.gov.uk)**

You can ask for copies of commissioning strategies by emailing  
**[ascthreeyearplan@eastsussex.gov.uk](mailto:ascthreeyearplan@eastsussex.gov.uk)**



## How to comment on our plans

You can feed your comments into a partnership board or meeting

You can attend specific events advertised throughout the year

You can send your views directly via email to

**ascthreeyearplan@eastsussex.gov.uk**

You can write to

**Julian Fowler  
East Sussex County Council  
County Hall  
St Anne's Crescent  
Lewes BN7 1SW**

## Timetable for consultation and decision making

June - July 2007	Information (this document) will be sent out to stakeholders to inform them of the reconciling policy and resources process for 2008/2009 and invite comment on the priorities and budget allocation
September - October 2007	More details will be made available to the partnership boards for discussion
<b>Monday 5 November 2007</b>	<b>Deadline for feeding back comments in relation to this document</b>
December 2007	The <b>Adult Social Care Scrutiny Board</b> reviews the updated Three Year Plan and the associated budget plan
January 2007	<b>East Sussex County Council Cabinet</b> briefed on final version of plans including final consultation, feedback and changes
February 2008	<b>Full County Council</b> meeting to agree final plans
1 April 2008	Financial year starts

Information on the Council's committee meetings can be found at **[eastsussex.gov.uk/yourcouncil/about/committees](http://eastsussex.gov.uk/yourcouncil/about/committees)**