

Report to: **Adult Social Care and Community Safety Scrutiny Committee**

Date: **5 September 2013**

By: **Chief Executive**

Title of report: **Reconciling Policy, Performance and Resources (RPP&R)**

Purpose of report: **To enable the Committee to begin its engagement in the Council's business and financial planning process (Reconciling Policy, Performance and Resources) for 2014/15 and beyond.**

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## **RECOMMENDATIONS:**

**The Scrutiny Committee is recommended to:**

- (1) begin the committee's engagement in the RPP&R process as outlined in this report;**
  - (2) identify any further work or information needed to aid scrutiny's contribution to the RPP&R process, for consideration at the November scrutiny committee; and**
  - (3) establish a scrutiny review board to consider the developing portfolio plans and savings proposals as they emerge in December/January and to submit scrutiny's final comments on them to Cabinet in January 2014.**
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### **1. Financial implications**

1.1 The *State of the County 2013* report was agreed by Cabinet on 23 July 2013. That report initiates the Council's business and financial planning process known as *Reconciling Policy, Performance and Resources* (RPP&R) for 2014/15 and beyond. It outlines the national and local policy, financial and performance context and provides the background for the development of the detailed business and financial plans that will eventually be agreed by the County Council early in 2014. It is available [here](#).

1.2 In 2012, Members agreed a new approach to developing the future Council Plan that encompasses four cross-cutting **priority outcomes** for the Council as a whole. These are:

- Driving economic growth;
- Keeping vulnerable people safe from harm;
- Building resilience for individuals and families to live independently; and
- Making the best use of our resources.

1.3 **Appendix 1 contains a graphical overview of the budgets** of the areas within the remit of this committee – the big budget picture. **Appendix 2 contains the current portfolio plans** for the functions within the committee's remit. **Appendix 3 contains the savings plans** that were agreed earlier in the year.

1.4 When developing portfolio plans for next year, Cabinet Members will be focusing on how services we and our partners provide contribute to the four priority outcomes. With diminishing resources available in future years, the Council needs to develop ever more innovation in achieving efficiencies and 'providing more for less'. The kinds of strategies that are becoming increasingly apparent include: ensuring fair and effective demand management for the services we wish to provide; and focusing on earlier intervention, where appropriate, to prevent more costly intervention 'further down the line'.

## 2. Scrutiny engagement in RPP&R

2.1 Scrutiny's engagement in the RPP&R process is vitally important. Each scrutiny committee brings to bear its collective experience of undertaking scrutiny projects. Scrutiny provides a 'critical friend' challenge at key points of the Council's budget and planning process. Ultimately, each scrutiny committee will provide commentary and recommendations to be taken into account by Cabinet and Council before a final decision is taken on next year's budget and Council Plan early in 2014.

2.2 In recent years, the messages sent by scrutiny to Cabinet have predominantly highlighted the *impact* of proposed spending plans on services provided by the County Council and its partners. Increasingly, however, scrutiny has also:

- proposed mitigating action to offset perceived negative impacts of spending reductions in some cases
- recommended shifts in the balance of priorities between different activities, giving prominence to priorities that have emerged from the evidence scrutiny has uncovered;
- made judgements about value for money for areas of above-average costs;
- sought to identify additional efficiencies; and
- challenged performance targets to try to ensure better return on investment through increased performance.

2.3 The **September 2013 scrutiny committees** initiate scrutiny's involvement in RPP&R by using the *current* portfolio and savings plans to become familiar with the scope and functions of the Cabinet portfolios within their remit. Committees are asked to use this information to understand how services are performing against previously agreed targets and budgets, and to question Lead Members and senior officers about, for example, the impacts of the earlier spending decisions. Lead Members and officers can begin to outline their initial thoughts about any refinements being considered in the face of the challenges ahead in preparing the draft portfolio plans for next year.

2.4 This stage is essentially a scene-setting exercise designed to provide the basis for scrutiny's more detailed contributions to follow. The committee can ask questions and request further information to help them in the process, which can be brought to the November scrutiny committee. Each committee is also asked to agree the membership of its RPP&R scrutiny review board which will then consider the developing portfolio plans and savings proposals in more detail as they emerge in December/January.

2.5 The **November 2013 scrutiny committees** can explore follow-up questions and information requests from the September meetings to develop their understanding of the pressures and challenges ahead.

2.6 The **RPP&R scrutiny review boards** meet in December 2013/January 2014 to agree the detailed comments and any recommendations on the emerging portfolio plans and savings proposals to put to Cabinet on behalf of their parent scrutiny committees. The Chairmen of all the scrutiny committees are invited to attend all the scrutiny review boards.

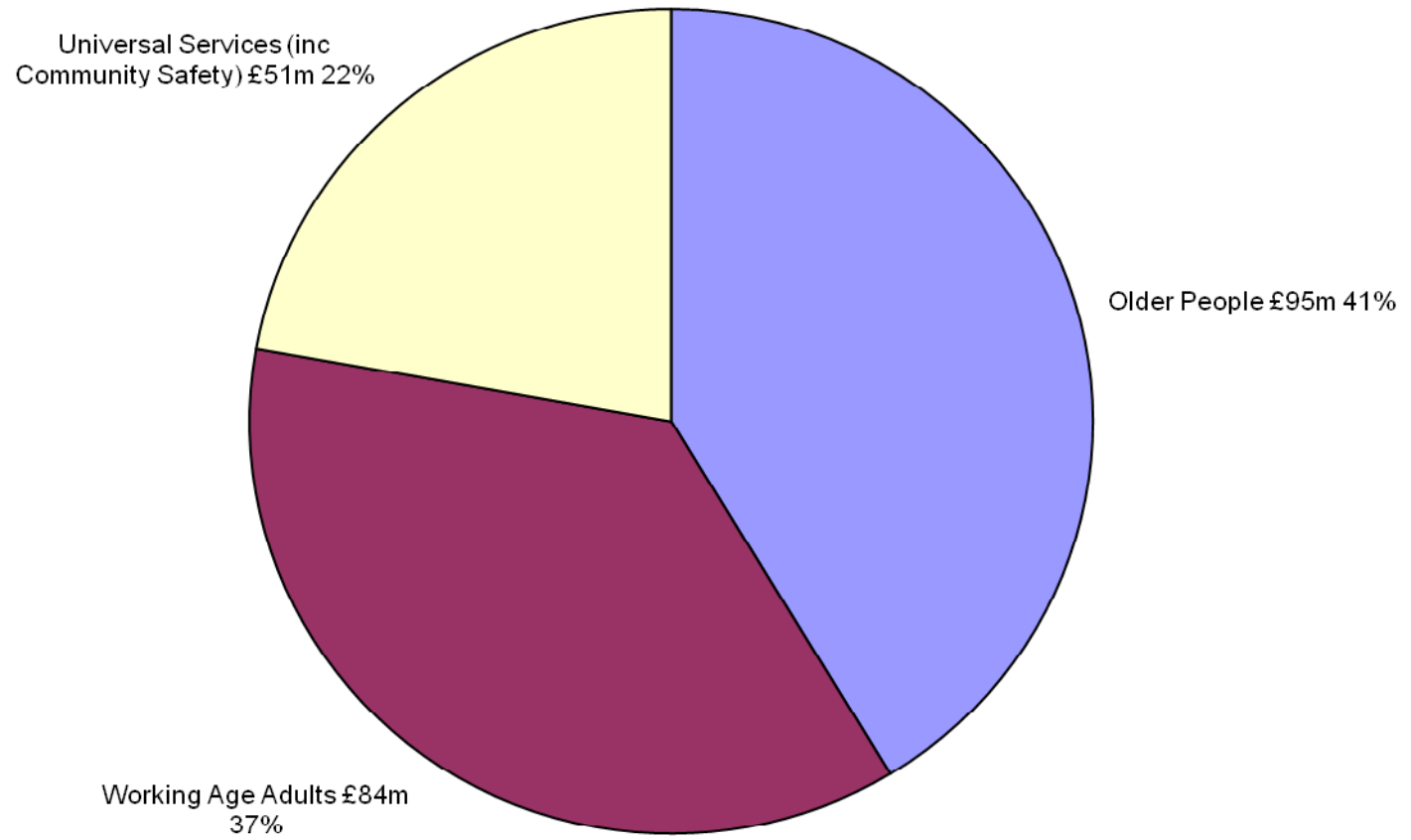
2.7 The **March 2014 scrutiny committees** review the process and their input into the RPP&R process, and make recommendations for improvements for the future RPP&R process.

BECKY SHAW  
Chief Executive

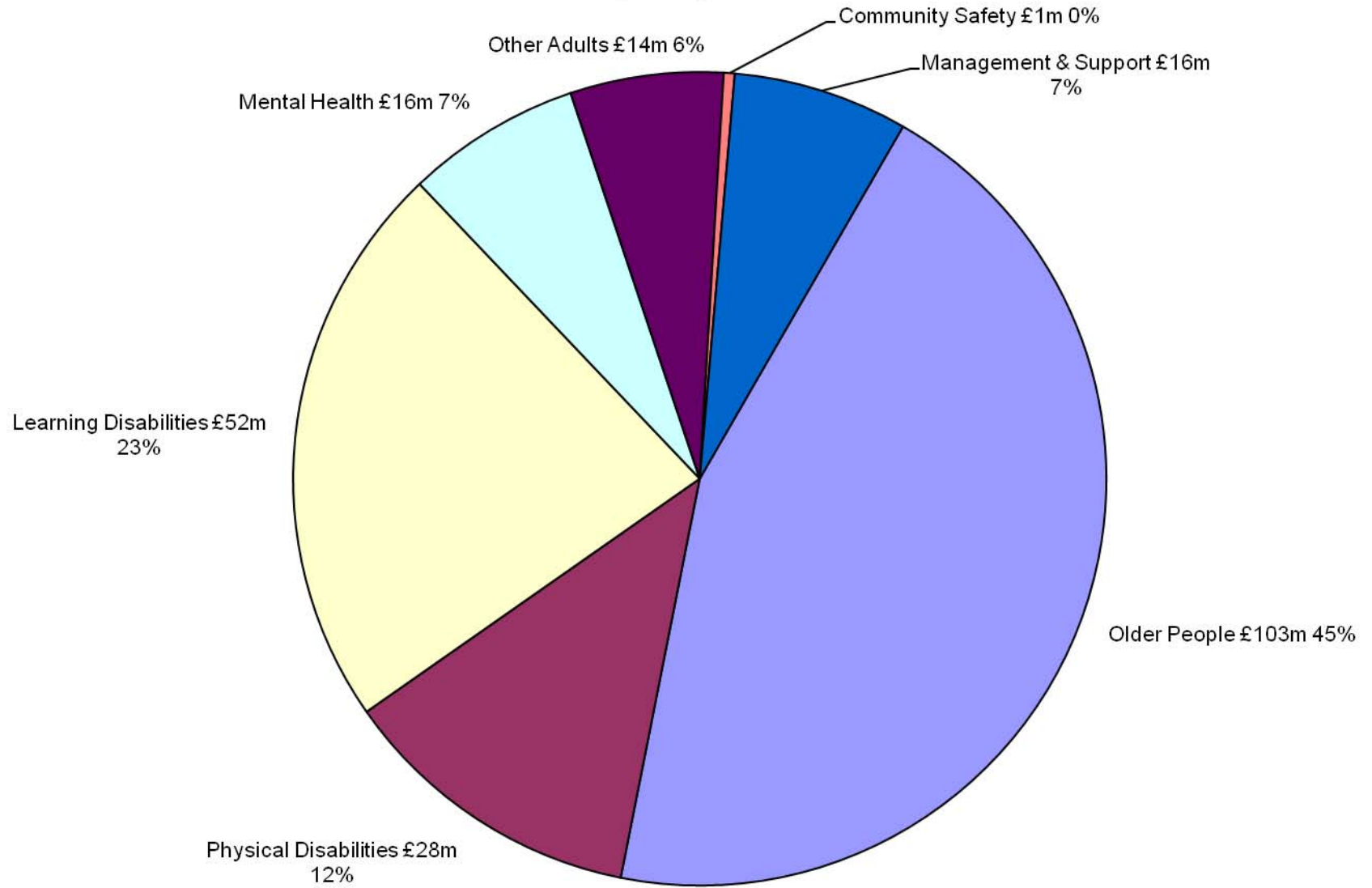
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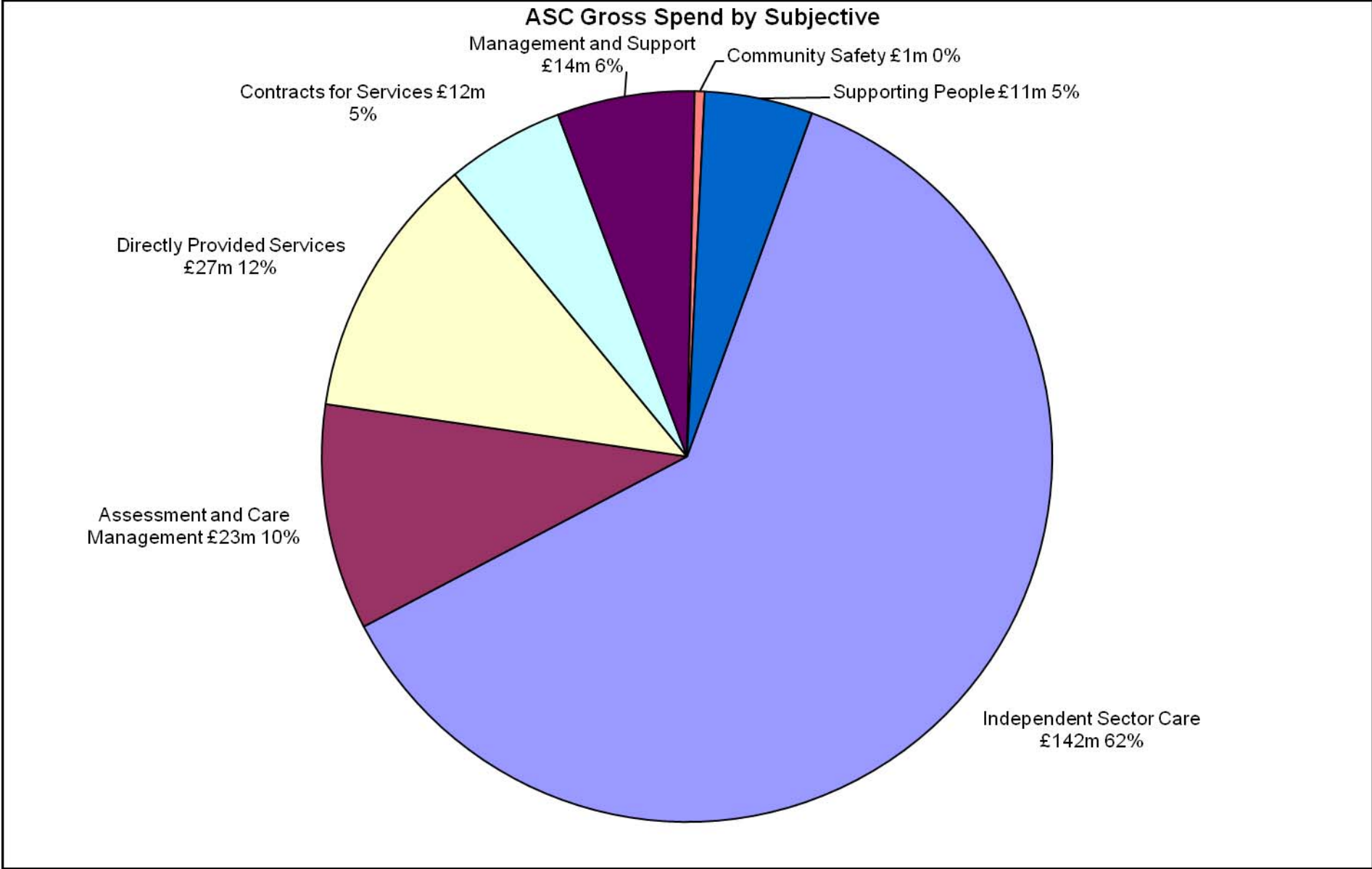
Background Documents  
None

ASC Gross Spend by Service Area

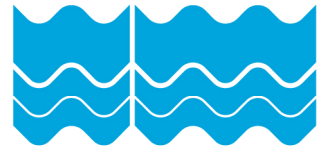


### ASC Gross Spend by Division









# Adult Social Care

## Portfolio Plan 2013/14 – 2015/16

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## Policy Overview by Lead Member(s)

- i) Adult Social Care faces a number of key challenges over the coming years. We need to balance the expectations of people wanting to access support from Adult Social Care against our ability to meet rising demand within a reducing budget. This plan sets out how we will deliver the significant levels of savings we need to deliver over the next three years.
- ii) We have developed a three year programme of work to deliver the £27.8million of savings that are required. This programme has been planned to ensure that sufficient lead-in time is given, for example, to explore opportunities for re-provisioning services that we currently deliver. Throughout the delivery of this plan we will work with our partners, clients and carers to mitigate the impact of these savings as far as possible.
- iii) Our priorities will be to keep local residents safe and enable people to maximise their independence. Safeguarding adults at risk of harm will remain our highest priority.
- iv) We acknowledge the role of informal carers and in an environment where direct support to individuals may reduce or change, continued funding of carers' support will be of increasing importance as the changes may lead to an increased reliance on carers. Carers need to be recognised and their needs properly assessed if their role is to be sustainable. In addition, we will be developing services that promote or maintain good health for carers. All services will be encouraged to provide flexibility and an understanding of the need to support carers.
- v) How we provide support will have to change as we manage the challenges of funding reductions, welfare reform and our local demographic pressures. We will need to support more people from a greatly reducing Community Care Budget. As a result, the amount of Adult Social Care funding available to many people through their Personal Budgets will reduce. The priority for social care funding will be on social care needs that can not be met through other resources. For some people this will mean prioritising funding to ensure that they are kept safe and any risks are managed. We will look at alternative ways of meeting other needs wherever possible.
- vi) We will retain our eligibility criteria bandings for people who require our help at 'critical' and 'substantial' levels of need. In order to sustain this level of support, we need to manage demand pressures for social care more effectively. We will increase the availability of time-limited support aimed at helping people regain practical skills and confidence, thereby reducing or eliminating the need for ongoing care and support. We will also review our investment in prevention-based services i.e. the support which prevents lower levels of need getting worse, to ensure it is effectively reducing pressure on the Community Care Budget.
- vii) The financial pressures faced by local NHS partners will increase service pressures across the whole health and social care system. We will therefore need to work closely and carefully with our NHS colleagues around any changes to health care provision which could increase pressure on social care support.

- viii) We will also be making changes in how we organise ourselves within the Council by making 20% savings on management and business support costs.
- ix) We remain fully committed to full engagement with clients, carers and everyone else affected by these difficult decisions. Through open dialogue and by listening to the voices of local people, we will be better placed to make best use of our reducing resources and meet our priority of keeping people safe. At the same time we will not lose sight of the need for quality, personalisation and improving wherever possible, the health and wellbeing of our local communities

**Lead Member(s):**



**Councillor Elkin**

Responsible for Children’s and Adult Social Care matters and for community safety



**Councillor Bentley**

Responsible for services for older people and people with learning disabilities, physical disabilities and mental health problems

## Our Promise

We will, in partnership, make the best use of resources to:

- help make East Sussex prosperous and safe;
- support the most vulnerable people;
- improve and develop roads and infrastructure;
- encourage personal and community responsibility;
- deliver the lowest possible council tax; and
- be a voice for East Sussex, listening and answering to local people.

## Policy Steers

- ❖ Policy steer 1 – Improve client and carer choice and control about how their needs are met, promoting the universal offer, including signposting, irrespective of their ability to pay.
- ❖ Policy steer 2 – Commission collaboratively to stimulate a diverse local market and ensure services are developed and improved in response to locally identified needs.
- ❖ Policy Steer 3 – Work in partnership to deliver localised reablement services to keep people healthy and to maximise opportunities for rehabilitation and recovery.
- ❖ Policy Steer 4 – Improve safeguarding for adults at risk through prevention and early intervention, by working in partnership and continuously building the skills of the workforce.
- ❖ Policy Steer 5 – Support children and young people with disabilities, and their families, including supporting young people aged 16-25 with complex and special needs to make a smooth transition into adult life.
- ❖ Policy Steer 6 – Continue to make a strategic shift in Adult Social Care resources towards older people's services over the next five years (2010-2015), to reflect our demography and to ensure our resources are fairly and equitably distributed.

# Universal Services

## Data Tables

<b>Service: Universal Services</b>						
<b>Cost drivers:</b>						
<b>User Pathway</b>						
<ul style="list-style-type: none"> <li>Number of contacts received by Adult Social Care</li> <li>Number of adults and older people assessed during the year</li> <li>Number of adults and older people reviewed during the year</li> <li>Number of self-funded clients who had completed assessments or reviews, provided at the expense of the CASSR during the year</li> </ul>						
<b>User Pathway, Preventative Services and Reablement</b>						
<ul style="list-style-type: none"> <li>Number of people assessed by Adult Social Care Hospital Teams</li> <li>Number of people referred to the Integrated Community Access Point and the Integrated Night Service</li> <li>Number of adults and older people assessed during the year</li> </ul>						
<b>Universal Preventative Services</b>						
<ul style="list-style-type: none"> <li>Number of safeguarding referrals received</li> <li>Number of safeguarding investigations completed</li> </ul>						
<b>User Pathway</b>						
<ul style="list-style-type: none"> <li>Number of young people aged 16-25 with complex and special needs who transition to Adult Social Care</li> </ul>						
<b>Summary of all Universal Service Areas</b>						
<ul style="list-style-type: none"> <li>Population aged 18+ in East Sussex</li> <li>Number of adults 18+ assessed in the year</li> <li>Number of adults 18+ receiving a service in the year</li> </ul>						
<b>Cost Indicators:</b>				<b>East Sussex 2010/11</b>	<b>Benchmark 2010/11</b>	<b>East Sussex 2011/12</b>
No unit costs identified						
<b>Performance Measures</b>	<b>2012/13 Outturn</b>	<b>2012/13 Target</b>	<b>2012/13 RAG</b>	<b>2013/14 Target</b>	<b>2014/15 Target</b>	<b>2015/16 Target</b>
Maximise the use of inpatient intermediate care services and reduce the average stays	NA	New measure	New measure	Establish baseline	To be set once 13/14 result is available	To be set once 14/15 result is available
Proportion of people whose transfer of care from all hospitals is delayed, per 100,000 population	10.7	10.0	R	10.0	10.0	10.0
Proportion of people whose transfer of care from all hospitals is delayed due to Adult Social Care, per 100,000 population	1.57	1.35	R	1.35	1.35	1.35
Admissions to residential and nursing care homes, per 100,000 population	184.8	194.3	G	197.4	197.4	197.4
Increase the number of service users discharged from the Joint Community Rehabilitation Service that do not require on-going care	NA	New measure	New measure	55%	To be set once 13/14 result is available	To be set once 14/15 result is available
Increase the number of people accessing information and advice about services through increasing the:						
i) Number of services registered on East Sussex 1Space	NA	New measure	New measure	Establish baseline	300 additional services	300 additional services
ii) Number of people accessing information through East Sussex 1Space	NA	New measure	New measure	Establish baseline	5% increase on 13/14 outturn	5% increase on 14/15 outturn

iii) Total number of providers registered with Support With Confidence	105 providers	New measure	New measure	121 providers	15% increase on 13/14 outturn	15% increase on 14/15 outturn
Increase the number of self-funders receiving new services	NA	New measure	New measure	Pilot new pathway for self funders and establish baseline for self funders receiving information and support.	To be set once 13/14 result is available	To be set once 14/15 result is available
Increase the number of carers receiving new services	NA	New measure	New measure	Establish a baseline for the number of carers receiving new services	To be set once 13/14 result is available	To be set once 14/15 result is available
Number of people referred to the memory assessment service	NA	New measure	New measure	1000	1500	2000
Number of memory support service sessions provided	NA	New measure	New measure	200	400	600
Number of people supported through Prospectus funded services	NA	New measure	New measure	Establish baseline	To be set following baseline	To be set following baseline
Establish an effective support and welfare benefit advice system which supports the changes in the welfare reform act 2012	NA	New measure	New measure	System in place by March 2014	NA	NA
Deliver welfare reform training sessions to strengthen the welfare reform advice being offered	NA	New measure	New measure	Provide at least 40 sessions	NA	NA
Provide a specialist welfare reform service to support people with the most complex housing support needs	NA	New measure	New measure	1000 people supported	10% increase on 13/14 outturn	NA
Maintain the provision of floating housing support to vulnerable adults to avoid homelessness	NA	New measure	New measure	5,523	To be set once 13/14 result is available	To be set once 14/15 result is available
Support people who receive housing support services to improve their employment opportunities	NA	New measure	New measure	Establish baseline	To be set once 13/14 result is available	To be set once 14/15 result is available
The proportion of people who use services who say that those services have made them feel safe and secure <b>(Adult Social Care Survey)</b>	66.0%	>61.0%	<b>G</b>	70%	70%	70%
The proportion of carers who say they have no worries about personal safety <b>(Carers Survey)</b>	NA	New measure	New measure	No survey undertaken	85-90%	No survey undertaken
Number of carers supported through short term crisis intervention	NA	New measure	New measure	400	>400	> 400
Percentage of Adult Social Care multi-disciplinary case file audits that are good or excellent	75%	New measure	New measure	75%	80%	85%
Increase the number of challenging Looked After Children who successfully follow the pathway to independent living via supported housing and floating support services	NA	New measure	New measure	Establish baseline	To be set once 13/14 result is available	To be set once 14/15 result is available
Proportion of working age adults and older people receiving self-directed support, so they can have more control over the support they receive	74%	60%	<b>G</b>	74%	74%	74%
Proportion of working age adults and older people receiving direct payments, allowing them to obtain services to meet their identified social care needs	24%	22%	<b>G</b>	24	24	24

Increase the proportion of clients who find it easy to find information about services ( <b>Adult Social Care Survey</b> )	72.7%	>77.1%	<b>R</b>	>77.1%	>77.1%	>77.1%
Carer reported quality of life ( <b>Carers Survey</b> )	Baseline established – 8.1	Establish baseline	<b>G</b>	No survey undertaken	>8.1	No survey undertaken
Overall satisfaction of carers with social services ( <b>Carers Survey</b> )	Baseline established – 45.3%	Establish baseline	<b>G</b>	No survey undertaken	>45.3% say they are either very or extremely satisfied	No survey undertaken
The proportion of carers who report they have been included or consulted in discussions about the person they care for ( <b>Carers Survey</b> )	Baseline established – 73.3%	Establish baseline	<b>G</b>	No survey undertaken	>73.3%	No survey undertaken
Self-reported experience of social care users quality of life ( <b>Adult Social Care Survey</b> )	18.9	>18.5	<b>G</b>	>18.9	>18.9	>18.9
The proportion of people who use services who have control over their daily life ( <b>Adult Social Care Survey</b> )	77.6%	>74.7%	<b>G</b>	>77.6%	>77.6%	>77.6%
Overall satisfaction of people who use services with their care and support ( <b>Adult Social Care Survey</b> )	66.1%	>65.4%	<b>G</b>	>66.1%	66.1%	66.1%

Revenue	2011/12 Budget	2012/13 Budget	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£'000	£'000	£'000	£'000	£'000
<b>Gross Budget (A)</b>	48,444	48,516	50,204	47,495	46,265
<b>Grants &amp; Contributions (B)</b>	(3,744)	(3,582)	(2,595)	(2,584)	(2,584)
<b>Income from clients and trading (C)</b>	(112)	(123)	(1,888)	(1,888)	(1,888)
<b>Other recharges (D)</b>	(58)	(58)	(208)	(208)	(208)
<b>Net budget (A-B-C-D)</b>	44,530	44,753	45,513	42,815	41,585

Capital	Description	Total budget 2011-16	2011/12 Budget	2012/13 Budget	2013/14 Budget	2014/15 Budget	2015/16 Budget
		£'000	£'000	£'000	£'000	£'000	£'000
<b>Replacement of Carefirst</b>	Jointly with Children's Services, a replacement for the current care management system	4,000	-	300	3,700	-	-
<b>Housing Adaptations</b>	Continuing programme to fund over and above disabled facilities grant to adapt properties to enable people to stay in their own homes	1,386	-	278	820	270	-
<b>Refurbishment Standards</b>	Continuing programme to ensure ASC properties meet regulatory standards	688	-	350	190	148	-
<b>Warwick House, Seaford</b>	An existing library that will be developed into a hub of community services, including library services, an older people's day service and a 9 flat supported housing scheme for people with learning disabilities	5,873	-	3,120	2,753	-	-
<b>Battle Road, Hailsham</b>	To provide 45 extra care housing units plus 10 flats of supported accommodation for people with learning disabilities	1,200	-	700	500	-	-
<b>Sidley Extra Care Scheme</b>	Funding to facilitate the development extra care in Sidley	810	-	405	405	-	-

1.1 Universal Services is the term we use to cover everything that affects all of our client groups regardless of their age. For example, services for carers, self-funders and signposting services will fit under this category as they are available to any age group.

This section also contains the majority of the measures that we report nationally (identified with an \*) as they are not age specific.

1.2 The national measures called Adult Social Care Outcomes Framework measures are of particular importance to us as these are the ones that are used to form comparisons between authorities and therefore provide an idea of our position nationally.

### **Universal Services: Client and carer choice and control about how their needs are met**

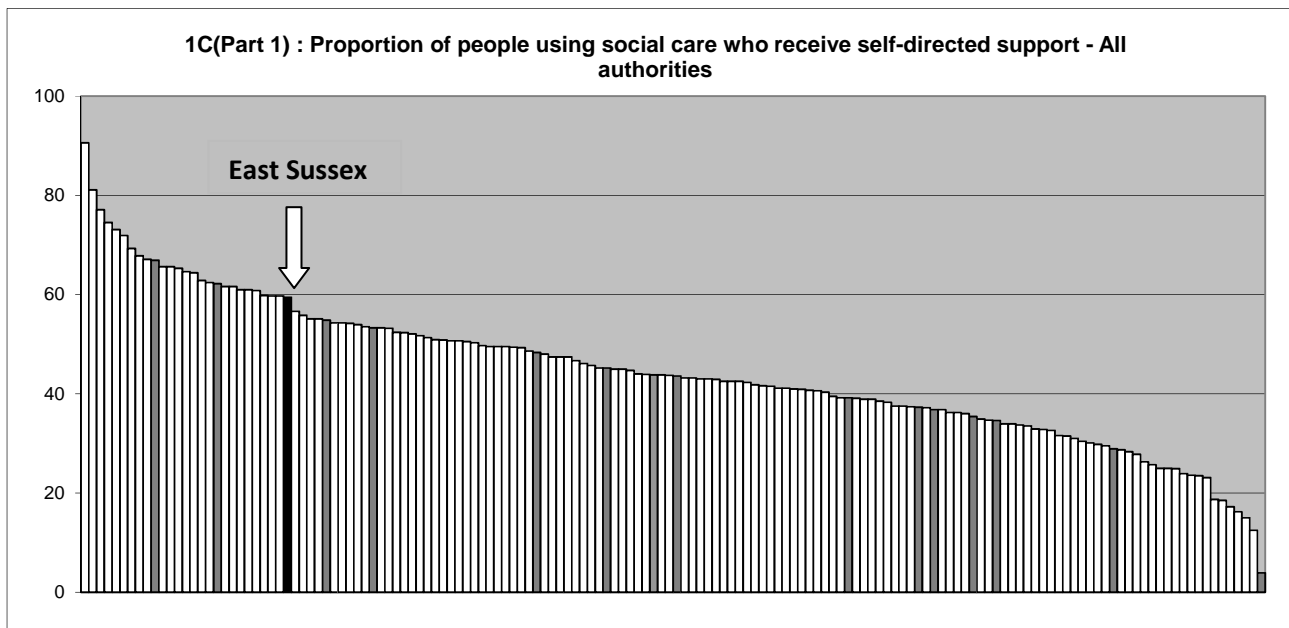
1.3 Facilitating individual and community responsibility will be of fundamental importance in enabling us to manage demand over the coming years. We will make sure that people have access to a core offer of information, advice and signposting about what is available in their local area. We have developed an online resource directory – Eastsussex 1Space – to underpin and strengthen this offer by providing fast and easy access to a wide range of local care and support options that people can purchase with their own resources, their social care Personal Budget – or a combination of the two. This, along with the Support With Confidence scheme (a local quality mark for support providers), will give clear, user friendly information about the quality of services, making it easier for people and those helping them to navigate the market and make choices.

1.4 The level of choice that people will have over how their needs are met will need to change over the next three years. Whilst we will continue to maximise choice as far as possible, the financial pressures we face will limit our ability to continue to expand the range of support and service options available to people.

1.5 The impact of the changes we need to make will affect all of the people we support, whatever their circumstances. We will assess the global impact of the changes we are proposing to make through our equality impact assessments. At an individual level, the changes described in this document will affect individuals in different ways, depending on the type of needs that they have. The needs assessment and support planning process will ensure that decisions are made with consideration of the risks and impacts in each individual case.

1.6 We remain committed to supporting adults, older people and carers to receive direct payments. Given the financial environment within which we are operating, we have set ourselves challenging targets to sustain the numbers of adults, older people and carers who receive Direct Payments at 22%. Independent Living Advisers will continue to offer support and advice on all aspects of using Direct Payments.

1.7 In addition, we aim to increase the proportion of adults, older people and carers who receive self-directed support from 59.38% in 2011/12 to 70% by 2014/15. This is in line with government expectations. Recently published benchmarking results for 2011/12 show that East Sussex is the 27<sup>th</sup> highest performing authority out of 152 authorities when it comes to the provision of self-directed support:



1.8 As noted in the introduction, support for carers is one of our priority areas of activity. In 2011/12 a total of 4,063 carers received a service including information and advice following an assessment or review. This is an increase of 734 carers on the previous year however it still only accounts for 8% of the estimated number of carers in East Sussex.

1.9 We are aware that any reductions in the support available to people who are cared for will have an impact on carers so in line with our joint commissioning strategy, in addition to the specific carers services that are already in place, we will be developing services that promote and maintain good health for carers.

1.10 In April 2012, we established a 12 month pilot of a carer's discount card scheme to increase the support we provide to carers. The scheme offers card holders discounts at participating shops and businesses in the Eastbourne area. Following the success of the pilot, the scheme has been rolled out throughout East Sussex.

**Universal Services: Meeting peoples care needs in a cost effective and appropriate way**

1.11 Over the next three years we will work with independent, voluntary and community sector providers on the sustainability and quality of local provision. We have started to actively engage service providers in discussions about the level and scale of change required due to the financial situation and will continue to work with them to develop service delivery options going forward. One of the key activities we will undertake across older peoples and working age adult's services over the coming year is the consolidation of a range of contracts for Community Based services including home care. We will do this through a community based services tender and the outcome will be improved service efficiency, quality and value for money.

1.12 We will be reviewing the provision of universal services currently funded by Supporting People. In order to deliver the level of savings required, we need to look at the housing related support services funded via Supporting People in order to save 15% from the overall budget. Through the Supporting People Strategic Forum, accommodation services for young people, working age people and older people will be reviewed, in



addition to services provided to support the homeless, offenders and victims of domestic abuse. This work will be undertaken in dialogue with services providers, with a view to minimising the impact on the vulnerable groups of people in receipt of such support.

1.13 We will continue to commission services through our Commissioning Prospectus, and to encourage micro providers (organisations with 5 employees or less) into the market place. In July 2012, the County Council and local NHS funded over £7 million through 22 grants to 13 organisations to improve the health, social care and wellbeing of local children, families and adults over the next three years. Local service users and carers played a key role in evaluating bids.

1.14 In February 2013, the current Commissioning Grants Prospectus was published with the aim of investing in services which will strengthen communities and support the most vulnerable. Through learning from previous years Prospectus', we have increased the amount of small grant funding to a maximum of £15,000 over three years, and further streamlined the process to make it more transparent and easier to follow.

1.15 We recently completed an Innovations Fund process offering funding for one-off projects to organisations who want to test out new ideas. The aim of this funding is to build the capacity of communities to support prevention, independence and wellbeing. The funding is for specific outcomes including:

- support for older people
- support for people with autism and their carers
- support to aid recovery from mental health problems
- prevention and reduction of accidental injury in children
- sustained recovery following drug and alcohol treatment at HMP Lewes.

### **Support that's available at an early stage, so that people can stay independent for as long as possible**

1.16 We will increase our focus on reablement services to minimise the need for long term packages of support. Reablement is time-limited support aimed at helping people regain practical skills and confidence. This increased focus will maximise opportunities for people to access reablement support options, with a view to minimising their need for ongoing care and reduce the pressure on residential care placements and community care based support packages.

1.17 The re-organisation of our assessment and care management staff and the integrated teams we are developing with Health have been designed to support this reablement approach. For example, the Joint Community Rehabilitation service (JCR) is a newly created partnership between East Sussex County Council (ESCC) and East Sussex Healthcare NHS Trust (ESHT), providing rehabilitation and reablement services to support people to remain at home and stay independent following periods of illness, an accident or difficulties as a result of a disability.

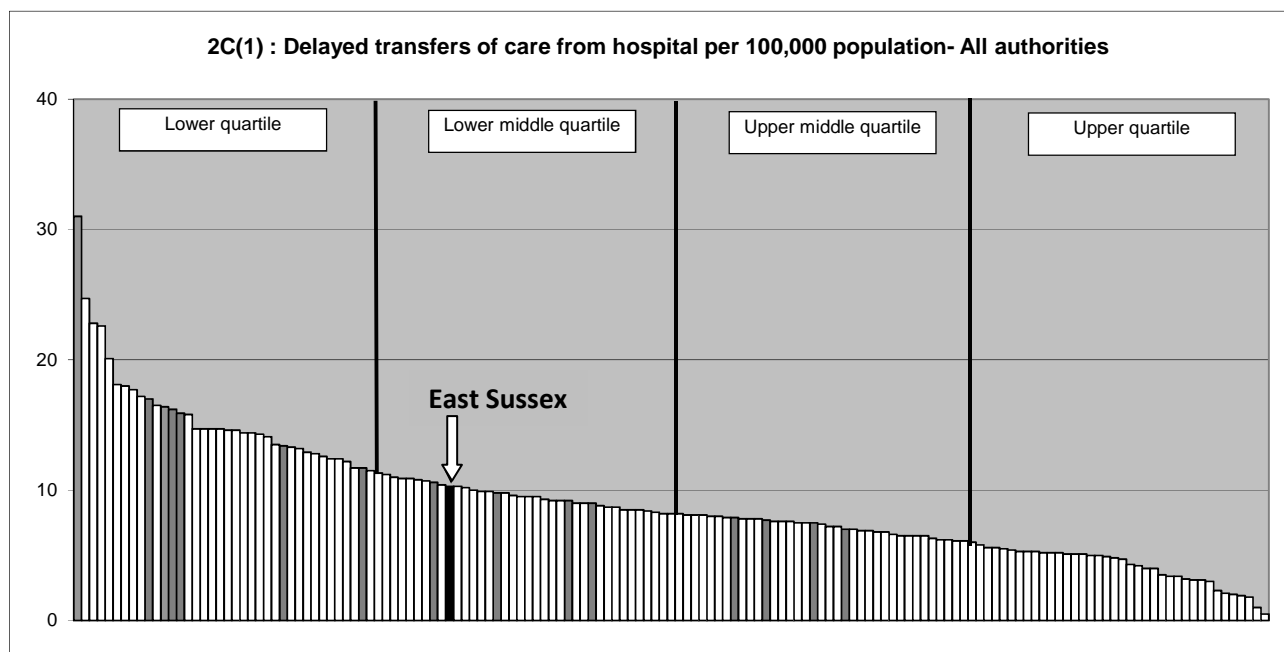
1.18 The JCR staff team offers a variety of health and social care specialisms to meet individual needs, including occupational therapy, physiotherapy, nursing, speech and language therapy, podiatry, dietetics, and rehabilitative support. The service is available to people aged 18 or over and works with individuals for between 1 and 6 weeks.

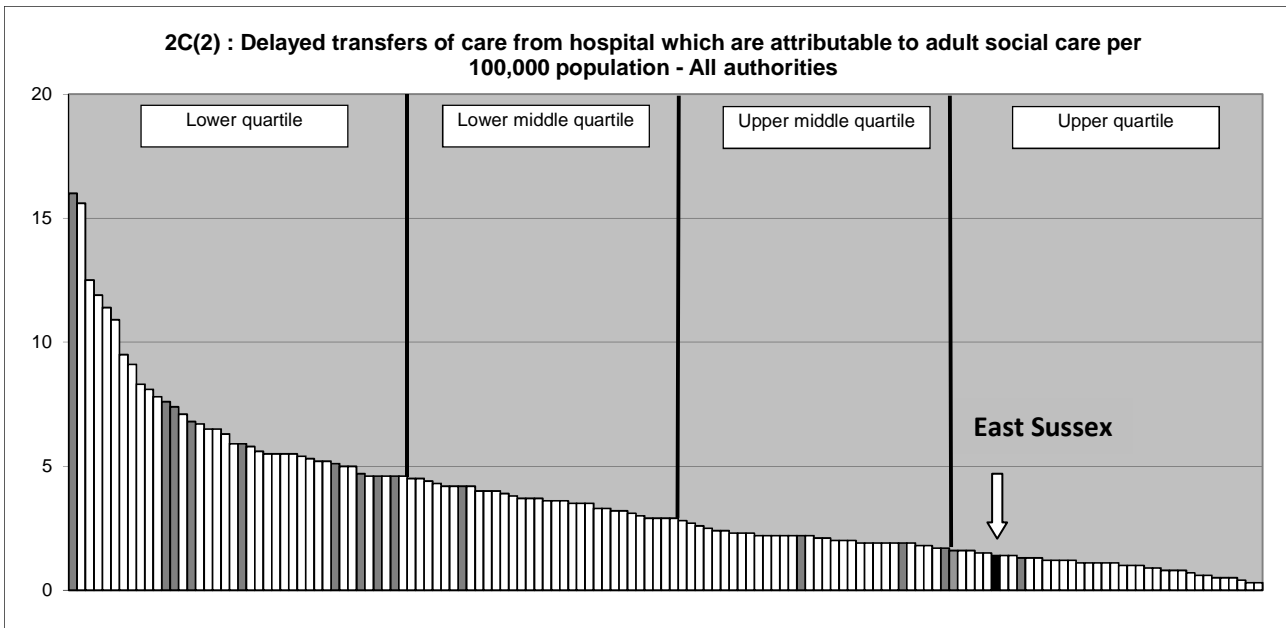
1.19 The provision of community equipment and minor adaptations through the Integrated Community Equipment Service (ICES) underpins a number of community service initiatives which are designed to deliver efficiencies across the health and social care sector. The service can be accessed by a wide range of social and health care professionals and the equipment can help to minimise the need for long term packages of support. It can also facilitate hospital discharges, prevent unnecessary admissions and promote reablement and independence. Although additional funding has been invested in the service to support reablement, ICES will need to deliver more with the current level of resources.

1.20 The introduction of Neighbourhood Support Teams in East Sussex will also improve the way in which we work in partnership with Health colleagues. The teams will be able to develop a single care and support plan for people who receive health and social care services which will in turn ensure that the services provided by Health and Social Care complement each other.

1.21 Part of maintaining people’s independence involves ensuring that when people do go into hospital, their discharge is not delayed. Not only does this ensure that people can get back to familiar surroundings as quickly as possible, but it also reduces the amount that the authority has to spend on fines.

1.22 In 2011/12, although East Sussex had the 48<sup>th</sup> highest number of delayed discharges per 100,000 people (out of 151 authorities), the number of people who were delayed because of Adult Social Care, per 100,000 people (aged 18 and over) was much lower and nationally we were ranked 110 out of the 141 authorities who provided information. Despite this good performance, we still aim to reduce the number of people who are delayed in leaving hospital due to Adult Social Care.





### Protecting adults at risk from abuse

1.23 Following a successful campaign in 2010 to raise safeguarding awareness in East Sussex, the 'Speak Up Speak Out' campaign will be repeated. Between 2010/11 and 2011/12, the proportion of financial abuse investigations undertaken increased from 16% to 18% so this year the campaign will focus on issues relating to financial abuse. We will also work with GP's to raise safeguarding awareness with the intention of increasing the number of safeguarding alerts that we receive from GP's. In 2011/12, alerts from GP's accounted for just 0.5% of all the safeguarding alerts we received

1.24 We intend to reduce the occurrence of abuse and neglect by ensuring that learning from previous investigations and serious case reviews is shared and reflected in changes in practice. This will also involve improving safeguarding training across the County to increase the identification and disclosure of abuse.

1.25 Effective and supportive interventions such as reablement, person centred planning, access to advocacy and outcomes focussed assessments will support people to better protect themselves.

# Older Peoples Services

## Data Tables

Service: Older Peoples Services						
<b>Cost drivers:</b>						
<b>Personal Budgets, Nursing &amp; Residential, Preventative Services and reablement</b>						
<ul style="list-style-type: none"> <li>Number of older people assessed during the year</li> </ul>						
<b>Summary of all Older People Service Areas</b>						
<ul style="list-style-type: none"> <li>Population aged 65+ in East Sussex</li> <li>Number of older people assessed in the year</li> <li>Number of older people receiving a service in the year</li> </ul>						
<b>Cost Indicators:</b>				<b>East Sussex 2010/11</b>	<b>Benchmark 2010/11</b>	<b>East Sussex 2011/12</b>
Gross total cost of residential/ nursing care				£497 pw	£513 pw	£527 pw
Gross total cost of home care				£17.80 per hour	£20.00 per hour	£17.70 per hour
Average gross weekly cost of older peoples home care				£189 pw	£n/a	£201 pw
Performance Measures	2012/13 Outturn	2012/13 Target	2012/13 RAG	2013/14 Target	2014/15 Target	2015/16 Target
Commission new service capacity to achieve a diagnostic rate of 70% of the estimated local prevalence of dementia by 2016/17	40.19%	40.27%	R	40%	50%	To be set once 14/15 result is available
Number of people receiving support through 'STEPS to stay independent', which supports people aged 65 and over to maintain independence within their own homes	1,707	1050 e	G	1,700	1,700	1,700
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	89%	87%	G	88%	88%	88%
Of the older people assessed as likely to benefit from rehabilitation/ intermediate care, increase the proportion that consequently require a smaller personal budget	NA	New measure	New measure	Establish baseline	To be set once 13/14 result is available	To be set once 14/15 result is available

Revenue	2011/12 Budget	2012/13 Budget	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£'000	£'000	£'000	£'000	£'000
<b>Gross Budget (A)</b>	96,786	97,736	92,913	85,114	80,678
<b>Grants &amp; Contributions (B)</b>	(12,315)	(12,817)	(9,618)	(8,556)	(8,556)
<b>Income from clients and trading (C)</b>	(23,462)	(25,171)	(25,379)	(24,962)	(24,753)
<b>Other recharges (D)</b>	(5)	(0)	(24)	(24)	(24)
<b>Net budget (A-B-C-D)</b>	61,004	59,748	57,892	51,572	47,345

2.1 The older population within England is growing and it is anticipated that the older population within East Sussex will grow even faster than the national growth. The current population projections suggest that by 2021 there will be 151,979 people aged 65+ living in East Sussex, an increase of 31,257 (26%) on the 2011 population.

2.2 As referred to above, in order to manage increasing demand within a greatly reducing budget, the amount of Adult Social Care funding available to many people through their Personal Budget will reduce. In these cases, the focus will be on ensuring that clients are

kept safe and that any risks are managed. Other needs will therefore have to be managed through other means such as providing information and advice through East Sussex 1 Space and Support With Confidence for example.

2.3 We will also need to review those services which are directly provided by the Council. Over recent years we have significantly reduced the services directly provided by the Council as we have developed our approach to commissioning via independent and voluntary sector providers. We will look to recommission older peoples residential services through the independent sector and commission alternative day activities to meet peoples assessed needs.

2.4 The reablement services described earlier will be key to supporting people to regain skills and confidence to undertake daily activities. By providing reablement support to more people as the first service offer, fewer people will require on-going support and the Adult Social Care funding for long term support packages should also reduce. This support is particularly important to older people after a spell of illness or a hospital stay and can reduce or eliminate the need for ongoing social care support.

2.5 We know that providing support as early as possible is effective and one of the services we are developing for older people is STEPS. 'STEPS to stay independent' is a free and confidential housing support service who support individuals to keep living independently, regardless of what kind of accommodation they live in. The support they provide includes liaising with mortgage companies; welfare benefit advice; resolving neighbourhood disputes and support to participate in healthy living activities.

2.6 For adults with dementia and their carers, our priority is to implement a dementia pathway across Health and Social Care. This will include reviewing and re-specifying the dementia day support services to help prevent any unnecessary residential care admissions.

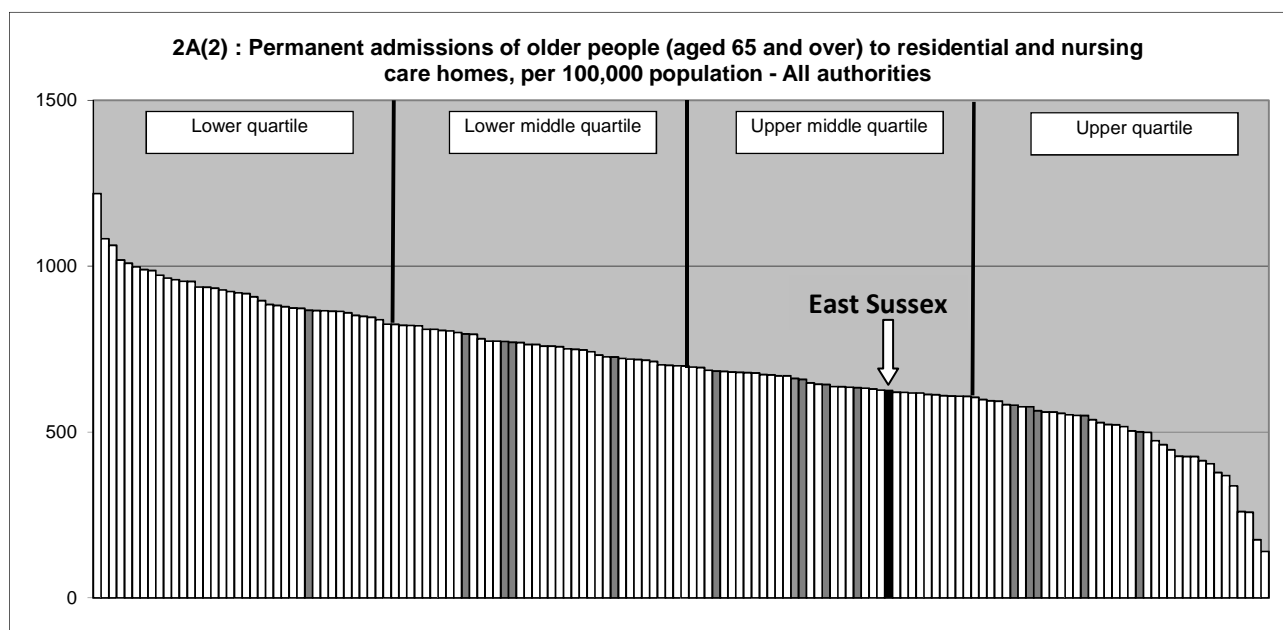
2.7 As part of the Continuous Improvement Strategy for Dementia Care Homes we have produced a Good Practice Guide for Care Home providers. The introduction of the Memory Assessment Service will increase the ability to diagnose dementia and make support easier to access, regardless of where people live in the County. This aims to increase the numbers of older people diagnosed with dementia by a third over three years with a minimum of 70% of the estimated local prevalence diagnosed by 2016/17.

2.8 Enabling people to maximise their independence remains a priority for East Sussex Adult Social Care and our permanent admissions of older people to residential and nursing care per 100,000 population is below the national average and in the upper middle quartile of national performance (see graph below).

2.9 We will continue with our current plans to develop extra care housing developments which will provide alternative arrangements to residential care.

2.10 With the revised Adult Social Care offer focussing on safety and risks to the client, existing clients will be reviewed and Adult Social Care will only normally fund community support to the equivalent value of an appropriate residential or nursing home placement. Each person will be considered on an individual basis however this will lead to some people receiving smaller packages of care.

2.11 Working with local service providers from the independent, voluntary and community sectors will be a critical if we are to deliver the necessary level of savings. As mentioned above, through our well established provider forums and stakeholder networks, we are engaging providers in early discussions about the level of change required, and this dialogue will continue through the duration of this plan.



## Working Age Adults

### Data Tables

<b>Service: Working Age Adults Services</b>			
<b>Cost drivers:</b>			
<b>Personal Budgets</b>			
<ul style="list-style-type: none"> <li>Number of working age adults with a primary client type of learning disability known to the council</li> </ul>			
<b>Personal Budgets, Nursing and Residential, Reablement</b>			
<ul style="list-style-type: none"> <li>Number of working age adults assessed during the year</li> </ul>			
<b>Summary of all Working Age Adult Service Areas</b>			
<ul style="list-style-type: none"> <li>Population aged 18-64 in East Sussex</li> <li>Number of working age adults assessed in the year</li> <li>Number of working age adults receiving a service in the year</li> </ul>			
<b>Cost Indicators:</b>	<b>East Sussex 2010/11</b>	<b>Benchmark 2010/11</b>	<b>East Sussex 2011/12</b>
<b>Learning disabilities:</b>			
Nursing and residential	£1,201 pw	£1,234 pw	£1,249 pw
Nursing	£1,003 pw	£1,218 pw	£1,197 pw
Residential (all)	£1,207 pw	£1,250 pw	£1,250 pw
Day care (all)	£272 pw	£n/a	£240 pw
<b>Mental health:</b>			
Nursing and residential	£672 pw	£769 pw	£703 pw
Nursing	£1,147 pw	£n/a	£973 pw
Residential (all)	£617 pw	£n/a	£672 pw
Day care (all)	£80 pw	£n/a	£103 pw

<b>Physical disabilities</b>						
Nursing and residential			£837 pw	£839 pw	£811 pw	
Nursing			£834 pw	£n/a	£813 pw	
Residential (all)			£839 pw	£n/a	£810 pw	
Day care (all)			£128 pw	£n/a	£111 pw	
<b>Working age adults overall:</b>						
Gross total cost of residential/ nursing care:						
Learning disabilities			£1,201 pw	£1,234 pw	£1,249 pw	
Mental health			£672 pw	£769 pw	£703 pw	
Physical disabilities			£837 pw	£839 pw	£811 pw	
Gross total cost of home help						
			£17.80 per hour	£17.00 per hour	£17.70 per hour	
Average weekly cost of home care:						
Learning disabilities			£502 pw	£n/a	£410 pw	
Mental health			£137 pw	£n/a	£98 pw	
Physical disabilities			£214 pw	£n/a	£171 pw	
<b>Performance Measures</b>	<b>2012/13 Outturn</b>	<b>2012/13 Target</b>	<b>2012/13 RAG</b>	<b>2013/14 Target</b>	<b>2014/15 Target</b>	<b>2015/16 Target</b>
Proportion of adults with learning disabilities, known to the Council, in paid and voluntary employment	20%	New measure	New measure	20%	20%	20%
Proportion of adults with learning disabilities who live in their own home or with their family	60.2%	59%	G	61%	62%	62%
Commission services to maximise the number of vulnerable young mothers who can receive intensive housing support	NA	New measure	New measure	20 units commissioned	NA	NA
Within the next two years, every 18 year old in Transition who chooses to have a Person Centred Plan will be supported to develop one	100%	Of those who choose to have a Person Centred Plan, 90% will have one developed	G	100%	100%	100%
Engage with families/ parents and carers of people in transition and monitor responses against the Parents Charter targets	i) All parents and carers received a copy of the Parents Charter ii) All young people in transitions were provided with a named worker iii) Full assessments and indicative budgets provided within timescales	i) Ensure parents or carers receive a copy of the Parents Charter by 31.12.12; ii) Provide a named worker iii) Provide a full assessment of needs and an indicative Personal Budget, within 18 months of their 17th birthday	G	i) provide a named worker ii) provide a full assessment of needs and an indicative Personal Budget, within 18 months of their 17th birthday	i) provide a named worker ii) provide a full assessment of needs and an indicative Personal Budget, within 18 months of their 17th birthday	i) provide a named worker ii) provide a full assessment of needs and an indicative Personal Budget, within 18 months of their 17th birthday

Revenue	2011/12 Budget	2012/13 Budget	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£'000	£'000	£'000	£'000	£'000
Gross Budget (A)	83,722	82,834	79,993	76,450	75,218
Grants & Contributions (B)	(15,793)	(15,903)	(3,076)	(3,076)	(3,076)
Income from clients and trading (C)	(5,244)	(6,294)	(5,499)	(5,499)	(5,499)
Other recharges (D)	(1,304)	(1,175)	(1,196)	(1,196)	(1,196)
Net budget (A-B-C-D)	61,381	59,492	70,222	66,679	65,447

Capital	Description	Total budget 2011-16	2011/12 Budget	2012/13 Budget	2013/14 Budget	2014/15 Budget	2015/16 Budget
		£'000	£'000	£'000	£'000	£'000	£'000
Ninfield Road, Bexhill	13 supported accommodation flats for people with mental health diagnosis	410	-	205	205	-	-
Gilda Crescent, Polegate	10 supported accommodation flats for people with learning disabilities	604	-	302	302	-	-
St Anthony's Court, Eastbourne	18 supported accommodation units of MH (5) and PD (13)	673	-	337	336	-	-
LD Service Development Opportunities	Funding to support the review of Learning Disability day services	2,285	-	300	1,985	-	-

3.1 The working age adult population in East Sussex continues to grow but at a lesser rate than older people. The current population projections suggest that by 2021 there will be 303,430 people aged between 18 and 64 living in East Sussex, an increase of 1,288 (0.4%) on the 2010 population.

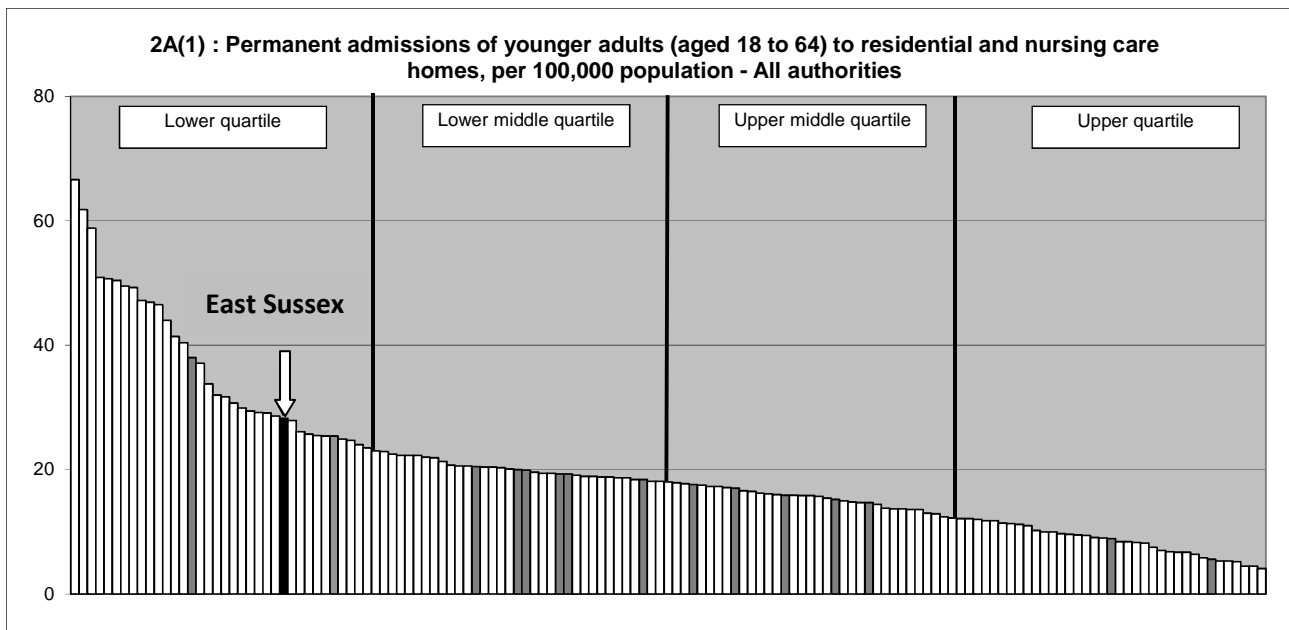
3.2 As for older people, we need to change our service offer for working age adults in order to manage demand within a reducing Community Care budget. We will therefore be reviewing and consolidating our directly provided learning disability services, both in terms of day activities and residential services.

3.3 With the revised Adult Social Care offer focussing on safety and risks to the client, existing clients will be reviewed and Adult Social Care will only normally fund community support to the equivalent value of an appropriate residential or nursing home placement. Each person will be considered on an individual basis however this will lead to some people receiving smaller packages of care.

3.4 We support a number of different client groups across the working age adults service and each have different needs and requirements. Overall our permanent admissions for working age adults are comparatively high (see graph on the following page) and we don't want our comparative position to worsen.

3.5 We know the number of working age adults with Mental Health problems who are in residential placements are particularly high when compared to other areas so we will aim to reduce this and increase their personal independence by supporting them through the residential accommodation pathway which helps people move towards supported accommodation provision.





3.6 We will seek to maintain as opposed to increase the current levels of residential placements for working age adults with learning disabilities. Our current programme to develop supported accommodation schemes as an alternative to residential care placements will continue. We are developing a total of 29 new supported housing units which will be completed over the next twelve months to increase the proportion of working age adults with a learning disability who are living in their own home.

3.7 We have set a challenging target to increase the proportion of adults with learning disabilities who are living in their own home or with their families to 61% in 2013/14 and this will be supported by the addition of the new supported housing units mentioned above. Nationally our performance in relation to this is comparatively low and we are therefore committed to improving our performance in this area.

3.8 We anticipate a continued increase in demand in the number of people with physical disabilities who require residential placements and this will be managed to best effect, given the financial pressures that we are currently facing.

3.9 We will review the provision of directly provided services for working age adults and will look at opportunities for consolidating current day services to meet assessed needs within reducing resources.

3.10 As for universal services and older people's services, working with local service providers from the independent, voluntary and community sectors will be a critical if we are to deliver the necessary level of savings. Through our well established provider forums and stakeholder networks, we are engaging providers in early discussions about the level of change required, and this dialogue will continue through the duration of this plan.

3.11 In addition to delivering significant savings, we are also continuing to develop our approach to support people with learning disabilities. For example, we are in the process of developing an Autism plan to set out how we will implement the national Autism strategy in East Sussex. Our proposed priorities to help people with autism and their carers to live more fulfilling and rewarding lives include:

- increased understanding of local need
- promoting awareness and understanding of the needs of people with autism
- improved support for young people, adults and carers, including support to employment
- a clear local plan and leadership arrangements.

3.12 There are currently 81 working age adults with learning disabilities who are known to the council in paid employment. The work undertaken by our employment support services for people with learning disabilities is highly valued and we aim to be able to maintain the current levels of people in paid and voluntary employment during 2013/2014.

### **Making the move into adult life easier for disabled young people aged 16 to 25**

3.13 In 2011 the Transitions team was established to support young people with disabilities to undertake the transition between children's services and adult social care services. A major part of this involves developing person centred plans. Person centred planning is a process for continual listening and learning, focussing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends. By March 2015 every 18 year old who chooses to have a person centred plan will be supported to develop one.

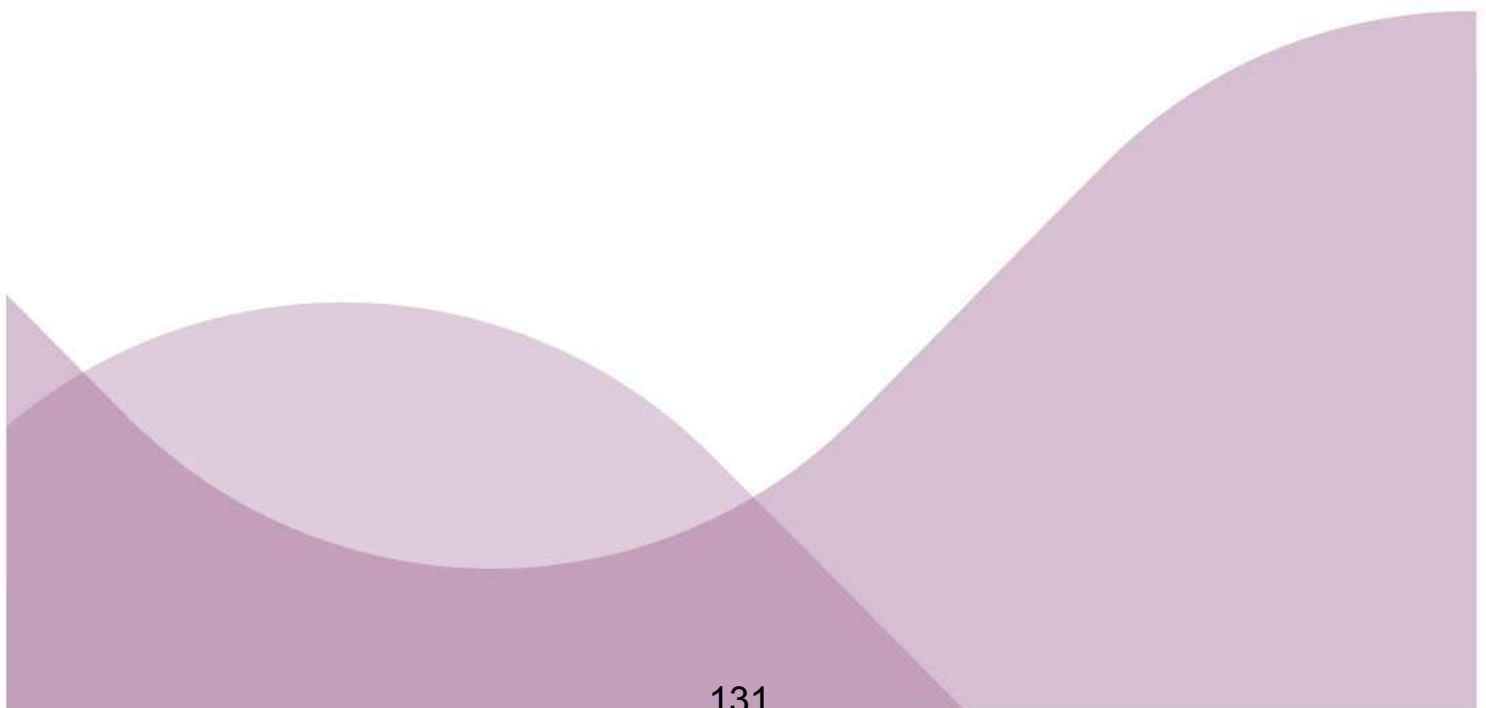
3.14 The Transition team will also be engaging with families, parents and carers of people in Transition and will monitor responses against the Parents Charter targets. The customer feedback provided by users of the Transitions service will then be used to inform Business Plan targets for 2013/14 and maintain a customer focus.

3.15 Now that the East Sussex Transition service is established, it will be reviewed and evaluated to look at how the service can be developed in the future. Some of the key actions will include:

- Implementing client and family satisfaction questionnaires from 2013; and
- Considering the status of the current Transition Service admission criteria in the light of the Autism Strategy.

# **Safer Communities**

## **Portfolio Plan 2013/14 – 2015/16**



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### Policy Overview by Lead Member(s)

- I. Community Safety remains one of the top priorities for the people of East Sussex. The Safer Communities Partnership is the key strategic partnership in overseeing the plans to tackle crime, disorder, anti-social behaviour and re-offending. We work closely with the Drug and Alcohol Action Team Board, which is the key strategic partnership in overseeing the plans to address substance misuse. Our partnership involves a range of agencies that are committed to ensuring that East Sussex remains a safe place for residents and visitors.
- II. In November 2012 we welcomed the arrival of the first Police and Crime Commissioner (PCC) for Sussex, Katy Bourne. The role of the PCC is to cut crime and deliver an effective and efficient police service within their force area. Much work has been undertaken across community safety partners to prepare for the arrival of the PCC. This year we will continue our pan-sussex discussions about how to align key community safety processes across Brighton and Hove, West, and East Sussex.
- III. All Councils in East Sussex have nominated lead members to sit on a Police and Crime Panel. The role of the panel is to hold the PCC to account.
- IV. Over the coming year, the East Sussex Safer Communities Partnership will continue to build and develop its work with the Office of the Police and Crime Commissioner and to support the East Sussex members of the Police and Crime Panel.
- V. In terms of partnership performance and improving outcomes for local people, total crime in East Sussex has fallen over the last five years and continues to do so. Improvements to drug treatment in East Sussex mean more people are receiving effective treatment and are becoming drug free. The numbers of referrals to Multi Agency Risk Assessment Conferences for high risk victims of domestic abuse is increasing and reoffending rates for Prolific and Other Priority Offenders are low. We have also been successful at reducing the number of young people entering the criminal justice system through preventative approaches.
- VI. The Safer Communities Partnership will continue to work together to maintain the current performance in crime reduction during challenging economic times. To do this, we are working with partners to develop an Integrated Delivery Team to ensure that organisations can work in a more integrated way across the Safer Communities agenda.
- VII. We plan to further develop the newly formed East Sussex integrated delivery team so that it can play a key role in the development and delivery of the Safer Communities Partnership priorities. Through integrated working, the relationship between strategy and service delivery will become more closely aligned, enabling operational activity to more closely reflect partnership strategy and priorities. Bringing teams together will reduce duplication, make better use of our limited resources and allow business to be conducted in less formal settings thereby generating efficiencies and building capacity.

- VIII. Central to our work is listening to and responding to the concerns of our communities at both a strategic and operational level. We have consulted with our communities on their priorities for community safety and more importantly what they would notice if we had responded to their concerns. We will continue to improve the way in which we engage with and respond to the concerns of our communities.
- IX. I am looking forward to working with all our partners to deliver the community safety priorities. I welcome the new challenges and opportunities that lie ahead. The overall aim will be to make East Sussex an even safer place to live, work and visit.
- X. This portfolio plan represents the specific work undertaken for the Safer Communities Partnership and Team and the Drug and Alcohol Action Team Board by the Safer Communities Team.



**Lead Member(s): Councillor David Elkin**

Responsible for Children's Services and Adult Social Care and for community safety

## **Our Promise**

We will, in partnership, make the best use of resources to:

- help make East Sussex prosperous and safe;
- support the most vulnerable people;
- improve and develop roads and infrastructure;
- encourage personal and community responsibility;
- deliver the lowest possible council tax; and
- be a voice for East Sussex, listening and answering to local people.

## **Policy Steer**

- ❖ Work with partners and the Police and Crime Commissioner to strategically lead continuous improvements across the whole community safety agenda.

# Safer Communities

## Data Tables

<b>Service Name: Safer Communities Team</b>						
<b>Cost drivers:</b>						
Partnership working across Sussex to improve efficiency and reduce duplication						
Number of adults and young people leaving substance misuse treatment drug or alcohol free and not re-presenting to treatment within 6 months of discharge						
Number of individuals reviewed at East Sussex Multi Agency Risk Assessment Conferences (MARACs)						
Number of substance misusing individuals arrested and supported by treatment services						
Number of individuals reviewed at Anti-social Behaviour Risk Assessment Conferences (ASBRACs)						
<b>Costs</b>						<b>East Sussex 2013/14</b>
These services are jointly commissioned by the East Sussex Safer Communities Partnership:						
<ul style="list-style-type: none"> <li>Independent Domestic Violence Advisor Service</li> <li>Support service for high risk victims of anti-social behaviour and hate crime</li> <li>Sexual Assault Referral Centre (Pan-Sussex)</li> </ul>						£184,700 £34,000 £66,000
Performance Measures	2012/13 Outturn	2012/13 Target	2012/13 RAG	2013/14 Target	2014/15 Target	2015/16 Target
Percentage of domestic abuse victims reporting improved safety following the delivery of a Multi-Agency Risk Assessment Conference (MARAC) action plan	86%	80%	G	80%	80%	No targets set after 2014/15
The proportion of clients of the Independent Domestic Violence Advisor Service completing user evaluations who state they have benefited from that service	100%	80%	G	80%	80%	No targets set after 2014/15
Produce a strategic map of community concerns so that partnership resource and work can be target appropriately	N/A	N/A	N/A	Work to be completed by November 2013		
Work with partners to produce a 3 year multi-agency Alcohol Strategy (2014 – 2017)	N/A	N/A	N/A	Work to be completed by December 2013		
Work with partners to produce a 5 year, multi-agency Domestic Abuse Strategy	N/A	N/A	N/A	Work to be completed by March 2014		

Revenue	2011/12 Budget	2012/13 Budget	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£'000	£'000	£'000	£'000	£'000
<b>Gross Budget (A)</b>	1,278	987	841	841	841
<b>Grants &amp; Contributions (B)</b>	380	322	170	170	170
<b>Income from clients and trading (C)</b>	-	-	6	6	6
<b>Other recharges (D)</b>	-	-	-	-	-
<b>Net budget (A-B-C-D)</b>	898	665	665	665	665



## Forward Plan Narrative

1.1 Every year, the East Sussex Safer Communities Partnership undertakes a strategic assessment of community safety in order to select priorities for joint work and plan activity for the forthcoming year. The priorities selected by the partnership need to be based on analysis of data and residents' perceptions of crime, anti-social behaviour and substance misuse. These priorities guide the work of the Safer Communities Team and are reflected in the annual partnership business plan. The priorities selected by the East Sussex Safer Communities Partnership for 2013/14 are:

- To reduce the impact of anti-social behaviour and Hate Incidents on individuals, communities and neighbourhoods
- To improve the identification of domestic abuse and the effectiveness of agency responses, by working in partnership and continuously building the skills of the workforce
- To work with the small number of people in the community who commit the largest number of crimes, to change their behaviour and reduce the likelihood of them committing further crimes
- Supporting people to live drug free lives, whilst reducing the harm caused to the community by those that continue to use and reducing drug related crime
- Promote health and reduce the individual and social harm caused by alcohol misuse and underage drinking
- To reduce the number of people killed or seriously injured on the roads of East Sussex

1.2 The following provides a brief overview of the work going forward for each of these priority areas, which have been selected by the partnership.

### **Reducing the impact of anti-social behaviour and hate incidents**

1.3 Anti-social behaviour and hate incidents can have an adverse impact on the lives of individuals, and a detrimental effect on the wider community and environment. Residents across East Sussex have said that anti-social behaviour is a key priority to them, and this is also reflected in the Police and Crime Commissioners priorities for 2013/14. Incidents of reported ASB fell between 2011 and 2012 by 12.2% but long term sustainable solutions require us to invest time and actions to tackle it effectively.

1.4 During the past 18 months a new harm-based multi-agency approach to identify and respond to vulnerable and repeat victims of antisocial behaviour (ASB) and hate incidents has been implemented across East Sussex.

1.5 The harm-based approach is the new multi-agency way of identifying vulnerable and repeat victims of anti-social behaviour and hate incidents. It also facilitates closer working between partnership agencies when dealing with high-risk cases. By focusing on the harm caused to the victim, rather than the nature of the antisocial behaviour or hate incident itself, agencies are better able to understand how damaging antisocial behaviour and hate incidents can be.

- 1.6 In East Sussex victims who are considered to be most vulnerable get a dedicated key worker from the new 'Safe from Harm' service. 'Safe from Harm' is commissioned by East Sussex County Council on behalf of the Safer Communities Partnership to provide specialist support to people most at risk from harm as a result of ASB or hate incidents.
- 1.7 The early indications drawn from case studies and a Sussex Police evaluation show the benefits of the harm-based approach for victims and partner agencies in East Sussex.
- 1.8 Following the evaluation of the Safe from Harm service, and the positive outcomes for individuals, the service will be recommissioned through the East Sussex Commissioning Grants Prospectus, aimed at community and voluntary sector service provision.
- 1.9 During 2012/13 the ASB/HI Thematic Group monitored the effectiveness of the implementation of the harm-based approach across agencies. We will continue to provide strategic support to this priority work.

### **Improving the identification of domestic abuse and agency responses**

- 1.10 Domestic abuse remains a hidden problem and affects the lives of many thousands of people across East Sussex. It is estimated that 10,000 to 15,000 people are abused by a current, or former, partner or family member each year in East Sussex, but that just one in three incidents of abuse are reported to Police. There is significantly higher apparent prevalence of domestic abuse in urban areas in the County, so much of the response resource is focused on those areas; it is likely however that those living in rural areas face different challenges in coming forward and seeking help.
- 1.11 The partnership response to domestic abuse aims to improve the identification of people most at risk from domestic abuse and deliver effective multi-agency responses. The Safer Communities Team provides strategic and policy support to the East Sussex Domestic Abuse and MARAC (Multi-agency risk assessment conference) Steering group and commissions the Independent Domestic Violence Adviser (IDVA) service.
- 1.12 The MARAC is a victim-focused meeting where information is shared on the highest risk cases of domestic abuse between criminal justice, health, child protection, housing practitioners, IDVA as well as other specialists from the statutory and voluntary sectors. A safety plan for each victim is then created. The Safer Communities Team chair, with Sussex Police the East Sussex MARAC and provide co-ordination and administration.
- 1.13 The numbers of referrals to MARACs has seen a significant increase when compared to the same period in the previous year of 154 (+63.1%). This increase is positive as it means that the partnership is increasingly effective at identifying those most at risk from domestic abuse and providing a joined up response.

- 1.14 Ongoing work includes increasing the identification of domestic abuse and the confidence of the public to tell partnership organisations about abuse. Also improving the ability of front line staff in East Sussex to make good assessments of risk of harm for people experiencing domestic abuse. The partnership will also work with Children's Services to reduce the impact of domestic abuse upon children.
- 1.15 Over the coming year, the East Sussex Safer Communities partnership will set out its activity and outcomes in a five year strategy. We will ensure that our domestic abuse performance framework is robust and measuring the right activity and outcomes to inform partnership working and commissioning.
- 1.16 We will lead the review of the skills of our combined workforces and are investing in additional risk assessment training for operational staff and practitioners.
- 1.17 Alongside this, we are quality assuring our Multi Agency Risk Assessment Conferences (MARAC's) arrangements to ensure our responses are appropriate and effective.

### **Reducing re-offending by high risk offenders**

- 1.18 Nationally, it is estimated that 50% of crime is committed by 10% of offenders; the most prolific 0.5% commit 10% of crimes. Repeat offenders are often some of the most socially excluded in society. They will typically have chronic and complex health and social problems such as substance misuse, mental health needs, homelessness, unemployment and debt.
- 1.19 Integrated Offender Management (IOM) is a multi-agency way of managing those offenders who cause the greatest harm to our communities, targeting offenders with serious substance misuse, debt, homelessness, mental health issues and/or unemployment.
- 1.20 The Reducing Reoffending Board introduced IOM in East Sussex in 2009, building upon the (exceptional) success of its Prolific and Other Priority Offender (PPO) Scheme. Some 200 offenders in East Sussex are managed in this way at any one time. Multi agency meetings take place to discuss the offenders, their progress on the rehabilitative elements of their programme and put plans in place to minimise the risk of people on IOM reoffending, and support their reintegration into the community.
- 1.21 The Reducing Reoffending Board oversees a number of projects related to the reduction of reoffending, with different leads reporting their progress to the Board. It also monitors reoffending rates in East Sussex. Currently, the reoffending rate of those offenders managed on IOM continues to stabilise and reduce, further work is required to ensure that overall reoffending rates do the same.
- 1.22 Future work includes:
- exploring the impact of welfare benefit reforms on offenders, to be able to respond to any additional needs that arise as a result of these changes.
  - expanding the range of creative interventions it offers in partnership to offenders being managed as part of IOM, following the 'Desistance Theory' model. Desistance theory is a criminological phenomenon which describes how criminal offenders stop their offending behaviour. It is particularly pertinent in terms of

conceptualising offender rehabilitation and the career of a criminal, as well as having practical applications for probation workers working with convicted criminals in the community

- developing a Prevention Strategy concerning serious youth violence and offending that may be related to peer groups or a pre-cursor to gang culture. This work is in its early stages.

1.23 We will continue to provide strategic and project support to the Reducing Re-offending Board.

### **Reducing drug related offending, supporting recovery and reducing harm for those who continue to use drugs**

1.24 The impact of drug misuse can be far reaching, affecting many areas of personal, public and community life. These include physical and mental health issues, relationship difficulties and family breakdown.

1.25 The link between substance misuse and offending has long been established, with East Sussex evidencing particular links between drug misuse and acquisitive crime, with drugs being a particular motivation for burglary (dwelling and other than dwelling) and theft.

1.26 There are three main elements to tackling drug misuse in East Sussex; adult drug treatment, young person's drug and alcohol treatment and reducing supply through enforcement.

1.27 National Strategies are refocusing drug and alcohol treatment towards 'recovery'. The emphasis is on enabling people to complete treatment, free from dependence on drugs or alcohol. The East Sussex Health and Social Care Commissioning Strategy for Substance Misuse describes what the DAAT partnership wants to achieve. An annual 'treatment plan' is developed each year to describe how the next priorities in the strategy will be implemented, drawing on additional business intelligence in annual needs assessments.

1.28 We are supporting the development of Recovery Communities in East Sussex. A recovery community consists of groups of people who are in recovery from drug or alcohol misuse who can lead others into recovery by visible example and with practical help. Recovery Communities undertake activities that bring people together with a focus on mutual aid and peer support. The East Sussex Recovery Alliance (ESRA) was set up during 2011/12 as a community group, and is working towards independent charitable status. There are hubs known as branches in Hastings and Eastbourne, known as ESRA Hastings and ESRA Eastbourne. There are approximately 25 members of ESRA.

1.29 We will support the development of a Sussex wide Drug Strategy which cover enforcement, reducing demand, restricting supply and the links to organised crime groups.

## **Promoting health and reducing harm caused by alcohol misuse**

1.30 The latest alcohol harm reduction strategy covered the period 2009-2012, and delivered a number of successes, including

- Additional investment in alcohol treatment of over £700k, increasing the number of treatment places and numbers of people leaving services alcohol free
- Successful delivery of an Alcohol Communications and Social Marketing Plan ensuring people know government guidelines about safer drinking and where to go to get help, advice or support
- Improving how non personal data is shared between partners of the Alcohol Steering Group, to better inform prevention and response initiatives
- Piloting the placement of alcohol workers in East Sussex hospitals.

1.31 The Alcohol Steering Group selected three overarching priorities to focus its work during the year 2012/13, as well as sustain existing priorities. These were:

- Increasing and Higher Risk Drinking (Public Health lead)
- Underage Drinking (Children's Services and Public Health lead)
- Community Alcohol Partnerships (Sussex Police lead)

1.32 It is estimated that 23% of the East Sussex adult population are increasing or higher risk drinkers. Based on the impact that we know alcohol misuse is having in East Sussex and the successes of the previous alcohol strategies, the Alcohol Steering Group has agreed that there would be benefit in refreshing the East Sussex strategy. In order to do this a refreshed alcohol needs assessment, and public consultation and engagement is necessary. The partnership strategy will run from 2013-2016 and will be completed by autumn 2013.

1.33 We will continue to provide strategic support to this priority work including supporting public awareness campaigns, and taking the learning from the community alcohol partnership evaluation to inform future community interventions.

## **Reducing the number of people killed or seriously injured on the roads of East Sussex**

1.34 This year the Safer Communities Partnership has identified Road Safety as a priority for 2013/14.

1.35 The greatest cost of serious and fatal crashes are the loss of lives and the trauma and impact on families and friends, on other people involved in the crash and even on the emergency services and other agencies involved with the incident.

1.36 East Sussex is a very rural county with a poorly developed Trunk and Primary Route network, with no Motorways and few dual carriageways. It is nationally recognised that the majority of fatal road crashes occur on the rural road network. It is therefore important that appropriate action is taken to reduce these numbers to a minimum and it is line with this that road safety is one of East Sussex's priorities.

- 1.37 The Sussex Safer Roads Partnership (SSRP) works throughout the year to increase road safety and reduce the number of road casualties across Sussex, building safer communities by sharing the responsibility and engaging with members of the public.
- 1.38 We will work across the partnership to develop a Community Road Safety Plan which will focus on community based initiatives around anti-social driving; casualty reduction initiatives and will ensure effective information sharing and communication channels across the partnership.

### **Listening and responding to community concerns**

- 1.39 Key to planning the community safety activity in East Sussex is seeking the views of local residents and using this, alongside information we hold as agencies, to inform our business planning processes. It is also important that we can tell the community how we are tackling their concerns.
- 1.40 The Strategic Assessment, on which partnership priorities are selected at a strategic level, looks at community concerns gathered through the Sussex Police Neighbourhood Survey and the Partnerships Community Safety in Your Area Survey.
- 1.41 At a local level the majority of District and Borough Community Safety Partnerships use 3 methods of community engagement:
- neighbourhood panel priorities and feedback
  - quality streets / face the people
  - youth panels
- 1.42 This year the partnership will also consult equalities groups on the partnership priorities and the differences they would notice if things were improving in their local area. This information will be shared with relevant partnership groups
- 1.43 In order to connect the strategic consultation to local engagement activities the partnership is currently undertaking a community engagement project. The project uses information technology to analyse and profile strategic community consultation and then overlays this with crime and anti-social behaviour data.
- 1.44 The results be shared with partners and will be used to direct partnership resources to improve confidence, engagement and reduce harm and the fear of harm.

## Commissioned Services

1.45 The following services are commissioned to deliver the Safer Communities and Drugs and Alcohol Team partnership outcomes:

- **Independent Domestic Violence Advisor Service**  
From April 2012 the Council let a new three year contract for the provision of an Independent Domestic Violence Adviser Service, on behalf of the East Sussex Safer Communities Partnership. Independent Domestic Violence Advisers provide advice, support and advocacy to adults who are at risk of serious harm from domestic abuse. The work of Independent Domestic Violence Advisers forms part of the multi-agency work to tackle domestic abuse, particularly the Multi Agency Risk Assessment Conferences (MARAC). This work primarily focuses on safeguarding where it has been established that there are indicators that serious harm, for example serious injury, psychological damage or homicide, are present. Most recent data for the 12 months to September 2012 shows that 92% of clients who completed a service user evaluation reported satisfaction and benefit from IDVA intervention.
- **Support Service for high risk victims of Anti-Social Behaviour and Hate Crime**  
As part of a new victim centred approach to tackling crime and anti-social behaviour, East Sussex County Council has commissioned a support service, for those who have been identified as being at risk, as a result of their exposure to serious or persistent abuse or harassment from other members of the community. The service aims to reduce the level of distress experienced through a range of practical measures and emotional support and forms part of a multi-agency approach. The service will be recommissioned for a three year contract through the Commissioning Grants prospectus in 2013/14. Year to date, all but one of those clients who completed a risk assessment prior to disengaging with the service reported a reduced level of risk.
- **Sexual Assault Referral Centre**  
East Sussex County Council is part of a pan-Sussex commissioning consortium for a Sexual Assault and Referral Centre, based in Crawley and with aftercare support and psychological therapies delivered by local organisations. The Sexual Assault Referral Centre is available to victims of rape or sexual assault, over the age of 14. The service includes specialist forensic examination, dedicated support workers to provide advice and a listening ear, sexual health services and support through the criminal justice system.
- **Adult Drug and Alcohol Treatment Services**  
The commissioning function for adult drug treatment services is undertaken in the Joint Commissioning Unit in Adult Social Care. The Safer Communities Team supports the strategic planning for the Drug and Alcohol Action Team Board. The commissioning function for young people's substance misuse drug treatment services is undertaken in Children's Services.

1.46 Treatment for drug misuse is provided by Sussex Partnership NHS Foundation Trust and CRI. The services provided by local Community Substance Misuse Teams include the Criminal Justice Integrated Team (CJIT) which works specifically with drug misusing offenders. There are service hubs in Eastbourne and Hastings, and a range of satellite, outreach and 'shared care' services that extend across rural East Sussex. Year to date, the planned discharge rate for adult drug treatment in

East Sussex is 62%; higher than the planned exit rate for England (48%) and the South East (49%).

- 1.47 Specialist Family Services (SWIFT) is delivered through Children's Services. SWIFT provides a specialist service for families with adults who have a drug or alcohol treatment need who are in the child protection process. In the 9 months to December 2012, 82% of clients left the service having successfully completed treatment.
- 1.48 A new HMP Lewes substance misuse service was procured in 2012, following the transfer of resource for all drug treatment from the Ministry of Justice to the Department of Health.
- 1.49 Residential treatment for drug and alcohol misuse is commissioned through the Adult Social Care budget.
- 1.50 The Community Alcohol Team in East Sussex is provided by a voluntary sector organisation, 'Action for Change'. The service provides 'tier 2' specialist advice and information, and 'tier 3' non-residential structured treatment interventions. The Community Alcohol Team works closely with the police, courts, probation and local prison to deliver services for offenders. The Community Alcohol Team has service hubs in Eastbourne and Hastings, and provides a service that is based in primary care settings across East Sussex. Year to date, the treatment service in East Sussex has achieved a 68% planned exit rate for those clients misusing alcohol; higher than the 59% achieved across England.

### **Links to other Partnerships**

- 1.51 The community safety partnership priorities are cross cutting and the following plans support the delivery of the broader Community Safety agenda.
- **Children Services Portfolio Plan;** Under 19's Substance Misuse Treatment Service; Targeted Youth Support; Youth Justice; Schools, Family Keywork Project.
  - **Economy, Transport and Environment Portfolio Plan;** Trading Standards, Road Safety
  - **Adult Social Care Portfolio Plan;** Safeguarding Vulnerable Adults, Prevention of Abuse Strategy, Drug and Alcohol Treatment Commissioning.
  - **Public Health** support community safety objectives in the work they undertake to tackle the wider determinants of health and supporting healthy lifestyles e.g. reducing alcohol consumption.



# Adult Social Care Savings Proposals

Older People				Savings Base	Savings £'000 per year			
Category	Service description	Description of savings proposal	Impact assessment		2013/14	2014/15	2015/16	3 year total
				£'000	£'000	£'000	£'000	£'000
Dept	Directly Provided Residential Services	Review Older People's Residential Services	The recommissioning of services by the independent sector ensuring continuity of support.	96,511		200		200
Dept	Directly Provided Day Services	Review of DPS OP Day Services	The potential decommissioning of DPS day services for older people; with assessed needs being met from the Independent Sector. Currently supporting 468 clients.		100	962		1,062
Dept	Directly Provided Services	Reduction in DPS management and support costs	Impact of changes to DPS service provision will enable management structure changes.				100	100
Dept	Handyperson Grant	End the Handyperson Grant Scheme	Stopping the allocation of the universal grant to people 65 years or over. Maximum grant is £200 per person. In the period 2 April to 17 August 2012, 707 applications were received.		192			192
Dept	Telecare Services	Promotion of Telecare/Telehealth Services	The promotion of telecare/telehealth will reduce the overall value of care packages through alternative means of meeting needs.			300		300
Dept	Community Based Services	Restrict final package of care Personal Budget to the maximum of the equivalent Residential Rate.	Within the revised ASC offer to focus on the provision of personal care, an average of 120 new clients per year will usually have their Personal Budgets restricted to the maximum of the equivalent rate we pay for residential care. This will lead to individuals receiving smaller packages of care.			570		570
Dept	Community Based Services	Review of high cost community services to the maximum of the equivalent Residential Rate.	Within the revised ASC offer to focus on the provision of personal care, existing clients will be reviewed and usually have their Personal Budgets restricted to the maximum of the equivalent rate we pay for residential care. This will lead to individuals receiving smaller packages of care.			1,500		1,500
Dept	Community Based Services	Review and focus on services to meet personal care needs, in line with personal budgets	Focus on personal care needs, with less emphasis on activities of daily living (ADLs), as part of the redefined ASC offer. This will mean that a number of individuals will have their support packages reduced as the range of ADLs is reduced. Clients will be advised as to how to access ADLs by other pathways but this will not provide the same level of support.		714	3,240	1,195	5,149
Dept	Fees and Charges	Review of Fees and Charges	Fairer charging policy to be reviewed in line with revised housing benefit regulations.		100			100
Dept	Community Based Services	Reablement Services to reduce volume and cost of long term packages of care	Development of the reablement pathway will require 3,000 clients to be put through reablement as the first service offer. This will reduce the demand for ongoing support.			2,000	3,000	5,000
Dept	Community Based Services	Community Based Services Tender	Consolidation of a range of contracts for Community Based services, including home care, will improve efficiency of service, services offered and value for money.			300		300
Dept	Supported Accommodation and Extra Care	Development of extra care services	Savings arising from extra care housing developments, resulting from reduced demand for community care.			193		193
Dept	Reserves	Use of department underspend brought forward	Use of 2011/12 underspend to mitigate savings targets in 2013/14		1,901	(1,901)		0
<b>Older People Savings Total</b>				<b>96,511</b>	<b>3,007</b>	<b>7,364</b>	<b>4,295</b>	<b>14,666</b>

# Adult Social Care Savings Proposals

Working Age Adults				Savings Base	Savings £'000 per year				
Category	Service description	Description of savings proposal	Impact assessment		2013/14	2014/15	2015/16	3 year total	
				£'000	£'000	£'000	£'000	£'000	
Dept	Learning Disabilities Directly Provided Services	Review of Directly Provided Learning Disability Services	The potential reprovisioning and consolidation of current services to meet assessed need within reduced resources. Currently supporting 344 clients. Some people may need to travel further to services than at present.	81,496		250	300	550	
Dept	Learning Disabilities Directly Provided Services	Review of Directly Provided Learning Disability Services	Reprovision of residential services to Gilda Crescent Supported Accommodation. Benefit for clients in that they will have tenancy agreements.			250		250	
Dept	Learning Disabilities Directly Provided Services	Review of Directly Provided Learning Disability Services	LD DPS Residential Services - improving operational efficiencies within existing services.				150	150	
Dept	Community Based Services	Review and renegotiation of high cost service contracts	Renegotiation of contracts. Service specifications will focus on the provision of personal care rather than activities of daily living. This will reduce the range of activities available for some individuals.			600	700	300	1,600
Dept	Mental Health	Savings from Mental Health Supported Accommodation developments	Positive impact on clients as they move through the Mental Health Residential Accommodation pathway towards Supported Accommodation provision. Project objective is to increase personal independence.			127	100	100	327
Dept	Telecare Services	Promotion of Telecare/Telehealth Services	Reduction in the Community Care budget - promotion of telecare/telehealth will reduce the value of care packages with alternative ways to meet needs.				200		200
Dept	Section 117 - Mental Health	Development of a strategic approach to clients claiming Section 117 status.	Client needs continue to be met.				500		500
Dept	Community Based Services	Review of high cost community services to the maximum of the equivalent Residential Rate.	Within the revised ASC offer to focus on the provision of personal care, existing clients will be reviewed and usually have their Personal Budgets restricted to the maximum of the equivalent rate we pay for residential care. This will lead to individuals receiving smaller packages of care.				350		350
Dept	Community Based Services	Review and focus on services to meet personal care needs, in line with personal budgets.	Focus on personal care needs, with less emphasis on activities of daily living (ADLs), as part of the redefined ASC offer. This will mean that a number of individuals will have their support packages reduced as the range of ADLs is reduced. Clients will be advised as to how to access ADLs by other pathways but this will not provide the same level of support.			2,000	2,605	1,200	5,805
Dept	Community Based Services	Community Based Services Tender	Consolidation of a range of contracts for Community Based services, including home care, will improve efficiency of service, services offered and value for money.				200		200
Dept	Supported Accommodation and Extra Care	Development of supported accommodation schemes	Savings arising from supported accommodation developments as this will reduce the demand for community care.				407		407
Dept	Reserves	Use of department underspend brought forward	Use of 2011/12 underspend to mitigate savings targets in 2013/14			1,400	(1,400)		0
<b>Working Age Adults Savings Total</b>				<b>81,496</b>	<b>4,127</b>	<b>4,312</b>	<b>1,900</b>	<b>10,339</b>	

# Adult Social Care Savings Proposals

Universal Services				Savings Base	Savings £'000 per year			
Category	Service description	Description of savings proposal	Impact assessment		2013/14	2014/15	2015/16	3 year total
Dept				£'000	£'000	£'000	£'000	£'000
Dept	Staff Training	Reduction in training for frontline staff.	No significant impacts on equality or risks. Reduction in staff will support this but will need to prioritise some training.		200	100		300
Dept	Strategy and Commissioning	As a consequence of savings proposals a reduction in number of staff can be delivered in 2015/16.	If savings proposals are delivered, commissioning teams to be restructured.				100	100
Dept	Commissioning Prospectus	Commissioning Prospectus - reduce the resources available for retendering of services.	Reduction in the level of funding that will be available for the retendering of services. This will reduce the overall level of preventative support.			168	332	500
Dept	Physical Disabilities - Housing	Stop funding Special Needs Housing Officers.	Posts made redundant and activities absorbed by respective authorities.		45			45
Dept	Supporting People	Community wide floating housing support for vulnerable older people - reduction by 15% by 2015/16.	The proposed reduction would reduce available service hours .			150	50	200
Dept	Supporting People	Accommodation based services for older people with on site support - fix the maximum weekly unit cost from £12 to £10.	Will be achieved by greater service efficiency.			211		211
Dept	Supporting People	Accommodation based services for older people with care and support needs - reduce contracted commitments.	Current take up is at 75% and, therefore, no impact of reduction anticipated.			20		20
Dept	Supporting People	Countywide floating support - reduction in contracts by 15% by 2015/16.	The proposed reduction would reduce available service hours.			520	156	676
Dept	Supporting People	Young Parent Services - reduction from 3 to 2 accommodation based services.	Reduction will mean the loss of night cover in services and the ability to provide on-site support for individuals in crisis.			10	26	36
Dept	Supporting People	Young People at Risk - Remove an intensive service with the lowest utilisation.	Impact on young people presenting as homeless or leaving care.			143		143
Dept	Supporting People	Learning Disabilities - accommodation services reduction in funding .	No impact as reductions will be absorbed by current services.			53		53
Dept	Supporting People	Supported Accommodation and Independent Living Service (SAILS) - implement a 15% reduction .	A number of individuals will have their range of supported activities reduced.			87	87	174
Dept	Supporting People	Offenders and complex homeless - reduce pilot service by 15% in 2015/16.	Reduction will impact on the staff time available to support complex offenders and homeless people. Pilot will be reviewed in 2014/15.				11	11
Dept	Supporting People	Domestic Violence Refuges - reduce from 5 to 4 refuges.	Services will be recommissioned to reflect need and provide support consistent with our local authority comparators.			65		65
Dept	Supporting People	Mental Health and Homeless Services- closure of 1 accommodation based service for 12 clients at a time.	Services will be provided by alternative routes but with a likely impact on individuals of a reduction in support.			101	10	111
Dept	Supporting People	Use of underspend in the Supporting People Medium Term Financial Plan brought forward from	Use of underspend within Medium Term Financial Plan to mitigate savings targets in 2013/14.		352	(352)		0
Dept	Carers' Services	NHS Funding for Carers.	Pooling of Resources under Section 256 Agreement to gain maximum efficiency and support to carers		500	750		1,250
Dept	Strategy and Commissioning	Staffing changes arising from the completion of projects and fixed term contracts.	No impact as projects completed and services mainstreamed.			130		130
Dept	Community Services	Community Bridge Builder Project completed.	No impact as service is embedded within Neighbourhood Support Teams.			50	50	100
<b>Universal Services Savings Total</b>				<b>47,561</b>	<b>1,097</b>	<b>2,206</b>	<b>822</b>	<b>4,125</b>

# Adult Social Care Savings Proposals

Community Safety				Savings Base	Savings £'000 per year			
					2013/14	2014/15	2015/16	3 year total
Category	Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000	£'000
				704				0
<b>Community Safety Savings Total</b>				<b>704</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Management and Support				Gross budget (memorandum)	Savings £'000 per year				
					2012/13	2013/14	2014/15	2015/16	3 year total
Category	Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000	£'000	
Dept	Community Engagement and Consultation	Review of posts and budget that support community engagement and consultation.	Rationalisation of engagement activity.	4,952	31	19	9	59	
Dept	Staff Training	Reduction in training for support staff.	No significant impacts on equality or risks. Reduction in staff will support this but will need to prioritise some training.				15		15
Dept	Planning Performance & Engagement	Reduction in administration support.	No significant impacts on equality or risks. Potential to delay response times and need to prioritise key work only.		4	11	18	33	
Dept	Organisational Development	Reduction in management and support from OD and information to staff.	No significant impacts on equality or risks. Potential to delay response times and need to prioritise key work only.					50	50
Corp	Finance and Business Information	Remove post of manager and move functions to other managers in ASC.	No significant impacts on equality. Risks mitigated by phased handover and knowledge transfer.		82				82
Corp	Resources Consolidation	Implementation of service consolidation.	Project outcomes achieved.		133	452	173	758	
Agile	Agile Working Programme	Benefit realisation from the Agile Working Programme..	Changes to working practices, processes and procedures as per the Agile Working Programme Business Case.				1,017	1,017	2,034
Corp	Communication Review	Impact of Communication Review.	See Communications Review business case; which will increase staff efficiency.		24	19	7	50	
Corp	Review of Facilities Management	Impact of the review of facilities management .	Costs have reduced through the reletting of the facilities management contract.		72				72
<b>Management and Support Savings Total</b>				<b>4,952</b>	<b>346</b>	<b>1,533</b>	<b>1,274</b>	<b>3,153</b>	

<b>Adult Social Care Total Savings</b>					<b>8,577</b>	<b>15,415</b>	<b>8,291</b>	<b>32,283</b>
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