

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

Date: **4 September 2014**

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 2015/16 and beyond.**

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**RECOMMENDATIONS: The Scrutiny Committee is recommended to:**

- (1) begin the scrutiny 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 and to submit scrutiny's final comments on them to Cabinet in January 2015.**
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**1. Financial implications**

1.1 The *State of the County 2014* report was agreed by Cabinet on 22 July 2014. That report initiates the Council's business and financial planning process known as *Reconciling Policy, Performance and Resources* (RPP&R) for 2015/16 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 2015. It is available

here: [www.eastsussex.gov.uk/yourcouncil/about/committees/meetingpapers/cabinet/2014/22july](http://www.eastsussex.gov.uk/yourcouncil/about/committees/meetingpapers/cabinet/2014/22july)

1.2 The Council Plan encompasses four cross-cutting **priority outcomes** for the Council as a whole. The priority outcomes provide a focus for decisions about spending and savings and will direct work across the Council. The priority outcomes are:

- Driving economic growth;
- Keeping vulnerable people safe from harm;
- Helping people help themselves
- Making the best use of our resources.

1.3 **Appendix 1 is an extract from the Financial Budget Summary 2014/15** covering the areas within the remit of this committee to provide a 'big budget picture'. The full document is at [www.eastsussex.gov.uk/yourcouncil/finance/futurespend/summary/default](http://www.eastsussex.gov.uk/yourcouncil/finance/futurespend/summary/default). **Appendix 2 contains the current portfolio plans** for the functions within the committee's remit. **Appendix 3 contains the savings plans** that were agreed previously.

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 2014 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.

2.5 The **November 2014 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 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 2015 scrutiny committees** review the process and their input into the RPP&R process, and make recommendations for improvements for the future RPP&R process.

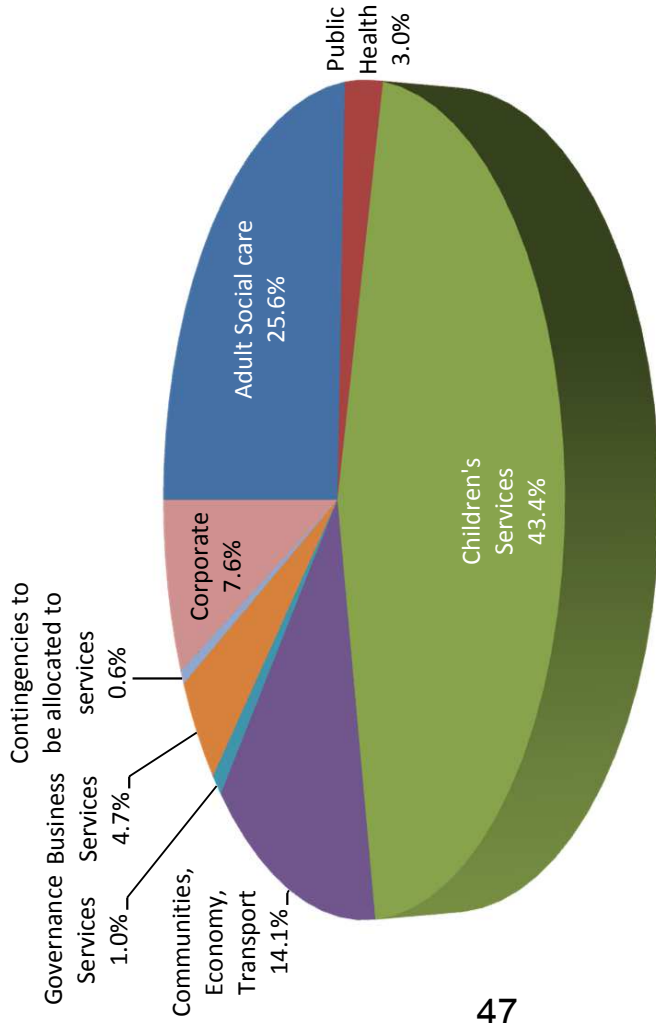
BECKY SHAW  
Chief Executive

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Local Member: All

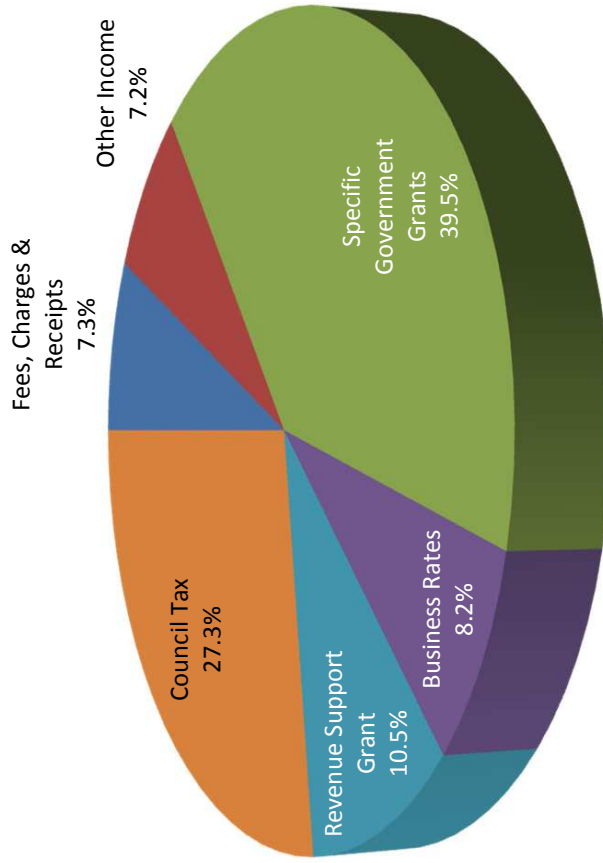
Background Documents  
None

# Revenue Budgets - aggregate expenditure and income

**Expenditure by service: £812.0m**

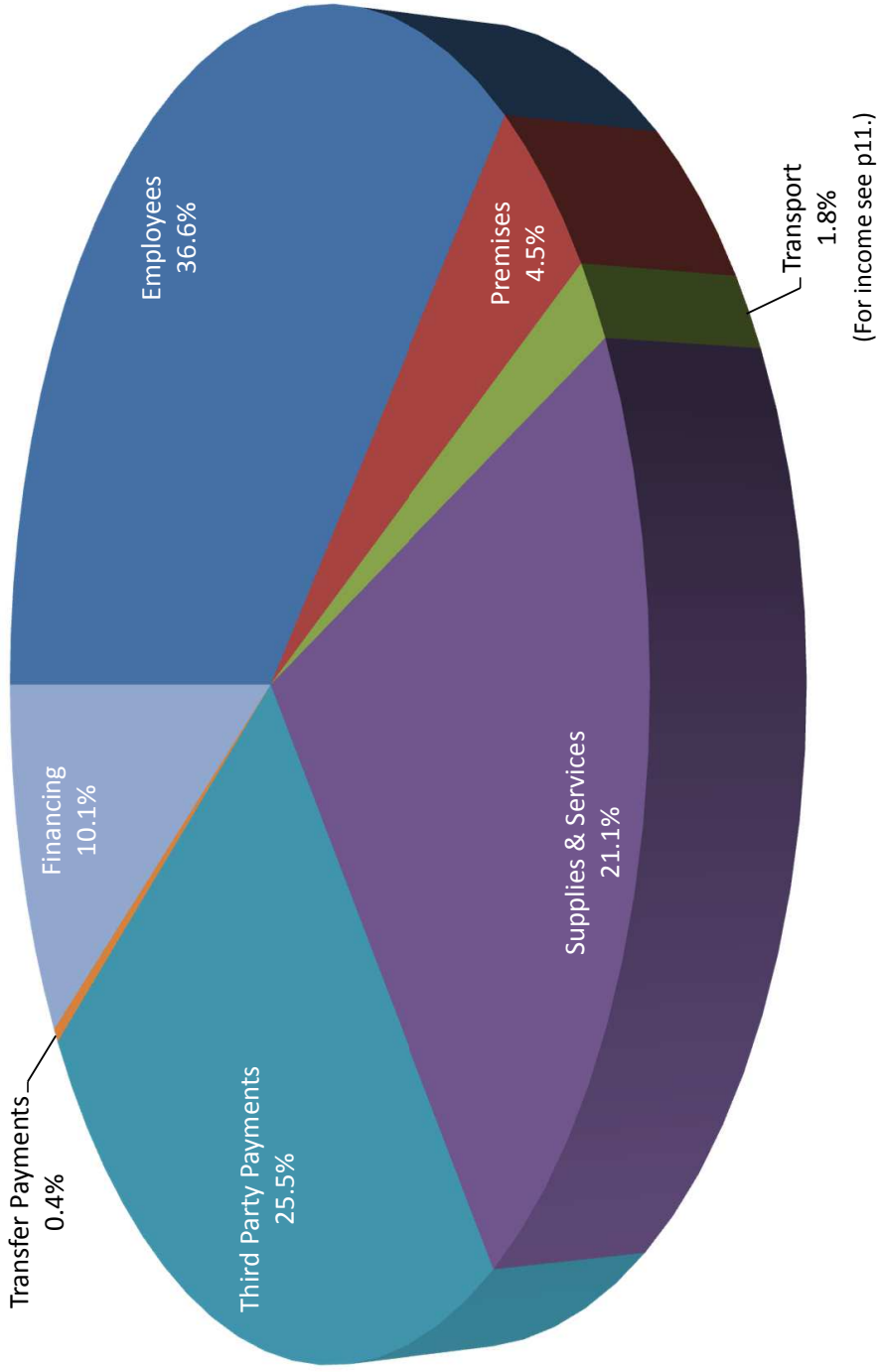


**Income by type: £812.0m**



Revenue budget summary - subjective analysis																				
Analysis of 2014/15 budgets by type of cost																				
Department	Employees	Premises	Transport	Supplies and Services	Third Party Payments	Transfer Payments	Financing	Total Expenditure	Government Grants	Other Grants and Contributions	Fees, Charges & Receipts	Financing	Total Income	Net Service Expenditure	Internal Charge Expenditure	Internal Charge Income	Net Service Expenditure	Net Depreciation	Total Including Depreciation	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Adult Social Care	50,683	1,161	1,324	3,990	150,624	-	-	207,782	(1,432)	(18,433)	(28,527)	(1,789)	(50,181)	157,601	2,206	(1,422)	158,385	565	158,950	
Public Health	1,877	-	32	8,205	9,702	-	4,389	24,205	(24,507)	-	-	-	(24,507)	(302)	174	-	(128)	-	(128)	
Children's Services	202,672	22,688	1,918	80,059	42,843	3,061	(1,199)	352,042	(279,178)	(3,736)	(12,716)	(5,368)	(300,998)	51,044	27,170	(11,344)	66,870	16,081	82,951	
Communities Economy & Transport	19,719	3,328	10,543	62,273	3,582	-	15,350	114,795	(4,644)	(13,980)	(12,175)	(10,812)	(41,611)	73,184	3,205	(14,933)	61,456	18,060	79,516	
Governance Services	5,018	382	80	2,542	60	-	-	8,082	(300)	(488)	(101)	-	(889)	7,193	174	(154)	7,213	-	7,213	
Business Services	18,408	8,619	409	10,964	45	-	6	38,451	-	(1,714)	(5,675)	(1,059)	(8,448)	30,003	2,004	(8,799)	23,208	1,986	25,194	
Unallocated	-	-	-	4,666	-	-	-	4,666	-	-	-	-	-	4,666	-	-	4,666	-	4,666	
Recharges	298,377	36,178	14,306	172,699	206,856	3,061	18,546	750,023	(310,061)	(38,351)	(59,194)	(19,028)	(426,634)	323,389	34,933	(36,652)	321,670	36,692	358,362	
Services	298,377	36,178	14,306	170,980	206,856	3,061	18,546	748,304	(310,061)	(38,351)	(59,194)	(19,028)	(426,634)	321,670	(34,933)	36,652	321,670	36,692	358,362	
Corporate	-	-	-	-	431	-	63,315	63,746	(10,638)	-	-	(1,000)	(11,638)	52,108	-	-	52,108	(36,692)	15,416	
Total	298,377	36,178	14,306	170,980	207,287	3,061	81,861	812,050	(320,699)	(38,351)	(59,194)	(20,028)	(438,272)	373,778	-	-	373,778	-	373,778	

Expenditure by type: £812.0m



(For income see p11.)

# Revenue Budgets - Adult Social Care

2013/14 Adjusted Base Estimate	Gross Expenditure		Total Expenditure	Government Grants	Service Income	Estimate 2014/15			Net Expenditure	Internal Charge Expenditure	Internal Charge Income	Net Depreciation	Total Including Depreciation
	Staff	Other costs				£000	£000	£000					
56,865	10,697	72,144	82,841	-	(32,102)	(32,102)	50,739	233.00	-	-	50,972	201	51,173
16,704	171	18,961	19,132	(93)	(4,067)	(4,160)	14,972	-	(92.00)	(92.00)	14,880	-	14,880
43,953	7,819	39,274	47,093	(107)	(3,395)	(3,502)	43,591	341.00	(203.00)	(203.00)	43,729	244	43,973
6,569	886	8,119	9,005	-	(1,722)	(1,722)	7,283	9.00	(871.00)	(871.00)	6,421	1	6,422
1,797	179	2,027	2,206	-	(522)	(522)	1,684	55.00	-	-	1,739	-	1,739
11,209	239	10,351	10,590	-	(1,555)	(1,555)	9,035	1,166.00	-	-	10,201	-	10,201
50 410	356	301	657	-	(251)	(251)	406	4.00	-	-	410	-	410
23,239	22,751	1,493	24,244	(47)	(981)	(1,028)	23,216	136.00	(195.00)	(195.00)	23,157	-	23,157
9,077	7,585	4,429	12,014	(1,185)	(4,154)	(5,339)	6,675	262.00	(61.00)	(61.00)	6,876	119	6,995
<b>169,823</b>	<b>50,683</b>	<b>157,099</b>	<b>207,782</b>	<b>(1,432)</b>	<b>(48,749)</b>	<b>(50,181)</b>	<b>157,601</b>	<b>2,206</b>	<b>(1,422)</b>	<b>(1,422)</b>	<b>158,385</b>	<b>565</b>	<b>158,950</b>

\* includes some savings that are to be allocated across other areas within Adult Social Care

Main changes between years	£000
<b>Adjusted Estimate 2013/14</b>	<b>169,823</b>
Unavoidable Additional Service Spend	2,854
Inflation	1,185
Savings	(15,198)
Other Adjustments	(279)
<b>Departmental Estimate 2014/15</b>	<b>158,385</b>

# Capital programme - current programme resources

Capital Programme	Total Budget Previous Years Spend £'000	2013/14 £'000	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	Remaining Budget Total £'000
Adult Social Care	22,926	7,484	4,410	3,437	663	267	16,261
Business Services	77,796	16,751	16,157	17,455	10,307	11,500	72,170
Children's Services	215,904	26,634	26,458	17,067	12,150	12,591	94,900
Communities, Economy & Transport	381,903	72,646	112,795	50,596	20,376	23,202	279,615
<b>Gross Expenditure</b>	<b>698,529</b>	<b>123,515</b>	<b>159,820</b>	<b>88,555</b>	<b>43,496</b>	<b>47,560</b>	<b>462,946</b>
<b>Resourcing</b>							
		£'000	£'000	£'000	£'000	£'000	Resource £'000
Capital Reserves		37,900					37,900
Specific Income		59,400	26,700	8,700	2,400	2,100	99,300
Non Specific Grants		18,600	64,800	28,600	9,700	41,200	162,900
Capital Receipts			12,000	600			12,600
Revenue Contributions		7,700	12,900	18,500	6,900	4,300	50,300
Borrowing			43,300	32,200	24,500		100,000
		<b>123,600</b>	<b>159,700</b>	<b>88,600</b>	<b>43,500</b>	<b>47,600</b>	<b>463,000</b>

# Capital programme - Adult Social Care

Adult Social Care	Total Budget		2013/14							2017/18	
	Total Budget	Total Previous Years Spend	£'000	£'000	2013/14	2014/15	2015/16	2016/17	2017/18	Remaining Budget Total	
ASC PPF IT Infrastructure	317	206	70	41						111	
Older People's Service Opportunities	536	318	70	70	78					218	
Gilda Crescent, Polegate	604	302		302						302	
Westfield Lane, Hastings	656		328		328					656	
52 Ninfield Road, Bexhill - LD Supported Accommodation	410		205	205						410	
508 Seaside (formerly St Anthony's Court)	673	337		336						336	
Greenwood, Bexhill-on-Sea	463	403		60						60	
Extension to Warwick House	6,889	2,109	4,367	413						4,780	
Milton Grange	28		28							28	
ASC Economic Regeneration	131		30	101						131	
Social Care Information Systems	4,000	269	586	1,984	1,161					3,731	
LD Service Opportunities	2,285	372	500	500	500		413			1,913	

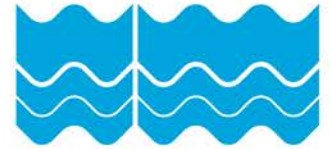
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# Capital programme - Adult Social Care

Adult Social Care	Total Budget	Total Previous Years Spend	2013/14	2014/15	2015/16	2016/17	2017/18	Remaining Budget Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
LD Extra Care Project	350	150			200			200
Battle Road, Hailsham	1,000		500		500			1,000
Extra Care Housing - Bexhill-on-Sea	820		400		420			820
Refurbishment of Facilities to meet CQC Standards	416	68	200	148				348
House Adaptations	3,348	2,131	200	250	250	250	267	1,217
<b>Gross Expenditure</b>	<b>22,926</b>	<b>6,665</b>	<b>7,484</b>	<b>4,410</b>	<b>3,437</b>	<b>663</b>	<b>267</b>	<b>16,261</b>





# Adult Social Care

## Portfolio Plan 2014/15 – 2016/17

July 2014



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## Our Priorities and Operating Principles

### Our Priorities

The Council has set four clear priorities:

- ❖ Driving economic growth;
- ❖ Keeping vulnerable people safe;
- ❖ Helping people help themselves; and
- ❖ Making the best use of our resources.

### Operating Principles

The Council has agreed three operating principles:

- ❖ **Strategic commissioning:** using an evidence-based approach to assess and meet the needs of local people in the most effective way. We will specify and deliver appropriate services to secure the best outcomes and value for money for residents.
- ❖ **One Council:** working as a single organisation both through the processes we use, and how we work. We will work in a well connected way across Council teams so we harness all our energy and resources towards achieving our priorities and remove duplication. We will judge our success against outcomes for the whole population and the organisation (and whole local public sector) not against the interests of a particular group, team or department.
- ❖ **Strong partnerships:** recognising we are one part of a wider system, we will work effectively with partners across East Sussex, the South East 7 and South East Local Enterprise Partnership and the wider public sector as appropriate to ensure we learn from others, secure best value for money and maximise impact for our residents.

# Portfolio Policy

## Policy Overview by Lead Member

- i) Adult Social Care is one year into a three year plan to deliver £27.8 million of savings. This savings programme is unprecedented in terms of scale and presents the department with significant challenges to meet people's eligible social care needs, whilst ensuring we are keeping vulnerable adults safe from harm. This plan describes how we will deliver Adult Social Care services within the context of these pressures and how we will need to continue revising our offer to manage within the reducing budget and resources.
- ii) It is inevitable that delivering such significant savings means we have to take difficult and sometimes unpopular decisions. Our approach is designed to minimise the need to cut services and to maximise opportunities to deliver services differently and more efficiently whilst retaining a focus on self-directed support, choice and control.
- iii) Being transparent about how the financial situation will impact on the level and type of support people can expect from Adult Social Care is of utmost importance to us. Equally, we recognise how disruptive changes in people's care arrangements can be for both clients and carers and we are making every effort to ensure individual care packages are reviewed sensitively. We have produced information for clients and carers about what the changes will mean for them, and introduced an appeals process to enable resolution of client's concerns at the earliest possible stage.
- iv) Since April 2013 we have informed clients and carers that we need to review and reduce people's care packages by an average of 30%. Reducing commitment against the Community Care budget is a key component of our savings plan and we will need to continue to prioritise funding to ensure people are kept safe and any risks are identified and managed.
- v) We continue to develop alternative ways of meeting people's eligible care needs by working closely with independent providers and the voluntary and community sector. For example we are seeing increasing numbers of people accessing services like the Living Well Advisors who source alternative ways of meeting individual care needs. We also have more people using their personal budgets to access services and support via Support with Confidence and East Sussex 1Space.
- vi) Despite the financial pressures we face, we are required to continue meeting the eligible social care needs of adults in East Sussex. Demand for our services continues to increase and our well documented local demography enhances these pressures across the local health and social care economy.
- vii) In such challenging times it is important we continue to acknowledge that increasing numbers of people are receiving self-directed support and direct payments. Client surveys show that over three quarters of people who access Adult Social Care support (77.6%) feel that they have control over their daily lives, which is above the national average. Overall satisfaction with care and support is also above the national and comparator group average for people who use Adult Social Care services in East Sussex.
- viii) More broadly, we will continue to work in partnership with our health partners across a range of activity from joint strategic commissioning arrangements to the ongoing

development of Neighbourhood Support Teams which aim to provide a more seamless and holistic health and social care response to people's needs. However, in order to meet increasing demands across health and social care while managing reduced budgets, we need to step up the pace and scale of transformation. We are therefore developing a programme of work across health and social care which reflects the commitment of all our local organisations to building better and more integrated planning, commissioning and delivery of care. We are also developing our plans about how we could use the Better Care Fund to support the drive towards integrated care. Through this approach health and social care partners will set out the resources that will be brought together to accelerate health and social care integration including, for example, a focus on community services, pro-active management of long term care conditions and developing assistive technology.

ix) Significantly, within the lifetime of this plan we will see fundamental change in the national policy landscape, with the Care and Support Bill coming into force from April 2015. Alongside significant funding reforms which will, amongst other things, introduce a cap to the amount people have to pay for care, we will see new laws which build the care system around people's wellbeing, needs and goals. We will therefore need to review and adjust our plans in light of these anticipated changes.

x) From May 2014, Community Safety transfers from the Community Services portfolio to the Adult Social Care portfolio. As one of the top priorities for the people of East Sussex, the Safer Communities Partnership is key to 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. I look forward to working with all of our partners to deliver the community safety priorities and welcome the new challenge and opportunities that lie ahead. The overall aim will be to make East Sussex an even safer place to live, work and visit.

**Lead Member: Councillor Bill Bentley**



**Councillor Bill Bentley**

Lead member for Adult Social Care and Community Safety

# Universal Services

## Data Tables

<p><b>Service Name: Universal Services</b></p> <p><b>Cost drivers:</b></p> <p><b>User Pathway</b></p> <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> <p><b>User Pathway, Preventative Services and Reablement</b></p> <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> <p><b>Universal Preventative Services</b></p> <ul style="list-style-type: none"> <li>▪ Number of safeguarding referrals received</li> <li>▪ Number of safeguarding investigations completed</li> </ul> <p><b>User Pathway</b></p> <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> <p><b>Summary of all Universal Service Areas</b></p> <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>
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Performance Measures	2012/13 Outturn	2013/14 Target	2013/14 Outturn	2014/15 Target	2015/16 Target	2016/17 Target
Develop and implement transition plan with new independent sector homecare reablement providers (following award of community services contracts)	NA	New measure	<b>New measure</b>	Implement transition plan	No targets set beyond 14/15	No targets set beyond 14/15
Increase the number of people accessing reablement via the independent sector homecare providers	NA	New measure	<b>123</b>	Between Oct 14- March 15, 10% increase on same period in 2013/14	10% increase on the 2014/15 full year outturn	10% increase on the 2014/15 full year outturn
National outcome measure: Proportion of people whose transfer of care from all hospitals is delayed, per 100,000 population	10.7	10.0	<b>10.3</b>	10.0	10.0	10.0
National outcome measure: 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	<b>1.50</b>	1.35	1.35	1.35
Increase the proportion of service users discharged from the Joint Community Rehabilitation Service that do not require on-going care	New 2013/14	55%	<b>80%</b>	60%	60%	60%

Performance Measures	2012/13 Outturn	2013/14 Target	2013/14 Outturn	2014/15 Target	2015/16 Target	2016/17 Target
Increase the number of people accessing information and advice about services through: i) Increasing the number of services registered on East Sussex 1Space CP	New 2013/14	Establish baseline	1,563	300 additional services registered	300 additional services registered	300 additional services registered
ii) Increasing the number of people accessing information and advice through East Sussex 1 Space website CP	New 2013/14	Establish baseline	24,054	20% increase on 13/14 outturn	20% increase on 14/15 outturn	20% increase on 15/16 outturn
iii) Increasing the number of providers registered with Support With Confidence CP	New 2013/14	121 members	132 members	158 members (20% increase)	20% increase on 14/15 outturn	20% increase on 15/16 outturn
Increase the number of self-funders receiving information and support	New 2013/14	Pilot new pathway for self funders and establish baseline for self funders receiving information and support	44	60	70	80
Maintain the number of people supported through Prospectus funded services	New 2013/14	Establish baseline	17,396 on average per quarter	17,396 on average per quarter	17,396 on average per quarter	17,396 on average per quarter
Provide a specialist welfare reform service to support people with the most complex housing support needs	New 2013/14	1000 people supported	1,371 people supported	10% increase on 13/14 outturn	No targets set beyond 14/15	No targets set beyond 14/15
Maintain the provision of floating housing support to vulnerable adults to avoid homelessness	New 2013/14	5,523	6,416	5,523	5,523	5,523
Support people who receive housing support services to improve their employment opportunities	New 2013/14	Establish baseline	1450	1,450	1,450	1,450
National outcome measure: The proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey) CP	66.0%	70%	68.7%	70%	70%	70%
Number of carers receiving a service as a percentage of clients receiving long term support in a community setting (CP)	NA	New measure	New measure	Establish baseline	To be set once 14/15 result is available	To be set once 14/15 result is available
National outcome measure: The proportion of carers who say they have no worries about personal safety (Carers Survey)	90%	No survey undertaken	NA	85-90%	No survey undertaken	85-90%
Improve safeguarding through completing Performance & Quality Assurance Framework based reviews CP	NA	New measure	New measure	Complete 6 team/area reviews	Complete 10 team/area reviews	Complete 10 team/area reviews
Implement the new local safeguarding outcome measure CP	NA	New measure	New measure	Establish baseline	To be set once 14/15 result is available	To be set once 14/15 result is available
National outcome measure: Proportion of working age adults and older people receiving self-directed support (new zero based review measure for people in receipt of long-term support) CP	NA	New measure	New measure	Establish baseline	To be set once 14/15 result is available	To be set once 14/15 result is available
National outcome measure: Proportion of working age adults and older people receiving direct payments (new zero based review measure for people in receipt of long-term support) CP	NA	New measure	New measure	Establish baseline	To be set once 14/15 result is available	To be set once 14/15 result is available



Performance Measures	2012/13 Outturn	2013/14 Target	2013/14 Outturn	2014/15 Target	2015/16 Target	2016/17 Target
The proportion of people who received short-term services during the year, where no further request was made for ongoing support <b>CP</b>	NA	New measure	<b>New measure</b>	Establish baseline	To be set once 14/15 result is available	To be set once 14/15 result is available
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>81.2%</b>	81.2%	81.2%	81.2%
National outcome measure: Carer reported quality of life ( <b>Carers Survey</b> )	8.1	No survey undertaken	<b>NA</b>	8.1	No survey undertaken	8.1
National outcome measure: Overall satisfaction of carers with social services ( <b>Carers Survey</b> )	45.3%	No survey undertaken	<b>NA</b>	45.3% say they are either very or extremely satisfied	No survey undertaken	45.3% say they are either very or extremely satisfied
National outcome measure: The proportion of carers who report they have been included or consulted in discussions about the person they care for ( <b>Carers Survey</b> )	73.3%	No survey undertaken	<b>NA</b>	73.3%	No survey undertaken	73.3%
National outcome measure: Proportion of people who use services, who reported that they had as much social contact as they would like ( <b>Adult Social Care and Carers Survey</b> )	NA	New measure	<b>New measure</b>	45.3%	45.3%	45.3%
National outcome measure: Self-reported experience of social care users quality of life ( <b>Adult Social Care Survey</b> )	18.9	18.9	<b>19.3</b>	19.3	19.3	19.3
National outcome measure: The proportion of people who use services who have control over their daily life ( <b>Adult Social Care Survey</b> )	77.6%	77.6%	<b>81.3%</b>	81.3%	81.3%	81.3%
National outcome measure: Overall satisfaction of people who use services with their care and support ( <b>Adult Social Care Survey</b> )	66.1%	66.1%	<b>67.5%</b>	67.5%	67.5%	67.5%
Agree an integrated community plan, including the Better Care Fund, which sets out improved social care and health outcomes over the medium term <b>CP</b>	NA	New measure	<b>New measure</b>	Establish the outcome measures and investment profile	No targets set beyond 14/15	No targets set beyond 14/15
Improve the experience for people with mental health conditions arising from NHS mental healthcare ( <b>HWB</b> )	New 2013/14	Of the cohort: i) 80% satisfied or very satisfied ii) 50% very satisfied	<b>Satisfied 86% Very satisfied: Postcard survey 68% Questionnaires 38%</b>	Of the cohort: i) 80% satisfied or very satisfied ii) 50% very satisfied	Of the cohort: i) 80% satisfied or very satisfied ii) 50% very satisfied	Of the cohort: i) 80% satisfied or very satisfied ii) 50% very satisfied
Improve the outcomes for people with mental health conditions arising from NHS mental healthcare ( <b>HWB</b> )	NA	New measure	<b>New measure</b>	Establish baseline	To be set once 14/15 result is available	To be set once 14/15 result is available
Improve the experience of care for people at the end of their lives ( <b>HWB</b> )	NA	New measure	<b>New measure</b>	Establish baseline	To be set once 14/15 result is available	To be set once 14/15 result is available

Revenue	2012/13 Budget	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£'000	£'000	£'000	£'000
<b>Gross Budget (A)</b>	48,458	48,531	47,953	46,744
<b>Government Grants (B)</b>	(1,073)	(303)	(318)	(318)
<b>Other Income (C)</b>	(2,632)	(5,418)	(6,973)	(6,973)
<b>Net Budget (A-B-C)</b>	44,753	42,810	40,662	39,453

Capital	Description		Total for Scheme#	Previous Years	2013/14 Budget	2014/15 Budget	2015/16 Budget	2016/17 Budget
			£'000	£'000	£'000	£'000	£'000	£'000
Adult Social Care Putting People First IT Infrastructure		Gross	317	206	70	41	0	0
		Net	0	0	0	0	0	0
Extension to Warwick House	An existing library that will be developed into a hub of community services, including library services, an older people's day service and a nine-flat supported housing scheme for people with learning disabilities	Gross	6,889	2,109	4,367	413	0	0
		Net	6,069	2,109	4,367	(407)	0	0
Adult Social Care Economic Regeneration		Gross & Net *	131	0	30	101	0	0
Replacement of CareFirst	Jointly with Children's Services, a replacement for the current care management system	Gross & Net *	4,000	269	586	1,984	1,161	0
Battle Road, Hailsham	To provide 45 extra care housing units plus 10 flats of supported accommodation for people with learning disabilities	Gross & Net *	1,000	0	500	0	500	0
Extra Care Housing – Bexhill on Sea	Funding to facilitate the development of extra care in Sidley	Gross	820	0	400	0	420	0
		Net	10	0	0	0	10	0
Refurbishment of Facilities to meet Care Quality Commission Standards	Continuing programme to ensure ASC properties meet regulatory standards	Gross & Net *	416	68	200	148	0	0
House Adaptations	Continuing programme to fund over and above disabled facilities grant to adapt properties to enable people to stay in their own homes	Gross & Net *	3,348	2,131	200	250	250	250

\*Fully funded by ESCC # May exceed annual totals if there is spend in 2017/18

## Forward Plan Narrative

1.1 Universal Services is the term used to describe any services that support all of our client groups regardless of their age. For example, any sign posting services, carers services and support for people who self-fund will be included in this category. In addition to these services, this section includes the majority of the national performance measures that we are required to report against as they are not age specific.

### Helping people help themselves

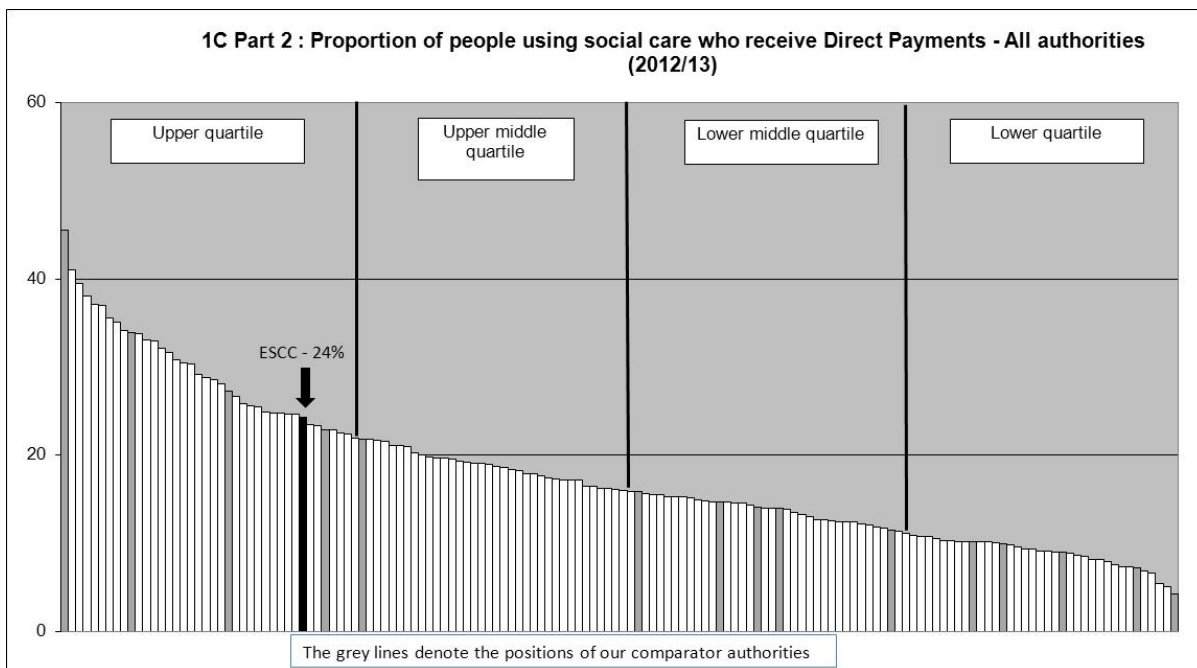
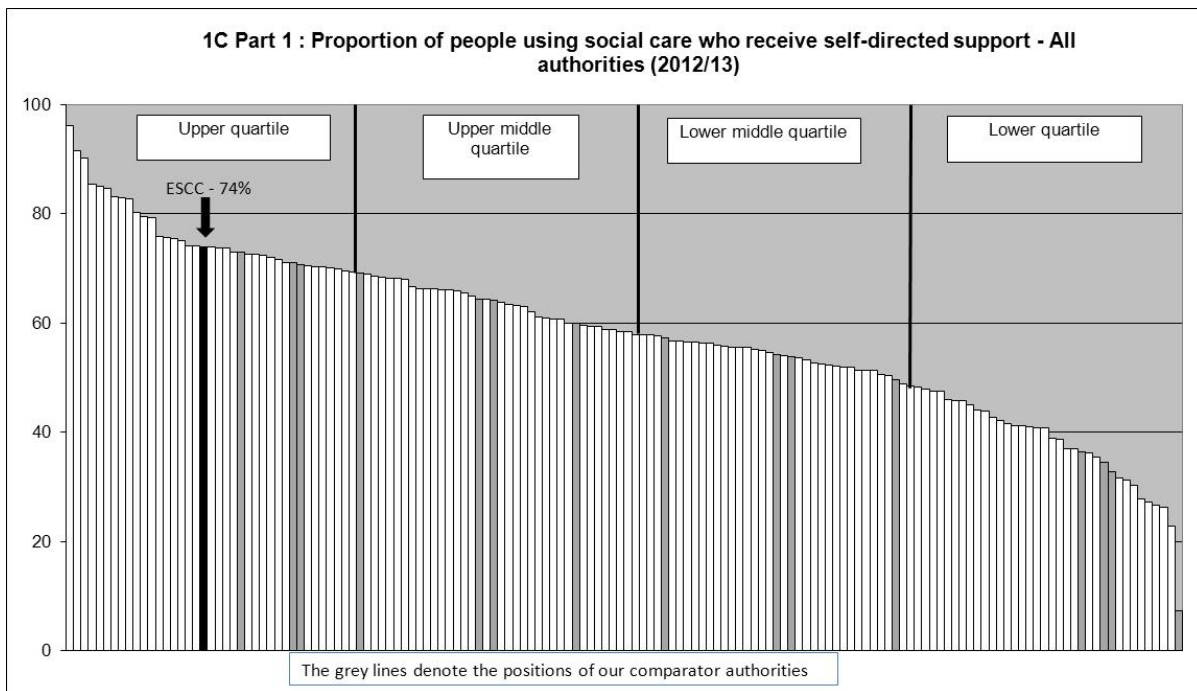
1.2 Facilitating individual and community responsibility will be of fundamental importance in enabling us to manage demand over the coming years. We will make sure that people have access to a core offer of information, advice and signposting about what is available in their local area. We continue to increase the number of services registered on our 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.

1.3 The following case study provides an example of care being delivered through a Support With Confidence provider and is the type of care and support arrangement we will be striving to increase over the next three years. It is an example of how individuals and families are taking control of how their care and support is delivered, supported by robust information and advice about local, high quality service provision and a market developed to deliver it.

1.4 **Case Study:** The Support With Confidence scheme has worked very well for Mr and Mrs T; they are self funding and are from a generation who have tended to be quite careful with money. Mr T has valued the reasonable charges of the Personal Assistants (PAs), feeling this to be cost-effective, and has felt in control of his wife's care which has been very important to him. He has reported that he has found Ms A to be really good with his wife, taking a true interest in her and taking time to talk to her and get to know her. Unlike a "standard" commissioned care package Mr T has felt the arrangements he has been able to make with Ms A and the PAs from the Support With Confidence scheme have provided Mrs T with a personalised type of care which he has greatly valued. He has found the longer calls (sessions of 2-3 hours or more) preferable to the short, task-focused "in-and-out" provision of traditional homecare agencies who can also often not guarantee consistency of carers or to keep to the times of calls as agreed.

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 overall 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 and self directed support. Benchmarking results for 2012/13 show that of the people who are assessed as being eligible for services, East Sussex is the 19<sup>th</sup> highest performing authority out of 150 authorities when it comes to the provision of self-directed support, and 33<sup>rd</sup> highest in relation to the provision of direct payments.



1.7 Please note that the calculation of the measures in the charts above changes in 2014/15, therefore these should not be compared to the performance measures in page 7.

1.8 Support for carers is one of our priority areas of activity. In 2012/13 a total of 4,593 carers received a service including information and advice following an assessment or review. This is an increase of 530 carers on the previous year.

1.9 In October 2012, we took part in the first national Carers Survey and the results showed that we were broadly comparable with the national averages. For example, when asked how satisfied carers are with the support they and the person they care for receive, 45.3% of respondents in East Sussex said they were satisfied compared to 42.7% nationally. Furthermore, when asked if carers feel they have been involved as much as they would like in discussions about support provided to the person they care for, 73.3% of

respondents in East Sussex reported they felt as involved as they would like, compared to 72.9% nationally.

1.10 We are aware that any reductions in the support available to people who are cared for will have an impact on carers. Therefore, in line with our joint commissioning strategy, in addition to the specific carer's services that are already in place, we will be developing services that promote and maintain wellbeing for carers and support them in their caring role.

1.11 Following the pilot, In September 2013 we launched the Healthcare appointments service for carers, which will provide additional hours of replacement care to enable carers to attend a hospital, GP or dental appointment. This can be arranged where there is an existing home care or home based respite service arranged by Adult Social Care. The service will be in addition to existing packages. There is no charge to the client for this service; the department will cover the cost of the replacement care.

1.12 We will continue to 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.

1.13 We will continue to develop access to reablement via independent home care providers. Building on the 2011 pilot, we have expanded the geographic coverage of this support and independent provider carers are working in partnership with Adult Social Care Occupational Therapists and Social Workers to successfully reable clients. Outcomes from this work include greater independence for those reabled to live at home with an improved quality of life and increasing people's self-reliance, leading to reduced hospital admissions caused by falls and accidents.

1.14 **Case Study:** Mrs M is 86 years old, widowed, and lives with her daughter who provides support with daily living including shopping, housework, laundry, meals, drinks and snacks. She has a history of agoraphobia, anxiety and incontinence. Mrs M became bed ridden, due to loss of confidence, after a fall. Initially the Reablement Package of Care was identified for 10-20 hours per week with two care workers. Mrs M was keen to maintain her own independence and avoid too much reliance on others so the reablement programme worked on increasing Mrs M's confidence and managing tasks she could do for herself. The package at the end of the reablement service was for 2½ hours per week.

**Benefits:**

Mrs M was determined to be able to mobilise herself and not be reliant on two care workers three times a day. Mrs M's goal was to maintain her privacy and be less anxious about doing day to day tasks for herself. This has been achieved with work from the Occupational Therapists, the Care Provider and Mrs M.

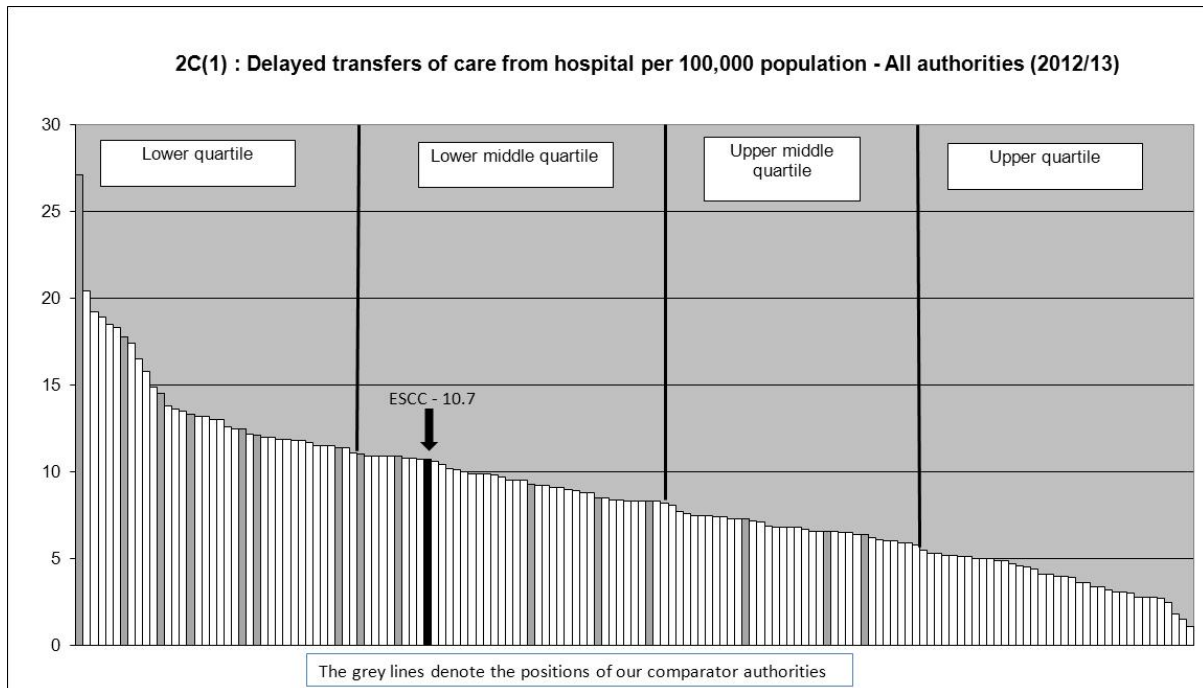
1.15 Investing in reablement through the Joint Community Rehabilitation (JCR) service and the independent sector will help to alleviate the financial pressures faced by the Health and Social Care economy. Between 2014 and 2016, £5million of cash releasing savings have been identified from reablement as part of the Reconciling Policy Performance and Resources savings programme. Despite 80% of clients not requiring further care upon discharge from the service in 2013/14, targets in future years have been

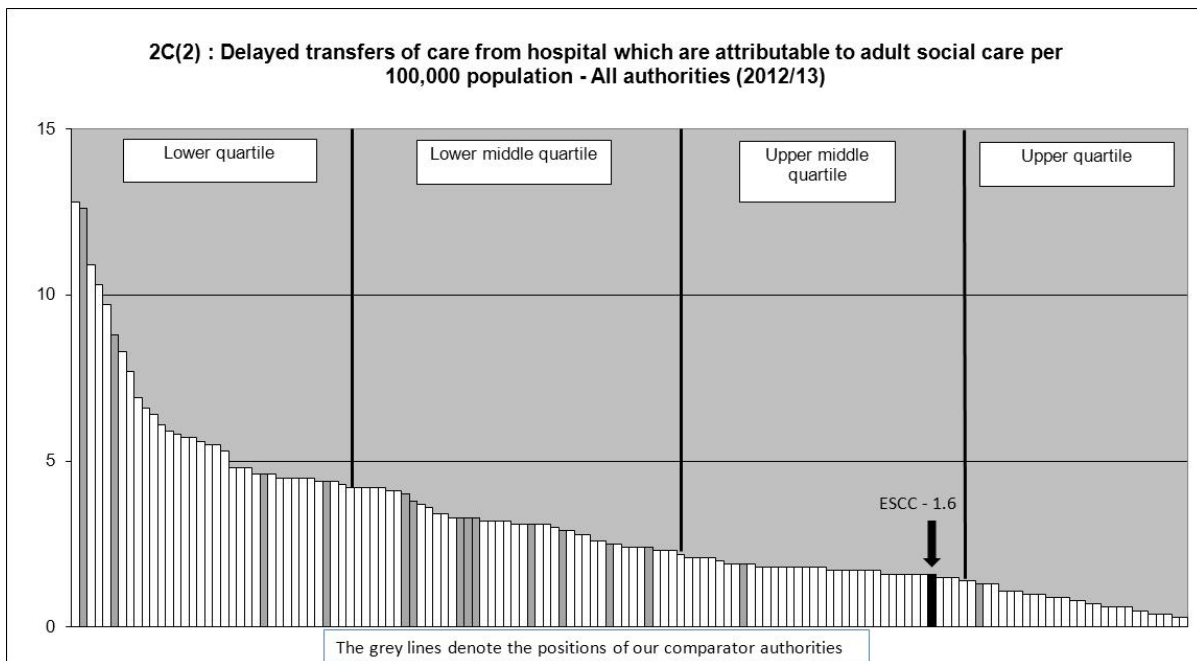
set at 60% to account for the JCR focusing on the more complex cases whilst the less complex cases will be handled by independent sector providers.

1.16 Reablement is a key component of the new Community Services Tender currently being developed. Contracts for the new services will be awarded in March/April 2014, with implementation of new services from October 2014. This single tender for community services will also include Domiciliary Care, Continuing Healthcare, Home Based Carers Respite, Live in Care, Sleeping Nights, Waking Nights and Extra Care Housing Care and Support element.

1.17 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 is charged in fines.

1.18 In 2012/13, although East Sussex had the 47<sup>th</sup> highest number of delayed discharges per 100,000 people (out of 152 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 104<sup>th</sup>.





## Keeping vulnerable people safe

1.19 One of our most important roles is to protect vulnerable adults who are at risk from abuse. We work in partnership with other public bodies such as Sussex Police, East Sussex Fire and Rescue Service, Sussex Partnership Foundation Trust, East Sussex Hospitals NHS Trust and the South East Coast Ambulance service to ensure there are effective measures in place to safeguard adults at risk and fully investigate any abuse that does occur.

1.20 For example, following a number of deaths from accidental fires of people living in the community, we have been working with the Fire and Rescue service to raise awareness of the free fire prevention services that are available to people who are at risk. Since this campaign started, there has been a significant reduction in the number of accidental fire deaths in the county.

1.21 In 2012/13 there were 3,301 safeguarding alerts reported, a 34% increase on the 2,460 alerts that were raised the previous year. This increase is attributed to awareness raising campaigns that have taken place to ensure that people understand what abuse is and how it should be reported. In addition, anecdotal evidence suggests that the Winterbourne review where an undercover investigation by the BBC's Panorama programme revealed criminal abuse by staff of patients at a private hospital in South Gloucestershire, has increased public awareness of adult abuse.

1.22 Once an alert is received, a decision is made about whether to investigate it or not. Of the 3,301 safeguarding alerts we received in 2012/13, 1,318 were investigated (40% of the alerts received). The remaining alerts were either managed through care management procedures or were not taken any further.

1.23 To ensure we continue to protect vulnerable adults, we regularly audit safeguarding case files to ensure that investigations are completed to a high standard. We expect at least 80% of these audits to result in either a good or excellent outcome.



1.24 We have also piloted an outcomes focused safeguarding measure which will help to ensure that when cases of abuse are investigated, the individual needs of the victims are taken into account and met wherever possible.

### **Making best use of our resources**

1.25 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 2013, the County Council and local NHS funded £2.9 million to 21 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.

1.26 New services commissioned through the 2013 Prospectus included:

- advocacy for vulnerable children;
- support for people living with long term conditions including stroke, mental health needs, learning disabilities and autism;
- support for people who have experienced anti-social behaviour or targeted harassment;
- children's centre services; and
- carers services and health improvement.

1.27 Throughout the duration of this plan, we will need to regularly review our commissioning commitments to ensure providers are able to work flexibly as we continue to revise and refine our Adult Social Care service offer in a climate of reducing resources. This dialogue has already commenced with providers, as has the discussion about us needing services commissioned through the Prospectus to increasingly focus on people with high support needs.



# Older People's Services

## Data Tables

<b>Service Name: Older People's Services</b>
<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>

Cost indicators:	East Sussex 2011/12	Benchmark 2011/12	East Sussex 2012/13	Benchmark 2012/13
Gross total cost of residential/ nursing care	£527	£521	£535	£522
Gross total cost of home care	£17.70	£17.00	£15.58	£16.80
Average gross weekly cost of older peoples home care	£201	£177	£181	£214

Performance Measures	2012/13 Outturn	2013/14 Target	2013/14 Outturn	2014/15 Target	2015/16 Target	2016/17 Target
Commission new service capacity to achieve diagnostic rate of 70% of the estimated local prevalence of dementia by 2016/17	40.19%	40%	40%	50%	60%	70%
Number of people receiving support through 'STEPS to stay independent' CP	1,707 people supported	1,700	2,044	1,700	1,700	1,700
National outcome measure: Achieve independence for older people through rehabilitation/ intermediate care	88.6%	>88%	88%	88%	88%	88%
Increase the number of people referred to the Memory Assessment Service CP	New 2013/14	1000	1,468	1,624	2,146	To be set once 15/16 result is available
Increase the number of Memory Support Service three hour group sessions provided CP	New 2013/14	200	93	300	400	500
Reduce the number of older people admitted to hospital due to falls per 100,000 population (HWB)	(2011/12) 1,543 per 100,000 population	1% reduction on previous year	23.8% increase on 2012/13 position (April-Feb data plus March projection)	1% reduction on previous year	1% reduction on previous year	No targets set beyond 15/16

Revenue	2012/13 Budget	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£'000	£'000	£'000	£'000
<b>Gross Budget (A)</b>	97,736	93,449	84,060	76,763
<b>Government Grants (B)</b>	(2,510)	(515)	(493)	(493)
<b>Other Income (C)</b>	(35,478)	(34,917)	(32,121)	(28,901)
<b>Net Budget (A-B-C)</b>	59,748	58,017	51,446	47,369

Capital	Description		Total for Scheme#	Previous Years	2013/14 Budget	2014/15 Budget	2015/16 Budget	2016/17 Budget
			£'000	£'000	£'000	£'000	£'000	£'000
Older People's Day Opportunities		Gross & Net *	536	318	70	70	78	0
Milton grange		Gross & Net *	28	0	28	0	0	0

\*Fully funded by ESCC # May exceed annual totals if there is spend in 2017/18

## Forward Plan Narrative

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.

### Helping people help themselves

2.2 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. We aim to maintain the proportion of older people discharged from hospital who achieve independence through reablement at 88%.

2.3 We know that providing support as early as possible is effective. 'STEPS to stay independent' is a free and confidential housing support service that supports individuals to keep living independently, regardless of what kind of accommodation they live in. The support they provide includes liaising with mortgage companies; providing welfare benefit advice; resolving neighbourhood disputes and supporting people to participate in healthy living activities. We plan to maintain the number of people supported by STEPS at 1,700 or more per year.

2.4 In June 2013 an independent evaluation of Extra Care Housing in East Sussex reported its findings. The evaluation concluded that without exception, people living in Extra Care enjoyed an excellent quality of life and retained their independence, which they cite as their most prized possession. Extra Care is a real alternative to the option of residential and nursing care. The hypothesis that Extra Care is a preventative service model which enables people to remain in the community and not enter residential or nursing care was upheld by the evaluation. Also, a range of evidence and indicators proved that Extra Care is a more cost effective model than residential and nursing care for ESCC including:

- cost effective care delivery model;
- high levels of informal care available to supplement formal care; and
- the strong preventative aspect of Extra Care; people would otherwise require a higher level of care in residential and nursing settings.

2.5 Supported by the findings of this evaluation, Extra Care is acknowledged as a relevant part of the revised Adult Social Care offer. We are actively working on four schemes in Seaford, Hailsham, Sidley and Lewes and are exploring options for further developments over the next three to five years.

2.6 Supporting people with dementia and their carers is a key commitment of Adult Social Care and Clinical Commissioning Groups across East Sussex. The 2012 – 2015 East Sussex Delivery Plan for Dementia Care sets out how we are meeting key national priorities in East Sussex and the standards of care and support residents should expect. The delivery plan and the interventions within it cover all affected age groups, including people with an early onset of the disease or a learning disability.

2.7 The East Sussex Memory Assessment Service (MAS) was launched in October 2012. Accessed through an individual's GP it acts as a single point of referral for anyone with suspected dementia. Those who are diagnosed with the condition by the service will then be referred to an Alzheimer's Society Dementia Advisor for additional support and where required, to Adult Social Care and Sussex Partnership Foundation Trust for assessment and care planning. Dementia Advisors are a key strand of our strategy to enable people to live well with the disease. Acting as a personal contact for the person with dementia, the Dementia Advisor is on hand for advice and support throughout the disease journey.

2.8 We will support people with dementia through the new memory assessment service which will enable more people with dementia to be diagnosed at an earlier stage in the disease. In 2014/15, we plan to support 1,624 people through the MAS. By 2016/17 we hope to have diagnosed 70% of the estimated number of people in the county who have dementia. Where someone with a new diagnosis of dementia would benefit, a referral will be made to the Memory Support Service (MSS). Launched in November 2013 the MSS will provide 400 Memory Support Service group sessions across the county in 2014/15.

2.9 Practical support for carers, including short-term breaks and respite is a vital element in keeping someone at home and living well with dementia for as long as possible. There are a number of services carers can access across the county, including the East Sussex Carers Breaks programme which provides short breaks for people whose dementia has progressed to a moderate or severe stage. It enables people with dementia and their carers to access community based services. Working with the Alzheimer's Society and Action in Rural Sussex, a rural carers' service is in operation, supporting carers in rural areas. The county also has befriending services, and services for early onset of dementia.

2.10 In July 2013 Cabinet agreed to take forward a review of six directly provided older people's day services. These were Pinehill in Hastings, Isabel Blackman Centre in Hastings, Charter Centre in Bexhill, Orion Centre in Hailsham, Phoenix Centre in Lewes and Hookstead in Crowborough. Following this review, in December 2013, Cabinet agreed a strategic approach to develop a broader and more diverse market of day services and support that offers better value for money alongside increased choice, sustainability, flexibility, local proximity and high quality. The local availability of alternative services combined with low occupancy and high unit cost, meant that maintaining provision in its current format was not considered good value.

2.11 The recommendations contained within the individual plans for each of the six centres are being taken forward, with six monthly reports to the Lead Member for Adult Social Care. This work includes individual client service reviews, staff consultations and the development of alternative services where required. The closure, remodelling and re-provisioning of these services will release significant funding to meet the increasing demands of the local population and contribute towards the delivery of the financial targets contained within the Medium Term Financial Plan, which will enable the County Council to

avoid unnecessary cuts to individual client services. It will also allow for the development of a more diverse and cost effective local market.

2.12 In July 2013 Cabinet also agreed to consult on a proposal to close Mount Denys and to the re-commissioning of the current services in the independent sector. Mount Denys provides long term (permanent) residential care for older people with dementia, regular respite care and unplanned and emergency short term placements if required. In November 2013 a Cabinet decision was made to close Mount Denys and re-provision the service. There are a range of viable options to re-commission the short term and respite care provision currently provided by Mount Denys, whilst ensuring that the current longer term residents are appropriately accommodated in alternative care homes within the independent sector.

2.13 The development of the Moreton Centre in St. Leonard's by St. Matthew's Healthcare Ltd, as a specialist nursing home for people with dementia, provides a realistic, local alternative for current and future long term residents at Mount Denys. In addition, engagement with independent sector care providers over a number of years, including the publication of a Market Development Strategy which sets out the Council's current and future commissioning intentions, ensured that there is adequate alternative provision within the Hastings, Rother and other areas, enabling service users to access a greater range of high quality short term and respite services for people with dementia.

# Working Age Adults

## Data Tables

<b>Service Name: Working Age Adults</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>

Cost Indicators:	East Sussex 2011/12	Benchmark 2011/12	East Sussex 2012/13	Benchmark 2012/13
<b>Learning disabilities:</b>				
Nursing and residential	£1,249	£1,309	£1,584	£1,341
Nursing	£1,197	£1,183	£1,263	£1,303
Residential (all)	£1,250	£1,315	£1,589	£1,343
Day care (all)	£240	£277	£240	£266
<b>Mental health:</b>				
Nursing and residential	£703	£733	£801	£731
Nursing	£973	£736	£705	£748
Residential (all)	£672	£732	£819	£727
Day care (all)	£103	£93	£75	£92
<b>Physical disabilities</b>				
Nursing and residential	£811	£831	£1,091	£840
Nursing	£813	£793	£997	£779
Residential (all)	£810	£855	£1,148	£877
Day care (all)	£111	£157	£100	£152
<b>Working age adults overall:</b>				
Gross total cost of residential/ nursing care:				
Learning disabilities	£1,249	£1,309	£1,584	£1,341
Mental health	£703	£733	£801	£731
Physical disabilities	£811	£831	£1,091	£840
Gross total cost of home help per hour	£17.70	£17.00	£15.58	£16.80
Average weekly cost of home care:				
Learning disabilities	£410	£480	£357	£463
Mental health	£98	£140	£107	£134
Physical disabilities	£171	£202	£183	£199

Performance Measures	2012/13 Outturn	2013/14 Target	2013/14 Outturn	2014/15 Target	2015/16 Target	2016/17 Target
Proportion of adults with learning disabilities in paid and voluntary employment CP	20%	20%	22.9%	22.9%	22.9%	22.9%
National outcome measure: Proportion of adults with learning disabilities who live in their own home or with their family	60.2%	61%	63.3%	65%	66%	66%
The proportion of young people aged 16-25 in receipt of self directed support	NA	New measure	New measure	Establish baseline	To be set once 14/15 result is available	To be set once 14/15 result is available
Engage with young people in Transition and their families/ parents and carers.	i) all parents and carers received a copy of the Parents Charter		N/a	i) All parents and carers will receive a copy of the Parents Charter	i) All parents and carers will receive a copy of the Parents Charter	i) All parents and carers will receive a copy of the Parents Charter
	ii) all young people in transitions were provided with a named worker	i) provide a named worker	100%	ii) All young people in transitions will be allocated a named worker from their 17th Birthday	ii) All young people in transitions will be allocated a named worker from their 17th Birthday	ii) All young people in transitions will be allocated a named worker from their 17th Birthday
	iii) full assessments and indicative budgets provided within timescales	ii) provide a full assessment of needs and an indicative Personal Budget, within 18 months of their 17th birthday	100%	iii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday	iii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday	iii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday

Revenue	2012/13 Budget	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£'000	£'000	£'000	£'000
Gross Budget (A)	81,659	77,429	74,111	72,695
Government Grants (B)	(14,240)	(620)	(627)	(627)
Other Income (C)	(7,927)	(8,223)	(7,617)	(7,499)
Net Budget (A-B-C)	59,492	68,586	65,867	64,569

Capital	Description		Total for Scheme#	Previous Years	2013/14 Budget	2014/15 Budget	2015/16 Budget	2016/17 Budget
			£'000	£'000	£'000	£'000	£'000	£'000
LD Extra Care Project		Gross & Net *	350	150	0	0	200	0
Westfield Lane, Hastings	13 supported accommodation flats for people with learning disabilities	Gross & Net *	656	0	328	0	328	0
Greenwood, Bexhill-on-Sea	10 supported accommodation flats for people with learning disabilities	Gross & Net *	463	403	0	60	0	0
Gilda Crescent, Polegate	10 supported accommodation flats for people with learning disabilities	Gross & Net *	604	302	0	302	0	0
Ninfield Road, Bexhill - MH Supported Accommodation	13 supported accommodation flats for people with mental health diagnosis	Gross	410	0	205	205	0	0
		Net	0	0	0	0	0	0
508 Seaside (formerly St Anthony's Court)	18 supported accommodation units of MH (5) and PD (13)	Gross	673	337	0	336	0	0
		Net	0	0	0	0	0	0
LD Service Opportunities	Funding to support the review of Learning Disability day services	Gross & Net *	2,285	372	500	500	500	413

\*Fully funded by ESCC # May exceed annual totals if there is spend in 2017/18

## Forward Plan Narrative

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.

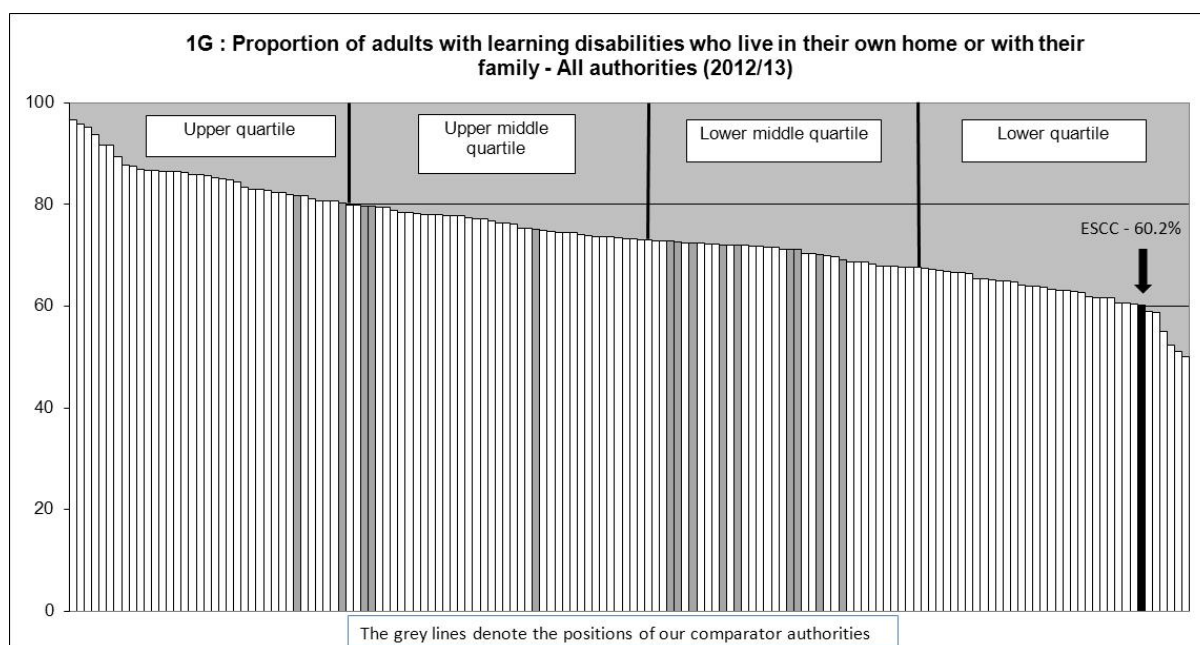
### Helping people help themselves

3.2 Reducing the reliance on traditional models of residential care and developing opportunities for working age adults to live as independently as possible continues to be a priority for Adult Social Care. Services commissioned through the Commissioning Grants Prospectus focus on developing person centred support and services based on individual needs, goals and preferences. Such investments support people into paid work, work experience or to access training opportunities to support people along the pathway to employment.

3.3 New models of service delivery support people with mental health problems, learning disabilities and autism to have more control over their support arrangements and their lives and have the skills and support they need to live independently in the community. For example, East Sussex Community Links service offers tailored support for people with mental health needs to engage and participate within their community through arts, culture, leisure, sports, volunteering etc. Rocking Robins is a service available through Support With Confidence offering therapeutic, musically interactive workshops supporting carers and people with learning disabilities, mental health problems and people who are physically less able or are frail, vulnerable or lonely. These services are examples of how support is moving away from traditional day care approaches, to more personalised activity.

3.4 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.

3.5 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 63% in 2014/15 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.



3.6 The council currently provides supported accommodation for people with a learning disability in a range of different models including shared houses, studio accommodation and individual flats. We are also working with local District and Borough Councils, care and support providers, housing partners and the Home and Communities Agency to increase this number by 15% by the end of 2015. East Sussex also has a significant capital development programme to increase the range and choice of supported accommodation options available to people with a learning disability across the county.

3.7 The first schemes to be completed will be Warwick House in Seaford and Gilda Crescent in Polegate. Warwick House is a co-development comprising a state of the art library, older person resource centre and nine flats for people with a learning disability and associated communal space which will open in spring 2014. Gilda Crescent is a mixed development of 10 flats for people with learning disabilities and five houses for social rent, co-developed with Wealden District Council. This scheme is due to open in April 2014.

3.8 Two further schemes will be completed in Hailsham and Hastings by mid 2015.

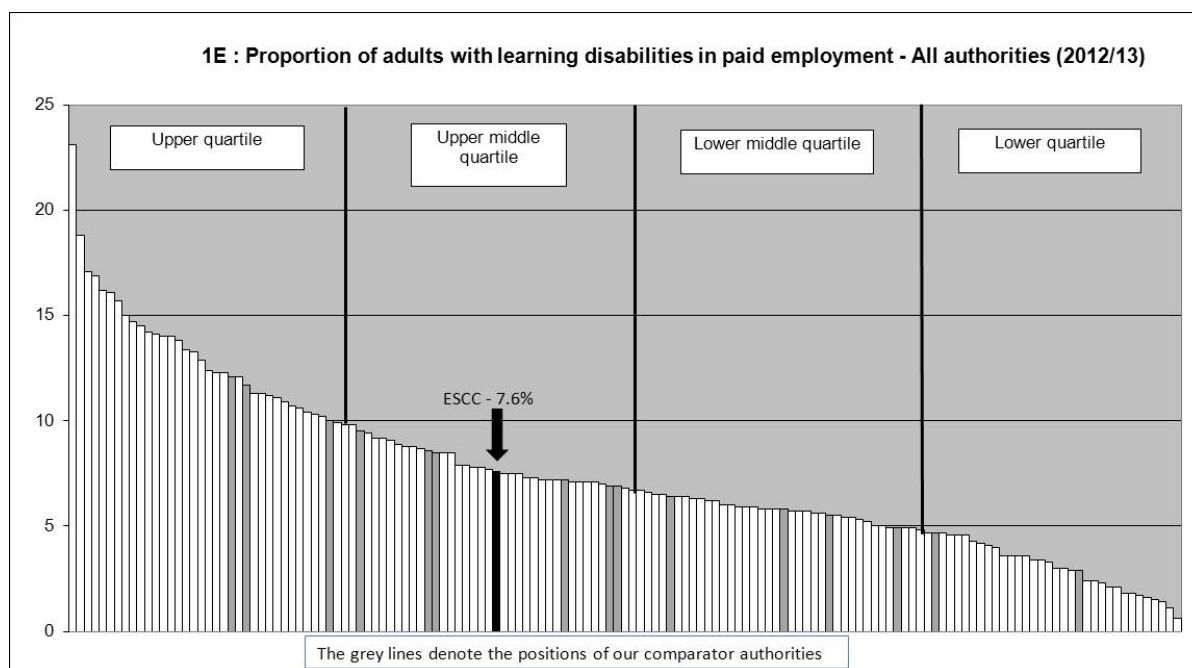
3.9 **Case Study:** Jonathan was living at the family home and although he wanted a different life for himself, he was unable to move out. To enable Jonathan to live more independently, he completed a 'Keymoves' programme at the Martins in Hailsham. This programme supports people with a learning disability to move to more independent living.



Jonathan was supported to apply to go on the local council housing register and look at some supported housing options. A suitable one bedroom property became available and there were staff nearby to provide support when he needed it.

Jonathan has been supported throughout this exciting transition and the Community Support team continue to work with him to support him to remain independent. Jonathan is now married and lives with his wife Bonnie who says “Jonathan is more confident, he does more on his own and has learnt to pay bills and budget.”

3.10 As at 31<sup>st</sup> March 2013, there were 100 working age adults with learning disabilities known to the Council, who were in paid employment. Nationally our performance in relation to this is comparatively high.



3.11 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 at 20% during 2014/2015.

3.12 Following a consultation during 2012, Adult Social Care has worked in partnership to produce an Autism Plan for adults in East Sussex. The plan aims to deliver a person-centered approach which is responsive to need and potential amongst individuals with autism. There are four main outcomes described in the plan, including increased understanding of local need and developing support for individuals with autism and their carers, particularly through transition. In April 2013, Adult Social Care established an Autism Partnership Board. The Board is a consultative body of stakeholder representatives committed to working together to help individuals with autism and their carers lead more fulfilling and rewarding lives. This work represents our local response to the Autism Act (2009) and the National Autism Strategy (2010).

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.

3.14 Person Centred Plans are now being replaced by Education Health and Care Plans (EHCPs), under the SEND Reforms from September 2014. As a Pathfinder Authority, the East Sussex Transitions Service is currently piloting 33 new EHCPs for young people of 18 and over.

3.15 The emphasis within the new EHCP process is to raise aspirations and expectations amongst young people, their families, agencies, providers and employers about their future outcomes and opportunities. The replacement of the current split system (Statement of SEN and then a S139a Assessment) with a single EHCP will promote continuity of planning between settings and services through a young person's educational life.

3.16 In April 2013, 48 young people supported by the Transitions Service were over 18 years old and all of them were in receipt of either a Person Centred Plan or single EHCP.

3.17 All parents and carers of young people in the Transitions Service have received a copy of the Parents Charter where appropriate. The Parents Charter is now being used as one of a range of tools to help inform the co-production of Person Centred Plans and single EHCPs for young disabled adults. All young people in the Transitions Service are now also provided with a named worker.

# Safer Communities

## Data Tables

<b>Service Name: Safer East Sussex Team, including Independent Domestic Violence Advisor Service, Support Service for high risk victims of anti-social behaviour and hate crime, and Sexual Assault Referral Centre (Pan-Sussex)</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> These services are jointly commissioned by the East Sussex Safer Communities Partnership:	
	East Sussex 2014/15
Independent Domestic Violence Advisor Service	£185,000
Support service for high risk victims of anti-social behaviour and hate crime	£34,000

Performance Measures CP= Council Plan measure	2012/13 Outturn	2013/14 Target	2013/14 Outturn	2014/15 Target	2015/16 Target	2016/17 Target
Percentage of domestic abuse victims reporting improved safety following the delivery of a Multi-Agency Risk Assessment Conference (MARAC) action plan <b>CP</b>	86%	80%	91%	80%	80%	80%
The proportion of clients of the Independent Domestic Violence Advisor Service completing user evaluations who state they have benefited from that service <b>CP</b>	100%	80%	97%	80%	80%	80%
The proportion of clients of the Safe from Harm service completing service user evaluations who report satisfaction with the service	New 2013/14	New measure	<b>New measure</b>	85%	85%	85%
Implement the Mosaic Community Engagement project at a District and Borough level so that local resource and work can be targeted appropriately	New 2013/14	New measure	<b>New measure</b>	Work to be completed by September 2014	No targets set after 2014/15	No targets set after 2014/15
Launch the 5 year Domestic Abuse Strategy and implement the first year of the action plan	New 2013/14	New measure	<b>New measure</b>	Work to be completed by March 2015	No targets set after 2014/15	No targets set after 2014/15
Implement the first year of the 5 year Alcohol Strategy Action Plan	New 2013/14	New measure	<b>New measure</b>	Work to be completed by March 2015	No targets set after 2014/15	No targets set after 2014/15

Revenue	2012/13 Budget	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£'000	£'000	£'000	£'000
<b>Gross Budget (A)</b>	956	831	661	661
<b>Government Grants (B)</b>	0	0	0	0
<b>Other Income (C)</b>	(291)	(421)	(251)	(251)
<b>Net Budget (A-B-C)</b>	665	410	410	410

C) Confirmation of the income from the Community Safety Fund from the Police and Crime Commissioner will be maintained for 2014/15. This will be reviewed annually by the Police and Crime Commissioner.

## Forward Plan Narrative

4.1 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 (ASB) and substance misuse. These priorities guide the work of the Safer East Sussex Team and are reflected in the annual partnership business plan. The priorities selected by the East Sussex Safer Communities Partnership are:

- to be responsive to people's concerns, support and protect vulnerable victims of Anti-Social Behaviour and Hate Crime; and develop Restorative Justice to improve outcomes for victims;
- to improve the ways in which the partnership workforce can assist people to have abuse free relationships, prevent people who have been abusive from continuing to abuse and improve the safety and wellbeing of people who experience domestic abuse;
- to work in partnership to identify and work with priority offenders in each Community Safety Partnership. To work with them to identify specific offending related needs, change their behaviours and reduce the likelihood of future offending and the number of victims;
- to continue to reduce first time entrants into the criminal justice system, re-offending in young people and the use of custody by tailoring effective interventions based on risk that where appropriate involve the whole family;
- reducing drug related offending, supporting people to live drug free lives whilst reducing harm for those who continue to use drugs and addressing the issues of novel psychoactive substances (NPS);
- to make East Sussex a healthier and safer place by ensuring that all stakeholders share the responsibility to respond to alcohol misuse confidently and effectively, in order to reduce and prevent the harms caused;
- to improve road safety across East Sussex by continuing to reduce the number of people killed and seriously injured, and reducing the incidents of anti-social driving by encouraging closer involvement of the community with the use of Speed Watch and Operation Crackdown; and
- to develop and improve responses to sexual exploitation and ensure that victims receive a high standard of care and are supported during court cases. Prevent sexual offences by changing attitudes and intervening when risks are identified

4.2 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 ASB and hate incidents

4.3 ASB 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 ASB is a key priority to them, and this is also reflected in the five year Safer in Sussex Police and Crime Plan. Reported incidents of ASB fell between 2011/12 and 2012/13 by 26.7% but long term sustainable solutions require us to invest time and actions to tackle it effectively.

4.4 The Anti-Social Behavior, Crime and Policing Bill was introduced into the House of Commons on 9 May 2013. If passed, the Bill will provide more effective powers for tackling ASB, which will provide better protection for victims and communities, act as a real

deterrent to perpetrators and give victims a say in the way their complaints are dealt with. If the Bill is given approval we will look to work with local Community Safety Partnerships to produce guidance, workshops and training.

4.5 In East Sussex victims who are considered to be most vulnerable get a dedicated key worker from the newly commissioned '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.

4.6 The development of restorative approaches for dealing with low-level (non-crime) ASB has been progressing. We will work to promote a greater awareness and understanding amongst partners of how taking a restorative approach for dealing with neighbourhood level issues such as ASB can be beneficial to local communities.

4.7 The Safe Place scheme helps people with learning disabilities deal with things that happen to them while they are out and about, such as harassment, bullying or if the person they are meeting doesn't turn up. It is a partnership between East Sussex Trading Standards, Adult Social Care and Sussex Police and has been successfully launched in Hailsham. There are also plans to extend it elsewhere in East Sussex with Central St Leonards being actively explored as a second location.

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

4.8 Domestic abuse is often a hidden problem. On average one in four people report domestic abuse to the police. In East Sussex important aspects of the partnership approach to tackle the harm caused by domestic abuse are to encourage people to disclose domestic abuse, understand the degree to which people are at risk and safeguard those at high risk of serious harm through the Multi-Agency Risk Assessment Conferences (MARAC). The partnership is monitoring its performance by comparing numbers of high risk cases identified in the county against the national average.

4.9 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 East Sussex Team provides strategic and policy support to the East Sussex Domestic Abuse and MARAC Steering group and commissions the Independent Domestic Violence Adviser (IDVA) service.

4.10 During 2013 the partnership conducted a review of the multi-agency management of domestic abuse, using Lean<sup>1</sup> principles. The findings of this review will be implemented during 2014 and will speed up and focus the multi-agency risk reduction planning process for those most at risk, whilst improving the efficiency of the ways in which each organisation contributes to identification of risk and risk reduction activities.

<sup>1</sup> Lean Thinking is an improvement philosophy that focuses on activities to reduce waste and bring processes in line with customer value

4.11 The partnership began the development of a five year domestic abuse strategy in 2013/14. Work in relation to the following outcomes will be implemented in 2014/15:

- increased survivor safety and wellbeing;
- perpetrators are held to account and are required to change their behaviour;
- increased social intolerance and reduced acceptance; and
- people have safe, equal and abuse-free relationships.

4.12 We will ensure that our domestic abuse performance framework is robust and measuring the right activity and outcomes to inform partnership working and commissioning.

4.13 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. In conjunction with Sussex Police, the Safer East Sussex Team chairs the East Sussex MARAC and provide co-ordination and administration.

4.14 The numbers of referrals to MARACs has seen an increase when compared to the same period in the previous year of 34 (+7.5%). 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.

4.15 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.

4.16 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.

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

4.17 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.

4.18 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.

4.19 In May 2013 the government published 'Transforming Rehabilitation: A Strategy for Reform'. When fully implemented (April 2014), the work currently managed by Surrey and Sussex Probation Trust will be split. Offender assessment, services to courts, enforcement and the management of offenders posing a high risk of harm will be retained in a much smaller National Probation Service and the management of the remaining (majority) of offenders opened up to new rehabilitation providers from the voluntary and private sectors.

The management of offenders who pose the *highest risk of re-offending* who form our IOM cohort will be included with the group transferring to new rehabilitation providers.

4.20 The Reducing Re-offending 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 re-offending, and support their reintegration into the community.

4.21 The Reducing Re-offending 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 re-offending rate of those offenders managed on IOM continues to stabilise and reduce, further work is required to ensure that overall re-offending rates do the same.

4.22 Future work includes:

- A pan Sussex Criminal Justice Mental Health initiative. This ensures a single assessment for mental health, substance misuse learning disability and autism is completed as appropriate at custody suites and magistrate's courts in East Sussex. Work is being undertaken with partners in the statutory and community voluntary sector to develop associated interventions pathways for the purpose of diversion and the provision of credible alternatives to custody.
- Work is being undertaken with colleagues in Health (Drug and Alcohol Team (DAAT) and Supporting People to pool funding and secure suitable supported housing, assistance with rent deposits and a Prevention of Accommodation Loss (POAL) scheme based at HMP Lewes.
- Working collaboratively with partners in community safety to extend the range of interventions available to offenders for the purpose of rehabilitation. Work is also being undertaken with Sussex Police and the Youth Offending Service to develop bespoke packages of interventions for young people who frequently offend as part of a group.

4.23 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**

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

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

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

4.27 National Strategies have refocused 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 (2012-2015) 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.

4.28 Commissioning has increased the incentives for engaging more people in treatment, and enabling more people to complete treatment successfully. 'Test on arrest' is used to identify drug misusing offenders. Effective communication between police, probation, courts, prison and community treatment services ensures that care is continuous. People who leave treatment unsuccessfully are quickly followed up. Community and prison treatment programmes focus on recovery.

4.29 We continue to support the development of recovery communities in East Sussex. A recovery community consists of groups of people who have recovered 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) continues to work towards independent charitable status.

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

4.30 A commissioned Alcohol Needs Assessment was completed during 2013 to support the development of the East Sussex Alcohol Strategy. The assessment drew together alcohol related health, crime and ASB data as well as information from a range of partners across the county. It also used qualitative data from the East Sussex Drink Debate.

4.31 A five year alcohol strategy has been developed and seeks to provide a framework for all stakeholders to work together to deliver effective prevention and intervention of alcohol harm, enhanced specialist treatment services and improved control and management of alcohol. Moreover it aspires to change the culture around alcohol through influencing people's attitudes, knowledge, skills and behaviours towards alcohol.

4.32 We are interested in developing a culture where more people are interested and able to look at their own drinking levels and the actual or potential impact on their health and well-being, and the impact caused by others' alcohol misuse.

4.33 It is estimated that in East Sussex, 23% or 1 in 4 adults are drinking at increasing or higher risk levels. This strategy will seek to target activity to identify who is at most risk of drinking at increasing and higher risk levels and support them to change their drinking behaviours and improve their health and wellbeing.

4.34 We also recognise that alcohol is widely available at both on and off licensed premises; this strategy will therefore ensure that all stakeholders play a part in managing and controlling alcohol – including retailers and licensees.



4.35 The aims of the strategy are to:

- develop individual and collective knowledge, skills and attitudes towards alcohol;
- provide early help, interventions and support for people affected by harmful drinking; and
- create better and safer socialising.

4.36 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**

4.37 The Safer Communities Partnership has identified Road Safety as a priority for 2014/15.

4.38 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.

4.39 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 in line with this that road safety is one of East Sussex's priorities.

4.40 The Sussex Safer Roads Partnership (SSRP) works throughout the year to increase road safety and reduce the number of road casualties across Sussex. They have recently undergone a review focussing on the role of the support service. The team will continue to support initiatives linked to the strategic priorities identified across Sussex as required but with an emphasis on evaluation of programmes to ensure best practice.

4.41 A new co-ordinating group, led by East Sussex Fire & Rescue Service, has been formed to co-ordinate road safety across the county; essentially linking the SSRP to the Community Safety Partnerships (CSPs), and the CSPs to one another. The group is concentrating on two key areas: the provision of data, including collision data at ward level, and communications to improve the flow of information.

4.42 We will work across the partnership to continue 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.

### **Developing and improving responses to sexual exploitation and abuse**

4.43 The Safer Communities Partnership has identified Sexual Exploitation as a priority for 2014/15.

4.44 During 2013/14 we have embarked upon commissioning a new Sexual Assault Referral Centre. The new Centre will begin operation in July 2014, replacing existing provision. By commissioning a SARC from one provider, with clear standards for operation

and expectations around performance, victims of rape and sexual assault will receive a high quality of care

4.45 We have also collaborated with Brighton and Hove City Council to commission an Independent Sexual Violence Adviser Service until March 2015. Survivor's Network, an independent specialist charity, have provided this service since October 2013. Their expertise in this area of work will mean that people who have attended the SARC will receive aftercare and access to counselling services where required.

4.46 The East Sussex Safeguarding Children Board have continued to develop a strategy to prevent child sexual exploitation and to ensure that sexual exploitation is identified and stopped and that children who have been exploited are supported.

4.47 In 2014/15 we will build upon the work already in train and develop new initiatives to deter people from sexually exploiting others. To achieve this we will establish a multi-agency group to plan how to achieve this aim.

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

4.48 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.

4.49 The Strategic Assessment, on which partnership priorities are selected at a strategic level, looks at community concerns gathered through the Sussex Police Local Neighbourhood Survey and the partnership's Community Safety in Your Area Survey.

4.50 At a local level the majority of District and Borough Community Safety Partnerships use three methods of community engagement:

- neighbourhood panel priorities and feedback;
- quality streets / face the people; and
- youth panels.

4.51 The current Residents' Panel survey is being replaced by a telephone based reputation survey, administered by the East Sussex Communications Team. The Safer East Sussex Team have agreed a set of community safety questions that can be built into the reputation survey. There will also be additional community safety questions included in the Sussex Police Local Neighbourhood Insight Survey, along with some Community Safety focused questions attached to each of the District and Borough Community Surveys administered by Sussex Police Neighbourhood Policing teams. Young people's views will be gathered, on their perceptions of community safety and crime, via the East Sussex School's Survey.

4.52 In order to connect the strategic consultation to local engagement activities, a project is currently being undertaken by the Safer East Sussex Team that will ensure the views of local residents are taken into account when partnership activity is planned, while reducing the harm and the fear of harm in the community.

4.53 An initial report was produced and the findings presented at a multi-agency workshop. Following this, we are working with Districts and Boroughs to provide analysis on a crime or ASB type of their choice. Work will then be undertaken as to how best to use

this information operationally and how best to communicate with these groups and address their concerns. The intention is for this work to be completed over a 12 month pilot, with an evaluation of effectiveness at the end.

## **Commissioned Services**

4.54 The following services are commissioned to deliver the Safer Communities and DAAT partnership outcomes:

- Independent Domestic Violence Adviser (IDVA) Service: From April 2012 the Council let a new three year contract for the provision of an IDVA Service, on behalf of the East Sussex Safer Communities Partnership. IDVAs provide advice, support and advocacy to adults who are at risk of serious harm from domestic abuse. The work of IDVAs forms part of the multi-agency work to tackle domestic abuse, particularly the 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 2013 shows that 94% of clients who completed a service user evaluation reported satisfaction and benefit from IDVA intervention.
- 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.
- Safe from Harm: This is a support service for high risk victims of ASB and Hate Crime. As part of a victim centred approach to tackling crime and ASB, East Sussex County Council has re-commissioned a support service, for those who have been identified as being at risk, as a result of being a victim of serious or persistent ASB and targeted 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.
- Adult Drug and Alcohol Treatment (DAAT) Services: The Adult Social Care and Mental Health Joint Commissioning Team lead commissioning for adult drug and alcohol treatment services. The Safer East Sussex Team supports the strategic planning for the DAAT Board. The commissioning function for young people's substance misuse drug and alcohol treatment services is undertaken in Children's Services.

4.55 From April 2014, the Drug and Alcohol Recovery Service will provide effective recovery-focused treatment for adults across East Sussex. The service has been redesigned to help more clients recover from drug and alcohol use disorders. Crime Reduction Initiatives (CRI) provides the service, delivering services in partnership with a range of other organisations including Sussex Partnership NHS Foundation Trust, local GPs and pharmacists. The service works with offenders as part of the local IOM arrangements. During 2012/13 65% of adults left drug treatment in an agreed and planned way while 71% of adults completed treatment for alcohol use; both higher than the planned exit rates for England as a whole.

4.56 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 involved with Children's Services. During 2012/13, 81% of clients left the service having successfully completed treatment.

4.57 Adult Social Care commissions residential care for drug and alcohol use disorders. Residential care is provided in a wide range of settings by different providers.

4.58 Inpatient treatment is provided in a hospital setting by Sussex Partnership NHS Foundation Trust, and also as part of some residential care placements.

4.59 NHS England is the responsible commissioner for health services provided for people in custody. CRI has provided the Drug and Alcohol Recovery Team at HMP Lewes since October 2012.

4.60 A community development approach has been taken to develop sustainable recovery communities. The work has focused on supporting people in recovery to establish mutual aid groups that can help other people, and promote visible recovery in local communities.

4.61 The annual Adult and Young People's Drug and Alcohol Treatment Needs Assessment and Annual Treatment Plans are published on the East Sussex Safer Communities Partnership website: <http://www.safeineastsussex.org.uk/our-publications-drugs-and-alcohol.html>

### **Links to other Partnerships**

4.62 The community safety partnership priorities are cross cutting and the following plans support the delivery of the broader Community Safety agenda:

- Children's Services Portfolio Plan: Under 19s 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; and
- Strategic Management and Economic Development Portfolio Plan, Public Health section: 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.

Service	Description	Impacts	Savings (£000)		
			14/15	15/16	Total
Directly Provided Residential Services	Review Older People's Residential Services	The recommissioning of services by the independent sector ensuring continuity of support.	200		200
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.	962		962
Directly Provided Services	Reduction in DPS management and support costs	Impact of changes to DPS service provision will enable management structure changes.		100	100
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
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 funded packages of care.	570		570
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 funded packages of care.	1,500		1,500
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 funded 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.	3,240	1,195	4,435
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
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.Reductions in the range of funded activity will impact negatively on individuals.	300		300
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
Reserves	Use of planned departmental underspend as agreed in 2013/14 medium term financial plan		(1,901)		(1,901)
		<b>Total Older People</b>	<b>7,364</b>	<b>4,295</b>	<b>11,659</b>

Service	Description	Impacts	Savings (£000)		
			14/15	15/16	Total
Learning Disabilities Directly Provided Services	Review of Directly Provided Learning Disability Services	The potential re-provisioning 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.	250	300	550
Learning Disabilities Directly Provided Services	Review of Directly Provided Learning Disability Services	Re-provision of residential services to Gilda Crescent Supported Accommodation. Benefit for clients in that they will have tenancy agreements.	250		250
Learning Disabilities Directly Provided Services	Review of Directly Provided Learning Disability Services	LD DPS Residential Services - improving operational efficiencies within existing services.	150		150
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.	700	300	1,000
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.	100	100	200
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
Section 117 - Mental Health	Development of a strategic approach to clients claiming Section 117 status.	Client needs continue to be met.	500		500
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
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.	2,605	1,200	3,805
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



Service	Description	Impacts	Savings (£000)		
			14/15	15/16	Total
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
Reserves	Use of planned departmental underspend as agreed in 2013/14 medium term financial plan		(1,400)		(1,400)
		<b>Total Working Age Adults</b>	<b>4,312</b>	<b>1,900</b>	<b>6,212</b>
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.	100		100
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
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
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
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
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
Supporting People	Countywide floating support - reduction in contracts by 15% by 2015/16.	The proposed reduction would reduce available service hours.	520	156	676
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
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
Supporting People	Learning Disabilities - accommodation services reduction in funding .	No impact as reductions will be absorbed by current services.	53		53
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
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

Service	Description	Impacts	Savings (£000)		
			14/15	15/16	Total
Supporting People	Review county-wide Domestic Violence Refuge provision	Increased focus on meeting the needs of local victims of domestic abuse. Work with the service provider to identify opportunities to deliver the savings with minimal impact on the level of service / refuge places provided.	65		65
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
Supporting People	Use of underspend in the Supporting People Medium Term Financial Plan brought forward from 2012/13 .	Use of underspend within Medium Term Financial Plan to mitigate savings targets in 2013/14.	(352)		(352)
Carers' Services	NHS Funding for Carers.	Pooling of Resources under Section 256 Agreement to gain maximum efficiency and support to carers	750		750
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
Community Services	Community Bridge Builder Project completed.	No impact as service is embedded within Neighbourhood Support Teams.	50	50	100
		<b>Total Universal Services</b>	<b>2,206</b>	<b>822</b>	<b>3,028</b>
Community Engagement and Consultation	Review of posts and budget that support community engagement and consultation.	Rationalisation of engagement activity.	19	9	28
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
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.	11	18	29
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
Resources Consolidation	Implementation of service consolidation	Project outcomes achieved.	254	74	328
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
		<b>Total Management &amp; Support</b>	<b>1,316</b>	<b>1,168</b>	<b>2,484</b>
		<b>Total Savings</b>	<b>15,198</b>	<b>8,185</b>	<b>23,383</b>