



## ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

THURSDAY, 19 MARCH 2015

10.00 am COMMITTEE ROOM - COUNTY HALL

MEMBERSHIP - Councillor Peter Pragnell (Chair)  
Councillors John Barnes, Charles Clark, Angharad Davies, Peter Charlton,  
John Ungar and Trevor Webb (Vice Chair)

### A G E N D A

- 1 Minutes of the meeting held on 13 November 2014 (*Pages 3 - 8*)
- 2 Apologies for absence
- 3 Disclosures of interests  
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
- 4 Urgent items  
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
- 5 RPPR savings plan: Care Package reductions (*Pages 9 - 18*)
- 6 Strengthening Local Communities for Adult Social Care and Health (*Pages 19 - 48*)
- 7 Older people's directly provided day services (*Pages 49 - 74*)
- 8 Reconciling Policy, Performance and Resources (RPPR) 2015/16 (*Pages 75 - 78*)
- 9 Scrutiny committee future work programme (*Pages 79 - 86*)
- 10 Forward Plan (*Pages 87 - 92*)  
The Forward Plan for the period to 30 June 2015. The Committee is asked to make comments or request further information.
- 11 Any other items previously notified under agenda item 4

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11 March 2015

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## SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND COMMUNITY SAFETY

MINUTES of a meeting of the Scrutiny Committee for Adult Social Care and Community Safety held at County Hall, Lewes on 13 November 2014.

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PRESENT: Councillors Peter Pragnell (Chair), John Barnes, Angharad Davies, John Ungar, Trevor Webb (Vice Chair)

Also present: Councillor Tidy, Lead Member for Children and Families  
Keith Hinkley, Director of Adult Social Care and Health;  
Samantha Williams, Assistant Director, Planning, Performance and Engagement  
Vicky Smith, Head of Policy and Service Development  
Barry Atkins, Head of Strategic Commissioning – Older People and Carers  
Steve Hook, Head of Assessment and Care Management – Learning Disability  
Alison Borland, Head of Children’s Disability Services

Scrutiny Lead Officer: Claire Lee

### 20. MINUTES OF LAST MEETING

20.1 RESOLVED to confirm as a correct record the minutes of the last meeting held on 4 September 2014.

### 21. APOLOGIES

21.1 Apologies were received from Councillors Peter Charlton and Charles Clark. Apologies were also received from Councillor Bill Bentley, Lead Member for Adult Social Care and Community Safety.

### 22. DECLARATIONS OF INTEREST

22.1 None declared.

### 23. NOTIFICATION OF URGENT MATTERS

23.1 None notified.

### 24. REPORTS

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

### 25. CARE PACKAGE REDUCTIONS

25.1 The Committee considered a report by the Director of Adult Social Care and Health on the impact of the average 30% reduction in individual care packages agreed through the

Reconciling Policy, Performance and Resources (RPPR) process as part of the department's savings plan for 2014/15.

25.2 The Assistant Director – Planning, Performance and Engagement provided some additional information to supplement the written report, arising from the recently refreshed Equality Impact Assessment:

- There is no evidence of package reductions causing any significant movement of people off direct payments – other reasons predominate when direct payments end.
- Although satisfaction levels amongst carers have consistently been lower than clients, there is now an increase in carers reporting that package reductions are making their carer role less sustainable.
- A key mitigating measure in relation to impact on carers is the support commissioned from the third sector via the Commissioning Grants Prospectus (CGP). Over 6000 carers were supported by these services between April and June 2014.
- There has also been an 8% increase in carers' personal budgets.
- There have been 20 cases where a client moved into residential care following a package reduction (which equates to less than 3% of clients in residential care). These cases are being examined to establish whether the move was linked to the package reduction.
- There has been an increase to 90.6% in the proportion of clients remaining at home 91 days after discharge, following support from the Joint Community Reablement service. 83% of these people did not have a carer, which indicates that a good level of independence has been achieved.
- Figures from the funding panels show a 30% increase in telecare packages being funded. It appears that the focus achieved through the panel process is supporting a shift towards this type of support.

25.3 The following additional points were made in response to questions from the Committee:

- 55% of clients using direct payments employ a Personal Assistant (PA).
- The overall 30% planned reduction was based on the level of resource available and anticipated demand, but all decisions in relation to individual packages are based on needs assessment. Packages can increase if needs have grown, but will not increase as much as would have been the case before the savings plan was implemented.
- It is recognised by the department that the way people receive information about the services they can expect to receive will impact on their levels of anxiety and satisfaction. Public facing information has been made available about changes to care packages, along with resources for practitioners to use with clients. This is supported by ongoing dialogue through the range of engagement networks. The shift to a different type of support provided by CGP services requires a shift in expectations.
- There is a general understanding amongst clients and the public about the scale of savings required of the County Council, but this does not always translate into an understanding of how this will affect an individual's care package. This makes the assessment process challenging for staff to manage.
- The robustness of assessments is quality assured through supervision, the funding panel process and through analysis of complaints. The funding panels have added extra value in terms of consistency, transparency and the use of alternatives to direct care.
- It is very hard to quantify levels of unmet need. The department has an ongoing obligation to assess against eligibility criteria which have not changed, but the level of resource available to deploy against identified need has reduced significantly.
- The increased level of risk associated with clients choosing to stay at home with a reduced package primarily relates to carers taking on more. There is a review and

risk assessment process in place. There are examples of cases where a higher care package has been put in place due to specific risks but this cannot be done routinely.

25.4 The Committee RESOLVED to request a further update in March 2015, to include updated carers' survey data.

## 26. RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR)

26.1 The Committee considered a report by the Chief Executive as part of its ongoing engagement with the Council's business and financial planning process. The report included additional information requested by the Committee in September 2014.

26.2 The following points were made in response to questions:

- There are differing care models between older people and working age adults with a learning disability. The majority of cost in the working age segment relates to residential care and there is further work to do in bringing these costs closer to comparators.
- There remains a wider need in East Sussex to make a shift in spending from working age adults to older people, but this is taking a back seat whilst the focus is on achieving immediate savings plans.
- It may be necessary to become more explicit about the target unit cost in each client group in the context of reduced resources.
- The comparator group used to benchmark costs is chosen by CIPFA. As the comparator local authorities do differ from East Sussex in various respects, the averages cited should be used to raise questions for further investigation, rather than being seen as definitive targets.
- Reductions in mental health inpatient beds were scrutinised by the Health Overview and Scrutiny Committee in 2011 and that Committee also undertook further scrutiny of bed availability and out of county placements in early 2014. The level of out of county placements has subsequently decreased.

26.3 The Committee RESOLVED to confirm that all members of the Committee are invited to attend the RPPR Board on 18 December at 10am.

## 27. DEVELOPING THE LOCAL MARKET

27.1 The Committee considered a report and presentation by the Director of Adult Social Care and Health which provided an update on the department's work to stimulate a diverse and responsive local market for care and support. The Head of Policy and Service Development reminded the Committee that the Care Act 2014 now provides the strategic context for this work, but it continues the earlier key policy drivers of personalisation and self-directed support. The provision of information to help residents navigate the options is another key component of this work.

27.2 In response to questions, the Committee noted the following points:

- In relation to the continuity of services by micro providers in the event of business failure, where these providers are contracted by the County Council there is a requirement for a continuity plan to be in place which is monitored through the normal contracting process. More general support is available to other providers as and when required, for example on financial accounting or working with volunteers.
- The Council recognises the need to do more to address social isolation. The Director of Public Health's report for 2015 will focus on building community resilience and there may be opportunities to direct public health resources in this direction. This is a wide ranging agenda and time is being taken to consider the best approach, which

will need to be built around individual communities and link to integrated health and social care services. A Member Reference Group on social isolation is being established.

- The 'Pub is the Hub' project can benefit the sustainability of rural pubs as well as addressing isolation.

27.3 The Head of Strategic Commissioning – Older People and Carers introduced an appendix to the main report which focused on outcomes of the review of directly provided day services for older people. He reported that the process had required a change in mindset from clients and carers as to how services could be delivered in different ways. In parallel to this, it had been necessary to get the market into a position to expand available services and this process is ongoing, despite the changes having been implemented. The recommissioned services are at a lower level than those previously provided due to the reductions in care packages as part of the departmental savings plan.

27.4 The following points were made in response to questions:

- The outcome of the tendering process for the Isabel Blackman, Phoenix and Charter Centres is expected before Christmas 2014, with new contracts expected to begin from April 2015.
- The new service commissioned to replace those at Hookstead is based at Uckfield Pavilion. The department is looking to develop other services in the area and options in Crowborough are being explored.
- Anecdotal feedback from staff who had undertaken the PA training but not chosen to pursue this route suggested that, in some cases, it was felt to be a leap too far from being an employee to becoming self-employed. This feedback was being explored further in conjunction with the training provider.

27.5 The Committee RESOLVED to:

- (1) request email notification when the outcome of tendering processes for Isabel Blackman, Phoenix and Charter Centres is known, and a further report on the future provision at these centres in March 2015.
- (2) request a more detailed report on the work being undertaken to build community resilience at a future meeting.

## 28. SUPPORTING YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES IN THEIR TRANSITION FROM CHILDREN'S TO ADULT SERVICES

28.1 The Committee considered a report by the Director of Adult Social Care and Health which provided an update on the work of the Transition Service in supporting young people with complex needs, and associated provision for young people with lesser needs moving into adulthood.

28.2 The following points were made by the Head of Assessment and Care Management – Learning Disability and the Head of Children's Disability Services in response to the Committee's questions.

- There are an increasing number of children with complex needs moving into adulthood and, at the same time, adults with a learning disability are living longer. This is generating pressure on the available resources in the context of a challenging financial climate.
- It is a challenge to balance meeting all need against maintaining eligibility for the full Transition Service to the cohort of young people with the most complex needs.
- Since April 2014, 80 referrals to the Transition Service from locality teams have not been accepted due to the young person not having an ongoing disability, but this does not mean they don't have needs in some form.
- The establishment of the Transition Service has in itself attracted more referrals which has generated greater information about needs.

- The reforms to Special Educational Needs and Disability (SEND) services will offer a better deal for those young people with needs at a lower level than that covered by the Transition Service. For these young people health, mental health and other services are key and it is important to have a range of other provision in place outside the specialist service.
- Approximately 100 adults with a learning disability in East Sussex are in paid employment, which equates to around 7-8% of the learning disabled population. 20% of working age adults with a learning disability supported by Adult Social Care are in paid or voluntary employment. These figures are slowly increasing but, in the context of the national economic climate, it is positive that there has not been a decrease.
- Before the Transition Service was in place a lack of information for parents may have led to anxiety about what would be available from Adult Social Care and a rush to get residential care in place before transition. The service has made parents feel more comfortable about supporting their child at home for longer, although expectations of services continue to be high.
- Where a young person is eligible for Continuing Healthcare (CHC) the transition process is managed differently with the involvement of CHC staff, but is still supported through the Transition Service. CHC spend in East Sussex has reduced and this is being reviewed with the Clinical Commissioning Groups, as there may be a case for spending more.
- The locality team approach envisaged through East Sussex Better Together could include an aspiration for pooled Adult Social Care and NHS learning disability spending which would offer more flexibility given that individuals generally have dual needs.
- The cohort of young people supported by the Transition Service do not generally fall into the NEET (not in education, employment or training) category as they generally attend a special school. However, amongst the wider cohort of young people with lesser needs, some will be NEET due to social reasons, as with the general population.

28.3 The Lead Member for Children and Families advised the Committee that feedback about the Transition Service had been very positive and it had been described as 'bridging the gap' between children's and adult services. She also highlighted the increasing pressures on the community care budget and the need to be aware of these during the RPPR process.

28.4 The Committee RESOLVED to welcome the work of the Transition Service and noted the availability of forthcoming seminars for Members on the iSEND reforms.

## 29. SCRUTINY COMMITTEE WORK PROGRAMME

29.1 The Director of Adult Social Care and Health advised that the second tranche of guidance on the Care Act was due in spring 2015, following a consultation expected in January. He proposed that an update on the Act's implications for East Sussex be provided for the Committee in June 2015. This could include a summary of future pressures, an update on eligibility and a year end position for 2014/15.

29.2 RESOLVED to note the current scrutiny work programme and:

- (1) add an update on Care Act implications to the programme for June 2015.
- (2) add a report on community resilience work to the programme for March 2015.
- (3) agree that the Chair may appoint the Committee's representatives to the proposed joint Scrutiny Board for East Sussex Better Together.

30. FORWARD PLAN

30.1 The Committee considered the Forward Plan for the period to February 2015.

30.2 RESOLVED to note the Forward Plan.

The Chair declared the meeting closed at 16:10



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

Date: **19 March 2015**

By: **Director of Adult Social Care and Health**

Title of report: **RPPR savings plan: Care Package reductions**

Purpose of report: **To update Scrutiny on the impacts of reducing individual care packages by an average of 30%, as part of the RPPR savings plan.**

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## **RECOMMENDATIONS**

**The Committee is recommended to consider the impact on users and carers of reducing care packages by an average of 30%**

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### **1. Financial Appraisal**

1.1 There are no additional financial implications arising from this report.

1.2 The 2013/14 to 2015/16 Reconciling Policy, Performance and Resources savings plan set out how Adult Social Care and Health would deliver the required £27.8m savings as part of the East Sussex County Council Reconciling Policy, Performance and Resources (RPPR) process. Given the spend profile of the department, significant savings were identified from the community care budget. These included reducing peoples care packages by an average of 30%.

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

2.1. In March 2013, Adult Social Care carried out an Equality Impact Assessment to consider how the changes to Adult Social Care services required as part of RPPR savings would be likely to affect people and as far as possible, to put in place mitigations against negatives effects. This Equality Impact Assessment was reviewed in July 2014 and will be reviewed and updated again in March/April 2015.

2.2. Since the savings plan commenced in 2013, a range of qualitative and quantitative data sets have been monitored to understand impact of reducing peoples care packages.

### **3. Carers**

3.1. At the November 2014 Scrutiny Committee requested a particular focus on Carer satisfaction levels from the 2014/2015 Carers survey. This is a national survey introduced in 2012/2013 and is undertaken every two years. The results from this survey and a comparison with the previous survey results can be found in Appendix 1.

3.2. Following changes to national data returns as part of the Zero Based Review, we recently introduced a number of local measures to ensure close monitoring of the numbers of carers we are assessing and supporting:

- The number of carers known to Adult Social Care has increased from 6288 (April-August 2014) to 6703 (April '14 - Jan '15).
- Of the carers known to Adult Social Care, the percentage receiving a service (including information / advice and signposting) has increased from 65.6% (April-August 2014) to 77.4% (April '14 - Jan '15).

3.3. Since August 2013 carers have been able to use their personal budgets towards the cost of respite care, either home based, day or residential care. During January–December 2014 there were 250 Carers Personal Budgets approved.

3.4. Carers have been asked whether various areas of their life had changes since receiving the service. Improvements were most likely to be noted around help with taking a break (64% believed this aspect had improved); meeting the needs of the person being cared for (48%); and the carers' own emotional health and wellbeing (44%). Where matters had worsened, this was most commonly in relation to carers' emotional health and well-being (12% rated this as worse) and their own physical health (10%).

3.5. Examples of how budgets were used:

- *"I was going to use it for a break (weekend away) but it was too difficult to sort care for my husband so I used it for a sewing course, which has allowed me to consider starting a sewing business and fitted in with his care needs and our future. Having gone from a very full-time career to part-time work / caring the impact on both our lives has been huge and it's taking time to adjust. Many thanks for giving me this change of career opportunity."*
- *"To employ a carer for my wife so that I could go to a further education course at night school."*

#### 4. Impacts on other areas

- **Direct payments:** Overall, the option of direct payments helps to increase people's choice and control over the support they receive. The proportion of people using social care who receive direct payments continues to increase. From April 2014 to January 2015 (year to date) 41.3%, or 1,868 adults and older people are receiving direct payments, out of a total of 4,523 receiving long term support in a community setting.
- **Joint Community Rehabilitation (reablement):** From April 2014 to January 2015, 91.3% of older people (956 people) were at home 91 days (three months) after a period of rehabilitation / intermediate care, out of a total of 1,047 older people who were discharged from hospital to rehabilitation / intermediate care. This compares to 90.6% (614 people) from April to September 2014. More broadly, between 01 April and 31 December, 3,619 (75.3%) of the 4,806 clients discharged from the Joint Community Rehabilitation service remain at home with no ongoing service. These clients are referred from community and hospital settings.
- **Safeguarding:** There is no evidence of an increase in Safeguarding referrals and investigations related to reductions in care packages. Between April and September 2014, 1,900 safeguarding alerts were received which is a 1% increase on the previous year. The most significant changes in the types of abuse investigated are the increase in cases of financial abuse, from 24% of cases to 28%, following a targeted financial abuse awareness raising campaign.
- **Complaints:** Please see Appendix 1 for the latest complaints data.

#### 5. Conclusion and Reasons for Recommendation

5.1. Monitoring the impact on clients and carers and the effectiveness of additional mitigations will continue. This monitoring will extend to incorporate the effect of Care Act changes on service delivery.

KEITH HINKLEY  
Director of Adult Social Care and Health  
Contact Officer: Samantha Williams

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## 2014/2015 Carers Survey

The 2014/2015 Carers survey was undertaken between 14 October 2014 and 21 November 2014. Nine hundred and twenty seven people were surveyed and 534 (57.6%) responded.

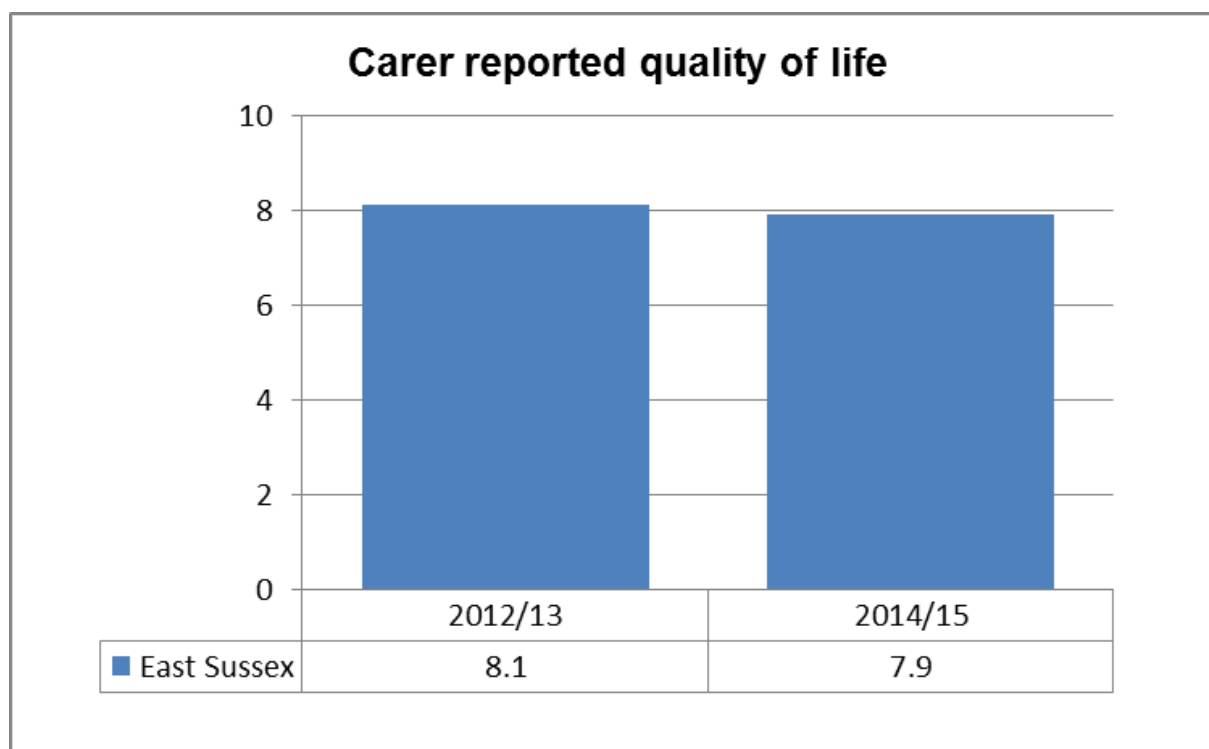
The Adult Social Care Outcomes Framework (ASCOF) is a set of performance measures that all authorities are obliged to monitor and report against. The results of the Carers survey are used to inform five of these ASCOF measures:

- Carers reported quality of life
- Overall satisfaction of carers with social services
- The proportion of carers who report they have been included or consulted in discussions about the person they care for
- The proportion of people who use services and carers who find it easy to find information about services (this report focuses on the carers element of this measure)
- Proportion of people who use services and their carers who reported that they had as much social contact as they would like (this report focuses on the carers element of this measure)

These ASCOF measures in relation to carer's experiences were introduced in 2012/13.

**Please note:** all results shown in this report are based on respondents to each question, therefore excludes non responses to the individual question or those where the response was "not applicable".

### Carers reported quality of life



The result for Carers reported quality of life is taken from an amalgamation of the results of six questions, each scored between 0 and 2. The maximum that can be scored for this measure is 12.

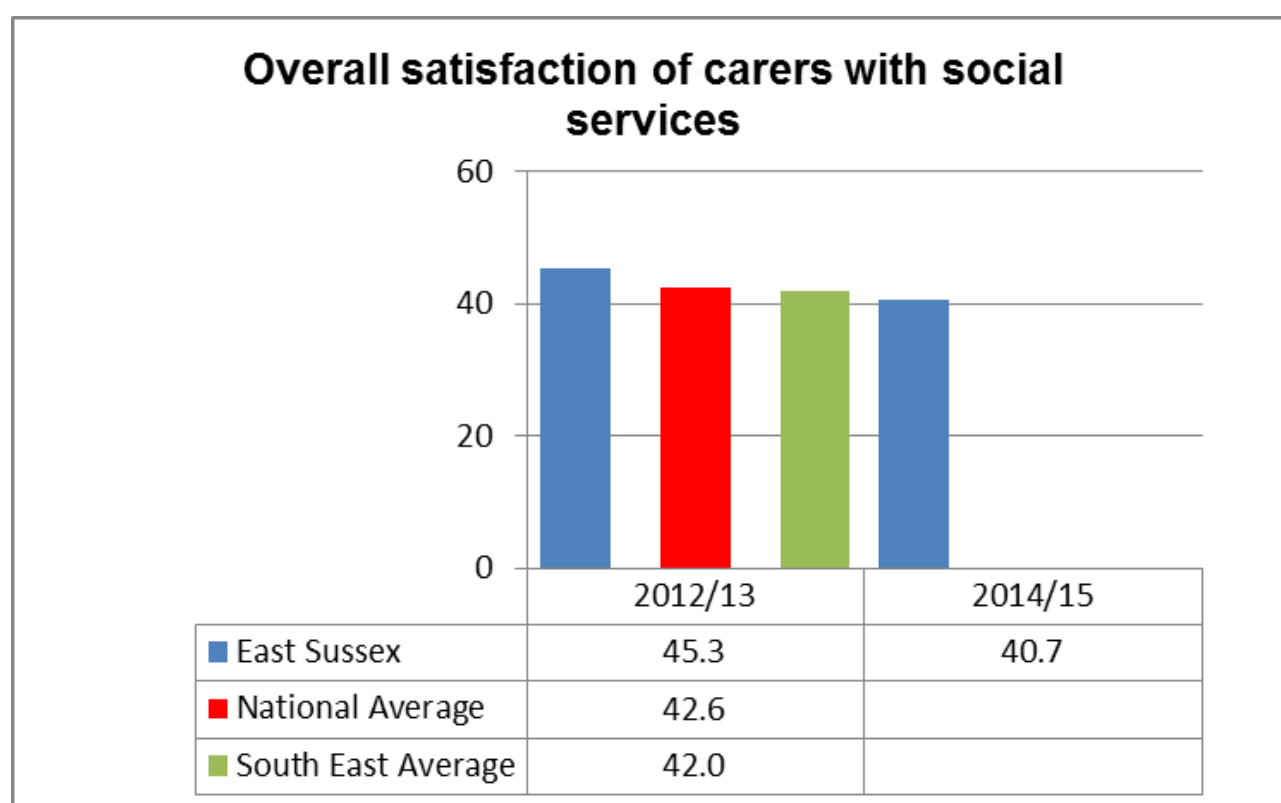
The questions used are:

- How carers spend their time
- How much control carers have over their daily life
- How well carers are able to look after themselves
- How safe the carer feels
- How much social contact carers have
- How much encouragement and support carers get in their role

Results from the 2014/15 Carers Survey shows carers reported quality of life has dropped slightly from 8.1 in 2012/13 to 7.9 in 2014/15.

Provisional benchmarking for 2014/15 against this measure will be available later in 2015. Performance in relation to carer reported quality of life in 2012/13 was in the upper middle quartile, and was in line with both the national and south east averages.

Overall satisfaction of carers with social services



This measures the proportion of respondents to the Carers Survey who state they are extremely satisfied or very satisfied with social services.

Results from the 2014/15 Carers Survey shows overall satisfaction of carers with social services has dropped from 45.3% in 2012/13 to 40.7% in 2014/15.

Provisional benchmarking for 2014/15 against this measure will be available later in 2015. Performance in relation to overall satisfaction of carers with social services in 2012/13 was in the upper middle quartile, and was above both the national and south east averages.

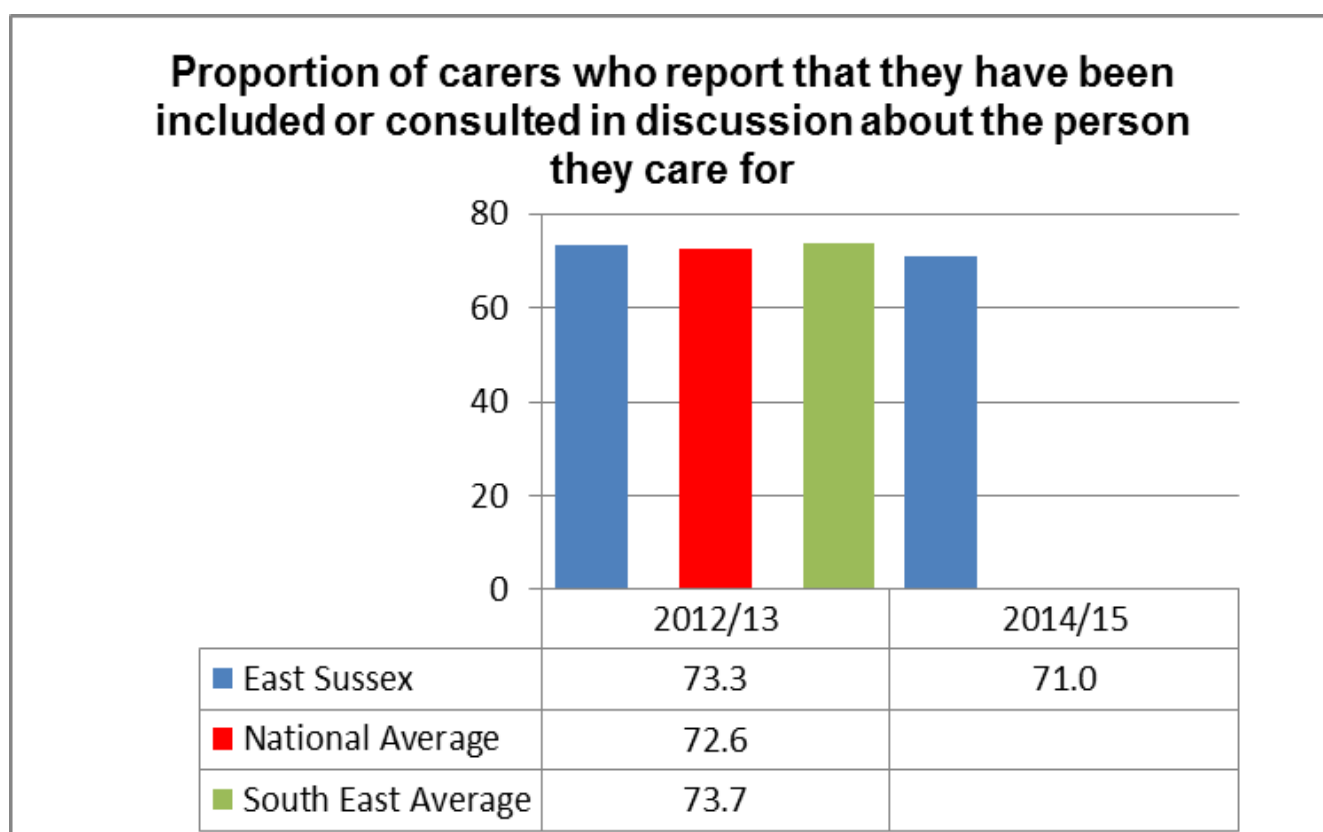
It should be noted, that if those respondents who stated they were “quite satisfied” is included, performance increases to 72.6%, this compares to 77.6% in 2012/13.

The proportion of respondents who stated they were quite, very or extremely dissatisfied with social services was 12.1%, compared to 8.4% in 2012/13.

The proportion of respondents who gave a neutral response (those who stated they were neither satisfied nor dissatisfied) with social services was 14.9%, compared to 13.9% in 2012/13.

Analysis of any comments provided will be undertaken in relation to this and the other four ASCOF measures, to understand key themes underpinning respondent’s dissatisfaction.

The proportion of carers who report they have been included or consulted in discussions about the person they care for



This measures the proportion of respondents to the Carers Survey who state they “always felt involved or consulted” or “usually felt involved or consulted”.

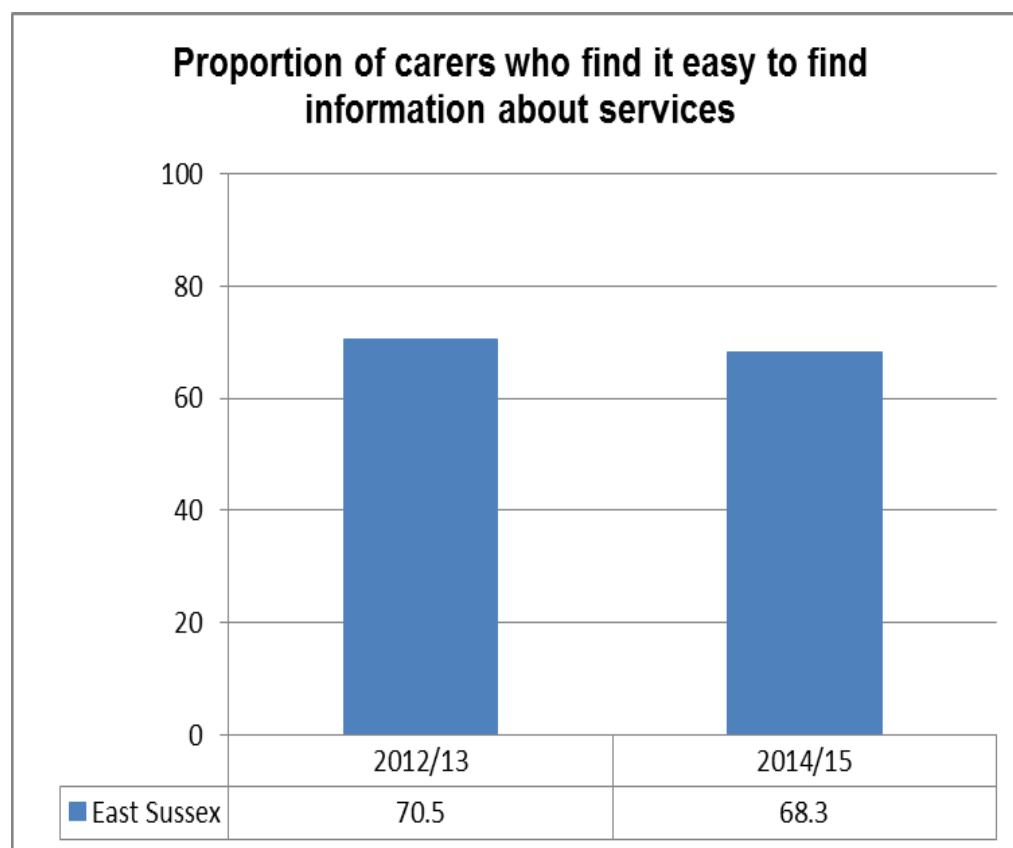
Results from the 2014/15 Carers Survey shows the proportion of carers who report they have been included or consulted in discussions about the person they care for has dropped from 73.3% in 2012/13 to 71.0% in 2014/15.

Provisional benchmarking for 2014/15 against this measure will be available later in 2015. Performance in relation to the proportion of carers who reported that they had been included or consulted in discussion about the person they care for in 2012/13 was in the upper middle quartile, and was above the national average, but was slightly below the south east average.

It should be noted, that if those respondents who stated they “sometimes felt involved or consulted” is included, performance increases to 90.7%, this compares to 94.7% in 2012/13.

The proportion of respondents who stated they “never felt involved or consulted” was 9.3%, compared to 5.3% in 2012/13.

The proportion of carers who find it easy to find information about services



This measures the proportion of respondents to the Carers Survey who stated that information about services was very easy or fairly easy to find.

Results from the 2014/15 Carers Survey shows the proportion of carers who report that information about services was very easy or fairly easy to find has dropped from 70.5% in 2012/13 to 68.3% in 2014/15.

As at the middle of September 1,756 services were registered on 1Space across 1,626 organisations. This is an increase of 193 from 2013/14, against a target increase of 300. We are working with the police looking at adding community safety services to 1Space. Free registration workshops continue to be offered to providers.

Between October and December 17th a total of 10,178 visits were made to 1Space. 73% of which were new visitors and 27% were repeat visitors. Work continues on the ongoing development of the dictionary and thesaurus. Designs are in development to update the site to be fully responsive design for improved usability on all size mobiles and tablets and to improve our ranking in search engine optimisation (SEO).

Proportion of carers who reported that they had as much social contact as they would like

This is a new measure for 2014/15. This measures the proportion on respondents to the Carers Survey who stated that they had as much social contact as they want.

Results from the 2014/15 Carers Survey shows 37.5% of respondents stated they had as much social contact as they want. It is not yet known how this compares with other authorities performance. Provisional benchmarking against this measure will be available later in 2015.

If those respondents who stated they have “some social contact with people but not enough” is included, performance increases to 85.1%.

### Further information

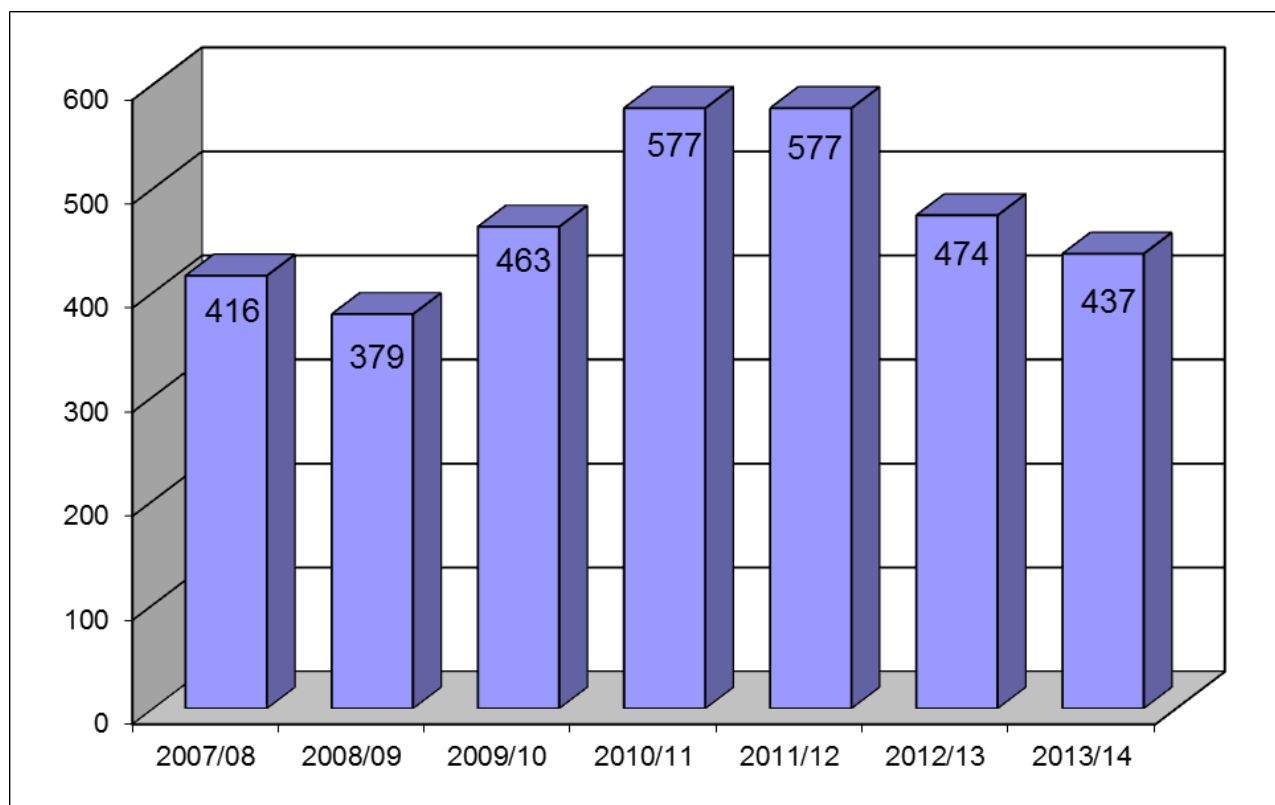
The information below is taken from surveys received by organisations which have ESCC and NHS funding through the Commissioning Grants Prospectus to support carers. The information below covers surveys received between 29<sup>th</sup> October 2013 and 22<sup>nd</sup> January 2015.

The information below shows responses in relation to the question “Which areas of your life have improved since you received the service”

- 16% of respondents said their own physical health had improved
- 49% of respondents said their own emotional health and well-being had improved
- 5% of respondents said their employment situation had improved
- 9% of respondents said their education / training situation had improved
- 19% of respondents said their ability to take part in leisure activities had improved
- 17% of respondents said maintaining contact with family and friends had improved
- 40% of respondents said receiving the service had improved their ability to meet the needs of the person they care
- 44% of respondents said receiving the service had improved their opportunities to take a break
- 43% of respondents said control over their daily life had improved.

## Complaints

Overall complaints for the last 7 years



Latest figures continue to support the downward trend in complaints. The total number of complaints received between October and December 2014 was 91, compared to 122 the previous quarter; a 25% decrease.

The biggest area of complaints related to **assessment**, which equalled 31 and equated to 34% of all complaints received. 20 (65%) of these complaints were disputing the decision or outcome of an assessment. The next biggest proportion, 5 complaints (16%) were in relation to a delay in the assessment process.

The top three assessment types were in relation to:

- 13 (42%) assessment and care management process
- 11 (35%) financial assessment
- 3 (10%) hospital discharge assessment

7 complaints (23%) were upheld or partially upheld in relation to assessment, which equates to 25% of all complaints upheld or partially upheld. This is the highest percentage of complaints that had some basis. It is worth noting that in Quarter 2 of 2014/15, 16 complaints were upheld or partially upheld in relation to assessment, this equated to 38% of all complaints upheld or partially upheld.

Of the 7 complaints upheld in full or in part this quarter:

- 4 (57%) of these complaints were in relation to financial assessments, all of which were in relation to disputing the decision or outcome of the financial assessment



Again, this continues the theme from 2013/2014 data when 41% of all complaints received during the year related to different kinds of assessment (155 complaints).

Since the last update report in November 2014, only two more appeals have been reported. A total of 39 appeals had been received from April to November.

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

Date: **19 March 2015**

By: **Director of Adult Social Care and Health**

Title of report: **Strengthening Local Communities for Adult Social Care and Health**

Purpose of report: **To provide an update on the Building Stronger Bridges and Pub is the Hub projects being undertaken by Adult Social Care and Health (ASCH) as part of the Strengthening Local Communities work programme**

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## **RECOMMENDATION**

**Members of the Scrutiny Committee are asked to consider and comment on progress to date with the Department's aim of working more closely with communities for the benefit of older and disabled people with care and support needs**

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### **1. Financial Appraisal**

1.1. A £250,000 one-off Public Health Grant was allocated during 2014/15 to fund five organisations to undertake pump-priming activity with communities. This was to enable Adult Social Care and Health (ASCH) to build a stronger relationship with existing 'Good Neighbour' style groups, and build new ones where there are gaps. All other work carried out is part of existing roles within the Council. The £250,000 was allocated to test out and evaluate this approach to inform the building community resilience work stream going forward.

### **2. Background and Approach**

2.1. The Council's Voluntary Sector Liaison meeting discussed the possible impact of rising demand for services due to the ageing population alongside reducing budgets. As a result of these discussions, five workshops were held in June 2013 to share information, understand the challenges and explore the possible role and contribution of local voluntary and community organisations and businesses. The workshops were held jointly with Public Health and for Adult Social Care (ASC) the specific focus was older and disabled people with care and support needs.

2.2. The workshops were held in partnership with the Councils for Voluntary Services, namely Hastings Voluntary Action, Rother Voluntary Action and 3VA, and were coterminous with the District and Borough areas. Over 150 people attended representing a mix of local voluntary and community organisations and care businesses, and statutory agencies.

2.3. The resulting report 'Strengthening Local Communities' (SLC) was published for comment in September 2013. Further workshops were held in November 2013 and an SLC Delivery Plan was produced covering the period January 2014 – March 2015. Copies of the report and the Delivery Plan can be found at <http://www.eastsussex.gov.uk/socialcare/providers/news/careandwellbeing>

2.4. A newsletter update on progress across the main areas of activity is contained in Appendix 1.

2.5. The Building Stronger Bridges pilot and Pub is the Hub are two projects within the Strengthening Local Communities work programme. These are two areas of action within the Delivery Plan which sets out eleven objectives under four themes:

- Increasing volunteering and encouraging people to lend a hand.

- Strengthening relationships between those working and volunteering in local care and support services (i.e. frontline staff).
- Encouraging mainstream businesses and services to play a part.
- Navigating the care and support market – knowing what’s there and how to find it.

### 3. Building Stronger Bridges (BSB) Pilot Project update

3.1. The BSB pilot has the overall aim of helping communities become more resilient in the context of increasingly ageing populations. This is achieved by pump-priming activity that helps foster the right conditions for networks of friendships and support to develop on a voluntary basis for the benefit of older and often isolated disabled people. The pilot has two objectives:

- Identifying and mapping existing community based initiatives - ‘good neighbour’ style groups and schemes – that help isolated older and disabled people in the county, and developing new schemes or groups where there are gaps
- Developing stronger links between ASC frontline staff and local good neighbour style schemes and groups, for the benefit of older and disabled people with care and support needs

3.2. In April 2014 contracts were awarded to five partner organisations to work with ASC for an initial twelve month period by reaching into in six localities structured around the Clinical Commissioning Group (CCG) and proposed Neighbourhood Support Team boundaries. The organisations are:

Partner organisation	Area covered
Action in Rural Sussex	High Weald Lewes Havens (North)
Royal Voluntary Services	High Weald Lewes Havens (South)
Eastbourne Age Concern	Eastbourne Hailsham and Seaford (South)
Hailsham Trust	Eastbourne, Hailsham and Seaford (North)
Rother Voluntary Action and Hastings Voluntary Action (partnership)	Hastings and Rother (East)
Rother Voluntary Action and Hastings Voluntary Action (partnership)	Hastings and Rother (West)

3.3. The pilot specifically aims to encourage and create more mutual reciprocity in communities, in effect making it easier for people to both offer and ask for help. People will be enabled to participate in their communities, will be prevented from becoming socially isolated, and will gain opportunities for practical help and support as a result. The pilot will draw together information and learning by experience to understand barriers and challenges that might need to be overcome to do this.

3.4. As of March 2015, the Building Stronger Bridges project partners have identified 71 potential good neighbour groups, 33 of which are existing and 38 are completely new. Four new good neighbour schemes are now fully operational and are receiving enquiries from ASCH Operational teams. Partner organisations are continuing to work to develop additional schemes so that they can start visiting people in their own homes and take enquiries from ASCH teams. Each partner organisation has also developed their own toolkit for developing ‘good neighbour’ style schemes with local community input into the content and design.

3.5. More information about the Building Stronger Bridges pilot is contained in the presentation, a copy of which is contained in Appendix 2. A qualitative evaluation of the initial findings and case study material is due in late March to inform planning for the next year after April 2015.

#### **4. Pub is the Hub Project Update**

4.1. Under the theme of working with businesses in the community to widen the offer to older and disabled people with care and support needs, contact was made with the national charity Pub is the Hub (PITH) to establish potential joint areas of work. PITH is an umbrella organisation seeking to support rural pubs in diversifying their services through encouraging licensees, communities, pub owners, breweries, local authorities and the private sector to work together to match community needs with additional services which can be provided at the local pub.

4.2. Through a close working relationship with PITH, Wealden District Council (WDC), East Sussex County Council (ESCC) Library and Information Services and Adult Social Care has worked with the Brewers Arms in Herstmonceux to trial new ideas and activities within the traditional pub setting. This has included a small book loan collection service, and a weekly lunch club and that has been attended by formerly housebound villagers as well as people travelling from further afield attracted by the opportunity.

4.3. From this exercise a range of possibilities have been recognised and an information leaflet has been produced to explain to other pubs in East Sussex the benefits of this work and the support that can be made available to interested licensees. This has been circulated via WDC to pub licensees and so far has gathered interest from three other pubs. The leaflet is attached in Appendix 3. In addition to the extension of choice this presents in day time activities for people with care and support needs, there are also further avenues to explore around meals and meal deliveries with interested pubs. A short presentation gives more detail about this work, a copy of which is contained in Appendix 4.

#### **5. The Care Act, East Sussex Better Together and Communities**

5.1 In the Care Act the role of the full range of non-traditional (public sector) sources of community services and support groups and organisations is seen as complementary to care and support provided by formal services. Work with communities is seen as a way of facilitating wellbeing and prevention for clients with health and social care needs and their carers. It is also seen as increasing personalisation, inclusion and lessening social isolation. This envisages a greater place-shaping role for Local Authorities with responsibility for social care. It also envisages assessment and support planning practice that ensures social care practitioners work proactively with the strengths and assets clients have (such as family, friends and local informal and formal support networks).

5.2 Equally under East Sussex Better Together<sup>1</sup> (ESBT) ideas are gaining traction about ways to build stronger links between the local health and social care system and the communities served, which will add value through the social capital that exists in formal and informal support networks. This is also seen as a way of achieving greater sustainability in the longer term, by working with communities to complement public services and support, to achieve more effective use of resources overall.

#### **6 Conclusion and recommendations**

6.1 New programmes of work such as ESBT and the Care Act underline the need to work differently with communities to deliver care and support. The Strengthening Local Communities work programme outlines a developmental approach to this area of work, seeking as it does to build partnerships, test out new approaches and inform future plans.

6.2 Within this, the Building Stronger Bridges pilot work and new activity such as Pub is The Hub, as well as other outcomes achieved between January 2014 and March 2015, demonstrate a clear intent to make real policy objectives. ASCH is using a 'learning through experience'

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<sup>1</sup> East Sussex Better Together is the Council and Clinical Commissioning Groups programme to help health and social care work together to ensure high quality and affordable care now and for the future - through lessening reliance on acute services, and investing more in high quality primary and community services

approach with community partners to strengthen existing partnerships and inform future developments to meet local needs in a way that coheres with ESBT and the Care Act.

KEITH HINKLEY  
Director of Adult Social Care

Contact Officer: Vicky Smith (Head of Policy and Strategic Development)  
Tel No. 01273 482036  
Email: Vicky.smith@eastsussex.gov.uk

#### LOCAL MEMBERS

All.

#### BACKGROUND DOCUMENTS

None.

#### APPENDICES

**Appendix 1: Strengthening Local Communities Newsletter Update**  
**Appendix 2: Building Stronger Bridges presentation**  
**Appendix 3: Pub is the Hub promotional leaflet**  
**Appendix 4: Pub is the Hub presentation**

Winter 2014

# Strengthening Local Communities

## Newsletter Update

In June 2013 Adult Social Care and Health held a series of workshops across the County in partnership with the three Councils for Voluntary Services (Hastings Voluntary Action (HVA), Rother Voluntary Action (RVA) and 3VA). The workshops were attended by a mix of local organisations, care sector businesses, statutory sector commissioners and operational staff, and provided an opportunity to understand key changes that are happening locally and to work through some of the ideas and tools that could help communities to be strong and resilient.

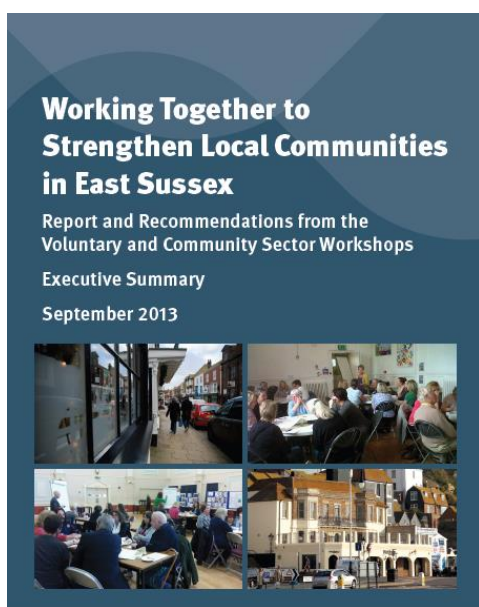
A particular focus was given to responding to older and disabled people with care and support needs living in the community, and also ways of supporting communities to improve their health and wellbeing.

As a result of the discussions that took place, the report from the workshops recommended taking forward action in the following areas:

1. Capturing information about services, support and assets in the community
2. Increasing volunteering and encouraging people to get involved
3. Improving health in local communities
4. Strengthening relationships between local care and support services
5. Encouraging mainstream businesses and services to play apart
6. Helping people to navigate the care and support market.

Follow up workshops took place in November 2013 as well as presentations to key community organisations such as Town and Parish Councils. The outcomes of these meetings and comments received during the consultation period shaped the Strengthening Local Communities programme delivery plan. This delivery plan sets out some initial agreed key actions between January 2014 and March 2015 to build on the strengths that exist in communities in East Sussex, and outlined a number of key projects.

This newsletter provides a brief update on each agreed action/project and the work that has taken place over the last twelve months. On the final page there is also some information about new work where strong links with supportive and active communities will be key – the Care Act and East Sussex Better Together.



[eastsussex.gov.uk](http://eastsussex.gov.uk)



# Increasing volunteering and encouraging people to lend a hand

**Desired outcome:** local communities are confident and equipped to try out new ways of supporting people with higher levels of care and support needs living in their midst

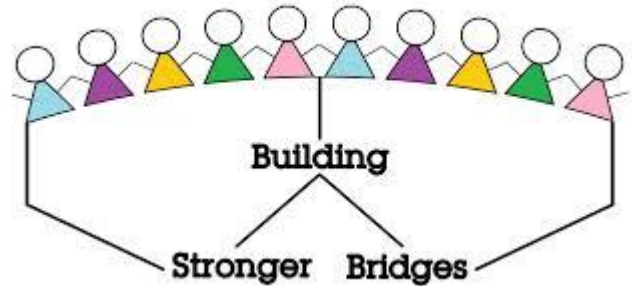
**Building Stronger Bridges**  
 This project is supporting the development of Good Neighbour Schemes across the county, that support older and disabled people with social care and support needs and contribute to preventing social isolation.

## Progress

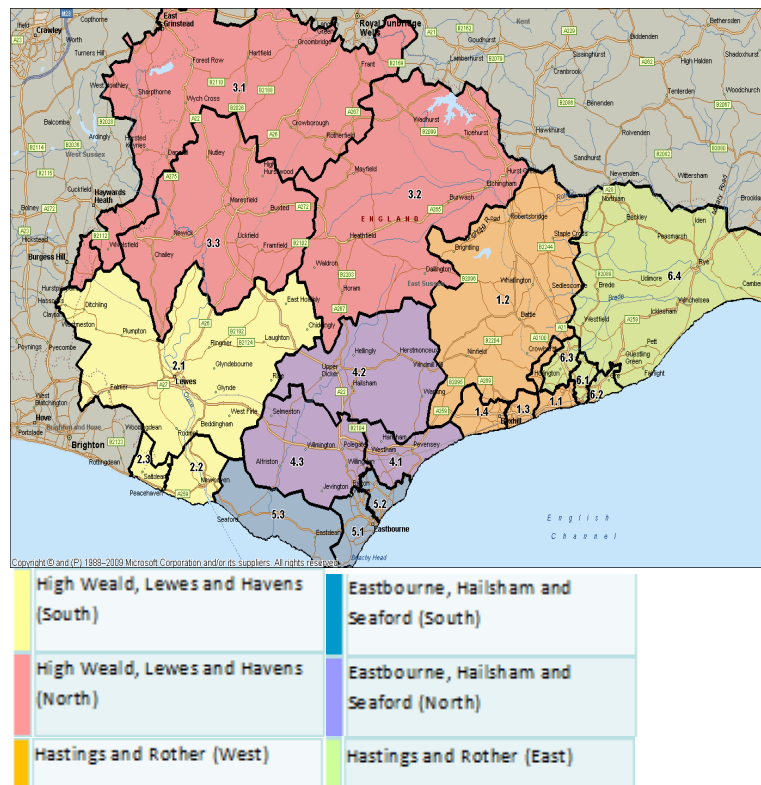
We have developed partnerships with five voluntary organisations across the county to build local networks of Good Neighbour Schemes. These partners are:

- Eastbourne, Hailsham and Seaford (South): **Age Concern Eastbourne.** Contact: **Lisa Gillette (01323 638474)** [lisa.gillette@ageconcerneastbourne.co.uk](mailto:lisa.gillette@ageconcerneastbourne.co.uk)
- Eastbourne, Hailsham and Seaford (North): **Hailsham Trust** Contact: **Tammy Milne (01323 446404 or 07518566880)** [tammy@sussexcommunity.org.uk](mailto:tammy@sussexcommunity.org.uk)
- Hastings and Rother (West): **Rother Voluntary Action** in partnership with **Hastings Voluntary Action** Contact: **Jan Cutting (01424 217259 or 07866 637 574)** [jan.cutting@rva.uk.com](mailto:jan.cutting@rva.uk.com) or **Tanya Vice (01424 444010)** [tanya@hvauk.org](mailto:tanya@hvauk.org)
- Hastings and Rother (East): **Rother Voluntary Action** in partnership with **Hastings Voluntary Action** Contact: **Jan Cutting (01424 217259 or 07866 637 574)** [jan.cutting@rva.uk.com](mailto:jan.cutting@rva.uk.com) or **Tanya Vice (01424 444010)** [tanya@hvauk.org](mailto:tanya@hvauk.org)

- High Weald, Lewes and Havens (North): **Action in Rural Sussex.** Contact **Teresa Gittins (01273 407306 or 07825506652)** [Teresa.Gittins@ruralsussex.org.uk](mailto:Teresa.Gittins@ruralsussex.org.uk)
- High Weald, Lewes and Havens (South): **Royal Voluntary Service** Contact: **Nadine Fry** on [nadine.fry@royalvoluntaryservice.org.uk](mailto:nadine.fry@royalvoluntaryservice.org.uk)



The map below shows the designated areas of the County.

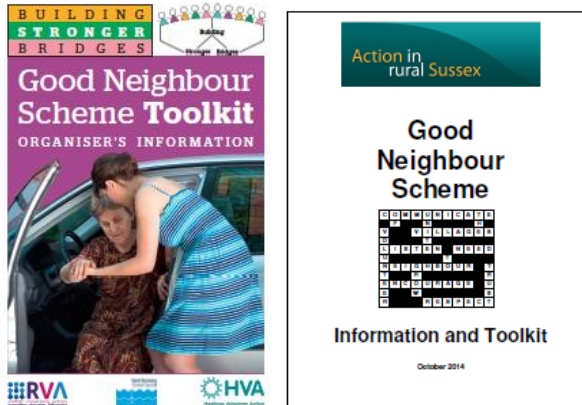


Work by the partners started in June 2014 and will run to at least 31 May 2015. The initial work involved liaison with Parish



Councils, local churches and other local organisations/groups.

Toolkits for prospective new Good Neighbour Schemes have been produced by our partner organisations, and training is available.



Work has been undertaken to raise awareness of the role of Good Neighbour Schemes with Adult Social Care (ASC) Neighbourhood Support Teams.

As at November 2014, 50 potential Good Neighbour Schemes have been identified across the County.

**Contact:** For more information: Bianca Byrne on 01273 336656 or [bianca.byrne@eastsussex.gov.uk](mailto:bianca.byrne@eastsussex.gov.uk)

**East Sussex Commissioning Grants Prospectus:** recognising the added value of social capital in the East Sussex Commissioning Grants Prospectus

## Progress

62 grants were awarded through the Commissioning Grants Prospectus process in 2014. These grants covered the following areas: older people, carers, people with learning disabilities and autism, mental health problems, people with physical disabilities, sensory impairments and long term conditions.

57 organisations took part in the bidding process submitting 127 bids - a total of £10.3m in grants were awarded to 39

organisations, the majority of which utilise volunteers in a wide range of activities including supporting people returning home from hospital, breaks for carers, healthy living, accessing day opportunities and befriending. These grants mainly run for three years.

**Contact person** Julia Cutty  
[julia.cutty@eastsussex.gov.uk](mailto:julia.cutty@eastsussex.gov.uk)

## Improve health in local communities

**Desired outcome:** Local organisations and communities support people to lead healthier lifestyles and make better use of community assets

**Chances4Change** is a pilot project supporting local communities and recruiting volunteer community champions to build on local skills and resources and create new opportunities for increased physical activity, healthier eating and emotional wellbeing at a local level

## Progress

Two partners were commissioned by Public Health to lead this work in Eastbourne and Hastings with Big Lottery funding from July 2013; a further three organisations were commissioned more recently to lead pilot projects in the districts, with ESCC funding.



As of October 2014, 77 health champions had been recruited in Eastbourne and Hastings, with a total of 141 local residents benefitting from activities. Examples of activities supported or led by volunteers include a healthy weight support group, health and social clubs for older people, singing sessions for older people, sewing groups, disability cricket and urban cricket sessions, family

fitness and fun sessions, cookery sessions for food bank attendees and a mindfulness health walk.

In the districts each partner will work with 3-5 priority communities. Following a community asset mapping exercise, key partners have been identified. Older people's groups have been particularly interested in getting involved, with the issue of emotional wellbeing and social isolation high on the agenda.

For more information on what is happening in each area please contact the following:

- Hastings: **HVA Contact Su Barnicoat**, [su@hvauk.org](mailto:su@hvauk.org)
- Eastbourne: **3VA Contact Helen Meade** [helen.meade@3VA.org.uk](mailto:helen.meade@3VA.org.uk) or **Jo Leinster**, [Jo.Leinster@3va.org.uk](mailto:Jo.Leinster@3va.org.uk)
- Weald District: **AirS Contact Teresa Gittins**, [Teresa.Gittins@ruralsussex.org.uk](mailto:Teresa.Gittins@ruralsussex.org.uk)
- Lewes District: **SCDA Contact Ian Kedge**, [ian@ncda.org.uk](mailto:ian@ncda.org.uk)
- Rother: **RVA Contact Gina Sanderson**, [gina.sanderson@rva.uk.com](mailto:gina.sanderson@rva.uk.com)

**Contact** for more information about the programme as a whole: Tina Cook, [tina.cook@eastsussex.gov.uk](mailto:tina.cook@eastsussex.gov.uk)

**East Sussex Commissioning Grants Prospectus: community involvement in promoting health**

## Progress

Seven grants were awarded for community involvement in promoting health, two of which were a continuation of existing projects. Organisations receiving grants to work with local communities and support volunteers/community champions were: Action for Change, Action in Rural Sussex, Friends Family and Travellers, Hastings Voluntary Action, Horizons Community Learning CIC, and Sussex Community Development Association.

**Contact:** Tina Cook  
[tina.cook@eastsussex.gov.uk](mailto:tina.cook@eastsussex.gov.uk)

## Strengthening relationships between local care and support services, and navigating support

**Desired outcome:** Adult Social Care (ASC) frontline staff and others working within communities are more aware of community options for support and how to access these.

**The Dragons Den:** hold local 'Dragon's Den' road show events to showcase services and support to staff undertaking support planning

## Progress

Three Dragons Den events were held in Lewes, Eastbourne and Hastings with 60 providers and 52 members of ASC frontline staff attending.

The overall feedback from staff and providers was positive with many agreeing that these events offer a great opportunity to network and meet local providers and representatives, as well as finding out about current developments.



**Contact:** Zareen Graves on 01273 335653 or [zareen.graves@eastsussex.gov.uk](mailto:zareen.graves@eastsussex.gov.uk)

**East Sussex 1Space:** continue to develop East Sussex 1Space as a searchable online resource directory about services, support and activities in East Sussex.

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## Progress

East Sussex 1Space is an online directory of care, support and wellbeing services available in East Sussex, launched to the public in November 2012.

It brings together services for adults, children



and families and public health in one place. It contains over 1600 services and support options including free, low cost and community support services. It receives around 3500 hits per month of which 30% are repeat visits.

The website has been upgraded recently to improve the search functionality to give:

- Improved keyword search facility
- Location search which lists the services nearest the search location
- Services ranked to show most recently updated services first.
- As part of the Care Act work is also underway on tools to aid navigation.

**Contact:** Lucy Tapley

[lucy.tapley@eastsussex.gov.uk](mailto:lucy.tapley@eastsussex.gov.uk)

## Encouraging mainstream business and services to play a part

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**Desired outcome:** older and disabled people with care and support needs are welcomed into mainstream service settings and are included in a wider range of options

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**Dementia Action Alliance (DAA):** The Dementia Action Alliance is a movement with one simple aim: to bring about a society-wide response to dementia. It encourages and

supports communities and organisations across England to take practical actions to enable people to live well with dementia and reduce the risk of costly crisis intervention.

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## Progress

Bexhill Dementia Action Alliance has led the way as the first DAA in East Sussex with a range of actions and activities including showing the film “The Best Exotic Marigold Hotel for the Elderly and the Beautiful” at the De La Warr Pavillion during Dementia Awareness Week to raise funds and local awareness.

Eastbourne DAA was established in July, and the Hastings and St Leonards Seniors Forum and Hastings Voluntary Action (HVA) held a successful public event in September to begin working together to set up a DAA in Hastings and St Leonards.

**Contact:** June Pratley

[june.pratley@eastsussex.gov.uk](mailto:june.pratley@eastsussex.gov.uk)

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**Pub is the Hub:** East Sussex County Council is working with “Pub is the Hub” and Wealden District Council to test out different initiatives and inspire other pubs to do more for their local communities.

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## Progress

“Pub is the Hub” is a national organisation of voluntary advisors for licensees of rural pubs who are thinking of broadening their range of services. They encourage licensees, communities, pub owners, breweries, local authorities and the private sector to work together to match community needs with additional services which can be provided by the local pub.

The Brewers Arms in Herstmonceux has been identified as a pilot and has set up a successful lunch club and small book loan service with the East Sussex County Council Library Service. This type of approach is designed to tackle social isolation and loneliness.



An information sheet has been produced and sent to all pubs in Wealden to encourage interest from other pubs.

**Contact:** Candice Miller  
[candice.miller@eastsussex.gov.uk](mailto:candice.miller@eastsussex.gov.uk)

## Care Act 2014

The social care reform duties in the Care Act 2014 come into force in April 2015. It includes new duties on wellbeing, prevention and information and advice, and working in partnership with local communities is central to delivering the Care Act.

The full range of sources of community services and support, groups and organisations is seen in the Care Act to complement the care and support provided by formal traditional social care services, in the lives of people with care and support needs. This includes opportunities to participate and be included in wider universal services and activities as well as building strong networks of support with friends, family and neighbours. This is woven into a number of areas of the Care Act:

- **Promoting wellbeing** – the definition of wellbeing is broad and includes many areas relevant to active and supportive communities, in particular:
  - *Participation in work, education, training or recreation*
  - *Social and economic wellbeing*
  - *Domestic, family and personal*
  - *Contribution to society*

- **Prevention** – including working with other local organisations to build community capital to engage with communities and understand how to prevent problems from arising, and working with the voluntary and community sector as part of **commissioning and market and place shaping**
- **Assessment and care and support planning** – including approaches based on individuals strengths, and co-production to foster mutual support networks, and care and support planning that focuses on connections to family and community.

**Contact:** Candice Miller  
[candice.miller@eastsussex.gov.uk](mailto:candice.miller@eastsussex.gov.uk)

## East Sussex Better Together

East Sussex Better Together is the Council and the Clinical Commissioning Groups programme to help health and social care work together to ensure high quality and affordable care now and for future generations – through lessening reliance on acute services, and investing much more in high quality primary and community services to ensure this support is more readily available for local people.

Strong links with active and strong communities will help achieve person-centred care and support through building on individuals' strengths and the resources and assets available locally. Key areas of work include healthy living and wellbeing (including helping people to manage long-term conditions).

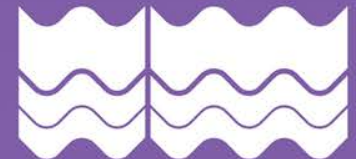
**To find out more about the ESBT partners, read ESBT briefings or get in touch visit:**  
[www.eastsussex.gov.uk](http://www.eastsussex.gov.uk)  
[www.eastbournehailshamandseafordccg.nhs.uk](http://www.eastbournehailshamandseafordccg.nhs.uk)  
[www.hastingsandrotherccg.nhs.uk](http://www.hastingsandrotherccg.nhs.uk)  
[www.highwealdleweshavensccg.nhs.uk](http://www.highwealdleweshavensccg.nhs.uk)

# Community Strength-based Approaches for Care, Support & Well-being

## Building Stronger Bridges

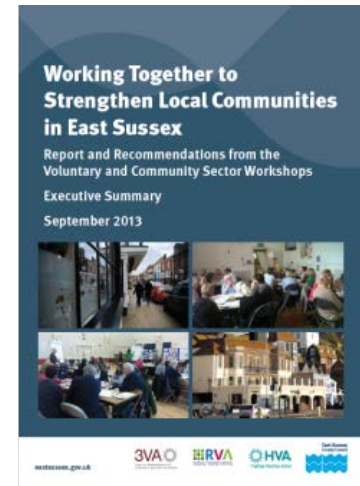
February 2015

East Sussex  
County Council

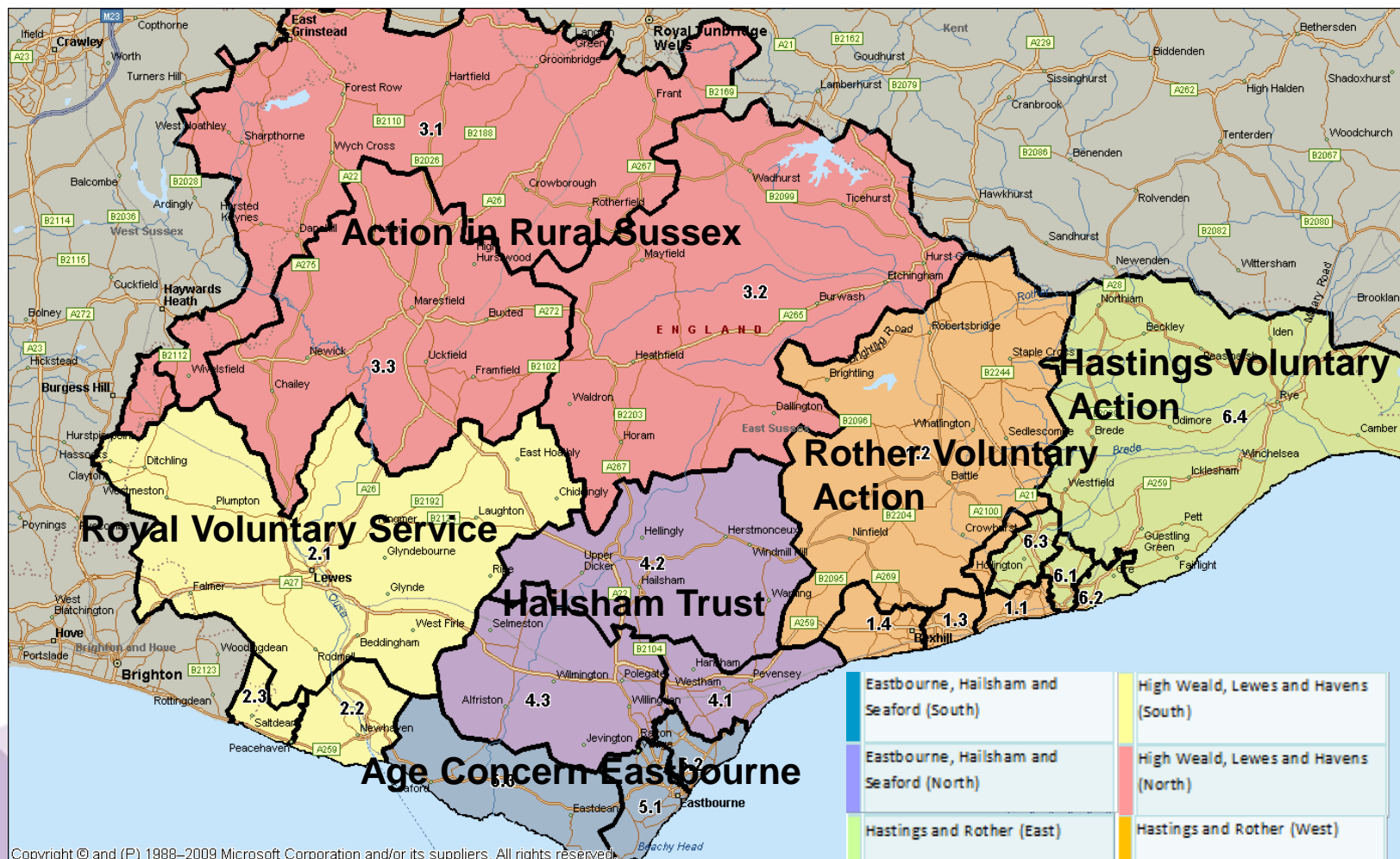


# Background & Context

- The Building Stronger Bridges (BSB) project emerged from a series of community workshops organised across the County in June 2013
- BSB aims to foster the right conditions for bonds and friendships to occur between people in order to strengthen community networks
- In March 2014, 5 partner organisations commissioned to work across 6 areas to establish local Good Neighbour Schemes (GNS) where gaps were identified, or help us build stronger relationships where groups already existed
- Care Act 2014...



# Partners...



# What is a Good Neighbour Scheme

- A GNS involves members of the community on a voluntary basis
- Schemes or groups can offer some or all of the following to frail elderly and isolated disabled people:



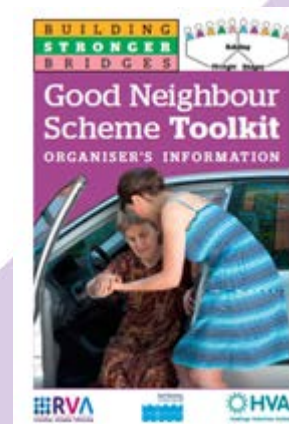
- Information, advice and signposting about who can help and where to go
- Someone to look out for them and check on them occasionally e.g. during episodes of bad weather or just generally to see if everything is all right
- Social contact and something to do during the day
- One-off practical help with odd jobs around the house and garden
- More regular support with things like shopping and meals, including ordering online shopping



# Progress Report:

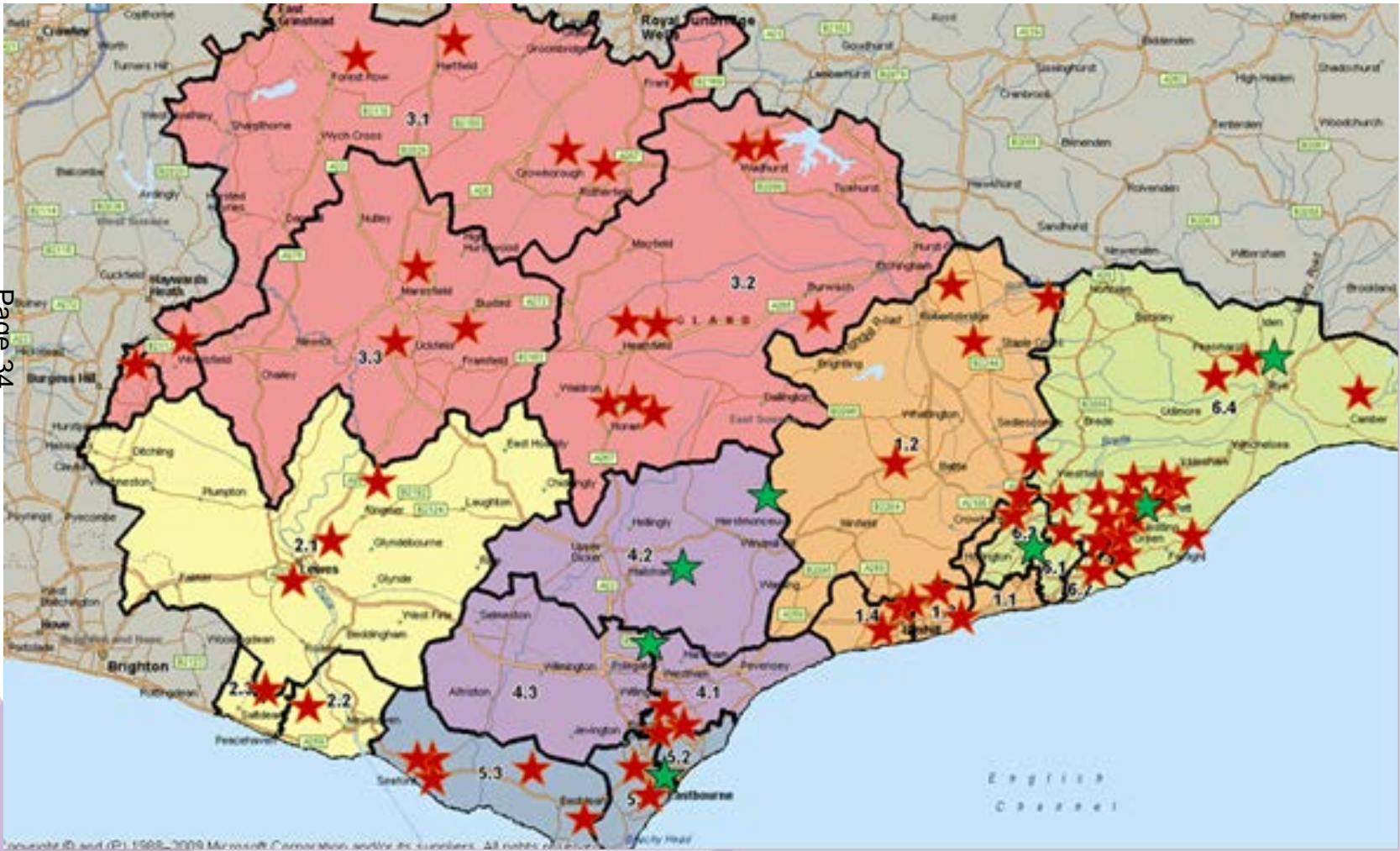
- To date, **71** potential GNSs have been identified across the County – **38** are brand new and **33** are existing groups that may diversify
- Partners have been working to establish stronger links with existing community based support groups that previously ASC&H may not have had a relationship with, and promote growth of new GNSs where there are gaps
- All partners have developed toolkits for sharing with community members and groups, and ASC&H is providing training (e.g. Safeguarding Vulnerable Adults) where this is requested by the volunteers

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# Potential GNS schemes

Page 34



Key: ★ Potential GNSs identified    ★ GNSs operational and taking universal enquiries

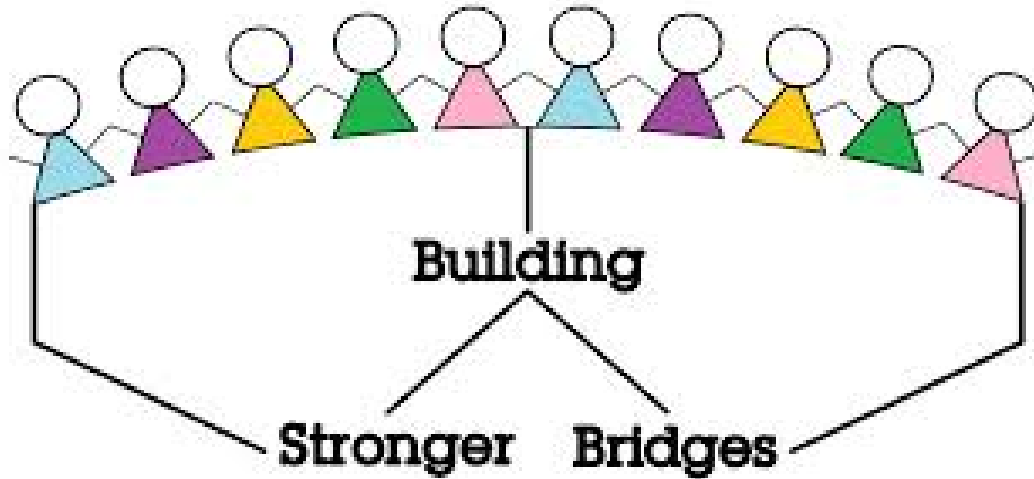
# Hailsham Trust

<https://prezi.com/dmcqdzinrusy/building-stronger-bridges/>

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# Rother Voluntary Action

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# Next Steps

- Continue to understand what support we can offer to community groups to enable them to feel comfortable in taking ASC&H enquires
- Continue to build bridges between ASC&H operational teams and community resources and GNSs
- Understand the core training offer for community groups in discussion with our BSB partners
- Project evaluation to understand the value of this type of work to ASC&H
- **Contact:** Bianca Byrne, 01273 336656, [bianca.byrne@eastsussex.gov.uk](mailto:bianca.byrne@eastsussex.gov.uk)

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# Pub is the Hub

Working together to strengthen  
local communities



pub is the hub



***“The pub is often the centre or hub of community life and can also provide essential services beyond the usual drinks, food or entertainment.”***

Pub is the Hub [www.pubisthehub.org.uk](http://www.pubisthehub.org.uk)

Exciting opportunities! East Sussex County Council, Wealden District Council and Pub is the Hub are working together to encourage and support pubs who want to expand into new services for their communities. Pub is the Hub is an organisation of voluntary advisors for licensees of rural pubs who are thinking of broadening their range of services. They encourage licensees, communities, pub owners, breweries, local authorities and the private sector to work together to match community needs with additional services which can be provided by the local pub.

## How we are helping the Brewers Arms

Rebecca Elms took over the pub last October, after working for the past 20 years for the Harvester chain. Boarded up and not in use, the pub, built in 1599, needed a lot of work before it was ready to reopen.

Since starting work with us, and to Rebecca’s delight, the pub has got increasingly busier and is getting great reviews on Trip Advisor. Rebecca is working with us to make use of the pub’s quieter times to encourage people in the village to go out more and be a part of the local community in Herstmonceux. She is enthusiastic to get the pub’s services right for them and is currently piloting different initiatives to see what works and appeals to people. So far, the East Sussex Library and Information Service has put a small book loan collection in the pub and Rebecca is trialling a weekly 1940s lunch club.

“Taking over the pub and turning it into a successful rural country pub, has been a real adventure. It’s in the centre of the village, so we’ve tried to create a community space in the pub, with a warm and friendly atmosphere. We get quite a few people visiting who are housebound and it gives them the opportunity to be part of the community, by coming along to one of our regular events. I spoke to a carer the other day and the lady she looks after had travelled from Uckfield. They both really enjoyed the music and it was a nice trip out for them.”

Rebecca is excited to try out the other ideas that we have and feels confident that the possibilities for the pub are ever growing. Contact Rebecca to find out more: 01323 831653.

**There are lots of other examples on the Pub is the Hub website and we have many ideas that we hope will inspire you to get involved:**

### Food

- Lunch club
- Meals on wheels
- Community café
- Internet café
- Take away food

### Shop

- Delicatessen
- Farm shop
- Gift shop
- Butchers / fishmongers

### Activities

- Computer training
- Cinema
- Theatre
- Games or quiz afternoons
- Reminiscence
- Exercise classes
- Art and craft
- Wii games
- Chair based exercise
- Training courses
- Information sessions
- Advice surgeries
- Play areas

### Services

- Library
- Meeting room hire
- WiFi access
- Computer access
- Post office
- ATM and PayPoint
- Community centre
- Cashback and mobile top up
- Parcel services
- Recycling
- Heritage and history centre
- Tourist information
- Community bus travel

### Groups

- Book club
- Youth club
- Computer club
- Support groups
- Baby and toddler groups

### Outdoor space

- Campsite
- Community allotment
- Market garden
- Community playground
- Theatre events
- Cycling facilities

**Wealden District Council**  
[www.wealden.gov.uk](http://www.wealden.gov.uk)



## Contacts

Please get in touch if you are interested in working with us:

### For advice about developing any of these ideas and potential funding

Anthony Miller, South East Regional Advisor  
Pub is the Hub: 07774 228347 or  
millanthony@googlemail.com

### Information about Wealden District Council services and support

Zoe Clarke, Community and Regeneration  
Officer – Special Projects: 01323 443266 or  
zoe.clarke@wealden.gov.uk

### Information about Adult Social Care and other East Sussex County Council services

Candice Miller, Policy Development Manager:  
01273 481718 or candice.miller@eastsussex.gov.uk

### East Sussex County Council Library and Information Service

Enquiries about book loans, books for book clubs, ‘ask the expert’ information sessions, reminiscence materials and computer training, contact Abigail Luthmann: 01273 335383 or  
abigail.luthmann@eastsussex.gov.uk

### Lunch clubs and meals on wheels

If you are interested in setting up a lunch club or offering to deliver meals, Candice Miller from Adult Social Care can give advice and Anthony Miller from Pub is the Hub can put you in touch with pubs that are running clubs. Their contact details are above. You should also talk to any existing lunch clubs in your area and other local voluntary groups who may be able to help run or promote the club.

### Information about a free award for healthier menu options

Robert Crouch, Eat Out, Eat Well,  
01424 787341 or  
robert.crouch@rother.gov.uk

### Information about becoming ‘dementia friendly’

Esther Watts, Alzheimer’s Society: 01403 276649 or  
07850 215544 or esther.watts@alzheimers.org.uk

You can also see the website:  
[www.dementiafriends.org.uk](http://www.dementiafriends.org.uk)

### Help with transport

If you think someone needs help with transport, visit the East Sussex County Council website:  
[www.eastsussex.gov.uk/roadsandtransport/public/communitytransport/map.htm](http://www.eastsussex.gov.uk/roadsandtransport/public/communitytransport/map.htm) or contact:

Neil Maguire, Public Transport Services:  
01273 482147 or [neil.maguire@eastsussex.gov.uk](mailto:neil.maguire@eastsussex.gov.uk)

Gillian Laughlin, Client Transport Services:  
01273 482584 or [gillian.laughlin@eastsussex.gov.uk](mailto:gillian.laughlin@eastsussex.gov.uk)

North Wealden Community Transport Partnership Ltd:  
01892 771332 or visit [www.4weald.co.uk](http://www.4weald.co.uk)

### Help with mobility and other support needs

If you think someone would benefit from support, contact Adult Social Care’s contact centre: 0345 6080191

For more information, please see the Support With Confidence scheme: [eastsussex.gov.uk/supportwithconfidence](http://eastsussex.gov.uk/supportwithconfidence)

### Advice about other sources of funding including lottery funding

East Sussex County Council External Funding Team: 01273 336616 or  
[external.funding@eastsussex.gov.uk](mailto:external.funding@eastsussex.gov.uk)

### Marketing suggestions

Here are some ideas to help you promote your new services to your community:

- Village noticeboards and posters or fliers in shops
- Parish council newsletters and website
- Local magazines
- Facebook and Twitter
- East Sussex 1Space  
See: [www.eastsussex1space.co.uk](http://www.eastsussex1space.co.uk)
- East Sussex County Council community services directory for Adult Social Care staff. Contact Zareen Graves at [zareen.graves@eastsussex.gov.uk](mailto:zareen.graves@eastsussex.gov.uk)

### Groups to contact and work with

Having support from other local organisations can really help spread the word about your new services and general interest from local people. You could try approaching:

- Your local Parish Council
- Local voluntary or community groups

### **Getting more copies of this leaflet**

You can get all our leaflets in large print, easy read format, in Braille, on audio tape or CD, or in other languages. Please phone Social Care Direct on 0345 60 80 191 (calls may be recorded). They are also available in PDF form, which you can download from our website at [eastsussex.gov.uk](http://eastsussex.gov.uk)

### **East Sussex County Council**

County Hall  
St Anne's Crescent  
Lewes BN7 1UE  
Phone: 0345 60 80 190  
Fax: 01273 481261  
Website: [eastsussex.gov.uk/contactus](http://eastsussex.gov.uk/contactus)

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# Community Strength-based Approaches for Care, Support & Well-being

## Pub is the Hub

### March 2015

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## pub is the hub

“The pub should be the centre or hub of community life and can also provide essential services beyond the usual drinks, food or entertainment. We are an organisation of specialist voluntary advisors for rural pubs and licensees who are thinking of broadening their range of services.”

We encourage good licensees communities, pub owners, breweries, local authorities and the private sector to work together to match community priority needs with additional services which can be provided by the local pub and a good licensee.”

# Progress

- Working in partnership with Wealden District Council
- Pilot at the Brewers Arms in Herstmonceux
- Interest from pubs in other areas including: Pevensey, Hartfield and Laughton

# Ideas being explored

- Lunch clubs
- Other options for meals in the community
- Library services
- Computer training
- Dementia Supper Clubs
- Touring theatre
- Village shop

# Get involved

More information about Pub is the Hub and case studies from other areas:

[www.pubisthehub.org.uk](http://www.pubisthehub.org.uk)

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For more information about the project:

[candice.miller@eastsussex.gov.uk](mailto:candice.miller@eastsussex.gov.uk)

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

**Date:** 19 March 2015

**By:** Director of Adult Social Care and Health

**Title of Report:** Older people's directly provided day services

**Purpose of Report:** To update committee on the tender for service provision at the Isabel Blackman Centre, Phoenix Centre and Charter Centre following the conclusion of a tendering process.

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## RECOMMENDATIONS

The Committee is recommended to note:

1. The current position of the tender process for these services
  2. That confirmation of signed contracts and scheduled commencement of contract dates will be circulated to Committee as soon as available
  3. That an oral update will be made at the meeting on further progress.
- 

### 1. Financial Appraisal

1.1 There are no additional financial implications arising from this report. The full year effect of savings achieved to date from Phase 1, from the closure of three units and net of client re-provisioning costs, total £417,984 (2015/16 budget). Further savings will be achieved once the future use of the buildings has been made. Details are set out in Appendix 1.

1.2 With further savings of £344,000 planned from Phase 2 a total of £761,984 annual savings will result from Phases 1 and 2.

### 2. Background and Supporting Information

#### Cabinet Decisions

2.1 On 10th December 2013 Cabinet agreed to close the Orion Centre - Hailsham, Pinehill – Hastings and Hookstead Centre – Crowborough. These services have now been closed and clients re-provided with alternative services. Cabinet also agreed to seek alternative providers to manage the buildings and deliver a day services at the Isabel Blackman Centre – Hastings, the Charter Centre – Bexhill and the Phoenix Centre – Lewes. On 13th November 2014 Adult Social Care and Community Safety Committee received a report on Developing the Market, Appendix 4 of that report provided an update on Day Services Review Outcomes.

#### Tender Process

2.2 A full tender commenced in August 2014 with bids returned in November. Bids were evaluated and the successful organisation, Sussex Community Development Agency (SCDA) was informed in January 2015. The tender was constructed so that bidders could offer to provide services at any or all of the locations. SCDA bid for and were successful in all three locations.

2.3 As a consequence of the similarity between the current services and the tendered services, Transfer of Undertakings - Protection of Employment (TUPE) regulations apply. This means that a number of current staff will continue to provide services through the transition and into the future and that therefore clients will have continuity and minimal disruption. Approximately 30 staff will potentially transfer to the new provider from either the County Council or from Age UK.

2.4 The contract moves to a "spot purchase" mechanism where the County Council pays for individual service user attendance. This avoids high unit costs as the rate per day is fixed by the contract. This reduces risk for the authority and avoids the payment of voids for non-attendance that can be associated with a block contract. The contract also requires the provider to manage the buildings. This allows for income generation on the part of the provider and the ability to market services to self-funding clients, thereby offering a more sustainable business model than total reliance on a council contract for day services.

### **Strategic Context**

2.5 The approach described above has been taken within the Council Operating Principles to use Strategic Commissioning 'to deliver appropriate services to secure the best outcomes and value for money for residents', thereby keeping vulnerable people safe and making the best use of our resources. Working with voluntary and community sector providers also supports strong partnerships in developing the market, resulting in greater choice for clients and improved value for money. Costs have been reduced as have financial risks to the Council.

### **Engagement and Specification**

2.6 High levels of engagement with clients, carers and staff took place prior to, during and after the consultation period. Clients and carers were invited to contribute to the new service specification in order to ensure that any concerns about new services would be considered and addressed. Appendix 2 gives a summary of the process and examples of the returned forms. Appendix 3 provides key information from the service specification.

## **3. Current position**

3.1 Work is ongoing to quantify pension liabilities and responsibilities in advance of formal signing of contracts. These are complex arrangements and the scale of the staff transfer is significant. SCDA is working with Age UK and County Council on transition planning. SCDA has employed a project manager to support this transition. Joint communications have been agreed between agencies for staff, clients and carers. Once the pensions issue has been resolved the contracts can be signed and transition arrangements put in place.

3.2 Throughout the transition, all day services will continue to be provided without disruption. As staff TUPE into the new services, continuity will be provided for clients. All three units have some usage by external agencies. SCDA has agreed that these arrangements will continue unchanged during the transition period and any future changes will involve discussions with these agencies. Transport arrangements will continue as they have previously been provided. This will also support continuity. The transition will include staff consultation of 30 days.

3.3 Following transition, as with Phase 1, market development will continue to develop and support new services, in line with the Cabinet decision.

#### **4. Conclusion and Reasons for Recommendations**

4.1 This report further updates for Committee on day services changes, as requested on 13 November 2014.

4.2 A successful provider has been identified and offered the contracts for all three day services and buildings management. Work is ongoing to agree TUPE arrangements for County Council staff. Appendix 4 provides detail about the tender process. SCDA has appointed transition staff and is attending communication events at each of the centres in order to progress planning arrangements.

4.3 Savings targets continue to be on track and will be confirmed at the point of contract commencement. Throughout transition and into contract management, close monitoring and support will be used to achieve a smooth transfer to the new services with as little disruption as possible for current clients, carers and staff.

KEITH HINKLEY

Director of Adult Social Care and Health

Contact Officer: Barry Atkins, Head of Strategic Commissioning Tel No: 01273 482308

## Phase 1: Day Services savings summary

2015/16	Net Budget	Reprovisioning Costs	Net Savings
	£	£	£
Hookstead	224,500	46,592	177,908
Orion	197,600	87,360	110,240
Pinehill	319,300	189,464	129,836
<b>TOTAL</b>	<b>741,400</b>	<b>323,416</b>	<b>417,984</b>

## Phase 2: Day Services savings summary

Full Year Projected Saving	
	£
Charter	88,000
Phoenix	62,000
Isabel	194,000
<b>Total</b>	<b>344,000</b>

1.1 The full actual cost of re-commissioning Phase 2 will not be known until transfer takes place. The figures are based on an assumption that current levels of service will continue.

1.2 For both Phase 1 and Phase 2 there has been a move away from a fully funded service (the service having a fixed annual budget and regardless of attendance levels) to a 'spot purchased' contract where ESC ASC&H pays for individual attendance sessions. This reduces the risk for the council and provides transparency in terms of costs to the client.

1.3 Estimated savings forecast combined for Phase 1 and Phase 2 are £761,984.

## Engagement Summary

1.1 As part of the County Council's 2013 – 2015 Reconciling Policy Performance and Resources process, older people's directly provided day services were reviewed, these were:

- Orion, Hailsham
- Pinehill, Hastings
- Hookstead, Crowborough
- Phoenix Centre, Lewes
- Isabel Blackman Centre (IBC), Hastings
- Charter Centre, Bexhill-on-Sea

1.2 As part of this review, a 90 day consultation with clients, carers, staff and key stakeholders took place between July and October 2013. The scale of the consultation was significant, involving over 200 clients and their carers, at least 50 staff and a wide mix of key stakeholders. More than 780 responses were received to the day centre consultation and each were responded to. The commissioning team and directly provided services worked collaboratively in managing the consultation which was at times both challenging and emotional. At least two meetings were offered to staff, clients and carers at each of the units. Carers and clients were invited to complete a form that highlighted the key elements of the specification and asked for views. These were collated and used to inform the drafting of the service specification.

1.3 There had been a series of meetings with staff and clients before the formal consultation and following the consultation meetings were held to inform clients and carers of the outcomes. Carers in particular were assured that their views would inform the service specification as some concerns had been raised regarding the potential impact of any changes.

1.4 People were invited to contribute to the consultation in the following ways:

- Complete the online survey
- Complete a printable survey and post it back
- Attend a meeting at the day centre service in person for those who use the centre, care for someone who does or who work there
- Attend a drop-in event at the day centre service in question for those who use the centre, care for someone who does or who work there
- Speak to the manager at the day centre service or call a named officer
- Write or email with your comments
- Focus groups were also set up to talk in small groups
- Complete the service specification form.

**Day Services - Specification (Key Headings) – Sample responses:**

Please use the boxes below to write any suggestions / comments under the appropriate key heading(s) for consideration when developing service specifications.

Key Heading	Comments
Hours of service	<ul style="list-style-type: none"> <li>• Shorter hours pending where it is</li> <li>• Fixed hours fine for our family. Prefer a fixed regime time wise. Existing hours work well for us.</li> <li>• 9 to 5 pm, 3 days a week.</li> <li>• Flexible opening hours almost a prerequisite for service users as Alzheimer's sufferers gradually lose track of time and so are not easily persuaded to wake up and go to bed at the same time every day.</li> <li>• Replacement must have at least the same opening hours as Hookstead to enable me to work. A flexible approach when occasionally delayed in the afternoon is also essential. Would welcome service availability on Saturday's (even say once a month) depending on prices.</li> <li>• OK</li> <li>• Flexibility would be very helpful as Alzheimer's sufferers gradually lose track of time and so are not easily persuaded to wake up and go to bed at the same time every day.</li> </ul>
Activities	<ul style="list-style-type: none"> <li>• Cards, Dominoes, Quizzes, Chair Exercises</li> <li>• Singing / music / physical activity (music &amp; movement tai chi) especially good. Outdoor activities if possible.</li> <li>• Outings, things going on around her.</li> <li>• Activities should be arranged for social contact and stimulation and not restricted to "safe" past-times such as "passing the ball" although any possible risks should be made clear for these other activities. Monitoring of existing capabilities of daily living must be encouraged. So engaging those being cared for in a range of activities that will stimulate the mind and body, and entertain, is vital. This could include among other things:- Singing, Dancing, play acting, dressing up, etc. A nice addition would be providing advice to carers on how this might be extended to the domestic situation. It is not easy this is a skilled job that deserves much more input to enable the carers at home to undertake their duties in a more informed manner.</li> <li>• Most continue to be a variety of things going on with activities appropriate to the age and experience of the clients e.g. quizzes, involving in songs from the 1940s/50s.</li> <li>• Balance exercises for elderly people to prevent falls.</li> <li>• Vital that day care provides what is less easy to provide in the service users own home - social contact and stimulation. If language is being lost then just sitting with someone else and talking is no longer a stimulating activity and this is what domestic relationships would once have evolved around. So engaging those being cared for in a range of activities that will stimulate the mind and body, and entertain, is vital. A nice addition would be providing advice to carers on how this might be extended to the domestic situation. It's not easy, this is a skilled job.</li> </ul>

Key Heading	Comments
Community engagement / Social needs	<ul style="list-style-type: none"> <li>• Carers call times for meds and to check I'm ok as registered self medicated as taut by Hookstead staff. Also my shopping trip with carer.</li> <li>• Needs company several times a week.</li> <li>• Service users should be encouraged to join in with the activities and with conversations (if this is possible given the restricted awareness of those suffering from mental impairment) but still be allowed the independence of being able to refuse to join in.</li> <li>• None</li> </ul>
Dietary needs	<ul style="list-style-type: none"> <li>• Nill - except bananas or flan. Tea is a no go.</li> <li>• Gluten free diet.</li> <li>• None.</li> <li>• As the ability to do almost anything that requires much physical effort decreased inevitably the number of calories needed decreases too and as such the meal sizes should be appropriate to the physical makeup, level of fitness and the amount of physical activity. A balance diet of freshly cooked food that does not rely on pre-packaged / pre-cooked meals must be added. Fresh fruit and vegetables will also be part of a varied diet. The care provider therefore has the opportunity to improve the health and well-being of their charges. It is clearly much cheaper and easier to give biscuits with coffee but fresh fruit and water would be much more healthy. And in the fruit growing area of England local supplies should be easily available most of the year, offering the additional advantage of helping the local economy. Again offering advice to carers should be part of their role.</li> <li>• Midday meal required but no special dietary needs. Also plenty of drink required during the day.</li> <li>• Including vegetarian and low fat diet as many elderly people have vascular problems (narrow blood vessels)</li> <li>• As the ability to do almost anything that requires much physical effort decreased inevitably the number of calories needed decreases too. It would therefore seem sensible if the food on offer took this into account. It is clearly much cheaper and easier to give biscuits with coffee but fresh fruit and water would be much more healthy. The global food manufactures do not want this as it would impact on their profits, so probably neither the care providers nor the care receivers want fresh fruit and water; they have all been educated to want a high fat/sugar/salt diet. But a day care establishment has the opportunity to act as a counter balance to the food manufactures who do not have our best interests at heart. And in the fruit growing area of England local supplies should be easily available most of the year, offering the additional advantage of helping the local economy. Again offering advice to carers could be part of their role. Compliance with Food Safety (General Food Hygiene) Regulations 1995 and Food Safety Act (1990) assumed.</li> </ul>

Key Heading	Comments
Transport	<ul style="list-style-type: none"> <li>• Timings out / return plus cost pending where one lives.</li> <li>• Not 100% necessary for our family not but will be as my father ages. Reckon 12 - 24 months, transport will definitely be required.</li> <li>• None if its local.</li> <li>• Transport needs are obviously essential to me made available for some service users who would otherwise NOT be able to attend the facilities, but the key issues is the length of the journey. Long journeys are disturbing for service users and harder to co-ordinate. If the day care provider is also, as suggested above, to try to form a supportive relationship with domestic carers (partners, children, other relatives, etc) then this would be much easier if the service were local. The transporters must be fully trained in the movement of less able people in &amp; out of the vehicles. They, and the vehicle must also fulfil all current legal and insurance purposes.</li> <li>• Would depend in where the new provision is based.</li> <li>• OK</li> <li>• Clearly appropriate transport needs to be made available but the key issues is the length of the journey. Long journeys are disturbing for service users and harder to co-ordinate. If the day care provider is also, as suggested above, to try to form a supportive relationship with domestic carers (partners, children, other relatives etc) then this would be much easier if the service were local.</li> </ul>
Equality and diversity	<ul style="list-style-type: none"> <li>• No idea what this means.</li> <li>• Not quite sure what is meant by this particular heading.</li> <li>• Must reflect the experiences and culture in which the clients grew up. For my mother, the last 50/60 years don't exist. The 1939-45 war is an important memory for many in this age range and care officers need to be aware of this culture and have knowledge of their clients' experience. A predominantly white British staff base is fine - there seemed to be a suggestion in Cabinet papers that there would be quotas for new providers to meet BME staff. When I collected my mother from her respite care spell so far, every person on duty had English as a second language and this is not appropriate when care officers have got to work out what is meaningless babble and what is perhaps childhood experiences or current needs explained in figures of speech not taught in language schools. The ethos of new provision must also be predominantly Christian as that is how the older generation was brought up. (Mum still enjoys going to church). I am surprised how Christian some of the activities are at Hookstead. Naming hymns in quizzes, etc - but clients clearly remember these things and enjoy them. A more 'PC' approach "let's celebrate Diwali today" is right for schools, but totally wrong for confused people of this generation.</li> <li>• OK</li> </ul>



Key Heading	Comments
Religious, cultural and spiritual needs	<ul style="list-style-type: none"> <li>• None</li> <li>• Where a service user expresses an interest that falls under this heading they should be encouraged to seek like-minded other users. Probably not much of an issue in Crowborough.</li> <li>• Quality of films to watch for clients that can make their mind calm e.g. about nature, animal kingdom, not about war / fight.</li> <li>• Probably not much of an issue in Crowborough</li> </ul>
Communication needs	<ul style="list-style-type: none"> <li>• Deaf so just speak up and give her time to answer.</li> <li>• Due to the innate confusion associated with Alzheimer's, having staff with proper training in the art of communicating with people who are losing / have lost speech is very important. All carers should have all, as a minimum, QCF NVQ Diploma in Health and Social Care Level 2.</li> <li>• Needs patience and humour. Needs experience to tell when there is a genuine need (e.g. toilet) from meaningless babble. Arising from this requirement for staff to have good English - and also low staff turnover so clients can be familiar with them.</li> <li>• Would be good if staff would make time for an individual to talk / communicate</li> <li>• Having staff with proper training in the art of communicating with people who are losing / have lost speech is very important. All carers should have all, as a minimum, QCF NVQ Diploma in Health and Social Care Level 2. Or maybe what has been put in 'other', below is what is meant by communication needs.</li> </ul>
Accessibility needs / Physical environment	<ul style="list-style-type: none"> <li>• No steps and not too far to walk.</li> <li>• Possible hazards relating to those service users must be identified. There should be sufficient space for all types of wheelchair. Any facility needs to be appropriate. Purpose built is ideal but not necessary. The knowledge of how to adapt any building appropriately exists, the issue is will it be used? See other below</li> <li>• None</li> <li>• OK</li> <li>• It should go without saying that they need to be appropriate. Purpose built is ideal but not necessary. The knowledge of how to adapt any building appropriately exists, the issue is will it be used? See other below.</li> </ul>
Information and Advice	<ul style="list-style-type: none"> <li>• None</li> <li>• See above and there is a range of other issues on which advice could be required. Carers as well as service users will need as much feedback as possible. Information on what training is available to assist carers to fulfil their roles efficiently. If central provisions via the local authority / social work teams are to be handed to the private sector then hard pushed carers, who have little time for searching for information, would value greatly a service which offered knowledge of the diversity of the offer available. However would they want to pay for this service? Perhaps this is a role the council will be able to preserve and if they do maybe they will be able to be more proactive than they have been on the past, in this respect.</li> <li>• Do not have a lot of time to visit alternative providers. Need ASC to identify appropriate provision for individuals not just a list of</li> </ul>

Key Heading	Comments
	<p>establishments, many of which do not meet individual needs.</p> <ul style="list-style-type: none"> <li>• See above and there are a range of other issues on which advice could be required. If central provisions via the local authority / social work teams are to be handed to the private sector then hard pushed carers, who have little time for searching for information, would value greatly a service which offered knowledge of the diversity of the offer available. However would they want to pay for this service? Perhaps this is a role the council will be able to preserve and if they do maybe they will be able to be more proactive than they have been in the past, in this respect.</li> </ul>
Other (please indicate)	<ul style="list-style-type: none"> <li>• Hairdresser</li> <li>• Staffing - continuing stability of staff members will be of paramount importance, especially with service users who have mental impairments, and, although have poor recall, do respond well to known faces. All staff should have a minimum induction period when new to service users.</li> <li>• My mothers needs are to be kept safe, stimulated, warm, appropriately toileted, soothed when anxious etc. Basic care for someone not able to care for themselves is the key specification and is missing from this document “diversity” and “community engagement” are absolutely nowhere compared to this overarching need which needs to be in the core specification.</li> <li>• It would be beneficial if staff would have a workshop with a speech therapist to learn more.</li> </ul>
Other (please indicate)	<ul style="list-style-type: none"> <li>• A meal / food at lunch time</li> <li>• All the above are desirable but in many ways pale into insignificance compared to issue of <b>inspection</b>. 1) <b>Quality of care</b>: How will it be ensured that private day care providers actually do any of what they are to be checked against to be published? Where is the informed critical voice that will comment on the appropriateness of these standards? Who are the inspectors? What are their qualifications for the job? To whom will they report? How will service users be informed of the content of their reports? If a provider fails to provide adequate care what will be done about it? How can service users or their legal representatives complain? How much support will they be given in doing so and how much power will they be given in the complaints process? 2) <b>Finances</b>: From 01 April the Quality Care Commission (CQC) will, it says on their website, have a new role: market oversight. The website tells you what this role will include but not how it is to be carried out. This leaves some big questions, the most important one of which is <b>WHAT HAPPENS TO THE SERVICE USERS IF A SERVICE PROVIDER GETS INTO FINANCIAL DIFFICULTY AND CAN NO LONGER PROVIDE THEIR SERVICE?</b> Unlike the slow and consultative process associate with the current closure of Hookstead, bankruptcy of a private firm is immediate. The CQC say they will monitor financial sustainability - how will they do this? What criteria will they use? How can the public know? Who will the inspectors be? How can the public know? What legislative framework is there to insure that there is a total divide</li> </ul>

Key Heading	Comments
	<p>between the accountants that do the auditing and those who produce the books for audit? And more important who will enforce this? Are the police currently training fraud squad officers in this new area of work? Where is the detail of how all this will work published? How is the information being disseminated to the service users? How 'user friendly' is the language in which it is expressed?</p> <ul style="list-style-type: none"> <li>• Ideally existing staff would be employed by a new provider but we certainly need new provider to take notes and advice from Hookstead to ensure some continuity of care for clients.</li> <li>• Exercises for brain activities.</li> </ul>
Other ( <i>please indicate</i> )	

## Service Specification

### East Sussex County Council Department for Adult Social Care

Tender for the Provision of Day Opportunities in the Isabel Blackman Centre, Hastings, the Charter Centre, Bexhill and the Phoenix Centre, Lewes

This specification sets out the quality and standards of the services required by East Sussex County Council's (ESCC) Adult Social Care (ASC) Department for the provision of day opportunities. The standards set out in these documents are the minimum requirements.

The main outcome we want to achieve through this service is to enable older people to remain living independently in the community.

#### 1 The Service

The outcomes of the service will be achieved by providing a broad range of activities either directly by the Service Provider or indirectly through other organisations.

These services will be designed to meet individual needs and provide timely and appropriate support and respite to Carers to enable them to continue in their role as carer.

A range of activities will be made available for Clients. These will, as far as is possible, reflect the needs of the local community and be tailored to address the specific preferences expressed by the Client as detailed on the individual's Care and Support Plan (Reference 4.2).

The activities should not be limited to taking place in one building, and should include supporting the Client, as far as is possible, to access social and leisure opportunities in the local community.

The service should be available to older people (over 65) who may be in the early stages of dementia, or who have physical disabilities, sensory impairment and/or long term conditions. The service provider should have the necessary resources to meet the support needs of this client group, and any premises used for activities need to be accessible for all clients.

Clients should also be supported to manage their own health and social care as far as is practical.

Individuals' choices and preferences should be observed with respect to friendship groups.

Regular surveys of clients' activity preferences and their opinions on the services will be undertaken and recorded.

The provider will work in partnership with providers in health, social care and the voluntary sector and other partners.

Where possible the service should offer flexible operating hours which may include drop in sessions / shorter hours, extended hours, emergency respite and weekends which meet the needs of Clients and their Carers.

Clear information will be provided on the cost and quality of services, so people can make informed choices.

#### Service Outcomes

The overall service outcome is to deliver a range of services which will enable Clients to:

- maintain and increase control over their daily life;
- maintain personal cleanliness;
- live safely and as independently as possible;
- improve their quality of life;
- participate as active members of the community.

Specific service outcomes include but are not limited to;

- contributing to the maintenance of independence;
- contributing to the reduction of social isolation;
- providing relief and respite for Carers;
- providing opportunities for integration with activities in the wider community including client volunteering, as appropriate;
- the enrichment of Clients quality of life;
- the provision of nutritious meals;
- assisting the maintenance or enhancement of physical and mental skills;
- rebuilding of self-confidence
- improvement of physical health, and mental and emotional well-being;
- ensuring that Clients are able to exercise their rights to choice and preferences;

### **Relationships with ESCC:**

The following teams in ESCC will work in partnership with the provider:

- ASC Neighbourhood Support Team (NST) – these teams work with older people who are eligible for Health and Social Care services to promote and support independence at home and improve quality of life.
- It is expected that most referrals will come from NST via the Service Placement Team (SPT)<sup>1</sup>. Assessment workers will use the Single Assessment Process to assess the eligibility of applicants for the service in relation to their care and support needs. They will then develop a Care and Support Plan to address identified needs and in some cases provide ongoing support to clients.
- Strategic Commissioning / Contracts and Purchasing Unit - Representatives from these teams will monitor and evaluate the quality levels and performance of the Service Provider.
- The Business Services Department (BSD) Payments Team will be responsible for ensuring timely payments according to a pre-agreed schedule.

### **Referral Process**

The referral process from ESCC to the Provider takes place as follows:

- The Client or their Carer will have initially received a needs assessment by a member of the ASC NST as potentially benefiting from day opportunities and a range of service options will have been discussed.
- The Service Provider is then contacted by the SPT, and the referral is agreed as appropriate by the Service Provider.
- The Client and their Carer meet with the Service Provider and agree to the referral.

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<sup>1</sup> The Service Placement Team is a County Council service that supports practitioner to achieve best value in purchasing services for adults eligible for Adult Social Care funding. They also provide advice and support for practitioners to share with clients on using Personal Budgets to purchase services

- The referral will have been made in response to at least one need identified in the Social Care Assessment that will have been conducted in partnership between the client and the ASC NST. There will therefore be clear reasons as to why the service is needed and for how long.
- Each individual Client will have a Care and Support Plan agreed between the provider and themselves detailing their desired outcomes from using the service. The plan should be written to reflect the stated need as identified in any Social Care Assessment that has been provided
- The Care and Support Plan should be written in conjunction with the Client in a format which is accessible to them. It will be person centred; outcome based and sets out in detail the action which needs to be taken by staff to ensure that all aspects of the health, personal and social needs of the Client are met.
- The support plan should identify reablement potential for clients and outline how the Provider staff will support the client to achieve his/her Reablement potential.
- If the Client experiences any significant changes in their medical and or personal care management, staff from ASC will work with the Client and the Service Provider to re-evaluate their needs.
- The Client will be required to sign the Care and Support Plan to form an agreement regarding the levels of service delivery expected. The plan will be reviewed by the Service Provider at regular intervals in liaison with ASC where appropriate, ensuring that reablement potential is fed back to the Adult Social Care referring team and that the support plan is updated accordingly.
- Information in respect of each Client will be held either within the Care and Support Plan or on the Clients personal file (see appendix 1 for details).
- The Service Provider will provide introductory material containing appropriate information about the service to all new Clients. This will include, but not limited to:
  - Activities
  - meals / refreshments
  - staffing
  - complaints procedure
  - operating hours
- This material will be available prior to using the service in order to help Clients and their Carers in making informed decisions about using the service and in fully understanding their rights and responsibilities.
- In addition the Service Provider will have access to a range of information and be able to refer on to specialist advisors to support and advise individuals on the following aspects of their lives:
  - Financial advice
  - Healthcare advice
  - Aids, adaptations, assistive technology and services to support independence
  - Access to community resources
  - Advocacy services
  - Support and access to hairdressing and therapy facilities
  - Telecare.

### **Choice and Personalisation**

The Service Provider will ensure Clients have, as far as is possible, control of the decisions about their life and the services they receive and have access to resources to support them in making decisions to meet the agreed outcomes in their individual Care and Support Plan.

The provider should conduct all activity with the ethos of personalised services in mind. This may include, but is not limited to, the provision of:

- Low level advocacy, e.g. supporting clients with correspondence
- Choice of activities
- Choice regarding how and by whom support is provided
- Choice about who is involved and control over what decisions are made at meetings and reviews regarding their personal welfare.
- Informed choice and control over risk taking and management of risk.
- 'This is me bag' – Designed for people with dementia, this collection of documents is compiled with the Client and provides information about their individual needs, preferences, likes, dislikes and interests, providing professionals with a better understanding of the *individual* impact of dementia.

The Provider will work with the client to identify reablement goals and potential, providing 'just enough' support to enable the client to develop greater independence and plan ahead for goals that may expand their support away from the Provider.

### **Respect and Dignity**

Policies and procedures will be in place to support respect and dignity. The Service Provider will ensure that Clients are free from any form of discrimination, harassment, abuse and neglect and that their human rights shall be protected.

The Service Provider will ensure that Clients are treated with respect and dignity at all times and will ensure that no Client is excluded on the grounds of race, gender, religion, ethnicity, sexual orientation or for any other discriminatory reason.

Client's faith, beliefs, ethnicity, disability and sexual orientation will be respected. This respect will include the way support is provided and the way services are accessed and delivered, and will take into account any preferences regarding mode of address.

Clients will be advised of their responsibility to treat others with respect and dignity.

### **Religious, Cultural and Spiritual Needs**

The Service Provider will ensure that the religious, cultural and spiritual needs of individual Clients are recorded in the Care and Support Plan and are respected.

Staff working for the Service Provider will be trained and informed of the differing cultural and religious beliefs or faiths of Clients and be aware of any implications in respect of meeting their support and dietary requirements.

It will not be assumed that an individual Client identified as belonging to a particular faith or religion follows the traditional belief system and, therefore, all aspects of the individual's needs will be identified in their Care and Support Plan and be agreed, discussed and regularly reviewed with them.

Clients will, as far as is practicable, be given the opportunity to support and to keep in touch with their faith communities and be supported by staff to observe any religious ceremony and festivals.

Any perceived incidents of discrimination, racism or exclusion will be documented and acted upon by the Service Provider in accordance with the appropriate policy or procedure relating to the service (refer to clause 3.3 in the contract terms and conditions).

### **Privacy**

This service will be provided in a manner which safeguards Clients privacy in line with their personal choices and in compliance with the Data Protection Act, Freedom of Information Act, The Mental Capacity Bill and the Department's confidentiality policy.

Privacy will, as far as is practical, include Clients having control over who has access to personal information held about them and being able to discuss their needs in confidence and in private. Policies and procedures should reflect the need to support an individual's privacy.

### **Safeguarding Vulnerable Adults and Children**

The Service Provider must ensure that clients are safeguarded from any form of abuse or exploitation, meeting the standards and regulations set out in:

- The Sussex Multi Agency Policy and Procedures for Safeguarding Adults at Risk (2013) Clause 3.14 of the Terms & Conditions of the Contract ("Safeguarding Vulnerable Adults and Children")
- The Service Provider will share information with the relevant organisation (police, the probation service, Adult Social Care and/or Children's Services) if a Client discloses information that would indicate a child or vulnerable adult is at risk of harm and/or admitted to an offence for which they have not been convicted.

### **Safety and Risk**

The Service Provider will ensure that they recognise the Clients right to take risk in order to extend opportunities and in doing so ensure that they are given support to help them understand the implications of risk taking.

Clients will be protected from any form of bullying, harassment or any other form of abuse.

Full investigations will be conducted for reported incidents or accidents and when appropriate these will be referred on to external agencies.

Risk assessments will be undertaken when arranging trips and community based activities.

There will be appropriate numbers of trained staff on duty to deal with any accidents or incidents.

Clients will have risks discussed with them for all activities which may be deemed as carrying an element of risk. Individuals will be supported to take informed risks, within a risk assessment framework which will strive for best practice and risk reduction. Any information regarding the risk assessment framework will be displayed in a clear and unobstructed manner that can be easily accessed by the Client.

Fire Evacuation Risks will be assessed by the Service Provider as part of the standard Risk Assessment Procedure.

### **Healthcare Needs**

Clients must give their permission before any healthcare concerns the staff may have about them are discussed with the family / Carer or outside agency (i.e. GP). In the case of a medical emergency the Clients health and safety is paramount and it is accepted that a decision may need to be made in the best interests of the Client (i.e. calling an ambulance or in order to protect a vulnerable person who in particular situations may lack capacity under the terms of the Mental Capacity Act 2005).

Arrangements will be in place to support the Client to remember to take any necessary medication. If any staff administer medication, they must be trained to do so and this will be within the remit of



the Service Provider's medication policy and procedures which will be robust and reviewed annually.

In case of crisis, the Service Provider will be supplied with information about each Client's medical history, current healthcare needs and potential health risks on a "need to know basis" in order to provide a safe service and support when responding to healthcare needs.

Self-management of healthcare and healthy lifestyles will be encouraged; this may include encouraging immunisations / screenings / regular checkups or referral to the fall prevention schemes.

Where possible, Clients will not be excluded from activities as a result of an identified healthcare need. In these circumstances, risks will be discussed with the individual Client and necessary adaptations to the activity should be made for the individual. The scope and remit of staff medical intervention will be made clear at the onset of any service delivery.

### **Communication Needs**

Clients will be supported to communicate at the speed and in a manner they choose.

The individual Clients communication needs will be identified and addressed in the Care and Support Plan and regularly updated and reviewed.

Where appropriate, staff will be trained in the use of sign language and with communication aids and techniques. Where such specialists and/or interpreters are required, access to these services will be arranged by the Service Providers.

Staff should have access to health care professionals who specialise in speech and language therapies and advice. In such cases the GP and the Clinical Commissioning Group (CCG) should be approached for advice.

The families / Carers of individuals with communication needs should, with the permission of the Client, be requested to support the service in understanding the needs of the individual.

Record and communication books should be adopted between families / Carers, staff and those Clients who have communication difficulties due to memory retention problems.

### **Meal Provision & Dietary Needs**

Clients will be offered the choice of a hot lunch time meal.

All dietary needs will be met, this may include: diabetic, gluten free, wheat free, vegetarian, vegan and low fat.

Regular refreshments must always be available, this may include: fresh water, juices, tea, coffee, hot chocolate and the options of fresh fruit.

All food and drink will be prepared in compliance with current food and hygiene standards.

Support and information will be available on healthy nutrition and lifestyles to support improved health; this will include a balanced diet of freshly cooked meals.

The Service Provider should source from local suppliers where possible,

### **Community Engagement**

The Service Provider will provide opportunities for the Client to use the service as a stepping stone to enable them to engage in community activities and events where these have been identified as being a beneficial part of their delivery of care and improved quality of life.

### **Transport**

The Service Provider and East Sussex County Council will need to agree how any transport element of the service will be provided.

Transporters will be fully trained in the movement of less able people in and out of the vehicles.

Any vehicles used will meet all legal insurance requirements.

### **Partnership**

East Sussex County Council Adult Social Care Department wishes to work in partnership with Service Providers in delivering a high quality of care to its Clients. The Department hopes to maximise the use of available resources by establishing longer-term, more integrated relationships with Service Providers in the independent, community and voluntary sector.

The Department and Service Providers are making a commitment to:

- Share key objectives
- Collaborate for mutual benefit
- Communicate with each other clearly and regularly
- Be open and honest with each other, to respect parties' views and to conduct themselves in a professional manner
- Listen to, and understand, each other's point of view
- Share relevant information, expertise and plans
- Avoid duplicating service provision with other providers wherever possible
- Provide opportunities to give feedback on the performance of both parties
- Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level
- Seek continuous improvement by working together in order to achieve optimum benefit from the resources available and by identifying better, more efficient ways of working and delivering services
- Promote the partnership approach at all levels in both organisations (e.g. through joint induction/training initiatives)
- Have a contract, which is flexible enough to reflect changing needs, priorities and lessons learnt, and which encourages Clients participation.

These principles represent an attempt at defining the spirit of partnership within which the Department and Service Providers will operate.

### **Staffing and Training**

The service will be managed on a day-to-day basis by a "named" person who has relevant experience and/or appropriate qualifications in the field of social care, i.e. QCF NVQ Diploma in Health and Social Care Level 2 and above.

Ensure sufficient management time is available to provide effective management of the Service including regular individual and group supervision.

Staff without Disclosure and Barring Service (DBS) checks should not at any time be left unsupervised in sole charge of an individual Client, a group of Clients or a service (e.g. volunteers or new starters).

Staff will focus on 'doing with' rather than 'doing to' and will be trained and skilled in helping Clients to maintain and enhance their independence wherever possible.

The Service Provider shall ensure the presence of sufficient appropriately trained staff on duty at any given time to ensure a safe ratio to the number of Clients. The actual number will be dependent on the Clients needs. A minimum of 1:7 shall be provided where the Clients have low level of needs and 1:5 where Clients have special needs e.g. wheelchair users; living with dementia; sensory impairment. These ratios will usually exclude the ancillary staff, visiting staff and voluntary helpers.

Staff ratios must be flexible and take into account the changing needs of Clients, environmental factors and any specific activities requiring varying staffing levels e.g. trips to community facilities or day trips.

The staffing level established must be maintained in all circumstances, including at times of staff absence as a result of sickness or holidays and a system will be in place to arrange cover for any expected staff absences and, as far as is practicable, any unexpected staff absences.

Staff skills will be evaluated at supervision sessions and a plan will be devised for personal development, which is based on the needs of the service.

All staff will be trained in health and safety prior to commencement of duties and this will include;

- Fire Safety
- Basic First Aid
- Food Hygiene (where appropriate)
- Control of Substances Hazardous to Health (COSHH).

In addition staff who have more direct contact with clients will be trained in the following prior to commencement of duties:

- Infection Control
- Manual Handling

The Service Provider will ensure that staff are provided with equipment, facilities and training to conduct their role safely.

**Quality Assurance**

The Service will be monitored by staff in the Strategic Commissioning and Contracts and Purchasing teams within ASC.

The Provider will need to demonstrate that:

- Activity levels match billing (evidenced through storage of daily client sign-in registers)
- Client outcomes are being achieved
- Service quality is of a good standard

Detailed below is an example of some of the data to be collected and recorded by the Service Provider, and made available to ASC quarterly. Targets will be agreed on a service by service basis.

<b>Key Performance Process Indicators</b>
Number of referrals received
Number of referrals who declined to receive a service
Number of referrals not accommodated by provider
No. of Clients accessing the service at start of Qtr
No. of Clients who commenced service during Qtr
No. of Clients who stopped receiving service during Qtr
No. of Clients accessing service at end of the Qtr
Number of days service operating
Service capacity (days service operating x capacity)
Number of Individual Plans of Care agreed
Percentage of Clients contacted within 48 hours of the initial ASC Referral

<b>Key Performance Process Indicators</b>
Percentage of Clients visited within one week of ASC Referral
Percentage of Clients receiving a service after two weeks of first contact from the Service Provider.
Percentage of Individual Plans of Care agreed with Clients within 4 weeks of referral

<b>Key Performance Output Indicator</b>
Number of Clients who received a service during the Qtr
Attendance (Clients x days service provided)
Number of reviews completed
Number of Client satisfaction surveys completed
% of Clients satisfied by the range of activities provided
% of Clients satisfied by the choice of food available

<b>Key Performance Outcome Indicators</b>
Percentage of people who report improvement in knowing where to get more information and who to ask for help
Percentage of people who feel their health is better than 3 months ago
Percentage of people who report an improvement in the quality of their life
Percentage of people who think they received what they needed from this service
Percentage of people who feel the service made them more confident
Percentage of people who feel the service has made their life easier

<b>Key Performance Workforce Indicators</b>
Number of WTE staff employed at start of Qtr
Number of WTE staff who left employment during the Qtr
Number of WTE staff who started employment during the Qtr
Number of WTE staff employed at the end of the Qtr
Number of volunteers
% compliance with induction training for new staff
% compliance with ongoing training for staff / to National Minimum Standards

<b>Other information required</b>
Information on all incidents/accidents and safeguarding alerts
Information on complaints and compliments

Records will be available for auditing purposes at the commissioners' request.

As part of the monitoring review and evaluation of this service, ASC staff may require sight of any statements, policies or procedural documentation relating to any of the sections set out within this Service Standards which will include, but not be limited to:

- Insurance and indemnity policies
- Staffing records

- Training schedules
- DBS records
- Client information
- Health & Safety policy

The Service Provider will demonstrate that it monitors and regularly receives feedback about Client satisfaction. Examples may include:

- Survey sent out to Client using pre-paid questionnaires
- Individual comments to the Service Provider via letter or in person
- Quarterly Client Forums
- Complaints received
- Compliments received
- Action taken by the Service Provider with respect to complaints and compliments.

Using a full range of consultation mechanisms the Service Provider is expected to gauge:

- Client's views on the Service Provider
- Whether the Service Provider has achieved the outcomes the Client had expected to be delivered.
- Client's ideas on improving the day service
- Whether Clients and their families/Carers;
  - are confident that they are fully supported to exercise choice and control over their lives in all aspects of their Day Opportunities service.
  - are confident that they are treated with dignity and that their individuality is respected in all aspects of the Day Opportunities service.
  - are confident that their right to privacy is respected at all times in all aspects of their Day Opportunities service.
  - feel safe at the Day Opportunities service and they understand their rights and responsibilities.
  - feel that there is a good range of activities which are based on individual preferences and are tailored to meet individual need.
  - feel that healthcare needs are supported by the Provider and that they are treated with dignity and respect at all times
  - feel that individuality and diversity is respected and embraced
  - are confident that communication techniques have been adopted which maximise the flow of communication between the Day Opportunities service and the individual.
  - feel that the individual is afforded opportunities to establish and maintain community activity and involvement and are supported to do so where appropriate.

### **Review of the Service Specification**

The service specification will be reviewed on an annual basis. Changes in legislation or improvement in practices may result in modification. The Service Provider shall be fully consulted with regard to any proposed changes.

## Buildings and Facilities Management Specification

### Context

This specification sets out the quality and standards of the buildings and facilities aspect required by East Sussex County Council's (ESCC) Adult Social Care (ASC) Department in relation to the provision of day opportunities. The standards set out in these documents are the minimum requirements.

This specification describes the main roles and responsibilities of the Service Provider and ESCC and includes as a detailed service level agreement, scope of on-going buildings management and condition surveys for Charter, Phoenix and the Isabel Blackman Centre, the surveys also include the layout plans.

East Sussex will work with potential Service Providers on a site specific basis to optimise the use of existing resources in the building.

Details of the various organisations currently using the space in all three centres is described in appendix 3.

### 1 Responsibilities

The Service Provider will provide the day to day management of the centre to include any potential usage by other service providers compatible with the existing day service.

The management of the building will include the Service Provider having in place and deploying a clear and detailed policy on Health and Safety. This will include ensuring all client, staff, volunteers, visitors and contractors are fully aware and understand the Health and Safety policy and procedures within.

Controllers of premises will be identified for the buildings to oversee fire, emergency, asbestos management and other related safety arrangements, in particular the safe working of contractors with support / assistance from the ESCC Business Services Department as agreed within the contract and lease agreement.

The Service Provider will provide their own IT infrastructure and be responsible for the on-going technical support and maintenance. However, where possible East Sussex will seek to support existing IT infrastructures.

The utilities for the building will be contracted and managed in arrangements to be determined between ESCC and the Service Provider which will ensure best value and use of resources.

Furnishings already within the building can be utilised by the Service Provider with new and replacement furnishings being provided by the Service Provider.

Kitchen equipment already in place will continue to be supplied and maintained by ESCC. New and replacement equipment, this will be provided by the Service Provider (see next section for further detail).

Faults must be reported to ESCC (see next section) for the service level agreement on property maintenance).

Security will be managed by the Service Provider including the recording and reporting of any breaches of security.

## **Buildings Management: Organisations using the space at Charter, Phoenix and IBC**

### **1 Background and context**

This appendix outlines the current ownership of each Centre and the various use of each building by different organisations other than ESCC, detailing associated licence arrangements.

There will be different expectations for the on-going co-ordination and management of these current partnership arrangements with the individual Centres. This will be dependent upon if organisations pay to use the space and how an organisation might add value as a community resource.

#### **Charter Centre, Bexhill-on-Sea**

The Charter Centre in Bexhill is located in a building which includes sheltered housing flats, a base for the British Red Cross and offices for the local Joint Community Reablement Service. The County Council has a 99 year lease agreement with Amicus Horizon Housing who own the building.

There are currently 5 different organisations who occupy some of the space at the Charter Centre at different times, these are:

- ARRCC
- Bexhill Caring Community
- Bohemia Counselling
- Cruse Bereavement
- Alzheimer's Society

Memorandum of Occupation licence arrangements are in place between ESCC and all these individual organisations and were renewed in July 2014 (at a peppercorn rent). They include a clause stating a one month termination by either party or immediately, or if there had been a breach of the agreement terms.

#### **Future arrangements**

These organisations are considered as adding value to the local community, therefore there would be an expectation that the new provider managing the building will work in partnership to enable the continued shared use of space by these organisations. Any requests to change the current arrangement, or if there are any new organisations wishing to occupy the space, should be made in writing to the ASC commissioning department.

#### **Isabel Blackman Centre, Hastings**

The Isabel Blackman Centre (IBC) is currently owned by ESCC and was re-developed in partnership with the voluntary sector into a "Community Hub" in 2010. This model of service is predominantly but not exclusively focused on the needs of older people in the Hastings area. The centre is managed by the voluntary sector (a partnership arrangement between SCDA who operate the café & Age UK manage the building and day service) with a core Care Managed Day Opportunities service currently led by ESCC seconded staff for a designated cohort of Clients.

#### **Future arrangements**

Arrangements for organisations that use / rent the space at the IBC are made directly between the voluntary sector (currently Age UK and SCDA) and it is envisaged that any existing or new arrangements would continue to be managed directly between any new provider and the organisations.

### Phoenix Centre, Lewes

The Phoenix Centre is a purpose-built day service in Lewes, owned by the County Council. A Deed of Covenant was entered into by the League of friends of Phoenix Centre with the County Council and dated 12 June 1991 in respect of the extension to the Phoenix Centre. This restricts the use to which the extension may be put, and provides for what will happen in the event that it ceases to be used for such a purpose.

There are currently 16 different organisations who occupy some of the space at the Phoenix Centre at different times, these are:

- Pro Musica
- Slimming World
- A.A.
- Quit Smoking
- Health in Mind
- Autistic Support
- Psychotherapy Sussex
- Alzheimer Society
- Mindfulness Group / Memory Clinic
- Care for the Carers
- Lewes District Seniors
- The Talking Newspaper
- Canine Concern
- Private Foot Care practitioners
- Outside caring agencies i.e. Care Watch providing bathing service
- Blue Badge Clinic

### Future arrangements

There is an informal arrangement for the use of space occupied by all of these organisations who pay a nominal rental to ESCC, therefore there may be potential for a voluntary & community organisation to increase the rate for rent and generate income. It is therefore suggested that the new provider takes on the on-going management and co-ordination of these groups including new booking requests.



## Procurement and decision making summary

### Background

Following the identification of the requirement for the continuation of day services at the Isabel Blackman Centre (Hastings), the Phoenix Centre (Lewes) and the Charter Centre (Bexhill), a decision was taken to approach the market and tender. This decision has been made in accordance for both internal policy and external, European Union Procurement regulations. The Tender for the Provision of Day Services within East Sussex falls into this category.

The Council carried out a Restricted Tender process for this procurement activity.

Following 28 expressions of interest, 7 organisations submitted a pre-qualification questionnaire (PQQ). Of these 7, 3 were invited to tender following a panel evaluation.

### Evaluation

#### 1. Introduction

- 1.1. The aim of the evaluation was to identify organisations with the capacity and capability to provide the service tendered for.
- 1.2. The deadline for the receipt of tenders was 14<sup>th</sup> November 2014 and the evaluation criterion was agreed in advance of this. It was agreed that the tenders would be scored as 80% with respect to quality and 20% with respect to finance. The price scoring would be undertaken by Strategic Finance, Stella Armstrong taking the lead.
- 1.3. Following initial evaluation all bidders were invited to Bid Clarification meetings.

#### 2. Panel Members

- 2.1. The procurement panel of council officers were supported by groups of 'Experts by Experience' representing each of the centres.

#### 3. Evaluation Criteria

- 3.1. The evaluation criterion was tailored to suit this tender and was weighted as follows;

<b>Operations</b>	<b>25%</b>
<b>Quality</b>	<b>17%</b>
<b>Safeguarding &amp; Risk</b>	<b>13%</b>
<b>Workforce</b>	<b>20%</b>
<b>Buildings Management</b>	<b>5%</b>
<b>Price</b>	<b>20%</b>

- 3.2. In accordance with best practice, method statement questions based on evaluation criteria were included in the I.T.T questionnaire. For the evaluation criteria, the following scoring system was used:

<b>0</b>	<b>Unacceptable</b>
<b>1 – 2</b>	<b>Serious deficiencies</b>
<b>3 - 4</b>	<b>Some deficiencies</b>
<b>5 - 6</b>	<b>Acceptable</b>
<b>7 – 8</b>	<b>Good</b>
<b>9 – 10</b>	<b>Very good</b>

**4. Financial Appraisal**

- 4.1. The providers have been appraised by Strategic Finance and responded to Financial Clarification questions.

# Agenda Item 8

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

Date of meeting: **19 March 2015**

By: **Chief Executive**

Title: **Reconciling Policy, Performance and Resources (RPPR) 2015/16**

Purpose: **To review scrutiny's input into the Reconciling Policy, Performance and Resources (RPPR) process during 2014/2015.**

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## **RECOMMENDATIONS**

**The Committee is recommended to:**

- 1) Review its input into the Reconciling Policy, Performance and Resources process and;**
- 2) Identify any lessons for improvement for the process in future.**

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## **1 Background**

1.1 Reconciling Policy, Performance and Resources (i.e. aligning the Council's budget setting process with service delivery plans) has established an effective and transparent business planning process. A Medium Term Financial Plan (MTFP) has been produced and the 2015/16 round represents year three, of the three year savings plan.

1.2 Scrutiny committees actively engage in the process, firstly to allow them to bring the experience they have gained through their work to bear and, secondly, to help inform their future work programmes.

## **2 Reconciling Policy, Performance and Resources (RPPR) and scrutiny in East Sussex**

2.1 In September 2014 each scrutiny committee considered extracts from the *State of the County* report and the departmental savings and Portfolio Plans. Requests for further information or reports were made to help the scrutiny committee evaluate proposals made in the respective Portfolio Plans.

2.2 The scrutiny committees established scrutiny boards to provide a more detailed input into the RPPR process. These met in December 2014 to consider the draft portfolio plans and the impact of proposed savings. The boards:

- considered any amendments to the Portfolio Plans and how they were being delivered against the proposed key areas of budget spend for the coming year;
- assessed the potential impact of these savings on services provided to East Sussex County Council customers.

2.3 Appendix 1 summarises the comments and recommendations made by the Adult Social Care and Community Safety RPPR board to Cabinet.

## **3. Conclusion and reasons for recommendations**

3.1 The committee is recommended to review its input into the 2015/16 RPPR process and in particular to establish whether there are lessons for improvement for the future.

**BECKY SHAW**  
**Chief Executive**

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LOCAL MEMBERS

All.

BACKGROUND DOCUMENTS

None.

## **Overview and Scrutiny: Reconciling Policy, Performance and Resources (RPPR) boards 2014/15**

This is a summary of the outcomes, observations and findings of the scrutiny RPPR Board held in December 2014.

All the scrutiny boards considered draft Portfolio Plans and savings plans and attempted to assess the impact of both any significant budget cuts facing the County Council over the coming years and activities where savings were not necessarily being proposed but which accounted for significant use of resources.

Scrutiny boards commented on the plans being put in place and the means being proposed to protect front line services as far as practicable.

### **Adult Social Care & Community Safety**

RPPR Board on 18 December 2014

Councillors: Peter Pragnell (Chair), Trevor Webb (Vice-Chair), John Barnes, Peter Charlton, Charles Clark, Angharad Davies, John Ungar

#### **Key messages to Cabinet:**

Through the discussion the Board made the following observations to highlight to Cabinet:

1. The scale of savings to date (£27.8m over three years) inevitably changes the risk levels in the whole system.
2. The potential future savings required from 2016/17, whilst uncertain, are likely to have further significant impacts.
3. There are a number of potential risks and pressures associated with implementing the Care Act provisions.
4. There is a need to pursue partnership working with the NHS, and the East Sussex Better Together programme is of high importance in terms of working towards a sustainable health and social care system in East Sussex and a rebalancing towards community based care.
5. There is uncertainty regarding future commissioning arrangements for health and social care, given the forthcoming general election and differing policies amongst the national political parties.
6. The impact of reductions in personal budgets as a result of required savings continues to be assessed and the Scrutiny Committee will receive a further report in March 2015.

The Board agreed the following specific recommendation:

- Adult Social Care, working with health partners, should create a stable delivery vehicle for community services which can offer stability through any structural changes, with strong local accountability.

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# Adult Social Care (ASC) and Community Safety Scrutiny Committee



## Future work at a glance

Updated: January 2015

This list is updated after each meeting of the scrutiny committee. Follow us on Twitter for updates: @ESCCScrutiny

<b>Items that appear regularly at committee</b>	
<p>The Council's <a href="#">Forward Plan</a></p>	<p>The latest version of the Council's <a href="#">Forward Plan</a> is included on each scrutiny committee agenda. The Forward Plan lists all the key County Council decisions that are to be taken within the next few months together with contact information to find out more. It is updated monthly.</p> <p>The purpose of doing this is to help committee Members identify important issues for more detailed scrutiny <i>before</i> key decisions are taken. This has proved to be significantly more effective than challenging a decision once it has been taken. As a last resort, the <a href="#">call-in</a> procedure is available if scrutiny Members think a Cabinet or Lead Member decision has been taken incorrectly.</p> <p>Requests for further information about individual items on the Forward Plan should be addressed to the listed contact. Possible scrutiny issues should be raised with the scrutiny team or committee Chairman, ideally before a scrutiny committee meeting.</p>
<p>Committee work programme</p>	<p>This provides an opportunity for the committee to review the scrutiny work programme for future meetings and to highlight any additional issues they wish to add to the programme.</p>

<b>Future committee agenda items</b>		<b>Author</b>
<b>18 June 2015</b>		
Community Safety – Annual Review	To undertake the committee’s annual review of community safety strategy and performance.  Report to include an update on work to address domestic abuse, specifically multiagency management of domestic abuse and the availability of additional resources from the Police and Crime Commissioner to increase capacity of domestic abuse support.	Louisa Havers, Head of Performance, Engagement and Safer Communities
Drug and Alcohol Recovery Service	To consider a progress report on the new Drug and Alcohol Recovery Service, one year on from its establishment in April 2014.	Daniel Parsonage, Substance Misuse Commissioning Manager
Care Act – implications for East Sussex	An update on the implications of the Care Act, to include an assessment of future pressures, update on eligibility and the end of year position.	Keith Hinkley, Director of Adult Social Care and Health
<b>17 September 2015</b>		
Safeguarding vulnerable adults	To consider the annual report on safeguarding vulnerable adults in East Sussex.	Angie Turner, Head of Adult Safeguarding.
Reconciling Policy, Performance and Resources (RPPR)	Reconciling Policy, Performance and Resources is the Council’s business and budget planning process. The Committee will begin its input to the 2015/16 process by considering existing portfolio and savings plans and requesting any further information needed to inform its consideration of 2015/16 plans later in the year.	Lead Member for Adult Social Care and Community Safety, Keith Hinkley, Director of Adult Social Care and Health, Samantha Williams, Assistant Director
<b>12 November 2015</b>		
Reconciling Policy, Performance and	Reconciling Policy, Performance and Resources is the Council’s business and budget planning process. The Committee will pursue any questions raised in the September	Lead Member for Adult Social Care and Community Safety,



<b><i>Future committee agenda items</i></b>		<b><i>Author</i></b>
Resources (RPPR)	meeting to assist them in scrutinising the more detailed portfolio plan as it emerges in December 2015.	Keith Hinkley, Director of Adult Social Care and Health, Samantha Williams, Assistant Director

<b>Current scrutiny reviews and other work underway</b>		<b>Indicative dates</b>
East Sussex Better Together (ESBT)	Joint Scrutiny Board established with representatives from two other scrutiny committees to consider the ESBT programme and specific policy and service developments arising from it.	Board established – December 2014 First meeting – January 2015

<b>Potential future scrutiny work (Proposals and ideas for future scrutiny topics appear here to be prioritised in due course)</b>	
<p><b><u>Extra care housing (2015)</u></b></p> <ul style="list-style-type: none"> <li>To consider a progress update following the Committee (November 2013) noting that extra care housing schemes have had demonstrable success in East Sussex and agreeing that all attempts to expand these schemes across the County should be pursued.</li> </ul> <p><b><u>Care Act implementation</u></b></p> <ul style="list-style-type: none"> <li>Committee to receive further updates on implementation at key stages (requested following initial report/presentation in September 2014)</li> </ul> <p><b><u>Learning Disability Directly Provided Services (DPS) Strategy</u></b></p> <ul style="list-style-type: none"> <li>Any service changes arising from this strategy to be considered by Committee DPS Boards as and when required.</li> <li>The Committee may also wish to consider a briefing on the overall strategy (agreed by Lead Member September 2014)</li> </ul>	

<b>Background / information reports available to the Committee</b> (Items in this list appear on committee agendas when proposed for scrutiny by committee members)		<b>Authors/ Date available</b>
<b>Performance and risk management monitoring</b>	<p>Performance and risk monitoring are an integral part of scrutiny. The committee is alerted to the relevant quarterly <a href="#">reports</a> that Cabinet and lead Members receive. Members can then suggest matters for scrutiny to investigate in more detail.</p> <p>In the performance reports, achievement against individual performance targets is assessed as either 'Red', 'Amber' or 'Green' ('RAG'):</p> <ul style="list-style-type: none"> <li>• 'Green' means that the performance measure is on target to be achieved</li> <li>• 'Amber' means that there is concern about the likelihood of achieving the performance measure by the end of the year</li> <li>• 'Red' means that the performance measure is assessed as inappropriate or unachievable.</li> </ul> <p>The 'Red' and 'Amber' indicators also include further commentary and the details of any proposed corrective action.</p> <p>A similar RAG indicator system is used in the risk reports to indicate the overall score for each risk indicator that takes account of impact and likelihood.</p> <p>Requests for further information about individual items in the performance or risks reports should be addressed to the listed contact. Possible scrutiny issues should be raised with the scrutiny team or committee Chairman.</p>	Every quarter / see Cabinet papers
<b>Reablement</b>	<p>A progress report on the development of reablement services.</p> <p>Reablement aims to help people to regain their skills, confidence and independence by working with them to make the most of their abilities within their home environment. It also reduces the need for help from others. It may include occupational therapy, help from the Sensory Impairment team or support from the Living at Home Service (LAHS).</p> <p>In particular to consider the points and observations made during the 2013/14 RPPR process:</p> <ul style="list-style-type: none"> <li>• reablement provision has not yet realised its full potential.</li> </ul> <p>Further opportunities to expand reablement schemes will become available through the Better Care Fund whilst others would come about through broader engagement with the market and payment regimes linked to outcomes.</p>	<p>Shane Heber, Head of Directly Provided Services, Natasha Cooper, Intermediate Care Programme Manager and Paul Welch, Operations Manager</p> <p>(Committee also requested OT input)</p>

		Reablement now a key part of ESBT
<b>Stakeholder participation</b>	A separate annual update on stakeholder engagement activity undertaken by the department is no longer being produced as examples are included in the ASC Local Account and the Council's Annual Report.  The department's regular consultation updates are circulated to the Committee for information. Last edition: November 2014.	Janette Lyman, Community Relations Manager  As updates are available.
<b>Dementia Strategy</b>	Progress reports on local dementia strategy to the Health Overview and Scrutiny Committee (HOSC) are circulated for information (last report March 2013).  Last report circulated 1/12/14	As and when reports are received by HOSC  Next report due March 2015
<b>Telecare project</b>	An update on the Telecare pilot project evaluations and plans for the future of Telecare/Telehealth. (See also case studies in the report on the Adult Social Care and Community Safety Scrutiny Committee agenda of 6 March 2014, Appendix 5	TBA
<b>Annual report on complaints</b>	Annual report to be circulated to the Committee each year, for information in the first instance	Janette Lyman, Community Relations Manager  September 2015

**Enquiries:** Scrutiny Team  
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 Email: [claire.lee@eastsussex.gov.uk](mailto:claire.lee@eastsussex.gov.uk)

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## EAST SUSSEX COUNTY COUNCIL'S FORWARD PLAN

The Leader of the County Council is required to publish a forward plan setting out matters which the Leader believes will be the subject of a key decision by the Cabinet or individual Cabinet member in the period covered by the Plan (the subsequent four months). The Council's Constitution states that a key decision is one that involves

(a) expenditure which is, or the making of savings which are, significant having regard to the expenditure of the County Council's budget, namely above £500,000 per annum; or

(b) is significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions.

As a matter of good practice, the Council's Forward Plan includes other items in addition to key decisions that are to be considered by the Cabinet/individual members. This additional information is provided to inform local residents of all matters to be considered, with the exception of issues which are dealt with under the urgency provisions.

For each decision included on the Plan the following information is provided:

- Page 87
- the name of the individual or body that is to make the decision and the date of the meeting
  - the title of the report and decision to be considered
  - groups that will be consulted prior to the decision being taken
  - a list of other appropriate documents
  - the name and telephone number of the contact officer for each item.

The Plan is updated and published every month on the Council's web-site two weeks before the start of the period to be covered.

Meetings of the Cabinet/individual members are open to the public (with the exception of discussion regarding reports which contain exempt/confidential information). Copies of agenda and reports for meetings are available on the web site in advance of meetings. For further details on the time of meetings and general information about the Plan please contact Andy Cottell at County Hall, St Anne's Crescent, Lewes, BN7 1SW, or telephone 01273 481955 or send an e-mail to [andy.cottell@eastsussex.gov.uk](mailto:andy.cottell@eastsussex.gov.uk).

For further detailed information regarding specific issues to be considered by the Cabinet/individual member please contact the named contact officer for the item concerned.

EAST SUSSEX COUNTY COUNCIL

County Hall, St Anne's Crescent, Lewes, BN7 1UE

For copies of reports or other documents please contact the officer listed on the Plan or phone 01273 335138

FORWARD PLAN – EXECUTIVE DECISIONS (including Key Decisions) – 1 March 2015 – 30 June 2015

Additional notices in relation to Key Decisions and/or private decisions are available on the Council's website via the following link:

<http://www.eastsussex.gov.uk/yourcouncil/about/committees/download.htm>

Cabinet membership:

Councillor Keith Glazier - Lead Member for Strategic Management and Economic Development

Councillor David Elkin – Lead Member for Resources

Councillor Chris Dowling – Lead Member for Community Services

Councillor Rupert Simmons – Lead Member for Economy

Councillor Carl Maynard – Lead Member for Transport and Environment

Councillor Bill Bentley – Lead Member for Adult Social Care

Councillor Sylvia Tidy – Lead Member for Children and Families

Councillor Nick Bennett – Lead Member for Learning and School Effectiveness

Date for Decision	Decision Taker	Decision/Key Issue	Decision to be taken wholly or partly in private (P) or Key Decision (KD)	Consultation	List of Documents to be submitted to decision maker	Contact Officer
9 March 2015	Lead Member for Learning and School Effectiveness	Primary School Re-organisation in Crowborough		Local Members	Report, other documents may also be submitted	Gary Langford 01273 481758
	Lead Member for Learning and School Effectiveness	Determination of the admission arrangements following consultation	KD		Report, other documents may also be submitted	Sheila Locke 01273 335771
	Lead Member for Learning and School Effectiveness	Post 16 School transport	KD		Report, other documents may also be submitted	Sheila Locke 01273 335771

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	Lead Member for Learning and School Effectiveness	DSG Inter Block Transfer Financial Year 2015-16			Report, other documents may also be submitted	Jon Brown 01273 336935
10 March 2015	Cabinet	Waste Operational Savings Programme	KD P		Report, other documents may also be submitted	Stephen Potter 01273 336520
	Cabinet	South East Business Services business case	KD		Report, other documents may also be submitted	Elizabeth Owen
	Cabinet	Council Monitoring – Quarter 3 2014/15			Report, other documents may also be submitted	Jane Mackney 01273 482146
	Cabinet	SE7 Update			Report, other documents may also be submitted	Lee Banner 01273 481857
Page 89	Cabinet	To consider recommendations of the South East Local Enterprise Partnership's ('SELEP') Board following consideration by the Board of their recently completed Delivery Review.			Report, other documents may also be submitted	James Harris 01273 482158
12 March 2015	Lead Member for Adult Social Care	To consider the report in relation to the Care Act implementation			Report, other documents may also be submitted	Kirstie Battrick 01273 482016
23 March 2015	Lead Member for Transport and Environment	Capital Programme for Local Transport Improvements 2015-16	KD		Report, other documents may also be submitted	Mark Valleley 01273 482237
	Lead Member for Transport and Environment	<u>Allocation of the 2015/16 Community Match Funding to a number of community led local transport schemes</u>			Report, other documents may also be submitted	Sarah Valentine 01273 335724
	Lead Member for Transport and Environment	Provision of an on street advisory disabled bay, Gladstone Terrace, Hastings		Local Member	Report, other documents may also be submitted	Claire Peedell 01424 726347
	Lead Member for Transport	To approve the detailed design and construction of a pedestrian crossing on Victoria Drive		Local Member	Report, other documents may also be submitted	Alan Cook 01273 482263

	and Environment	Eastbourne			be submitted	
24 March 2015	Lead Member for Resources	To declare the former care home, Homefield Place, Seaford, surplus to the Council's requirements		Local Member	Report, other documents may also be submitted	Roger Simmons 01273 335522
	Lead Member for Resources	Transaction at Dunbar Drive, Hailsham	KD	Local Member	Report, other documents may also be submitted	Roger Simmons 01273 335522
20 April 2015	Lead Member for Learning and School Effectiveness	Primary School age range changes	KD		Report, other documents may also be submitted	Gary Langford 01273 481758
	Lead Member for Learning and School Effectiveness	To review the impact of the Home to School Transport Policy change			Report, other documents may also be submitted	Lou Carter 01273 482809
21 April 2015	Cabinet	External Audit Plan 2014/15			Report, other documents may also be submitted	Ola Owolabi 01273 482017
Page 90	Cabinet	<u>Better Care Fund Section 75 Pooled Budget Agreement</u>			Report, other documents may also be submitted	Kirstie Battrick 01273 482016
27 April 2014	Lead Member for Transport and Environment	<u>Provision of an on-street advisory disabled parking bay for No 16, Robin Close, Eastbourne</u>		Local Member	Report, other documents may also be submitted	Victoria Bartholomew 01424 724284
	Lead Member for Transport and Environment	Petition to introduce traffic calming measures in St Philips Avenue, Eastbourne.		Local Member	Report, other documents may also be submitted	Alan Chanamoto 01273 337121
11 May 2015	Lead member for Learning and School Effectiveness	<u>To consider the consultation on Discretionary Transport</u>	KD		Report, other documents may also be submitted	Sara Candler 01273 336670
	Lead member for Learning and School Effectiveness	Primary school re-organisation in Crowborough (determination of statutory proposal)		Local Members	Report, other documents may also be submitted	Gary Langford 01273 481758

2 June 2015	Cabinet	Treasury management annual report			Report, other documents may also be submitted	Ola Owolabi 01273 482014
16 June 2015	Lead Member for Resources	Annual Write off of debts	P KD		Report, other documents may also be submitted	Janyce Danielczyk 01273 481893
22 June 2015	Lead Member for Transport and Environment	To consider the identified sites in Bexhill where formal parking restrictions have been requested and identify the most appropriate way to take them forward	KD	Local Members	Report, other documents may also be submitted	Brian Banks 01424 724558
	Lead Member for Transport and Environment	To consider Road Safety Priorities	KD		Report, other documents may also be submitted	Brian Banks 01424 724558
29 June 2015	Cabinet	Internal Audit Strategy 2015/16			Report, other documents may also be submitted	Russell Banks 01273 481447
Page 91	Cabinet	Internal Audit Services – Annual Report and Opinion 2014/15			Report, other documents may also be submitted	Russell Banks 01273 481447
	Cabinet	Ashdown Forest Trust Fund 2014/15			Report, other documents may also be submitted	Marie Nickalls 01273 337649
	Cabinet	Quarter 4 – Council Monitoring			Report, other documents may also be submitted	Jane Mackney 01273 482146
	Cabinet	State of the County			Report, other documents may also be submitted	Jane Mackney 01273 482146
	Cabinet	Health and Wellbeing Annual Strategy			Report, other documents may also be submitted	Sarah Feather 01273 335712
	Cabinet	South East 7			Report, other documents may also be submitted	Lee Banner 01273 482857
21 July 2015	Cabinet	South East Business Services (SEBS)			Report, other documents may also be submitted	

12 October 2015	Lead Member for Learning and School Effectiveness	Consultation on Discretionary Home to School Transport, final decision	KD		Report, other documents may also be submitted	Sara Candler 01273 336672
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