



ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

THURSDAY, 17 SEPTEMBER 2015

10.00 am CC2, COUNTY HALL, LEWES

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

A G E N D A

- 1 Minutes of the meeting held on 18 June 2015 (*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 Reconciling Policy, Performance and Resources (RPPR) (*Pages 9 - 64*)
- 6 Safeguarding Adults Board Annual Report April 2014 - 2015 and Strategic Plan 2015-18 (*Pages 65 - 122*)
- 7 Update on the Implementation of the Care Act (*Pages 123 - 130*)
- 8 Scrutiny committee future work programme (*Pages 131 - 134*)
- 9 Forward Plan (*Pages 135 - 142*)
The Forward Plan for the period to December 2015. The Committee is asked to make comments or request further information.
- 10 Any other items previously notified under agenda item 4

PHILIP BAKER
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9 September 2015

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Agenda Item 1

ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

MINUTES of a meeting of the Adult Social Care and Community Safety Scrutiny Committee held at CC2, County Hall, Lewes on 18 June 2015.

- PRESENT Councillors Peter Pragnell (Chair), Trevor Webb (Vice Chair), Peter Charlton, Charles Clark, Angharad Davies, Richard Stogdon and John Ungar
- LEAD MEMBERS Councillor David Elkin (Lead Member for Resources)
- ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Louisa Havers, Head of Performance, Engagement and Safer Communities
Samantha Williams, Assistant Director, Planning, Performance and Engagement
Justine Armstrong, Safer Communities Manager
Daniel Parsonage, Strategic Commissioning Manager (Substance Misuse)
James Rowlands, Joint Strategic Commissioner for Domestic Abuse and Violence against Women and Girls
Lucy Spencer, Strategy and Partnership Officer with Prevent Lead for Annual Report on Safer Community
Becky James, Recovery Co-ordinator, East Sussex Recovery Alliance (ESRA)
Caroline Evans, Community Development Officer
Giles Rossington, Senior Democratic Services Adviser
Harvey Winder, Democratic Services Officer

1 MINUTES OF THE MEETING HELD ON 19 MARCH 2015

- 1.1 The Committee agreed the minutes of the previous meeting.

2 APOLOGIES FOR ABSENCE

- 2.1 Cllr Sheppard sent his apologies (Cllr Stogdon substitute).

3 DISCLOSURES OF INTERESTS

- 3.1 Councillor Webb declared a personal interest in item 5 as he had previously been involved in a fundraising event for East Sussex Recovery Alliance.

4 URGENT ITEMS

- 4.1 There were none.

5 WORK OF THE DRUG AND ALCOHOL ACTION TEAM (DAAT) BOARD

5.1 The Committee considered a report by the Director of Adult Social Care and Health updating it on the progress of the new Support and Treatment for Adults in Recovery (STAR) service. STAR is commissioned by the Drug and Alcohol Action Team (DAAT) and provided by Crime Reduction Initiatives (CRI).

5.2 The Joint Commissioning Manager, Substance Misuse, and representatives of East Sussex Recovery Alliance (ESRA) and Active in Recovery (AiR) provided the following additional information to supplement the written report:

- CRI sub-contracted some of the services it provided as part of STAR to Sussex Partnership NHS Foundation Trust (SPFT). Consequently, the DAAT had no input into SPFT's decision to serve notice on its involvement in STAR as the Trust was not commissioned directly by DAAT.
- There have been notable improvements in the performance of STAR since SPFT withdrew from the contract. This could be due to better communication between the individual services provided within STAR now that they are all provided by the same organisation (CRI).
- The purpose of STAR was to address the previously high number of re-presentations of the same clients within 6-18 months of completing treatment. The latest figures against the baseline show that this is being achieved.
- The STAR service uses a recovery based model of treatment rather than a medical model. The recovery model focuses on psycho-social and empathetic treatment for drugs and alcohol and involves the referral of people for rehabilitation at mutual aid groups. This model is increasingly favoured as the most effective model for recovery.
- Mutual aid groups include:
 - 12 step fellowship groups, such as Alcoholics Anonymous; and
 - local recovery groups run by people with lived experience of addiction who act as role models for patients, encouraging and inspiring them to complete their recovery process. AiR and ESRA are two local recovery groups to which STAR refers patients.
- **Active in Recovery (AiR)** is a project run by Action for Change that provides peer-led activities in Eastbourne. AiR is using funding from Public Health England (PHE) to set up a community café in Eastbourne. The café will offer a dry bar and a social space for people in recovery to use; it will also offer training in food hygiene and first aid – with other courses to follow.
- **East Sussex Recovery Alliance (ESRA)** is a peer-led local recovery group with hubs in Eastbourne and Hastings. It is run by Community Recovery Champions (who themselves are in recovery) who develop and facilitate peer-led support groups. ESRA is reliant on funding but is aiming to be self-funding.

- ESRA support groups are gender specific as men and women tend to have different support needs. The groups are designed to increase self-esteem and offer a safe space – which are best nurtured in a gender specific environment.

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

- There is no time limit to when a client is considered out of recovery. If a client relapses at any time after completing treatment, the system will record it as a re-presentation. CRI receives payment for each new individual who receives treatment, so it is in the organisation's interest to reduce cases of relapse.
- Treatment is deemed to have been completed only once a clinician has discharged the client. Long-term remission is monitored by referring to GP records, for example, whether a client receives methadone prescriptions.
- Payments by Result for the STAR service are based on 27 separate measures. These include:
 - the seriousness of the client's needs, as assessed by the Local Area Single Assessment and Referral Service (LASAR);
 - whether the client has been tested for blood-borne viruses during treatment; and
 - whether the client has entered training following completion of their treatment.
- East Sussex County Council is ultimately the accountable body with the duty to provide drug and alcohol recovery services, but it worked very closely with partners in the DAAT to commission the STAR service and continues to work closely with partners to monitor the service.
- CRI has the contract to provide STAR until 2017 with the opportunity to extend it for a further two years. DAAT regularly checks on the outcomes of the service to ensure that CRI is fulfilling the terms of its contract.
- STAR operates out of two treatment hubs in Eastbourne and Hastings with a third hub coming online in Uckfield in the future. People either self-refer for treatment, or are referred by prison services or GPs on request. There is roughly the same completion rate of treatment from all three sources as each requires high motivation on the part of the individual.
- SPFT is not a primary source of referrals to STAR, even though people with drug and alcohol issues are often in contact with mental health services; this is because the two services are not as joined up as they should be yet. Clients who are self-medicating for mental health disorders and have drug and alcohol issues often will not be referred to STAR by SPFT. If the client does self-refer to STAR, however, there will be three way meetings between SPFT, STAR and the client.
- The targets set for STAR are locally set. STAR is exceeding the national targets by an even greater margin. The number of actual drug reviews by CRI significantly exceeds the target because it has taken over this role from SPFT since the target was set.
- Outcomes, rather than output, may provide a better measure of the success of the service, but outcomes could not be included in the current payment by results

model due to the complexity of monetising them. Outcomes are measured by DAAT through interviews with clients.

5.4 RESOLVED:

1) to thank the witnesses from ESRA and AiR and to wish them well in their future endeavours;
2) to recommend to Cabinet that, due to its great success, STAR is a high priority service and consideration should be given to protecting it from savings over the next medium term financial plan period.

6 ANNUAL REVIEW OF SAFER COMMUNITIES PERFORMANCE, PRIORITIES AND ISSUES

6.1 The Committee considered a report by the Director of Adult Social Care and Health providing an overview of the East Sussex Safer Communities Partnerships' Business Plan 2015 to 2016, with particular focus on domestic abuse and the new anti-terror duties coming into force on 1 July 2015.

6.2 Officers provided the following additional information about domestic abuse and hate crime in response to questions from members of the Committee:

- Reported crime increased by 15.7% in 2013/14, but this is mainly due to:
 - a number of historic victims of the traditionally underreported crimes of domestic abuse and serious sexual offences coming forward due to high profile national cases; and
 - a nationwide tightening of the guidelines on reporting crime so that more crimes are now classed as 'violent crime'.
- Some people have expressed concern that as the White Ribbon campaign focuses on the impact of abuse on women and girls, it could be a barrier to men and boys coming forward about domestic abuse. However, it is part of an umbrella of awareness raising campaigns that the Council supports. Furthermore, campaigns targeted at specific issues with specific audiences, such as breast or prostate cancer, are more effective than general campaigns. The White Ribbon Campaign calls men to speak out to prevent male violence against women and girls.
- The adult Sexual Assault Referral Centre (SARC) – based in the Saturn Centre, Crawley – and paediatric SARC – based, temporarily, in the Royal Sussex County Hospital, Brighton – provide specialist services for either children or adults who are the victim of rape, sexual violence and abuse throughout the whole of Sussex. On the rare occasion where there is insufficient capacity at either centre, patients may be transferred to SARCs in Hampshire and London. Whilst this is a less desirable situation, there is a forensic window of time during which a patient needs to be admitted to a SARC.
- The Paediatric SARC is for young people under the age of 14. Young people aged 15-16 years are referred to either the paediatric SARC or adult SARC depending on the advice of clinicians about which would provide better support.
- Of the 264 recorded hate incidents in East Sussex in 2013/14, 203 were racist, 30 homophobic, 13 disablist, 12 religious and 6 gender based. Incidents were higher in Hastings than Eastbourne. Incidents of hate are also recorded at schools but are not included in these figures.

- Hate incidents are not about the intent, but the effect on the individual: how the victim perceives the incident, even if the perpetrator did not think it was a hate crime, is key to whether a hate crime has taken place. A third person, such as a police officer, may also perceive an incident to have been a hate crime and report it as such.

6.3 Officers provided the following information, based on a PowerPoint presentation, about the Council's new anti-terror duties:

- Under the Counter Terrorism and Security Act 2015 specified authorities (schools, nursery providers, further and higher education institutions, prisons, probation services, local authorities, the health sector and police) have new duties related to counter terrorism. Three key duties relate to identifying people vulnerable to being drawn to terrorism (Prevent); supporting people who are vulnerable to being drawn into terrorism (the Channel programme); and training staff to recognise radicalisation and extremism and provide appropriate capabilities to deal with it.
- Prevent is one of four workstreams of the UK's CONTEST counter-terrorism strategy. It is designed to stop people from beginning to support, or becoming involved in, terrorism. The Council now has a duty to assess and agree risk and coordinate Prevent activity using multi-agency groups. This will be achieved by establishing a Prevent Board which will be accountable to the Safer Communities Board. It will meet for the first time in early July 2015.
- The Channel programme was set up in summer 2014 and is overseen by a multiagency "Channel Panel" chaired by the Council. There has been one referral to the Channel Panel to date which resulted in a male not being adopted due to several agencies being already involved within the family. Activity of the Panel is fed into the Prevent Board.
- From 1 July 2015, specified authorities must train staff to recognise radicalisation and extremism and provide appropriate capabilities to deal with it. So far, 35 people have been given this training. Local councillors will be made aware of what the Council and its partners are doing in regards to its new duties and where they would need to go if they had issues or concerns.

6.4 RESOLVED – 1) to thank the witnesses for their presentations;
2) to agree to continue receiving an annual community safety update.

7 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

7.1. The Committee considered its work programme for its next two meetings on 17 September and 12 November 2015.

7.2. RESOLVED: to request that the committee papers, agendas and minutes of the East Sussex Better Together (ESBT) Scrutiny Board are circulated to Adult Social Care and Community Safety Scrutiny Committee members as a matter of course.

8 FORWARD PLAN

8.1. RESOLVED: to note the forward plan.

The meeting ended at 12.21 pm.

Councillor Peter Pragnell
Chair

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

Date: **17 September 2015**

By: **Chief Executive**

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

Purpose: **To enable the Committee to begin its engagement in the Council's business and financial planning process (Reconciling Policy, Performance and Resources) for 2016/17 and beyond.**

RECOMMENDATIONS

The Adult Social Care & Community Safety Scrutiny Committee is recommended to:

(1) consider the areas of search set out in Appendix 2 and suggest any changes or additions for consideration by Cabinet;

(2) establish a scrutiny review board to consider the developing portfolio plans and savings proposals as they emerge in December and to submit scrutiny's final comments on them to Cabinet in January 2016.

1. Background

1.1 The *State of the County* report was agreed by Cabinet on 29 June 2015. The report initiates the Council's business and financial planning process known as *Reconciling Policy, Performance and Resources* (RPPR) for the period 2016/17 to 2018/19. It outlined the national and local policy, financial and performance context and provides the background for the development of the detailed business and financial plans that will eventually be agreed by the County Council early in 2016. It is available at [State of the County](#)

1.2 This year's RPPR process will see the development of a new 3 year service and financial plan. This will be developed against a background of permanent reduction in the size of the public sector, including councils. The last five years have seen the County Council make savings of £78m, achieved through a mixture of service change, efficiency and prioritisation. During this period we have been able to make differential savings across priorities and have used reserves to invest in some areas. Whilst the County Council will still have a net budget of about £350m next year, the need to make savings of £20m-£25m in 2016/17 and a total of £70m-£90m up to 2018/19, will bring a new scale of challenge which cannot be met without direct impact on front line services for all service areas across the organisation.

1.3 At the same time as the amount of funding coming into the Council from Government falls, demand for services continues to rise due to demographic pressures. The key changes are:

- a 1% rise in the overall population, with reductions in the absolute numbers and proportions of young people and working age adults;
- an increase in the number and proportion of older people, with the largest percentage rise in people aged over 85;
- potential need for 7,500 new jobs to meet the increase in the workforce as the retirement age increases and to provide employment for those currently on Jobseekers' Allowance; and
- whilst the overall number of young people will decrease (as the population of 0-4 and 16-17 falls), there will be an increase in the number of primary age pupils in the middle of the period and a need for additional primary school places to provide places and choice in the areas where new housing growth is providing pressures on places. This bulge in the primary school population will feed through to secondary schools and there will be a need for additional places in the following three years.

1.4 The July Budget set out the Government's plans to reduce public expenditure as a proportion of GDP as part of plans to eliminate the budget deficit. The chancellor has asked non

protected government departments, which include those which fund the Council's activities, to produce plans for reducing expenditure by up to 40% as part of the Spending Review to be carried out this autumn.

2. One Council: overall approach

2.1 The Council has a strong track record and has significant plans in place which are shown in the diagram in Appendix 1. The Council's four priority outcomes for the Council will continue to provide a focus for decisions about spending and savings and will direct work across the Council. The priority outcomes are:

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

2.2 These priority outcomes and the agreed operating principles of Strategic Commissioning, Partnership and One Council working will be used to deliver service design and whole system change to:

- Recognise the reality of the permanent reduction in the size of the public sector and the resources available
- Commission integrated services working closely with partner agencies for the benefit of the whole East Sussex population
- Engage effectively with partners, residents and businesses
- Ensure the right activity is focussed on the right people and places in the most effective way for the right amount of time
- Mobilise communities and other partners to help the most vulnerable
- Specify clearly what ESCC will do, and do that well
- Strip out waste, inefficiency and costs that should be met elsewhere
- Work transparently with clarity about priorities and consequences
- Enable people to be creative and courageous, helping them to work through uncertainty
- Make the best possible use of technology, buildings and other assets.

2.3 Until the completion of the Spending Review on 25 November 2015 and the announcement of the provisional settlement in December, there will remain considerable uncertainty about the level of resources available to us for future years; the final settlement is not anticipated until early February 2016. The announcement on 17 July delaying the implementation of the cap on care costs until 2020 has deferred some of the impact of the Care Act. However, the introduction of the National Living Wage announced in the Summer Budget on 8 July 2015 has added further uncertainty.

2.4 Cabinet have asked Chief Officers to bring initial savings proposals to its meeting in October 2015. Plans for years two and three of the programme will be less detailed than those for the first year because of the uncertainty about future funding and the need to take account of the effect of current savings plans. Appendix 2 sets out the context in which future savings are being made and the areas of search for future savings across all our main service areas.

3. Scrutiny engagement in RPPR

3.1 Scrutiny's engagement in the RPPR process is vitally important. Each scrutiny committee brings to bear its collective experience of undertaking scrutiny projects and has the opportunity to add its views on where savings should be sought. Ultimately, each scrutiny committee will provide commentary and recommendations to be taken into account by Cabinet and Council before a final decision is taken on next year's budget and Council Plan early in 2016.

3.2 The **September 2015 scrutiny committees** initiate scrutiny's involvement in RPPR for the period 2016/19 by using the current portfolio plans, budget information and bringing the knowledge they have gained about the services under their purview to bear on the proposed areas of search for savings. The Audit, Best Value and Community Services Scrutiny Committee has particularly tailored its programme this year to enable it to focus on its input into RPPR.

3.3 Scrutiny committees are asked to suggest any changes they think might be appropriate. Appendix 3 contains extracts from the Financial Budget Summary 2015/16 of the areas within the remit of this committee to provide the big budget picture; the full document is at [Financial Budget Summary](#). Appendix 4 contains the current portfolio plans for the functions within the committee's remit.

3.4 Audit, Best Value and Community Services Scrutiny Committee has already set up a standing RPPR board. The other scrutiny committees are asked to agree the membership of their boards which will then consider the developing portfolio plans and savings proposals in more detail as they emerge.

3.5 The **November 2015 scrutiny committees** can explore the more detailed initial savings proposals which will have been considered by Cabinet in October.

3.6 The **RPPR scrutiny review boards** meet in December 2015 to agree the detailed comments and any recommendations on the emerging portfolio plans and savings proposals to be put to Cabinet on behalf of their parent scrutiny committees. The Chairs of all the scrutiny committees are invited to attend all the scrutiny review boards.

3.7 The **March 2016 scrutiny committees** review the process and their input into the RPPR process, and make recommendations for improvements for the future RPPR process.

3.8 Running alongside this process we will continue to hold whole-council Member forums at key points in the process to ensure that Members keep an overview of the emerging picture locally and the impacts of national announcements on our overall plans. Chief Officers will also provide any briefings that group spokespersons require to aid them in contributing to the RPPR process and future savings and spending plans.

BECKY SHAW
Chief Executive

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LOCAL MEMBERS

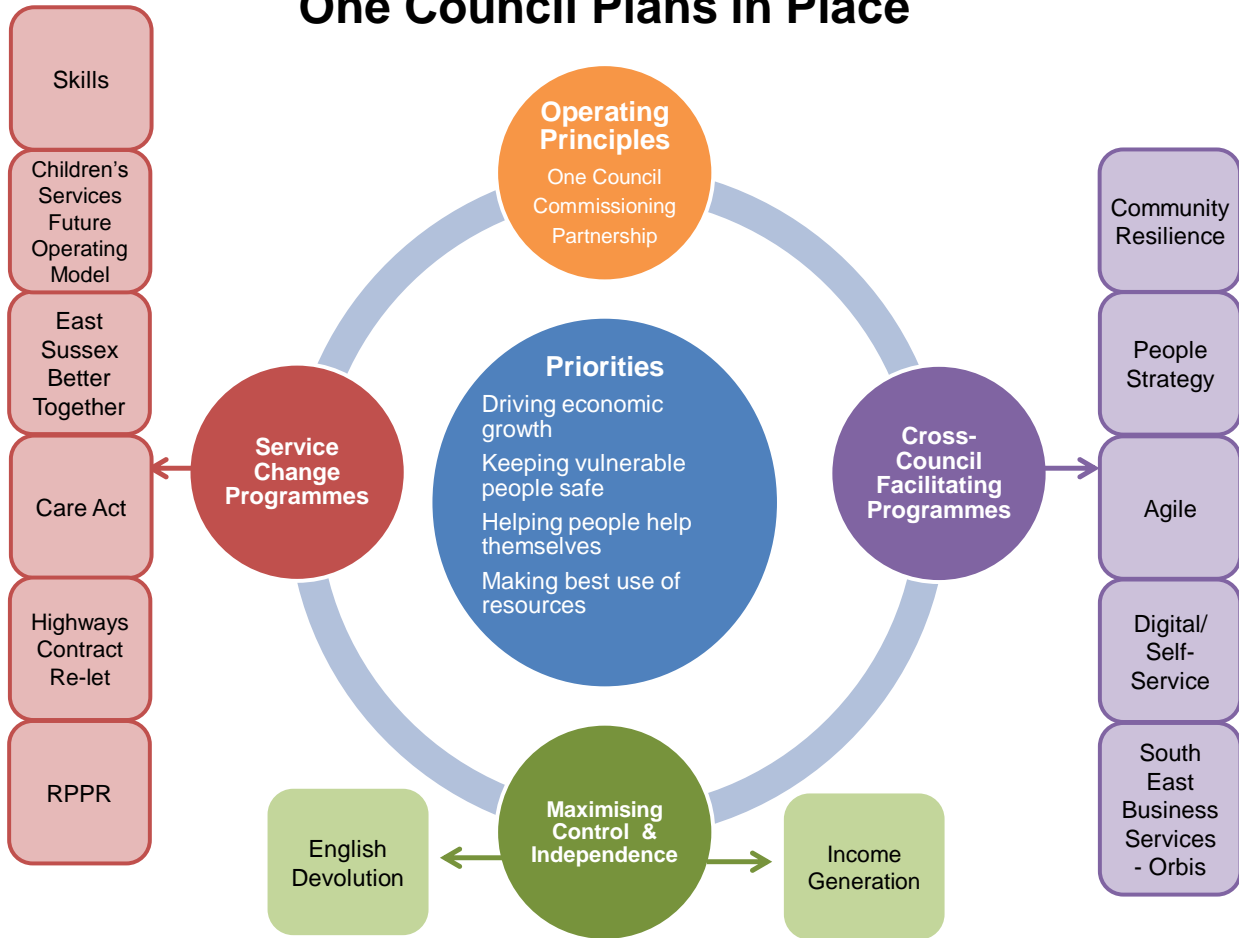
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BACKGROUND DOCUMENTS

None

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One Council Plans in Place



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Adult Social Care

As part of RPPR for 2013/16 savings of £30.3m are being made in Adult Social Care (ASC). This is being delivered by reductions in management and support, efficiencies across all areas of commissioned service, closure and re-provisioning on directly provided services, and by an average 30% reduction in community based support. Investment in reablement, prevention and carers support has been broadly protected. Given the £70-90m challenge and the high proportion of the budget spent on ASC, significant savings will be needed in this area. Taking into account the requirement to meet national eligibility criteria for access to services, demographic pressures and the savings already delivered in previous years it is not feasible to reduce the spend on the support provided to individuals with substantial and critical needs. It is also important to note that increasing efficiency and the recommissioning of services has already delivered significant savings as a means of avoiding service cuts, but as a consequence of all this work there is now less scope in these areas. The work is underpinned by the County Council's priority outcomes.

Areas of search:

- Increases to charges for services (income), although this is an area where East Sussex already performs very well
- Improved efficiency through joint investment opportunities with the NHS
- Reductions in management and support
- Service efficiencies through the reconfiguration of directly provided or commissioned services
- Shifting investment from residential to community based support in mental health services
- Disinvestment in preventative services least likely to increase demand for core provision, including Supporting People and Commissioning Grants Prospectus
- Service cuts to support that does not meet substantial and critical need

Areas of search Public health:

- Management and staffing
- Reductions in commissioned services in all non-statutory and non-mandated provision (those areas where the service model is *not* nationally set)

Business Services/Orbis

As part of RPPR for 2013/16 savings of £7m are being made in Business Services. This is being delivered by consolidating business services' functions into a single department, delivering efficiencies in ways or working; management of property and the IT infrastructure.

The target for the next three years, in the context of the significant financial pressures facing the Council, is to develop a fundamental new model for delivery of business services which: maintains support to the Council in a period of significant change; is flexible in response to future demands, challenges and significant changes in business needs; learns from and develops best practice in the public sector; is sustainable and builds on the partnership working for which the Council has a strong reputation. The work is underpinned by the County Council's priority outcomes.

Earlier this year both East Sussex and Surrey County Councils' Cabinets approved the business case to establish a joint public-sector partnership 'Orbis', to deliver business and support services to both authorities. The business case outlined the transformative arrangement that will deliver affordable services to each council and deliver benefits to both parties. A savings target of 10-15% was reported as the opportunity available from integration, from the adoption of common practices and technology and from economies of scale. The development of the Orbis Partnership will form the Business Services Strategy within the ESCC RPPR process. A three year Business Plan 2016/17 to 2018/19 will be considered by the Orbis Joint Committee at its meeting on 28th September.

Areas of search:

- Reductions in management and support through integration
- Improved efficiency through investment into systems that support the automation of transactional activity and therefore reduction in operational support
- Review of corporate systems to reduce the costs of hosting and managing ICT
- Opportunities for increased trading of services and hence income
- Opportunities for increasing the Partnership hence spreading the management costs

There will need to be consideration of investment to address a range of legacy systems issues. These will be considered on a business case by business case basis.

Communities, Economy and Transport

As part of RPPR for 2013/16 savings of £12m are being made in Communities, Economy and Transport. This is being delivered through a number of initiatives including capitalising highways maintenance, re-procurement of the highways contract, changes to supported bus services, road safety and waste. This means understanding need, matching supply to demand and making effective use of resources to meet need in the most cost effective manner. Given the £70-90m challenge there will be a requirement for significant cuts in the next three years. Taking into account statutory requirements and the savings already delivered in previous years, these will be difficult to find. It is also important to note that increasing efficiency and recommissioning of services has already delivered significant savings, but as a consequence of all this work there is now less scope in these areas. The work is underpinned by the County Council's priority outcomes.

Areas of search:

- Waste disposal contract
- Library Commissioning Strategy
- Rights of Way Commissioning Strategy
- Transport review

Children's Services

As a part of RPPR for 2013/16 savings of £13.5m are being made in Children's Services. This is being achieved through reductions in management and support, restructuring and redesigning services to ensure they target the most vulnerable and a reduced universal/discretionary offer. In addition the success of THRIVE and the remodelling of early help services led to reduced demand. These activities have helped us achieve savings and avoid costs but we will need to think even more radically as we go forward. Given the £70-90m challenge there will be a requirement for significant cuts in the next three years. The work is underpinned by the County Council's four priority outcomes and operating principles.

At the end of 2019 we will be working with fewer children and families. Children's Services will be smaller, we will not be providing all the services that we are now and the services we do provide are likely to be delivered differently.

As we reduce the resources deployed within Children's Services there will need to be a larger draw on universal staff, for example in schools, GPs, nurseries, fire services and health visitors. Universal staff will be expected to address the needs of children, young people and their families rather than referring them on to more expensive statutory services.

Areas of search

- Service efficiencies through the reconfiguration of directly provided or commissioned services e.g. Children's Centres, Health Visiting
- Disinvestment in preventative activity where that disinvestment is least likely to increase demand

- Reduction in management and support posts
- Reduction in placement costs for Looked After Children and SEND placements
- Review of specialist/wrap around services
- Reducing significantly discretionary transport spend
- Income generation
- Increase the level of school to school support
- Increased self-service and developing our digital offer

Governance Services

As part of RPPR for 2013/16 savings of £1m have been made in Governance Services, with additional significant savings from counsel spend on Children's Services issues. The saving has been delivered by efficiencies and new ways of working, income generation and demand management for legal and communications services.

The target for the next three years, in the context of the significant financial pressures facing the Council, is to ensure a robust and appropriate sized model that maintains support to the Council in a period of significant change. The work is underpinned by the County Council's priority outcomes.

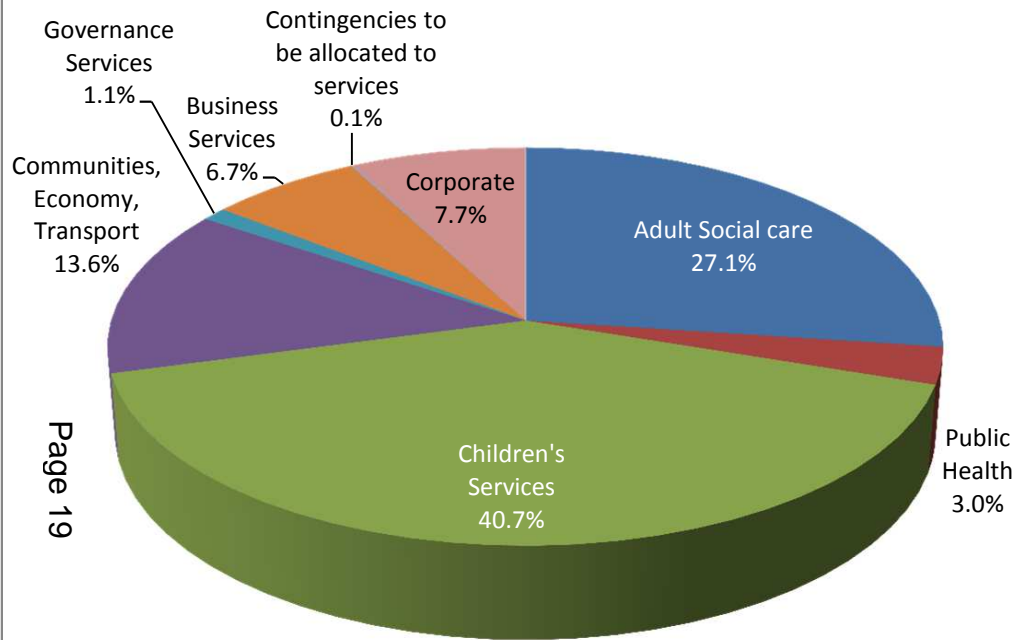
Areas of search

- Improved efficiency through joint working with Surrey County Council on legal services
- Demand management for legal and communications services
- Opportunities for increased trading of services to increase income
- Service efficiencies and cuts across the area

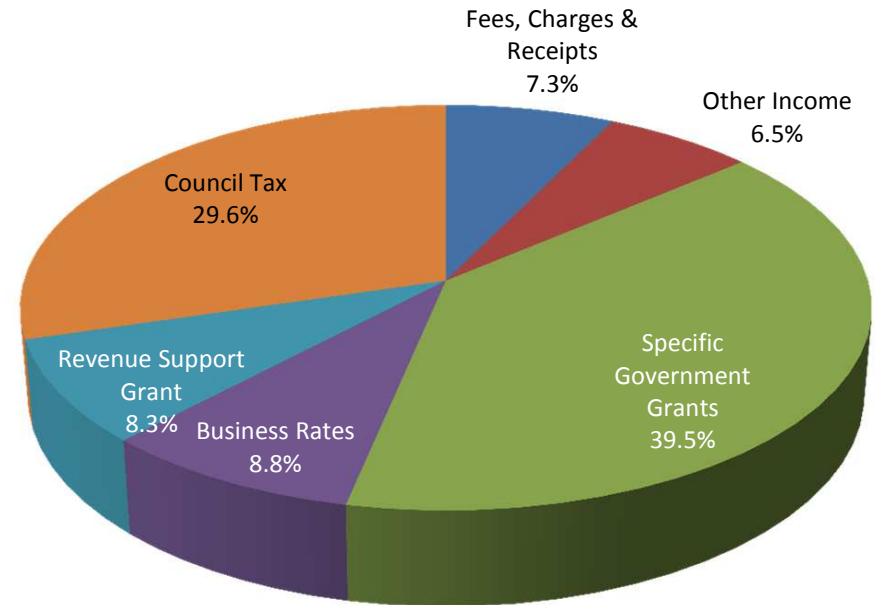
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Revenue Budgets - aggregate expenditure and income

Expenditure by service: £783.4m



Income by type: £783.4m

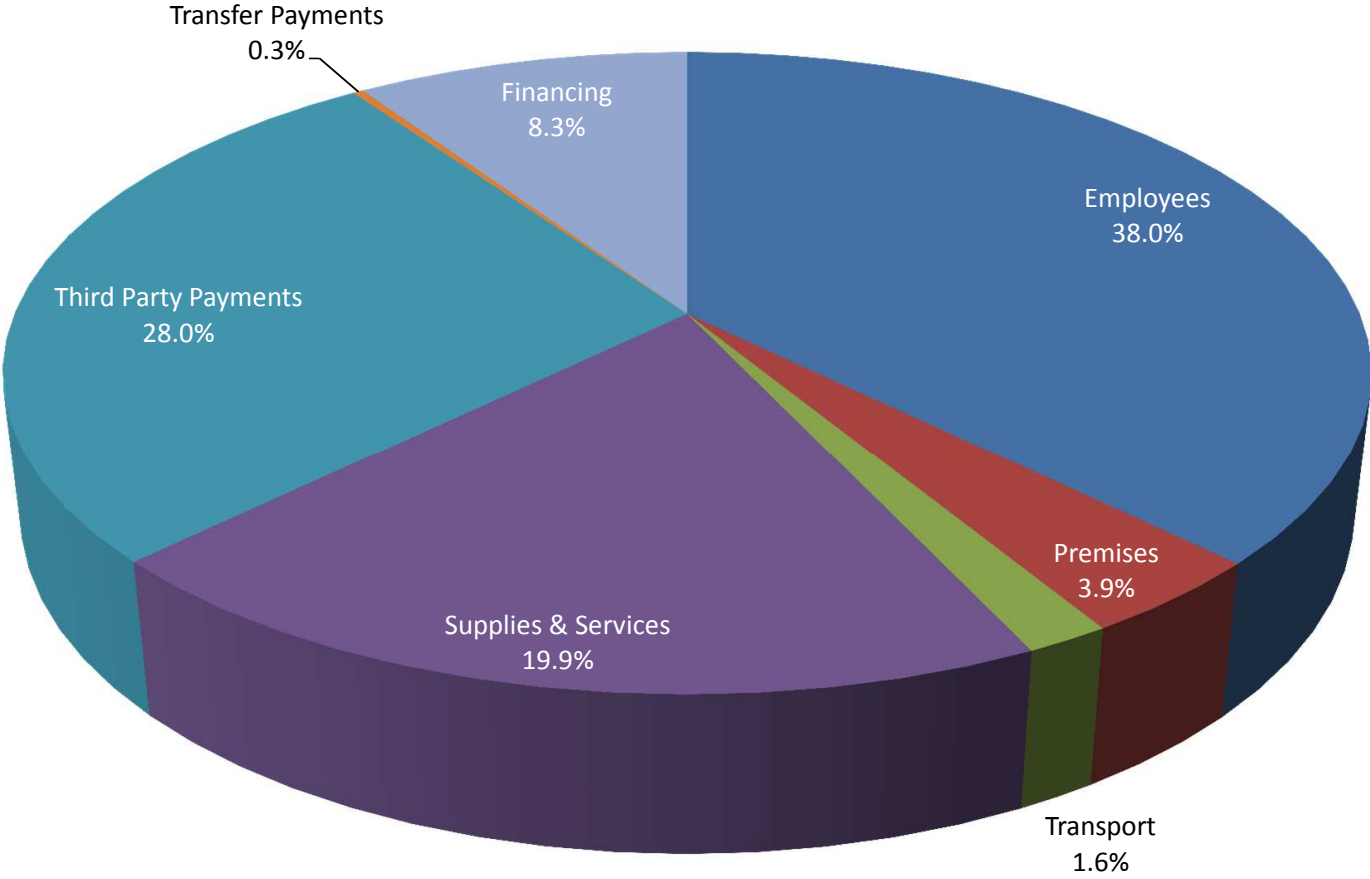


Revenue budget summary - subjective analysis

Analysis of 2015/16 budgets by type of cost

Department	Employees	Premises	Transport	Supplies and Services	Third Party Payments	Transfer Payments	Financing	Total Expenditure	Government Grants	Other Grants and Contributions	Fees, Charges & Receipts	Planned use of reserves	Total Income	Net Service Expenditure	Recharges to Capital Programme	Internal Charge Expenditure	Internal Charge Income	Net Service Expenditure
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£,000	£000	£000	£000
Adult Social Care	52,685	1,338	1,081	6,232	151,251	-	-	212,587	(4,303)	(20,062)	(30,247)	(346)	(54,958)	157,629		1,995	(1,399)	158,225
Public Health	1,638	-	32	754	18,815	-	2,488	23,727	(24,067)	-	-	-	(24,067)	(340)		390	(50)	-
Business Services	18,318	10,265	174	22,090	357	900	6	52,110	(1,759)	(3,154)	(9,814)	(1,206)	(15,933)	36,177	(475)	2,008	(18,860)	18,850
Children's Services	199,647	14,496	1,724	56,625	44,722	1,323	-	318,537	(263,649)	(3,200)	(5,076)	(1,575)	(273,500)	45,037		46,850	(21,095)	70,792
Communities Economy & Transport	20,112	4,201	9,663	66,238	3,285	-	2,788	106,287	(5,149)	(14,941)	(12,037)	(2,770)	(34,897)	71,390	(2,606)	2,585	(12,111)	59,258
Governance Services	5,011	313	70	2,855	509	-	-	8,758	(295)	(561)	(140)	(24)	(1,020)	7,738		135	(448)	7,425
Unallocated	-	-	-	976	-	-	-	976	-	-	-	-	-	976		-	-	976
Services	297,411	30,613	12,744	155,770	218,939	2,223	5,282	722,982	(299,222)	(41,918)	(57,314)	(5,921)	(404,375)	318,607	(3,081)	53,963	(53,963)	315,526
Centrally held budgets					432		59,984	60,416	(10,214)				(10,214)	50,202				50,202
Total	297,411	30,613	12,744	155,770	219,371	2,223	65,266	783,398	(309,436)	(41,918)	(57,314)	(5,921)	(414,589)	368,809	(3,081)	53,963	(53,963)	365,728

Expenditure by type: £783.4m



Revenue Budgets - Adult Social Care

2014/15		Estimate 2015/16										
Net Expenditure budget		Gross Expenditure		Total	Government	Service	Total	Net	Recharges	Internal	Internal	Net
		Staff	Other costs	Expenditure	Grants	Income	Income	Expenditure	to Capital Programme	Charge Expenditure	Charge Income	Expenditure
£000		£000	£000	£000	£000	£000	£000	£000	£'000	£000	£000	£000
50,972	Older Peoples' Services	10,120	74,226	84,346	-	(34,952)	(34,952)	49,394	-	240	-	49,634
14,880	Physical Disability Services	124	18,865	18,989		(4,259)	(4,259)	14,730	-	-	(92)	14,638
43,729	Learning Disability Services	8,172	40,340	48,512		(3,677)	(3,677)	44,835	-	396	(452)	44,779
6,421	Mental Health Services	-	8,263	8,263	-	(1,816)	(1,816)	6,447	-	-	(443)	6,004
1,739	Other Adult Services	604	2,509	3,113	-	(478)	(478)	2,635	-	80	-	2,715
10,001	Supporting People	261	8,958	9,219	-	(346)	(346)	8,873	-	988	-	9,861
410	Safer Communities	362	301	663	-	(251)	(251)	412	-	4	-	416
23,157	Assessment & Care Management	25,703	1,172	26,875	(2,421)	(884)	(3,305)	23,570	-	154	(195)	23,529
6,876	Management & Support	7,339	5,268	12,607	(1,882)	(3,992)	(5,874)	6,733	-	133	(217)	6,649
158,385	Total	52,685	159,902	212,587	(4,303)	(50,655)	(54,958)	157,629	-	1,995	(1,399)	158,225

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Main changes between years	£000
Net expenditure budget 2014/15	158,385
Unavoidable Additional Service Spend	1,602
Inflation	3,497
Savings	(7,168)
Other Adjustments	
Changes in responsibility	1,295
Other	614
Departmental Estimate 2015/16	158,225

Capital programme - current programme resources

Capital Programme	Total Budget	Total Previous Years Spend	2014/15	2015/16	2016/17	2017/18	Remaining Budget Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Gross Expenditure	748,610	279,392	166,105	139,275	71,621	92,217	469,218
Scheme Specific Income	(246,379)	(118,250)	(38,674)	(23,588)	(23,617)	(42,250)	(128,129)
Net Expenditure	502,231	161,142	127,431	115,687	48,004	49,967	341,089
Adult Social Care	18,464	11,488	3,563	2,893	253	267	6,976
Business Services	59,765	12,298	15,068	12,079	9,910	10,410	47,467
Children's Services	121,741	42,608	29,960	24,432	12,150	12,591	79,133
Communities, Economy & Transport	302,146	94,748	78,725	76,283	25,691	26,699	207,398
Governance	115		115				115
Net Expenditure by Department	502,231	161,142	127,431	115,687	48,004	49,967	341,089
Current Funding Assumptions			2014/15	2015/16	2016/17	2017/18	Total Resource
			£'000	£'000	£'000	£'000	£'000
Capital Reserves			18,135	17,717	1,775	110	37,737
Section 106				2,844			2,844
Non Specific Grants			50,668	43,106	25,229	22,800	141,803
Capital Receipts			7,531	5,995			13,526
Revenue Contributions			23,075	16,189	6,617	5,298	51,179
Borrowing			28,022	29,836	14,383	21,759	94,000
			127,431	115,687	48,004	49,967	341,089

Capital programme - Adult Social Care

Adult Social Care	Total Budget	Total Previous Years Spend	2014/15	2015/16	2016/17	2017/18	Remaining Budget Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ASC PPF IT Infrastructure	317	276	41				41
Older People's Service Opportunities	536	318	140	78			218
Gilda Close, Polegate	604	302	302				302
Westfield Lane, Hastings	585		293	292			585
Ninfield Road, Bexhill - MH Supported Accommodation	410	205	205				205
508 Seaside (formerly St Anthony's Court)	673	337	336				336
Greenwood, Bexhill-on-Sea	463	403	60				60
Extension to Warwick House	7,339	6,200	1,139				1,139
Social Care Information Systems	4,000	711	1,786	1,503			3,289
LD Service Opportunities	2,285	409	963	500	413		1,876
LD Extra Care Project	350	150		200			200
Battle Road, Hailsham	1,000	500		500			500

Capital programme - Adult Social Care

Adult Social Care	Total Budget	Total Previous Years Spend	2014/15	2015/16	2016/17	2017/18	Remaining Budget Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Extra Care Housing - Bexhill-on-Sea	790	720		70		
Refurbishment of Facilities to meet CQC Standards	374	188	186				186
House Adaptations	3,349	2,320	262	250	250	267	1,029
Gross Expenditure	23,075	13,039	5,713	3,393	663	267	10,036
Scheme Specific Income	(4,611)	(1,551)	(2,150)	(500)	(410)		(3,060)
Net Expenditure	18,464	11,488	3,563	2,893	253	267	6,976

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Adult Social Care and Safer Communities

Portfolio Plan 2015/16 – 2017/18

June 2015

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Our Priorities and Operating Principles

Our Priorities

The Council has set four priority outcomes:

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

Operating Principles

The Council has agreed three operating principles:

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

Policy Overview by Lead Member

1.1 2015/16 is the final year of the current three year savings programme, which set a £27.8 million savings target for Adult Social Care. Delivering savings of this scale have impacted across a range of Adult Social Care functions and services and given the profile of spend across the department; it has been necessary to deliver a significant proportion of these savings from the Community Care budget.

1.2 Throughout the 2013/14 to 2015/16 medium term financial plan, our aim has been to minimise the impact of savings on clients and carers; aiming to develop and find different and more cost effective ways of meeting individuals care needs within the context of having to reduce care packages by an average of 30%. We have increased the numbers of people receiving direct payments to give more flexibility and control to people over how their needs are met. We have also expanded our capacity for providing reablement support and short term interventions, enabling people to regain skills and confidence to remain living safely and independently in their own homes, whilst also reducing the need for ongoing care and support.

1.3 We routinely monitor and assess the impact that reducing peoples care packages is having, and we are acutely aware that this is a difficult and challenging time for clients, carers and staff. Providing accurate and timely information and having open and honest dialogue with clients, their carers and families is particularly important when the level of care people receive might be changing. Client surveys show us that people are feeling less satisfied about the level of choice they have; 94% feel they have been treated with dignity and respect and 80% are satisfied with their quality of life. Satisfaction levels are generally lower for carers and we have ensured that carers services are protected, in order to maintain the levels of support available to them.

1.4 Last year we referenced the Care Bill which, once law would bring significant change to Adult Social Care. On 14 May 2014, the Care Bill was passed into law as the Care Act 2014. As anticipated, the Act introduces major reforms to the legal framework for Adult Social Care, to the funding system and to the duties of local authorities and rights of those in need of social care. The Act consolidates much of the existing best practice as well as placing a number of new duties on the Local Authority. Some significant changes include offering support for people who would have previously funded their own care; implementing new rights for carers, putting them on the same footing as the adults they care for; implementing a lifetime cap on the amount people have to pay towards their care costs; and making sure that information and advice about care and support is available to everyone, at every stage that is relevant.

1.5 We will be implementing the Care Act in East Sussex throughout 2015/16, in accordance with the Guidance and Regulations. We are committed to working collaboratively with Local Authorities across the region to ensure we are taking a consistent approach to implementation wherever we can. We are currently looking at how we can best meet the anticipated increase in demand for social care support and ensuring we are well placed to meet the new duties as set out in the Act.

1.6 Looking forward, the financial challenges remain and we know that demand for both health and social care services continue to increase. We also know that we need to change the way we organise health and social care services in East Sussex, to better meet the needs of our community. Doing nothing is not an option.

1.7 East Sussex's four health and social care commissioning organisations (the three CCGs and the County Council) together spend around £935 million every year on services for local

people. We all need to work together to make sure we spend 100% of that £935 million, funded by tax payers, better and more effectively so that every penny really counts. We want to reduce our reliance on acute services and invest much more in high quality primary and community services to ensure this support is more readily available for local people.

1.8 East Sussex Better Together is our programme to help us and the NHS work together so we can ensure high quality and affordable care now and for future generations. Our shared vision is that within 3 years there will be a fully integrated health and social care economy in East Sussex that makes sure our population receives proactive, joined up care and supports everyone to live as independently as possible.

1.9 To further improve the way we work together and to ensure local community needs are understood, we have in place a Health and Wellbeing Board. The priorities and key tasks contained within the Health and Wellbeing Strategy 2013-2016 are supported by a range of Adult Social Care activity for adults and older people, aimed at improving outcomes, reducing inequalities and helping to manage or reduce demand in future years.

1.10 In May 2014 I took on the Lead Member role for Community Safety, working with the Safer Communities Partnership to ensure East Sussex remains a safe place for residents and visitors. East Sussex County Council (ESCC) has been awarded White Ribbon status due to its level of commitment to increasing awareness on the issue of domestic abuse and providing services aimed at reducing the number of crimes and incidents.

1.11 Delivering the East Sussex Safer Communities Partnership Domestic Abuse Strategy (2014/19) is a priority for the Partnership. The Strategy sets out a multiagency approach to working together, to support all our residents of East Sussex to have safe, equal, abuse free relationships. The strategy includes reviewing our training to raise awareness of groups of people who are less likely to report, and further develop behaviour change programmes for perpetrators of domestic abuse.

1.12 In 2014/15 the Coalition Government's 'Transforming Rehabilitation' Agenda was implemented, with the creation of a new National Probation Service to manage offenders assessed as High Risk of Serious Harm and local Community Rehabilitation Companies, who manage low and medium risk of harm cases. In 2015/16 we will develop our partnership working with these new organisations to ensure that the needs of communities, victims and offenders are identified and addressed.

1.13 We work closely with the Drug and Alcohol Action Team Board, which is the key strategic partnership in overseeing the plans to address substance misuse. A new East Sussex Substance Misuse Strategy will take effect in 2015 and cover a five year period. This will build on the progress made so far and continue to concentrate on those people who currently cause greatest harm to themselves and others, and every effort will be taken to identify those who are more likely to make decisions that will cause damage and harm in future.

1.14 During the period covered by this Portfolio Plan, Adult Social Care and Community Safety will experience unprecedented levels of change. Whether driven by financial, policy or legal change, we remain committed to ensuring we continue to improve outcomes for clients, carers, residents and visitors in East Sussex.



Lead Member: Councillor Bill Bentley
Lead member for Adult Social Care & Community Safety

Delivering the Priority Outcomes

2.1 From 2015/16 we will see the beginning of unprecedented levels of change within Adult Social Care and this will have a significant impact on the way in which we will meet our priority outcomes.

2.2 The Care Act brings together existing care and support legislation into a new set of laws built around people's wellbeing, needs and goals. It represents the most significant reform of care and support in more than 60 years. The Care Act for the first time puts carers on the same footing as those they care for and sets a limit on the amount people have to pay towards the cost of their care. Most of the duties come into force in April 2015 including a new national minimum eligibility threshold for care and support. The cap on care costs will operate from April 2016.

2.3 In addition, not only in East Sussex but in health and social care systems across the country, significant challenges are being faced. These challenges come from a growing population, particularly in the over 65s, increasing number of people living with long term conditions, advances in medical technology and rising patient and public expectations.

2.4 To improve this, 'East Sussex Better Together' will see the three East Sussex Clinical Commissioning Groups and ESCC working together to improve the care and support that people receive. By working together to decide how we spend our combined budget of around £935 million, we can design joined-up services around the needs of patients and service users while bringing about the fundamental changes that are needed.

❖ Driving economic growth

2.5 To promote economic growth, we are introducing a number of schemes to help people access and retain employment. Supported employment contracts have been commissioned to support people with mental health conditions, physical disabilities and sensory impairments and learning disabilities to gain and sustain employment. A new service has also been commissioned to support carers to secure, retain or return to employment and access education and training.

❖ Keeping vulnerable people safe

2.6 Ensuring vulnerable adults are safe remains a key priority for Adult Social Care and the Safer Communities Partnership. The work undertaken by the department, alongside other organisations through the Safeguarding Adults Board ensures that any suspected abuse is investigated. To ensure continuous improvement in this area, a number of work streams have been identified including delivering awareness raising campaigns, ensuring investigations focus on client outcomes through the Making Safeguarding Personal project, increasing the use of formal and informal advocacy in safeguarding, and developing joint/ multi-agency training opportunities.

2.7 In addition, work is being undertaken to prepare for the implementation of the changes resulting from the Care Act which has a number of significant impacts on adult safeguarding including:

- Making Safeguarding Adults Boards statutory;
- Making safeguarding enquiries a corporate duty for local authorities;
- Making Serious Case Reviews mandatory;

- Placing duties to co-operate over the supply of information;
- Placing a duty on local authorities to find advocacy for people who do not have anyone else to speak up for them where they have a substantial difficulty in communicating;
- Re-enacting existing duties to protect people's property when in residential care or hospital; and
- Placing a duty of candour on providers about failings in hospital and care settings and create a new offence for providers of supplying false or misleading information.

2.8 The Safer Communities Partnership ensures continuous improvement in this area by undertaking a strategic assessment of community safety in order to select priorities for joint work and plan activity for the forthcoming year. The current priorities selected by the East Sussex Safer Communities Partnership are to:

- To support and protect vulnerable victims of anti-social behaviour and hate crime by ensuring processes and initiatives are focused on the more vulnerable within our communities;
- To ensure residents and communities are free from domestic abuse and are less socially tolerant of it. To increase people's ability to have healthy relationships, increase safety for people at risk of abuse and hold perpetrators to account, requiring them to change their behaviour;
- To work in partnership to identify offenders and re-offenders to address their needs, change their behaviours and reduce the likelihood of future offending and the number of victims;
- Continue to reduce first time entrants into the criminal justice system, re-offending in young people and the use of custody by tailoring effective interventions based on risk that where appropriate involve the whole family;
- To reduce the crime, anti-social behaviour and social harms caused by substance misuse. This will include targeting those who commit offences to purchase drugs, supporting people in their recovery and expanding on the work that has already began in relation to the issue of novel psychoactive substances;
- To improve road safety across East Sussex by reducing the number of people killed and seriously injured, and reducing the incidents of anti-social driving by encouraging closer involvement of the community;
- To increase the safety and wellbeing of people who experience rape or sexual violence & abuse including their confidence to report, improve people's understanding of consent, reduce the acceptance of sexual abuse or exploitation and hold perpetrators to account;
- To work in partnership on the PREVENT agenda and raise awareness of professionals so they can identify and safeguard vulnerable people at risk of being radicalised; and
- To increase partnership working to help bring together local services that are in place to meet the needs of the street community. This will help to identify and address the concerns associated with street communities, including crime, anti-social behaviour, homelessness and substance misuse;

2.9 In order to improve the identification of people who are most vulnerable in East Sussex, we will continue to measure satisfaction from our commissioned services by monitoring:

- The percentage of domestic abuse victims reporting improved safety following the completion of their Multi-Agency Risk Assessment Conference (MARAC) action plan;
- The number of domestic abuse victims reporting satisfaction and benefit from Independent Domestic Violence Advisor (IDVA) intervention;

- The percentage of high risk victims of anti-social behaviour or hate crime who have reported an increase in how safe they felt from the beginning of the Safe from Harm intervention to the end; and
- The proportion of clients of the Safe from Harm service completing service user evaluations who report satisfaction with the service.

❖ **Helping people help themselves**

2.10 Wherever possible, we will try to find ways of enabling people to help themselves. Not only does this promote their independence through allowing them to arrange support that is tailored to meet their needs and circumstances, it also reduces the need for more expensive forms of support.

2.11 Several preventative and early intervention services have been commissioned through the voluntary and community sector to support people to help themselves and to develop resilience. For example, the East Sussex Disability Association have been commissioned to provide information and advice by Occupational Therapists on community equipment that can help people live more independent lives without requiring more direct support. Additionally, short term services and training have been commissioned for carers to develop coping skills and sustain the caring role.

2.12 There are a number of ways in which we help people to help themselves. If possible, we will signpost people to services in the voluntary and community sector and from April 2014 to March 2015, 23% of requests for support from new clients resulted in the provision of information and advice, or signposting to other services.

2.13 Under the Care Act 2014, Local Authorities must establish and maintain a service to provide people in their areas with information and advice relating to care and support for adults and support for carers. As a department, we are constantly trying to improve the information and advice that is available to people. Two of the tools we have to do this are East Sussex 1Space and Support With Confidence. East Sussex 1Space provides online access to a growing directory of over 1,800 wellbeing services and support groups for all ages across the county. Between April 2014 and March 2015, a total of 43,511 people accessed the directory and work is being undertaken to further increase this number. Voluntary and community sector services like Age UK and Care for the Carers have also been commissioned to take a more coordinated approach to sharing information with local people.

2.14 Support With Confidence is a joint venture between Adult Social Care and Trading Standards which helps people find care and support services that they can trust. People and organisations that have been accepted are vetted and approved on grounds of quality, safety and training. By March 2015, 141 members had registered with the service.

2.15 The introduction of our new Social Care Information System will enable clients (self-funders and council funded) to manage their care and their interactions with the Council and their providers online. It also enables care accounts to be established, managed and monitored via an online account. This functionality will enhance our ability to meet both 2014 Care Act requirements and the 2015 requirements around care accounts.

2.16 Wherever possible, support is now provided in the form of a personal budget. This is an amount of money allocated to someone to meet their social care needs. Clients can choose to manage the personal budget themselves in the form of a direct payment, or they can

choose the care and support they want but opt for the council to manage the budget. This is called self-directed support. Providing support in this way significantly increases the control clients have over the care they receive and as a result, empowers them by increasing their independence.

2.17 We are promoting the use of Telecare equipment in the community wherever it meets the needs of an individual and supports the prevention of carer breakdown. Telecare provides a range of personal and environmental sensors in the home that can alert to a 24/7 call monitoring centre to enable people to remain safe and independent in their own homes. Between January and December 2014, the number of clients and carers using Telecare increased from 3,500 clients 4,200. Growth is expected to continue through 2015/16 and is forecasted to reach approximately 5,000 people by March 2016. We are exploring ways of working with CCGs and other NHS colleagues to develop the use of Telecare to support prevention of hospital admissions.

❖ **Making best use of our resources**

2.18 To ensure that we are working efficiently and providing the best possible service to customers, we are currently undertaking a programme of change called 'GoAgile'. GoAgile aims to make the workforce more responsive and efficient by enabling them to work flexibility through the increased use of mobile technology and more flexible workspaces.

2.19 2015 will also see the replacement of the client database that is used by Adult Social Care and Children's Services with the system going live in autumn 2015. Liquidlogic, the new system, is a more intuitive, easy to use system than the existing one and will offer a more efficient recording process for staff in both departments. The system will also offer a self-assessment tool, allowing local residents to complete an assessment of their needs prior to a formal assessment. As well as underpinning the key principles of personalisation, this will also enable the department to work more efficiently.

Forward Plan

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

❖ **Driving economic growth**

3.2 The ability for East Sussex residents to be able to support themselves financially is an important part in promoting their independence. The Supporting People programme subsidises a number of programmes that improve people's opportunities for employment and gain access to paid work. For example, Home Works supported 591 people to access paid work in 2014/15 and 888 people to participate in training and education to improve work opportunities and there are plans to increase contact with housing support services to 1,450 people to help them improve their employment opportunities.

❖ **Keeping vulnerable people safe**

3.3 Ensuring people are safe remains the departments highest priority. Adult Social Care works alongside a number of other agencies such as East Sussex Healthcare NHS Trust, Sussex Police, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance Service, East Sussex Fire and Rescue Service and Trading Standards to ensure that people in East Sussex are safeguarded from harm, given safe care and enabled to live their lives independently and free from abuse.

3.4 There were 4,010 alerts of abuse received in East Sussex between April 2014 and March 2015. This is an 11% increase on the number of alerts reported during 2013/14 (3,607 alerts).

3.5 Once an alert is received, a decision is made about whether to investigate it or not. Of the 4,010 alerts received in East Sussex, 847 went on to be investigated. This equates to 21% of the alerts received. The remaining alerts were either managed through care management procedures or were not taken any further.

3.6 The introduction of the Care Act will bring significant changes to the whole of the safeguarding agenda. One of these changes will be increasing the emphasis on involving the person and the outcomes that the adult wishes to achieve. East Sussex has already started this work through the Making Safeguarding Personal project and once embedded, lessons learnt through previous investigations will inform future practice. This will be monitored through the completion of Performance & Quality Assurance Framework based reviews.

3.7 Another area that we will be focusing on will be the increased use of advocacy, particularly in safeguarding situations. Again, the Care Act places a duty on the local authority to find advocacy for people who do not have anyone else to speak for them and have a substantial difficulty with communication. One of the activities being undertaken is to ensure the Mental Capacity Act is embedded in practice and promote the use of Independent Mental Capacity Advocates.

3.8 We are continually seeking to improve the way we safeguard adults from abuse and this year a new approach to evaluating the quality of safeguarding activity and identifying learning in Adult Social Care started. The revised model for auditing safeguarding investigations includes analysis of decision-making, risk and safeguarding planning within a team-based approach. It has been tailored to support the development of outcomes-focused practice and the personalisation of safeguarding. Piloted in August 2014, the audit highlighted a number of aspects of good practice as well as areas for improvement, the learning from which will inform changes to practice in the future.

❖ **Helping people help themselves**

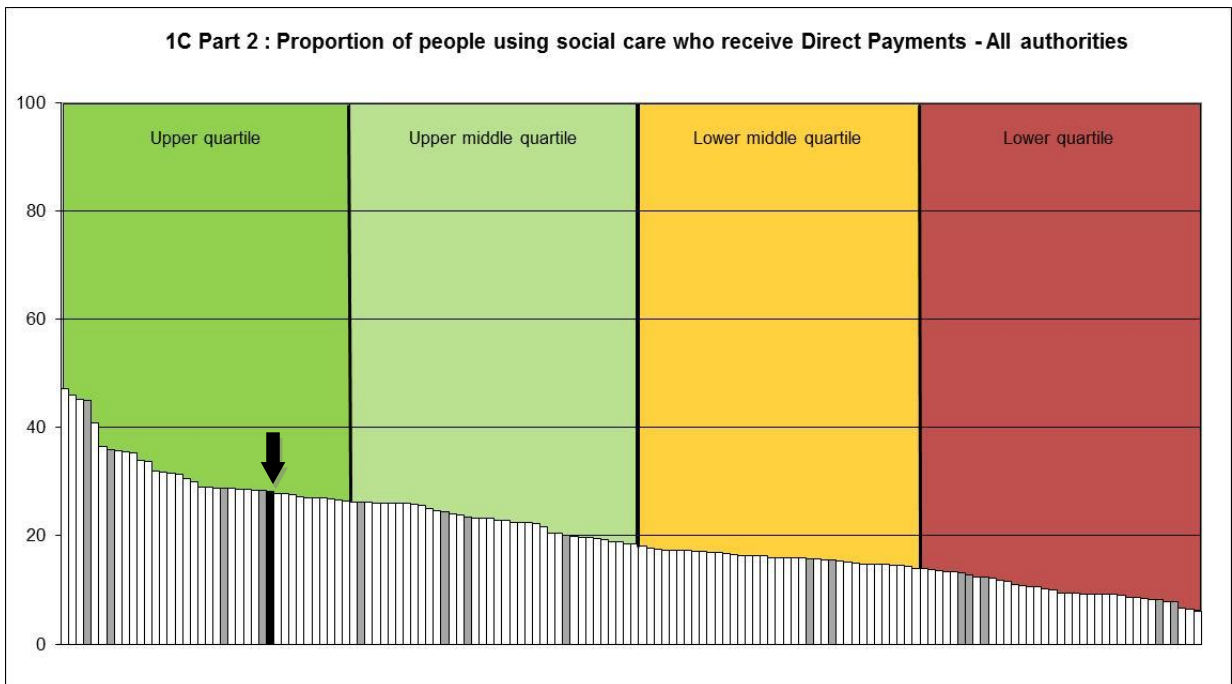
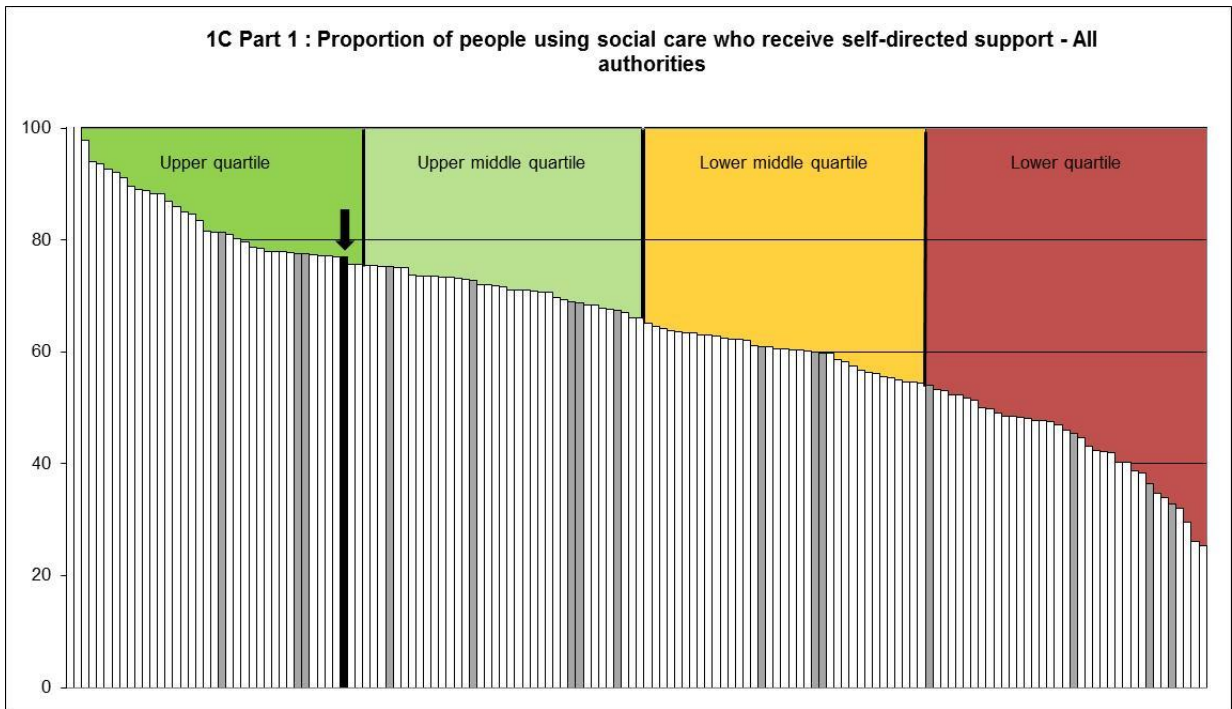
3.9 By helping people to help themselves we are trying to maximise peoples ability to live independently as well as delivering better outcomes and reducing the need for more expensive services.

3.10 Last year we ensured that people had access to a core offer of information, advice and signposting about what is available in their local area. This is something that we will continue to develop over the forthcoming year. To make this information more accessible to people we will update the Adult Social Care part of the ESCC website. By doing this we will make content more accessible on mobile devices and make it easier for people to find an answer or complete a task by publishing fewer downloadable documents and cutting down the amount of information on pages too.

3.11 We will also continue to promote schemes such as Support With Confidence and develop East Sussex 1 Space as a means to ensure that people are able to quickly access information about a range of support options available in their local area.

3.12 Self directed support remains a key focus for the department as a means of offering greater control to clients and carers over how their care and support is provided. However, the need for substantial savings over the forthcoming years will mean that the direct payments and personal budgets offered will have a greater focus on personal care needs, with less emphasis on domestic activities of daily living as part of the redefined Adult Social Care offer. Clients will however be advised about how they can access support for domestic tasks of daily living through other means and services have been commissioned to facilitate this.

3.13 Benchmarking results for 2013/14 show that of the people who are assessed as being eligible for services, East Sussex is the 36th highest performing authority out of 150 authorities when it comes to the provision of self-directed support, and 28th highest in relation to the provision of direct payments, highlighting the successes we have had in providing these forms of support to our clients. (Please note that the calculations for these measures have changed since 2013/14 so comparisons between the two years should not be made.)



3.14 One of the ways in which we will reduce the need for more expensive care and hospital admissions is to provide reablement services. Reablement helps people to do things for themselves rather than having to have things done for them. It is an active process, supporting people to regain skills and increase their confidence and independence.

3.15 The Joint Community Rehabilitation service is one of these services, providing rehabilitation and reablement support in partnership with the local NHS trust by providing short term support to people in their own homes. In 2013/14, 80% of people discharged from the service needed no on-going care. In 2015/16, the target is less than this at 60% however this reflects the intentions of the service to focus on clients with more complex needs.

3.16 In addition to the services provided by the Joint Community Rehabilitation service we have also commissioned reablement homecare as part of the recent Community Services

Tender. Reabling homecare provides people with the opportunity to practice and regain skills for independent living. Contracting with the independent sector will provide greater capacity and equity across East Sussex, to ensure more people can benefit from reabling homecare which will reduce the need for ongoing care and support.

3.17 In 2014/15 a new national outcome measure was introduced to look at the proportion of new clients who received short-term services during the year, where no further request was made for ongoing support. In the context of this measure, short-term support is defined as 'short-term support which is designed to maximise independence'. This measure will therefore provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support which results in no further need for services. Between April 2014 and March 2015, 88.8% of people (new clients) who received short-term services had no further request made for ongoing support, this equates to 516 new clients having no ongoing support following short-term support to maximise independence, out of 584 clients.

3.18 We also monitor the number of existing clients who receive episodes of short term services to maximise independence. Of the 1,352 episodes (for both new and existing clients) between April 2014 and March 2015, a total of 376 (27.8%) resulted in no services provided as no needs were identified. It should be noted also that 532 (39.3%) resulted in ongoing low level support only.

3.19 We work with housing providers, care and support providers, district, borough and health colleagues to develop and provide housing options which will support clients and their carers to remain living independently.

3.20 To date 5 extra care housing schemes have been developed (one in each district and borough) which provide 186 social rented and 31 shared equity flats as alternative living accommodation to residential care. A further 2 schemes will open in 2015/16. Bentley Grange, a 45 unit scheme in Hailsham will be completed in the summer of 2015 and the Orangery in Bexhill will provide an additional 58 units from early 2016.

3.21 Looking further ahead, over the next 3-4 years, proposed additional schemes are planned for Lewes and West St Leonards. These schemes will increase the number of places available in extra care schemes in East Sussex by around 110.

3.22 We are also investing in supported housing in the county. Elva Court, Ninfield Road, is a new supported housing scheme development being built in Sidley, Bexhill and will provide 13 one bedroom flats for people with Adult Social Care mental health care and support needs. The scheme is a partnership between Ability Housing Association, Rother District Council and ESCC and its scheduled completion date is autumn 2015.

3.23 Prevention and early intervention is key to avoiding the need for more costly interventions. In 2014/15, investment in housing support services has meant that over 6,000 people were actively supported by Home Works and STEPS to achieve and maintain independent living. This includes supporting and coaching people to achieve economic well-being, keep themselves safe, improve their mental and physical well-being and access training and employment opportunities.

3.24 In 2014/15, the Supporting People programme also funded over 4,500 units of accommodation with housing support, including refuges for women escaping domestic violence, shared houses for people experiencing mental health issues or homeless individuals and families with complex needs, and accommodation and support for young

people at risk including young parents. During their stay in these services people are supported to learn the skills to enable them to return to, and maintain, independent living.

3.25 The Supporting People commissioners have worked in partnership with the East Sussex Advice Partnership over the last two years to establish a Welfare Reform project delivering a county wide Helpline and Welfare Benefits Experts to support people affected by changes in the benefits system to access their benefit entitlements, including appeals where necessary. In 2015/16 this project has been enhanced in the Hastings and Rother area through joint investment with the Hastings and Rother CCG and will deliver a service to the whole population with a specific focus on older people, people with mental health issues and young families. Between April 2013 and December 2014 the total amount of projected and actual income gains for people helped by the project was over £5 million.

3.26 Over a number of years, we have consistently adopted a policy of supporting more people at home and reducing the reliance on long-term care. Recognising and valuing carers is key to the success of this policy. To help carers in their caring role and have a life outside caring, we have developed and funded a number of initiatives.

3.27 Through the 2014 Commissioning Grants Prospectus, Adult Social Care and the NHS invested £3.358 million in commissioning a range of voluntary sector providers to deliver services to carers. These services will provide information and advice, support and activities, short breaks, crisis services, training, vocational services, counselling, the Carers Discount Card and engagement.

3.28 The Carers Breaks Dementia Engagement Team is an Adult Social Care service that offers short respite breaks to carers through engaging with people with dementia to identify appropriate community activities or one to one support. The team also runs Dementia Supper Clubs held monthly across the county in pubs and cafes for carers and people with dementia to meet together socially. During 2015/16 the team will be piloting an expansion to the service across all client groups who need additional social care support to access community services to meet their social care needs and their carers.

3.29 To support carers who are caring for people with mental health conditions, we have commissioned the Improving Carers' Experience (I.C.E) project. The I.C.E project aims to produce good quality information for carers of people who have mental health problems (such as depression, anxiety, psychotic conditions, bi-polar disorder etc). The project will offer carers' information courses and provide a booklet and website containing information that carers have said they find relevant and useful. Other activities will include offering training to local staff on carers' needs and how to work with and support them.

3.30 The Children and Families Act amends section 17 of the Children Act to require both Adult Social Care and Children's Services to be proactive in identifying young carers, gives all young carers the right to an assessment on appearance of need. Together, the two pieces of legislation link to require that the assessment of a young carer is joined up with the assessment of the adult that they care for, and that both assessments remove any inappropriate caring responsibilities the young person has.

3.31 Services already in place include East Sussex Young Carers which was commissioned through the 2014 Commissioning Grants Prospectus to provide information, advice and support to young carers. This is currently the primary resource available for assessing young carers under 16. A Project Manager has been appointed for a 12 month period (04/15-03/16)

to scope and lead on implementing whole family work across Adult Social Care and Children's Services. Key outcomes for this work will include:

- Proactive identification
- Inclusive assessment
- Shared planning
- Coordinated intervention
- Joint case audit

❖ **Making best use of our resources**

3.32 The 2014 Prospectus awards were finalised in July with 62 awards made with a total value of £10 million. These grants are offered to a range of voluntary and community sector organisations to provide a range of services which will support people to retain their independence. The 2013 Prospectus ran from October 2013 to September 2014. Through this an average of 19,336 people were supported through Prospectus funded services per quarter.

3.33 During times of crisis, we have a service that provides the most vulnerable adults with items to help them to deal with emergency situations and remain in their own homes. This is the Discretionary East Sussex Support Service (DESSS). Despite a 53% cut in central government funding for the service, we will continue to provide this support however the items provided, and the circumstances we will provide them in will have to reduce.

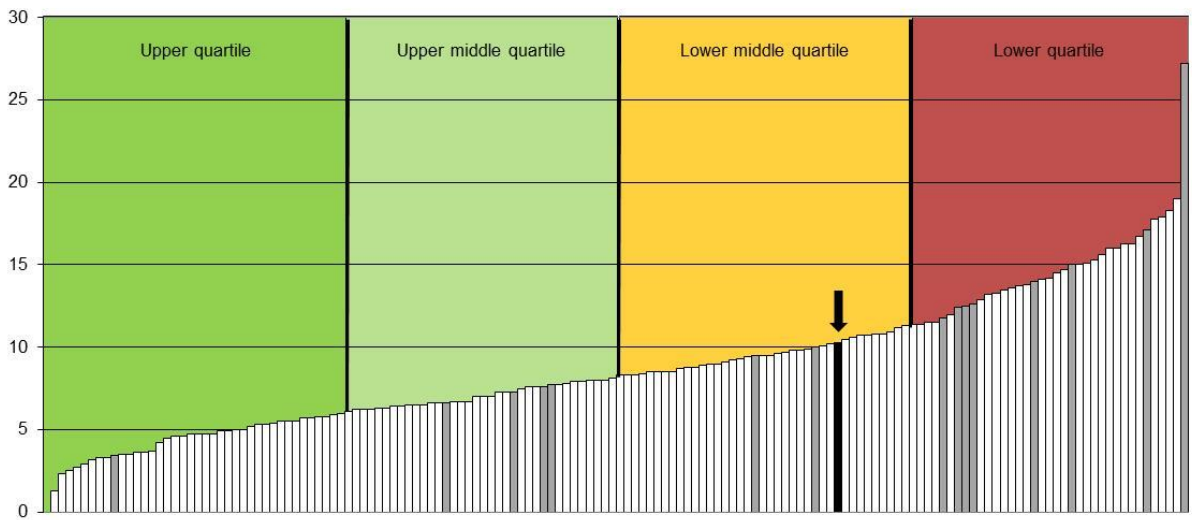
3.34 To ensure the service is run as efficiently as possible, applications will be made online, reducing the amount of staff time taken up in answering calls. In addition, vouchers for food and utilities will be distributed from a number of locations around the county, streamlining the provision of emergency items.

3.35 As a result of the steadily reducing take up of meals in the community, a consultation was undertaken to ascertain whether this model of service provision was still the most appropriate. Following a three month consultation, on 27 January 2015, Cabinet agreed not to retender the meals contract once it expires in September 2015. Cabinet also agreed to establish an Approved Provider List and retain the subsidy pending development of the market. As a result of these changes, plans are currently being drawn up to manage the transition process once the new model is operational.

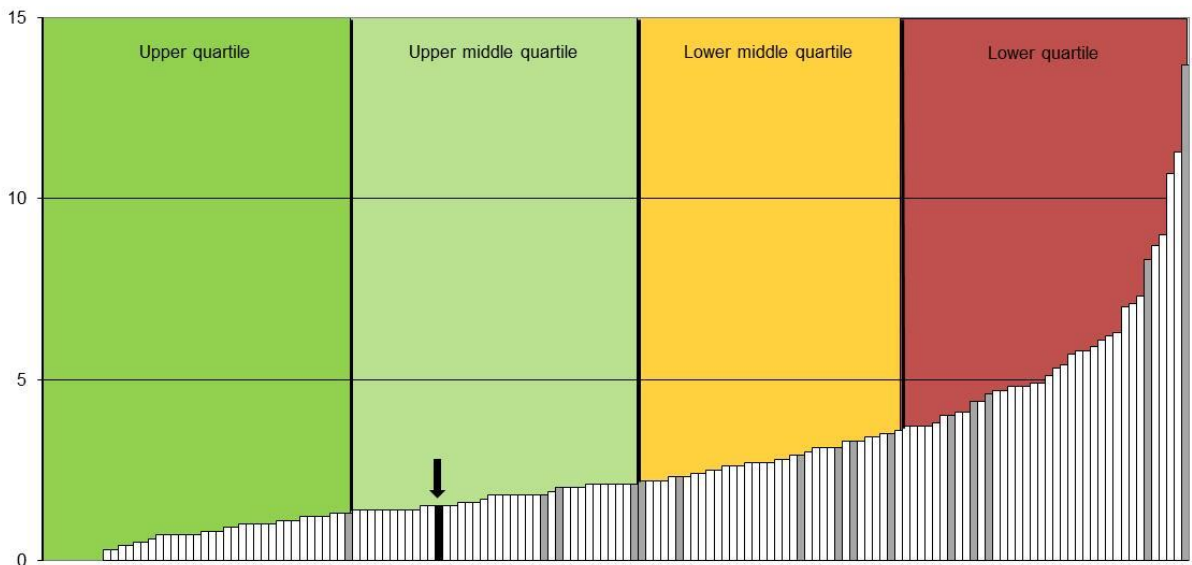
3.36 Reducing delayed discharges from hospital is another key aspect of ensuring East Sussex residents can remain independent as people are able to get back to familiar surroundings. Prompt discharge also reduces the costs to the local authority, which, with the introduction of the Care Act, will increase from £100 to £130 per person per day when the delay is attributable to Adult Social Care.

3.37 In 2013/14, East Sussex had the 46th highest number of delays per 100,000 people (out of 150 authorities). The number of people whose delays were attributable to Adult Social Care, per 100,000 people aged 18 and over was much lower and nationally we were ranked 101st.

2C(1) : Delayed transfers of care from hospital per 100,000 population - All authorities



2C(2) : Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population - All authorities



Performance data and targets

Performance Measures CP = Council Plan Measure HWB = Health and Wellbeing Board Strategy	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
National outcome measure: Proportion of people whose transfer of care from all hospitals is delayed, per 100,000 population	10.3	10.0	10.1	10.0	10.0	10.0
National outcome measure: Proportion of people whose transfer of care from all hospitals is delayed due to Adult Social Care, per 100,000 population	1.50	1.32	1.34	1.34	1.34	1.34
Increase the proportion of service users discharged from the Joint Community Rehabilitation Service that do not require on-going care	80%	60%	76.6%	65%	65%	65%
Increase the number of people accessing information and advice about services through: i) Increasing the number of services registered on East Sussex 1 Space CP	1,563	300 additional services registered	1,874 services	250 additional services registered	250 additional services registered	250 additional services registered
ii) Increase the number of people accessing information and advice through East Sussex 1 Space website CP	24,054	20% increase on 13/14 outturn	43,511 site visits (28% repeat visitors & 72% new visitors)	20% increase on 14/15 outturn	20% increase on 15/16 outturn	20% increase on 16/17 outturn
iii) Increase the number of providers registered with Support With Confidence CP	132 members	158 members (20% increase)	141 providers	20% increase on 14/15 outturn	20% increase on 15/16 outturn	20% increase on 16/17 outturn
Maintain the number of people supported through Prospectus funded services	17,396 on average per quarter	17,396 on average per quarter	G	15,397 on average per quarter	15,397 on average per quarter	15,397 on average per quarter
Maintain the provision of floating housing support to vulnerable adults to avoid homelessness	6,416	5,523	G	5,523	5,523	No target set beyond 2016/17
National outcome measure: The proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey) CP	68.7%	Establish baseline	84.3%	84%	84%	84%
National outcome measure: The proportion of carers who say they have no worries about personal safety (Carers Survey)	NA	85-90%	86.1%	No survey undertaken	85-90%	No survey undertaken
Improve safeguarding through completing Performance & Quality Assurance Framework based reviews CP	New measure	Complete 6 team/area reviews	G	Complete 6 team/area reviews	Complete 6 team/area reviews	Complete 6 team/area reviews
Monitor the new local safeguarding outcome measure CP	New measure	Establish baseline	G	81% of outcomes either met or partially met	81% of outcomes either met or partially met	81% of outcomes either met or partially met
National outcome measure: Proportion of working age adults and older people receiving self-directed support (new zero based review measure for people in receipt of long-term support) CP	New measure	Establish baseline	100%	100%	100%	100%
National outcome measure: Proportion of working age adults and older people receiving direct payments (new zero based review measure for people in receipt of long-term support) CP	New measure	Establish baseline	42%	45%	45%	45%
The proportion of people who received short-term services during the year, where no further request was made for ongoing support CP	New measure	Establish baseline	88.8%	88%	88%	88%
Increase the proportion of clients who find it easy to find information about services (Adult Social Care Survey)	81.2%	Establish baseline	72.5%	72%	72%	72%
National outcome measure: Carer reported quality of life (Carers Survey)	NA	8.1	7.9	No survey undertaken	8.1	No survey undertaken

Performance Measures CP = Council Plan Measure HWB = Health and Wellbeing Board Strategy	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
National outcome measure: Overall satisfaction of carers with social services (Carers Survey)	NA	45.3% say they are either very or extremely satisfied	40.7%	No survey undertaken	45.3% say they are either very or extremely satisfied	No survey undertaken
National outcome measure: The proportion of carers who report they have been included or consulted in discussions about the person they care for (Carers Survey)	NA	73.3%	71.0%	No survey undertaken	73.3%	No survey undertaken
Number of carers known to Adult Social Care (those assessed, reviewed and/or receiving a service during the year) CP	NA	Establish baseline	6,936	Re-establish baseline in light of Care Act	To be set once 15/16 result is available	To be set once 15/16 result is available
National outcome measure: Proportion of people who use services, who reported that they had as much social contact as they would like (Adult Social Care and Carers Survey)	New measure	Establish baseline	47.9%	47%	47%	47%
National outcome measure: Self-reported experience of social care users quality of life (Adult Social Care Survey)	19.3	Establish baseline	19.4	19.4	19.4	19.4
National outcome measure: The proportion of people who use services who have control over their daily life (Adult Social Care Survey)	81.3%	Establish baseline	79.4%	79%	79%	79%
National outcome measure: Overall satisfaction of people who use services with their care and support (Adult Social Care Survey)	67.5%	Establish baseline	65.8%	65%	65%	65%
Improve the experience for people with mental health conditions arising from NHS mental healthcare (HWB)	Satisfied 86% Very satisfied: Postcard survey 68% Questionnaires 38%	Of the cohort: i) 80% satisfied or very satisfied ii) 50% extremely likely to recommend	89% of respondents 'positive' 56.1% 'extremely likely' to recommend	Of the cohort: i) 80% satisfied or very satisfied ii) 50% Extremely likely to recommend	To be set once 15/16 result is available	To be set once 15/16 result is available
Improve the outcomes for people with mental health conditions arising from NHS mental healthcare (HWB)	New measure	Establish baseline	G	i) 7,500 people entering treatment ii) 50% completing treatment iii) Waiting times of 75% within 6 weeks & 95% within 18 weeks	To be set once 15/16 result is available	To be set once 15/16 result is available
Improve the experience of care for people at the end of their lives (HWB)	New measure	Establish baseline	R	Establish baseline	To be set once 15/16 result is available	To be set once 15/16 result is available

Performance Measures CP = Council Plan Measure HWB = Health and Wellbeing Board Strategy	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
East Sussex Better Together: Design and implement an Integrated Strategic Commissioning Framework (Including Co-Commissioning) CP	New measure	New measure		i) Commissioning structure implemented in shadow form by June 2015 ii) Integrated commissioning framework developed by September 2015 iii) Framework and structure implemented by March 2016	No targets set beyond 2015/16	No targets set beyond 2015/16
East Sussex Better Together: Develop and implement Health and Social Connect (HSCC) CP	New measure	New measure		HSCC implemented by April 2016	No targets set beyond 2015/16	No targets set beyond 2015/16
East Sussex Better Together: Introduce locality Community Health and Social Care Teams CP	New measure	New measure		Full implementation of delivery model by October 2015	No targets set beyond 2015/16	No targets set beyond 2015/16
Care Act: Ensure individuals with eligible needs have a care account that shows the total cost of meeting those needs over time CP	New measure	New measure		April 2016	No targets set beyond 2015/16	No targets set beyond 2015/16

Revenue	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£000	£000	£000
Gross Budget (A)	45,635	45,947	48,343
Government Grants (B)	(44)	(47)	(2,422)
Fees and Charges (C)	(250)	(268)	(268)
Other Income* (D)	(4,707)	(7,689)	(7,089)
Net Budget (A-B-C-D)	40,634	37,943	38,564

*Other income in all years includes contributions from other organisations and contributions from reserves

Capital Programme £000							
Capital	Description	Total for Scheme	Previous Years	2015/16 Budget	2016/17 Budget	2017/18 Budget	
Extension to Warwick House	An existing library that will be developed into a hub of community services, including library services, an older people's day service and a nine-flat supported housing scheme for people with learning disabilities	Gross	7,339	7,120	219	0	0
		Net	6,519	6,308	211	0	0
Social Care Information System	Jointly with Children's Services, replacement for the current care management information system	Gross & Net*	4,000	1,766	2,234	0	0
Binder Lane & Bentley grange	Binder Lane - 45 extra care housing units plus Bentley Grange - 10 flats of supported accommodation for people with learning disabilities	Gross	1,000	500	500	0	0
		Net	500	0	500	0	0
Extra Care Housing – Bexhill on Sea	Funding to facilitate the development of extra care in Sidley	Gross	790	720	70	0	0
		Net	390	320	70	0	0
Refurbishment of Facilities to meet Care Quality Commission Standards	Continuing programme to ensure ASC properties meet regulatory standards	Gross & Net*	374	310	64	0	0
House Adaptations	Continuing programme to fund over and above disabled facilities grant to adapt properties to enable people to stay in their own homes	Gross	3,349	2,533	299	250	267
		Net	3,348	2,532	299	250	267

*Fully funded by ESCC

Forward Plan

4.1 The majority of services provided by Adult Social Care come under the universal offer as they are available to anyone, however, there are services provided that specialise in supporting older people. These services tend to focus on supporting people and their carers (many older people have carers or may be carers themselves) to continue to live independently and maintain their physical health and mental wellbeing. Therefore priority is given to ensuring support is available to help and /or manage changes to lifestyle/ health/ social/ housing issues people experience as they get older. This will include:

- managing the prevention of falls and long term conditions such as diabetes;
- physical mobility issues and sensory impairment;
- preventing admittance to hospital;
- prevention of social isolation which can have an adverse effect on physical and mental health; and
- providing support for people who have, or may have dementia.

4.2 One of the key tasks within the Health and Wellbeing Strategy is to enable people to manage and maintain their mental health and wellbeing so that they and their carers are able to manage their condition better and maintain their physical health.

4.3 By 2030 the number of people in England aged over 65 will go up by 50% and the number of people aged 85+ and over will double. This has implications for ESCC as employees gain caring responsibilities, or are affected themselves and experienced people leave employment before retirement age. As a service provider ESCC can improve people's lives through sensitive and dementia aware service delivery, across all departments. Adult Social Care is actively supporting the emergence of Local Dementia Action Alliances (LDAAs) across the county. For example, the Bexhill LDAA is working with local businesses including banks, leisure services and shops to draw up action plans. They have held a public event hosted by the De La Warr to raise funds and local awareness. There are LDAAs emerging in Eastbourne and Hastings and others expected in different parts of the county.

❖ **Helping people help themselves**

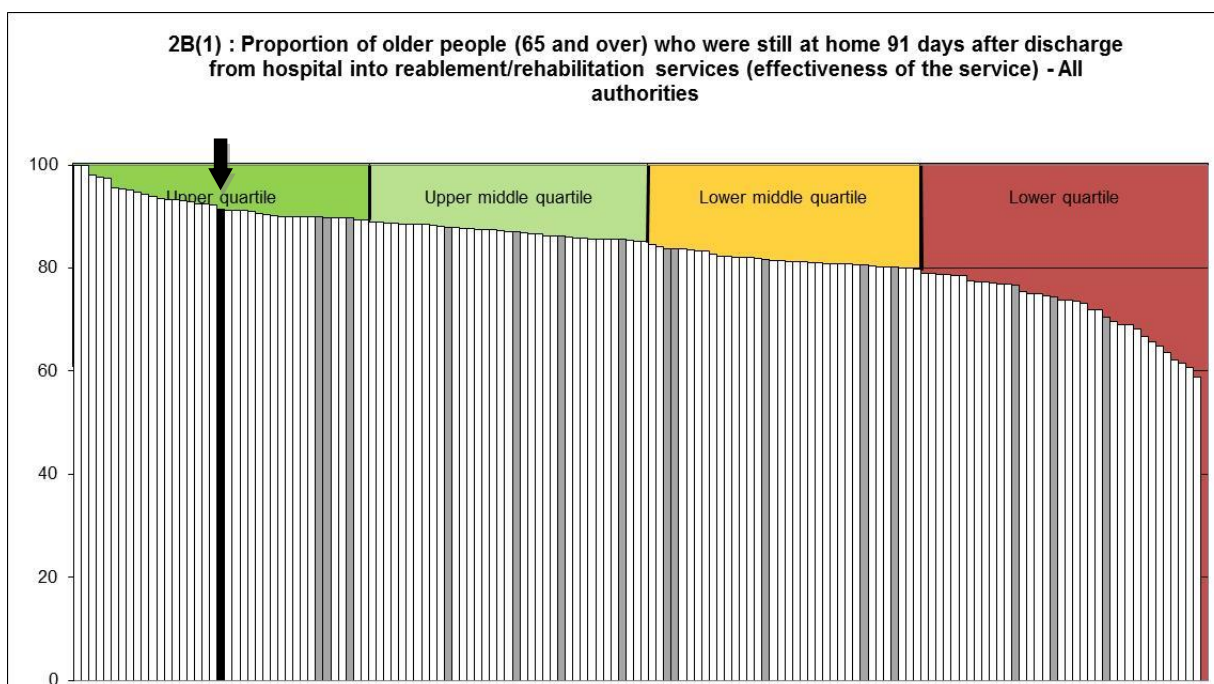
4.4 The East Sussex Memory Assessment Service was launched in October 2012 as a single point for routine referral for anyone with suspected dementia. Between April 2014 and March 2015 a total of 1,995 people were referred to the Memory Assessment Service against a target of 1,624.

4.5 The new East Sussex Memory Support Service (MSS) started in November 2013. This service is for people living in East Sussex of all ages with a formal diagnosis of dementia as well as people with a learning disability. The MSS is designed for those at the mild to moderate stage of the dementia journey and offers a programme of support usually lasting 8 to 12 weeks. If it's appropriate and if it's what a client wants, they will be offered a referral to the Memory Support Service after receiving a diagnosis of dementia from the Memory Assessment Service. The Memory Support Service delivered 271 sessions between April 2014 and March 2015.

4.6 Referral activity into Memory Assessment Services across the County continues to increase and additional capacity has been commissioned in each CCG area. This will further support achievement of the 67% national diagnostic target by April 2015.

4.7 A broad range of services have been made available through the commissioning grant prospectus for older people and their carers which focus on supporting people to leave hospital, preventing social isolation and loneliness and improving health and well being. These include home from hospital services, good neighbour schemes, befriending services for people living with dementia, support for people to attend activities of their choice and make new friendship groups, healthy living clubs and health walks, volunteering opportunities and information and advice services.

4.8 To make sure we are supporting people through the rehabilitation process, we monitor the percentage of older people aged 65 and over who left hospital for rehabilitation / reablement, who are at home 91 days after they left hospital. Between April 2014 and March 2015, a total of 1,213 older people left hospital and went on to receive reablement or rehabilitation services. Of these, 1,101 (90.8%) were at home 91 days after leaving hospital. In addition we continue to ensure that short term practical support is provided to older people and their carers to enable them to leave hospital in a timely way and receive the support they need when they return home. These services are provided by the voluntary sector and help to prevent unnecessary admission/ readmission to hospital.



Performance data and targets

Performance Measures CP = Council Plan Measure HWB = Health and Wellbeing Board Strategy	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
Commission new service capacity to achieve diagnostic rate of 70% of the estimated local prevalence of dementia by 2016/17	40%	50%	CO	60%	70%	No targets set beyond 16/17
Number of people receiving support through 'STEPS to stay independent' CP	2,044	1,700	2,297	1,700	1,700	1,700
National outcome measure: Achieve independence for older people through rehabilitation/ intermediate care	88%	88%	90.8%	90%	90%	90%
Increase the number of people referred to the Memory Assessment Service CP	1,468	1,624	1,995	2,146	To be set once 15/16 result is available	To be set once 15/16 result is available
Reduce the number of older people admitted to hospital due to falls per 100,000 population (HWB)	23.8% increase on 2012/13 position (April-Feb data plus March projection)	1% reduction on previous year	CO	2% reduction on 2013/14 baseline	3% reduction on 2013/14 baseline	No targets set beyond 16/17

Revenue	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£000	£000	£000
Gross Budget (A)	91,572	85,115	82,634
Government Grants (B)	0	0	0
Fees and Charges (C)	(26,050)	(25,607)	(24,599)
Other Income* (D)	(8,848)	(9,487)	(10,353)
Net Budget (A-B-C-D)	56,674	50,021	47,682

*Other income in all years includes contributions from other organisations

Capital Programme £000							
Capital	Description	Total for Scheme	Previous Years	2015/16 Budget	2016/17 Budget	2017/18 Budget	
Older Peoples' Day Opportunities	Development of innovative services	Gross & Net*	536	329	207	0	0

*Fully funded by ESCC

Forward Plan

5.1 As mentioned previously, there are many services that support working age adults that fall under the universal offer as they support older people also. This section covers the services that are specifically aimed at supporting people who are in transition between Children's Services and Adult Social Care, and those that specifically support people aged 18-65. Examples of these services include support for people with learning disabilities to gain employment and settled accommodation, and support for people with autism.

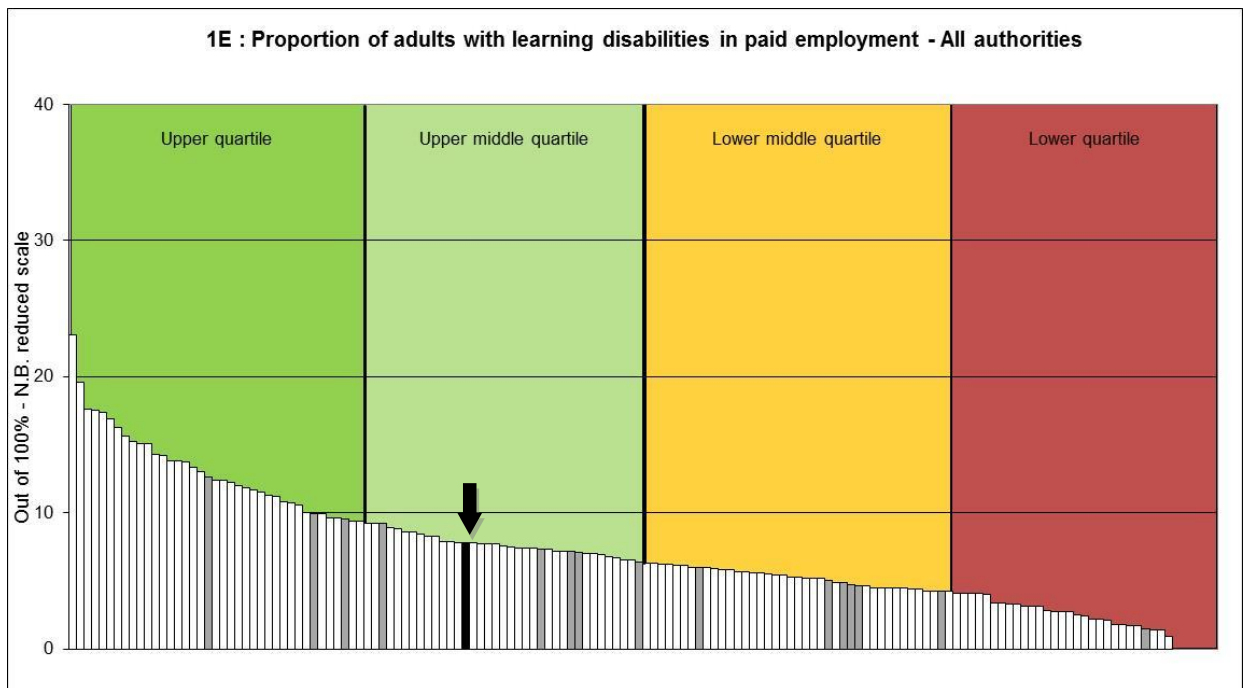
❖ Keeping vulnerable people safe

5.2 A TeleCheck service was piloted in 2013/14 to offer telephone support to people who needed a call reminder to eat, drink, take medication or to have someone check on their wellbeing. These have been offered to over 100 people so far. The pilot has been extended and is planned to be mainstreamed for eligible clients.

❖ Helping people help themselves

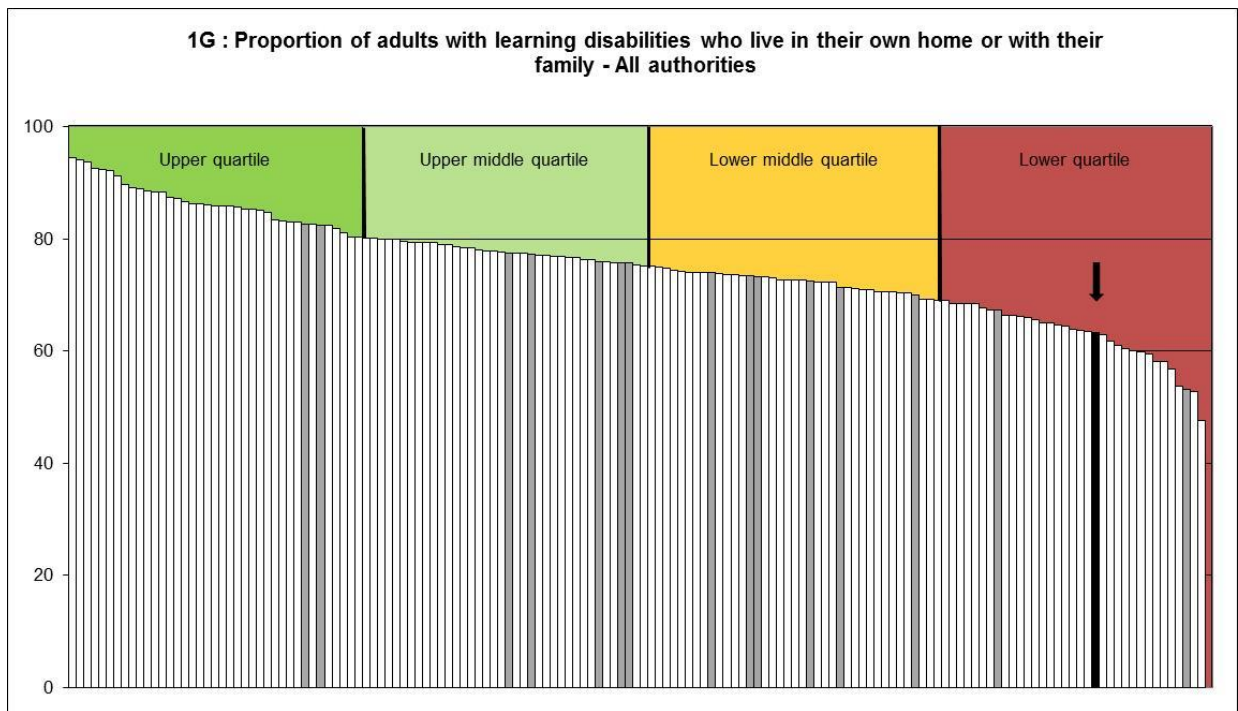
5.3 We are keen to support people with learning disabilities into paid and voluntary employment and currently have a number of initiatives in place to help people to find employment. Project SEARCH is an initiative that supports people with learning disabilities to obtain paid employment through working collaboratively with the Local Authority, Health, Education and host employers to provide young people with experiences of a number of jobs and potential career paths. We are also working with Peppenburg to provide retail and customer skills training to adults with learning disabilities. Referrals to the project come from ChoicES so once the training is completed; people are then supported into further employment.

5.4 Between April 2014 and March 2015, 249 people were in paid or voluntary employment out of a total of 1,033 people with a primary support reason of Learning Disability known to Adult Social Care; this equates to 24.1%. The chart below shows our 2013/14 national position in relation to paid employment only.



5.5 Of the newly commissioned supported accommodation units in Learning Disability Services, Warwick House in Seaford and Gilda Close in Polegate are now fully operational and all flats are occupied. This has added a further 19 flats to the portfolio of supported accommodation for people with learning disabilities in East Sussex. These schemes help by providing a degree of independence with the added security of help nearby if needed. Additionally, information about the benefits of Telecare is being promoted within Supported Living and Extra Care schemes to support increased independence.

5.6 A further 10 flat, capital development scheme at Binder Lane in Hailsham is anticipated to come online from late summer 2015. Sussex Partnership NHS Foundation Trust has developed an 8 flat scheme in Eastbourne for people with Learning Disabilities, complex needs and challenging behaviour. It is anticipated that this development will enable people with complex needs, who would otherwise be in residential care or assessment and treatment units, to be able to more fully participate as active members of their community, by the provision of specialist intensive support services from the Trust.



5.7 The transition for young people between Children’s Services and Adult Social Care can often be challenging. The Transitions Service has been set up to support these people to live as independently as possible. The types of support provided include helping young people to find courses, jobs and accommodation as well as access to sports clubs and other groups. The Transitions team are being supported with increased Telecare training to enable them to provide greater independence to children transitioning to Adult Social Care services.

5.8 The Transitions Service has developed its Local Offer in line with the requirements of the Special Educational Needs and Disabilities (SEND) Reforms that came into being from September 2014. The reforms require each local authority to set out its “Local Offer” of services and support for young people with SEND and their families in a way that is easily accessible and clear to understand. The Local Offer is available via the Council’s website.

5.9 One of the key commissioning intentions of the Inclusion Special Educational Needs and Disabilities (ISEND) Joint Commissioning Strategy 0-25 is to continue to develop and refine the offer to 16-25 year olds with SEND in the County. This Strategy is being developed in Children’s Services with input from the relevant Adult Social Care Staff, Schools and Colleges, young people and their carers.

5.10 Due to increased demand and numbers of young people receiving a service from the Transitions team, the service has developed a duty system that aims to quickly respond to day to day queries and issues, and allow for a more streamlined allocation of clients to allocated workers.

5.11 Autism is known as a spectrum condition both because of the range of difficulties that affect adults with autism and the way that these present in different people. In line with ‘Think Autism’ – the Department of Health update to The Autism Strategy, the East Sussex Autism Partnership Board (APB) oversees and guides the work that Adult Social Care do to support individuals with autism and their carers. Two key initiatives from the APB are working with the Library Service to make environments more ‘autism friendly’ and developing a reference group of self-advocates.

5.12 We will work with partners to develop either a separate autism friendly room or a clearly defined autism friendly area within one or two libraries. This designated space will benefit from a range of environmental adaptations creating a calmer environment with less distraction and lower stimulation. All environmental factors will be considered to create the right environment e.g.: lighting, sound, décor and the use and layout of space. These will either be modified or installed to a specification conducive to autism friendly environments. We will also assess what adaptations can be made across all libraries, either specifically for each library or more mobile equipment that can be used as a shared resource. For example using mobile work stations, clearer signage etc.

5.13 The APB is improving the way we capture the views of people with autism by developing a reference group. The group will be invited to contribute to the APB, consult on topics and identify emerging themes relevant to people with autism. The group will be facilitated and will be represented at the APB.

Performance data and targets

Performance Measures CP = Council Plan Measure	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
Proportion of adults with learning disabilities in paid and voluntary employment CP	22.9%	22.9%	24.1%	24.1%	24.1%	24.1%
National outcome measure: Proportion of adults with learning disabilities who live in their own home or with their family	63.3%	65%	69%	69%	69%	69%
The proportion of young people aged 16-25 in receipt of self directed support	New measure	Establish baseline	80%	80%	80%	80%
Engage with young people in Transition and their families/ parents and carers.	100% of young people in transition provided with a named worker 100% of full assessments and indicative budgets provided within timescales	i) All young people in transitions will be allocated a named worker from their 17th Birthday ii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday	i) 91% received an allocated named worker ii) 100% received assessment and indicative budget	i) All young people in transitions will be allocated a named worker from their 17th Birthday ii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday	i) All young people in transitions will be allocated a named worker from their 17th Birthday ii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday	i) All young people in transitions will be allocated a named worker from their 17th Birthday ii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday

Revenue	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£000	£000	£000
Gross Budget (A)	74,000	71,004	71,196
Government Grants (B)	(193)	(200)	0
Fees and Charges (C)	(5,361)	(5,385)	(5,341)
Other Income* (D)	(2,599)	(2,384)	(2,413)
Net Budget (A-B-C-D)	65,847	63,035	63,442

*Other income in all years includes contributions from other organisations

Capital Programme £000							
Capital	Description		Total for Scheme	Previous Years	2015/16 Budget	2016/17 Budget	2017/18 Budget
Westfield Lane, Hastings	13 supported accommodation flats for people with learning disabilities	Gross & Net*	585	4	581	0	0
Ninfield Road, Bexhill - LD or MH Supported Accommodation	13 supported accommodation flats for people with mental health diagnosis	Gross & Net*	410	205	205	0	0
Greenwood, Bexhill-on-Sea	10 supported accommodation flats for people with learning disabilities	Gross & Net*	463	412	51	0	0
LD Service Opportunities	Funding to support the review of Learning Disability day services	Gross	2,478	1,035	1,030	413	0
		Net	578	565	10	3	0
LD Extra Care Project	Aligned to the development of Battle Road, Hailsham	Gross & Net*	350	150	200	0	0

*Fully funded by ESCC

Adult Social Care Budget Summary

Revenue	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£000	£000	£000
Older People	56,674	50,021	47,682
Working Age Adults	65,847	63,035	63,442
Universal Services	40,634	37,943	38,564
Management and Support	6,257	7,400	7,645
TOTAL	169,412	158,399	157,333

Forward Plan

6.1 The following section provides a brief overview of the work going forward for each of the 2015/16 priority areas, which have been selected by the Safer Communities Partnership.

Reducing the impact of Anti-Social Behaviour (ASB) and hate crime

6.2 ASB and hate crime can have an adverse impact on the lives of individuals, and a detrimental effect on the wider community and environment. Residents across East Sussex have said that ASB is a key priority to them and this is also reflected in the five year Safer in Sussex Police and Crime Plan. Over the last 12 months, reported ASB incidents have shown a downward trend, with the last 7 months seeing reports remain consistently below the previous year by between 5% and 6%. Reported ASB in East Sussex has fallen by 5.3% (-891) in the last 12 months to March 2015, but long term sustainable solutions require us to invest time and actions to tackle it effectively.

6.3 The Anti-Social Behaviour, Crime and Policing Act 2014 has been introduced and the new powers and tools took effect from October 2014. The new legislation provides more effective powers for tackling ASB, which will provide better protection for victims and communities, act as a real deterrent to perpetrators and give victims a say in the way their complaints are dealt with. We have been working with local Community Safety Partnerships to produce guidance, and deliver workshops and training.

6.4 In East Sussex, victims who are considered to be most vulnerable get a dedicated keyworker from the Safe from Harm Service. The service, which is run by the Sussex Community Development Association, was re-commissioned by the East Sussex Safer Communities Partnership in October 2013. The service provides support to high risk victims of anti-social behaviour and hate crime across East Sussex. To date, 88% of people reported an increase in how safe they felt from the beginning of the Safe from Harm intervention to the end.

6.5 We are members of the Sussex Restorative Justice (RJ) Partnership Group (September 2014). This group is managed as a programme of work and has developed a coordinated multi-agency strategy and plan. We have been given the opportunity to invest in some resources for targeted service provision and to develop RJ, with partners, to support victims of crime in East Sussex. RJ resources will be expanded in 2015 with the introduction of a new post based at Bexhill Police Station which is the first to be dedicated to RJ delivery full time

Improving the identification of domestic abuse and agency responses

6.6 Domestic abuse is often a hidden problem. On average one in four victims report domestic abuse to the police. In East Sussex the partnership has focused on tackling the harm caused by domestic abuse by addressing four key areas of work through the implementation of a five year domestic abuse strategy which was launched this year. The four key areas of work are:

- Increased survivor safety and wellbeing;
- People have safe, equal and abuse free relationships;
- Increased social intolerance and reduced acceptance; and

- Perpetrators are held to account and are required to change their behaviour.

6.7 The East Sussex Safer Communities Partnership is working on a number of communication actions linked to the four main outcomes of domestic abuse. This includes:

- Constructing a communications strategy in order to develop awareness among groups, and increase self or third party reporting, among groups that have been identified as being most likely to be affected by domestic abuse; and
- Identifying non-traditional routes where members of groups that face additional barriers to seeking help or leaving an abuse, including individuals from black and minority ethnic, lesbian gay bisexual and transgender communities, heterosexual men and older people.

6.8 The Partnership response to domestic abuse aims to improve the identification of people most at risk and deliver effective multi-agency responses. The Safer East Sussex Team continues to provide strategic and policy support to the East Sussex Domestic Abuse and MARAC Steering Group and commissions the Independent Domestic Violence Adviser (IDVA) service.

6.9 Last year we reviewed our MARAC processes and implemented some changes to streamline the process, improve timeliness of discussions and increase capacity for officers. Learning from this review will inform the wider pan Sussex review of MARAC processes, with the aim to increase resilience in service delivery and improve outcomes for complex cases that repeatedly are discussed at the MARAC.

6.10 We will ensure that our domestic abuse performance framework is robust and measuring the right activity and outcomes to inform partnership working and commissioning through the implementation of the East Sussex Safer Communities Partnership Domestic Abuse Strategy Action Plan 2014-2019.

6.11 Ongoing work includes the increasing identification of domestic abuse and the confidence of the public to tell partnership organisations about abuse. This has resulted in ESCC being awarded White Ribbon status due to its level of commitment to increasing awareness on the issue of domestic abuse and providing services aimed at reducing the number of crimes and incidents.

6.12 The increase of reporting of domestic abuse has been highlighted as a priority in the Sussex Police and Crime Commissioner Police and Crime Plan 2013/17.

6.13 ESCC, with Brighton & Hove, is developing a shared approach to commissioning and strategy, which includes:

- A Joint Lead Commissioner, with responsibility for commissioning arrangements and strategic leadership;
- A Joint Strategy and Partnership Officer, who will support the lead commissioner. Based in East Sussex they will work across East Sussex and Brighton & Hove, overseeing the implementation of the Domestic Abuse Strategy and Action Plan within East Sussex, and supporting the implementation of linked areas of work across the two authorities; and
- Joint commissioning arrangements from October 2015.

Delivering and improving responses and identification of rape, sexual violence and abuse and exploitation

6.14 The Home Office definition of sexual violence is 'any behaviour perceived to be of a sexual nature which is unwanted and takes place without consent or understanding' includes:

- Rape and sexual assault;
- Sexual violence (by partners, family members and by strangers);
- Sexual harassment;
- Child sexual abuse;
- Child sexual exploitation; and
- Sexual exploitation associated with trafficking and the sex industry.

6.15 The Saturn Centre, Sexual Assault Referral Centre (SARC) is a partnership service geared towards dealing with victims of sexual violence and is funded by Sussex Police, West Sussex County Council, ESCC and Brighton and Hove City Council and NHS England. The SARC is available to victims of rape or sexual assault, over the age of 14. The service includes specialist forensic examination, dedicated support workers to provide advice and a listening ear, sexual health services and support through the criminal justice system.

6.16 We are collaborating with Brighton and Hove City Council to commission a Domestic Abuse and Sexual Abuse Service from October 2015.

6.17 The East Sussex Local Safeguarding Children Board offers a programme on Child Sexual Exploitation (CSE) raising awareness of CSE; it identifies early indicators and explains the complexities of the issue. It also provides information on where to signpost young people for help and support and effective intervention within both civil and criminal processes.

6.18 With evidence of the number of serious sexual offences having increased during the first quarter of this year compared to last year, further work with partner agencies is needed to raise awareness around the issue of 'consent' and look to promote behaviour change to help reduce the number of sexual assaults in the night time economy. There is a need to get a wide range of organisations on board to support this work and the partnership needs to ensure that any work around this target those deemed as most vulnerable.

Reducing re-offending by high risk offenders

6.19 Nationally, it is estimated that 50% of crime is committed by 10% of offenders; the most prolific 0.5% commit 10% of crimes. Repeat offenders are often some of the most socially excluded in society. They will typically have chronic and complex health and social problems such as substance misuse, mental health needs, homelessness, unemployment and debt.

6.20 Integrated Offender Management (IOM) is a multi-agency way of managing those offenders who cause the greatest harm to our communities, targeting offenders with serious substance misuse, debt, homelessness, mental health issues and/or unemployment.

6.21 In East Sussex the creation of the Safer East Sussex Team has enhanced the partnership approach and ensured real collaborative working. A more effective alignment of operational activity together with partnership strategic priorities has reduced the levels of reoffending.

6.22 The Reducing Offending Board is responsible for setting the strategic direction and holds partners to account for their performance. Partners are drawn from the statutory and voluntary sectors to deliver 'Integrated Offender Management' (IOM) in community and custodial settings. The IOM team targets individual offenders using the agreed criteria and by the application of a 'traffic light' system which ensures that resources are targeted towards those who pose the most concern.

6.23 The Reducing Offending Board met in January 2015 to set the priorities for the next year, some current areas of concern include:

- Accommodation is one of the biggest problems facing offenders. Without secure accommodation the likelihood of relapse into offending is heightened;
- Budgetary reductions across all agencies are a threat to current and future investment in initiatives to reduce crime; and
- Changes to benefit and access to financial support increasingly place pressure on offenders and their families increasing conflict and potential risks of re-offending

6.24 From June 2014 and following the government's 'Transforming Rehabilitation: A Strategy for Reform', the work managed by Surrey and Sussex Probation Trust was split between Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC) and the National Probation Service (NPS). Offender assessment, services to courts, enforcement and the management of offenders posing a high risk of harm will now be managed by the NPS.

6.25 The management of the remaining (majority) of offenders will be the responsibility of the Community Rehabilitation Company (CRC). Ownership of the CRC will pass from the Justice Secretary into private ownership in early 2015. This is in accordance with the government's stated intention which is to open up to new rehabilitation providers from the voluntary and private sectors. The management of offenders who pose the highest risk of re-offending and who form our IOM cohort will be included with the group transferring to new rehabilitation providers. Through the gate services for those with sentences of less than 12 months will begin during 2015.

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

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

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

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

6.29 During the past year, the Drug and Alcohol Action Team (DAAT) has been focusing on achieving the commitments it set out in the East Sussex health and social care commissioning strategy for substance misuse, 'Developing Recovery Communities: 2012-2015'. The Drug and Alcohol Need Assessment was undertaken during 2014/15, and once complete, will be published on the DAAT's website, www.safeineastsussex.org.uk

6.30 National strategies have shifted the focus from drug treatment to a recovery orientated system, which has given rise to the development of a mutual aid programme across East Sussex. One of the areas of success from the Commissioning Strategy Substance Misuse 2012-15 was the development of the recovery communities, of which we will be continuing to support. An annual 'treatment plan' is developed each year to describe how the next priorities in the strategy will be implemented; drawing on additional business intelligence in annual needs assessments.

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

6.32 A new East Sussex substance misuse strategy will be completed this year to begin in 2016. This will be a five year strategy, which will have a significant impact on the other areas of the Safer Communities Partnership's Business and Action Plan including domestic abuse, anti-social behaviour, road safety, offending and sexual exploitation. It will also impact and link in with other key strategies in place across the county including:

- The East Sussex Alcohol Strategy 2014-19: for a healthier and safer East Sussex; and
- The current Police and Crime Commissioners Plan 2014/17 identifies drugs and alcohol as being a contributory factor in the harm caused to individuals and communities and the plan outlines four priority areas that the PCC are keen to address: Anti-social behaviour, domestic abuse and violence, road safety and cybercrime.

6.33 The Partnership recognises the need to tackle the problems associated with new psychoactive substances, and the recently published 'New Psychoactive Substances Review: Report of the Expert panel' (October 2014) discusses the Governments current legislative and operational responses to the challenges associated with these and how to move this forward.

Promoting health and reducing harm caused by alcohol misuse

6.34 The East Sussex Alcohol Strategy 2014-19: for a healthier and safer East Sussex has been implemented and outlines three priority areas which will contribute to improving community safety outcomes through effective partnership working:

- Develop Individual and collective Knowledge, skills and awareness towards alcohol;
- Provide early help, interventions and support for people affected by harmful drinking; and
- Create better and safer socialising.

6.35 Developing knowledge, skills and attitudes towards alcohol is important as 25% of adults in East Sussex are estimated to be increasing and higher risk drinkers. By undertaking community engagement and using social marketing tools to include campaigns around health awareness messages as well as other areas of community safety, we would like to promote behaviour change which will see less people drinking alcohol to harmful amounts and lessening the impact this has on the community.

6.36 The second priority addresses the need for early help and interventions, and focuses on a greater use of alcohol Identification and Brief Advice (IBA) in health and non-health settings, and recognises the importance of effective alcohol education in schools. For those

dependent drinkers where specialist treatment may be required, the new integrated drug and alcohol recovery services operates out of three sites to make treatment more accessible to those in rural areas, and there is also a focus on increasing the number of 60+ in treatment.

6.37 The third priority focuses on addressing alcohol related anti-social behaviour and crime, and we recognise this is a key area in order for residents of East Sussex to feel safe where they live. This includes a partnership approach in managing both the on and off license trades and will see the expansion of the Hastings 'Reduce the strength' campaign as well as introducing this in Eastbourne.

6.38 Good progress is being made in delivery of the Health and Wellbeing Strategy objective to 'enhance the alcohol care pathway from prevention through to recovery and involving a range of health, care and other partners'. The alcohol steering group has been leading on co-ordinating multi agency work across the county to address the harms of alcohol use. A cross agency communications plan has been agreed and the health improvement team have been working with individual partners on the alcohol steering group to update their sections and agree a co-ordinated plan for campaigns across the year e.g. the partnership ran specific campaigns on drink driving, targeting students, alcohol related violence, and awareness of the health harms of alcohol as part of Dry January. A training programme to enable frontline staff to raise alcohol issues with their clients and contacts has been commissioned and is being delivered across the county. Peer led recovery services have been commissioned through the East Sussex Commissioning Grants Prospectus.

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

6.39 Our aim is to create a safer environment for all road users, significantly reduce life changing injuries and eliminate fatalities. This is first and foremost because of the human cost, but also because of the economic impact, due to congestion and the demand on health and emergency services. No single organisation can tackle road safety on their own so it is essential that we work with organisations in the Sussex Safer Roads Partnership (SSRP) and other interested parties to achieve a sustained reduction in road casualties and reduction in anti-social driving.

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

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

6.42 In June 2014 the SSRP produced the 2014-2030 road safety strategy with the vision to create a safer environment for all road users, significantly reduce life changing injuries and eliminate fatalities.' The strategy has been agreed by all statutory authorities across Sussex and supersedes each individual strategy thereby uniquely creating one pan Sussex strategy. Reducing the number of people killed and seriously injured and reducing anti-social driving is the responsibility of everyone and is most effectively tackled through partnership working.

6.43 The contribution our partners make is crucial and reflects the recognition that improving road safety requires a co-ordinated effort across multiple public services and input from local community groups and volunteers. Community Safety Partnerships are developing local road safety plans that reflect the issues and aspirations of local communities. SSRP will work with these partnerships to co-ordinate targeted education and publicity campaigns. The Council will deliver eight school safety zones between 2015/16 and 2016/17 and will provide Bikeability training and School Crossing Patrols where there is a local need.

Listening and responding to community concerns

6.44 Key to planning the community safety activity in East Sussex is seeking the views of local residents and using this, alongside information we hold as agencies, to inform our business planning processes. It is also important that we can tell the community how we are tackling their concerns.

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

6.46 The Resident's Panel survey has been replaced by a telephone based reputation survey, administered by the East Sussex Communications Team. The East Sussex Safer Communities Partnership agreed a set of community safety questions that have been built into the reputation survey. Young people's views will be gathered, on their perceptions of community safety and crime, via the East Sussex School's Survey.

6.47 The Sussex Police Crime Commissioner has consulted with young people through the Sussex Youth Commission Conversations. This work is ongoing and a number of recommendations will be taken forward by a newly formed Independent Advisory Group for Young People. The Youth Commission have gathered the views and opinions of 2,000 young people across Sussex on five key priority areas:

- Abuse: including domestic abuse, sexual abuse and rape
- Drug and alcohol crime
- Bullying: including cyber-bullying
- Offending and reoffending
- Relationship between young people and the police

6.48 The Safer East Sussex Team has consulted with a range of equalities groups on business plan priorities and this feedback has been fed into the annual Strategic Assessment. We will continue to share relevant data and information to equality groups which will inform them of trends, patterns and crime reporting amongst individuals with protected characteristics in order for their work and support to be more directed in relation to community safety.

Preventing violent extremism

6.49 Prevent is one of the four elements of CONTEST, the government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. It is the Prevent strand of work that local authorities, statutory organisations, policing and a range of community organisations are concerned with delivering, enhanced by their understanding of local context.

6.50 In June 2011, the Government reiterated its commitment to the prevention of radicalisation as an integral part of the counter-terrorism strategy by publishing a revised, more focused, Prevent strategy. The strategy addresses all forms of terrorism and focuses work to prevent radicalisation on three key objectives;

- Challenging ideology that supports terrorism;
- Protecting vulnerable individuals; and
- Supporting sectors and institutions where there is a risk of radicalisation.

6.51 Prevent work across East Sussex is continuing to be jointly developed between the Sussex Police and the East Sussex Safer Communities Partnership.

6.52 Guidance entitled – 'Prevent-Supporting Individuals Vulnerable to Recruitment by Violent Extremists in East Sussex', with the purpose of setting out the local authority's corporate response to the Prevent strand of the Counter Terrorist Strategy has been developed for ESCC frontline staff and managers. This guidance provides details of the local inter-agency process of identifying and referring individuals to the Channel Process (Channel is the name given to the referral and support process).

Street Communities

6.53 A member of the street community is defined by Sussex Police as: 'A person who spends a significant amount of time on the streets or other public area and who may or may not have accommodation and will have a substance misuse issue and / or a mental health issue and / or have a chaotic history'.

6.54 Anti Social Behaviour (ASB) reports concerning rough sleepers over the last 12 months have included issues such as abusive or aggressive behaviour, assaults and discarded needles, amongst others.

6.55 The number of incidents of reported street drinking has decreased by an estimated 24% this year compared to 2013/14 and in the 12 months to March 2015, 82% of all ASB reports of Street Drinkers came from Eastbourne and Hastings. This compares to 87% for the same period in 2012/13 and 91% in 2013/14.

6.56 During 2015/16 we will establish a set of criteria to determine who of this cohort is in need. Following this we intend to consult with street communities to identify how services for this group could be improved. This will include ensuring their physical and mental health needs are met through improved access to primary health care.

Commissioned Services

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

- We are collaborating with Brighton and Hove City Council to commission a Domestic Abuse and Sexual Abuse Service from October 2015. Advice, support and advocacy will be provided to adults who are at risk of serious harm from domestic abuse or who have experienced rape or sexual abuse. The work of this service forms part of the multi-agency work to tackle domestic abuse, particularly the MARAC. This work primarily focuses on safeguarding where it has been established that there are indicators that serious harm, for example serious injury, psychological damage or homicide, are present.
- Specialist services to support victim / survivors of domestic abuse and rape & sexual abuse: These are commissioned from the CRI Domestic Abuse Service and Survivor's Network respectively, with both services providing independent advisors who support victim / survivors immediate safety, needs and recovery from domestic abuse and rape & sexual abuse respectively. This includes support, where appropriate, through the Criminal Justice process. The aim is to reduce repeat victimisation and improve victim / survivors understanding of their experiences and ability, and confidence to access support.
- Sexual Assault Referral Centre: ESCC is part of a pan-Sussex commissioning consortium for a Sexual Assault and Referral Centre, based in Crawley and with aftercare support and psychological therapies delivered by local organisations. The Sexual Assault Referral Centre is available to victims of rape or sexual assault, over the age of 14. The service includes specialist forensic examination, dedicated support workers to provide advice and a listening ear, sexual health services and support through the criminal justice system;
- Safe from Harm: This is a support service for high risk victims of ASB and Hate Crime. As part of a victim centred approach to tackling crime and ASB, ESCC has re-commissioned a support service, for those who have been identified as being at risk, as a result of being a victim of serious or persistent ASB and targeted harassment from other members of the community. The service aims to reduce the level of distress experienced through a range of practical measures and emotional support and forms part of a multi-agency approach. At the end of September 2014, 88% of people reported an increase in how safe they felt from the beginning of the Safe from Harm intervention to the end; and
- Adult Drug and Alcohol Treatment (DAAT) Services: The Adult Social Care and Mental Health Joint Commissioning Team lead commissioning for adult drug and alcohol treatment services. The Safer East Sussex Team supports the strategic planning for the DAAT Board. The commissioning function for young people's substance misuse drug and alcohol treatment services is undertaken in Children's Services.

6.58 On the 1st April 2014, East Sussex commissioned an integrated drug and alcohol service for the whole of the county from three hubs across the county. The commissioning of the Support and Treatment for Adults in Recovery service (STAR) was designed to encourage providers to work with some of the most complex individuals, with longer substance misuse histories, who previously may have been considered 'too difficult' to work with.

6.59 Specialist Family Services (SWIFT) is delivered through Children's Services. SWIFT provides a specialist service for families with adults who have a drug or alcohol treatment need who are involved with Children's Services.

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

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

6.62 The Drug and Alcohol Recovery Team (DART) is an integrated service within HMP Lewes that is funded by NHS England. DART provides clinical and psychosocial support to all prisoners requiring support at HMP Lewes.

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

6.64 The annual Adult and Young People’s Drug and Alcohol Treatment Needs Assessment and Annual Treatment Plans are published on the East Sussex Safer Communities Partnership website: <http://www.safeineastsussex.org.uk/drug-and-alcohol-action-team.html>.

Links to other Partnerships

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

- Children’s Services Portfolio Plan: Under 19s Substance Misuse Treatment Service; Targeted Youth Support; Youth Justice; Schools, Family Keywork Project;
- Economy, Transport and Environment Portfolio Plan: Trading Standards, Road Safety;
- Adult Social Care Portfolio Plan: Safeguarding Vulnerable Adults, Prevention of Abuse Strategy, Drug and Alcohol Treatment Commissioning; and
- Strategic Management and Economic Development Portfolio Plan, Public Health section: support community safety objectives in the work they undertake to tackle the wider determinants of health and supporting healthy lifestyles e.g. reducing alcohol consumption.

Performance data and targets

Performance Measures CP = Council Plan Measure	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
Percentage of Independent Domestic Violence Advisor (IDVA) service users who feel safe	New Measure	80%	-	80%	80%	80%
The percentage of Independent Domestic Violence Advisor (IDVA) service users who feel confident asking for help and support when they need it CP	New Measure	New Measure	New Measure	80%	80%	80%
Percentage of Independent Sexual Violence Advisor (ISVA) service users who feel safe	New Measure	80%		80%	80%	80%
Percentage of Independent Sexual Violence Advisor (ISVA) service users who feel confident asking for help and support when they need it CP	New Measure	New Measure	New Measure	80%	80%	80%
The proportion of clients of the Safe from Harm service completing service user evaluations who report satisfaction with the service	New measure	85%	-	85%	85%	85%
The proportion of clients of the Safe from Harm service reporting an increase in how safe they feel from the beginning of the Safe from Harm intervention to the end	New measure	85%	-	85%	85%	85%

Performance Measures CP = Council Plan Measure	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
Implement the second year of the 5 year Domestic Abuse Strategy and action plan	New measure		-	Work to be completed by March 2016	No targets set after 2015/16	No targets set after 2015/16
Implement the second year of the 5 year Alcohol Strategy Action Plan	New Measure		-	Work to be completed by March 2016	No targets set after 2015/16	No targets set after 2015/16

*Final outturns are provided in the June refresh. Draft plans use RAG ratings and estimates (est) where available.

Safer Communities Budget Summary

Revenue	2013/14	2014/15	2015/16
	Budget	Budget	Budget
	£'000	£'000	£'000
Gross Budget (A)	832	661	668
Government Grants (B)	0	0	0
Fees & Charges (C)	0	0	0
Other Income* (D)	(421)	(251)	(251)
Net Budget (A-B-C-D)	411	410	417

* Other income in all years includes contributions from other organisations

Report to: Adult Social Care and Community Safety Scrutiny Committee

Date: 17 September 2015

By: Director of Adult Social Care and Health

Title: Safeguarding Adults Board Annual Report April 2014 - 2015 and Strategic Plan 2015-18

Purpose: To present the Annual report and Strategic Plan to the Scrutiny Committee

RECOMMENDATIONS

The Committee is requested to consider and comment on the content of the report

1 Background

1.1 The Annual Report 2014 - 2015 included in Appendix 1 outlines the safeguarding activity and performance in East Sussex between April 2014 and March 2015, as well as some of the main developments in place to prevent abuse from occurring.

1.2 The Care Act, implemented in April 2015, specifies that the Safeguarding Adults Board (SAB) must publish a strategic plan outlining its future priorities. This is included as Appendix 2.

1.3 In developing the Strategic Plan, there has been consultation with Healthwatch and the Client and Carer Safeguarding Advisory Network (CCSAN).

2 Supporting information

2.1 *Annual report* 2014 – 2015:

The Annual Report is structured against the five key priorities of the SAB for 2014-15, outlining progress made from all partner agencies, and highlighting future plans.

2.2 Highlights contained in the report are as follows:

Priority 1: Effectiveness of the SAB

- A peer review of the SAB was undertaken in May 2014, leading to recommendations for an independent chair, a review of the chairing arrangements of the subgroups and ensuring all partners of the SAB take an active role and contribute resources.
- As a result of these recommendations, Healthwatch now chairs the CCSAN; Sussex Police is to chair the Performance, Quality and Audit (PQA) subgroup; and an SAB budget for 2015-16 has been agreed. Recruitment of an independent chair has taken place.

Priority 2: Develop a cross system understanding of service quality and avoid service failure

- A multi-agency safeguarding audit was undertaken by representatives of the SAB; effective partnership working was demonstrated in all cases and no major concerns were noted. However, development areas included, the need for Mental Capacity assessments to be completed more thoroughly, and a greater understanding of the Multi-Agency Risk Assessment Conference (MARAC) when referring cases.
- Future plans include, developing local protocols on how to respond to safeguarding enquiries where there are concerns about the quality of care, and multi-agency reflective learning sessions from Safeguarding Adult Reviews (SARs).

Priority 3: Ensure people are aware of safeguarding and know what to do if they have a concern

- A safeguarding awareness campaign was held with Homecare staff in the form of drop in sessions across different localities in the county. This was following the low safeguarding referral rate from this group over the last few years. There has subsequently been an increase in safeguarding alerts raised from Homecare staff, up by 31% from the same period last year.
- Key safeguarding activity data includes a 10% reduction in the number of alerts received by ASC compared with last year; much of the reduction is attributed to a change in policy for the reporting of Pressure Ulcers. Neglect, financial and physical abuse remain the highest types of abuse with little change in the proportion of these.
- Further training and awareness within primary care is planned for 2015-16.

Priority 4: Focus on personalising safeguarding outcomes and developing performance measures that focus on quality and outcomes

- Quality assurance activity has shown a personalised, Making Safeguarding Personal (MSP) approach as being increasingly evident in safeguarding activity.
- In 93% of cases where there was action under safeguarding arrangements, risk was reduced or removed.
- The proportion of people receiving support from an advocate, family member or friend where they lacked capacity in this period was 86%. The national average for 2013-14 was 49%.

Priority 5: Ensure all people involved in safeguarding have appropriate skills and knowledge

- Three multi-agency MSP workshops were held with good representation from all key partners of the SAB, to ensure that this personalised approach in safeguarding can be implemented across all service areas.
- Key training figures from partner agencies are included in the annual report. There has been a particular focus on domestic abuse training for Sussex Police, which will be a key priority for the SAB in 2015-16 given that it has been included as a category of abuse in its own right since April 2015.
- Safeguarding competencies for staff will be updated in 2015-16 for use in a multi-agency context, as well as development of a SAB training strategy.

2.3 Safeguarding Strategic Plan

- This sets out the aims and objectives of the SAB for 2015-18, and provides direction and continuity to the annual work plan which is refreshed each year. It sets out five key areas of focus, relating to the priorities agreed for the year ahead. The five areas as follows:
 - Accountability and Leadership;
 - Policies, Procedures and Care Act implementation;
 - Performance, Quality and Audit;
 - Prevention and Engagement;
 - Integration/Training and Workforce Development.

3. Conclusion and reasons for recommendations

3.1 The annual report shows significant progress in adult safeguarding activity from all organisations and has demonstrated the MSP principles are starting to embed into practice to put adults and their representatives at the centre of decisions and interventions made.

3.2 The Care Act, implemented in April 2015, has brought many changes to safeguarding practice, including making enquiries statutory (under section 42 of the Act), and introducing new duties in relation to advocacy; the strategic plan addresses these areas. The plan reflects the commitment of active collaboration between organisations, working together on prevention strategies, and listening to voice of those who use care and support services to deliver positive outcomes.

KEITH HINKLEY
Director of Adult Social Care & Health

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LOCAL MEMBERS

All

BACKGROUND DOCUMENTS

None

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East Sussex Safeguarding Adults Board

Annual Report

April 2014 to March 2015



You can get all our publications in a format to suit you. If you would prefer this report in an alternative format or language please ask us. Please phone Adult Social Care Direct on 0345 60 80 191.

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Foreword



Welcome to the East Sussex Safeguarding Adults Board Annual Report 2014 – 15.

The Safeguarding Adults Board (SAB) oversees work to protect vulnerable people, and ensures that we have a safeguarding system that is working well and improving.

In this, my final report before standing down as Chair, I would like to thank all members of the SAB and all partner agencies for their continuing commitment and work in this area. In particular, my thanks go to the frontline staff in all agencies, including volunteers, who continue to do the best they can to protect people from all forms of abuse.

This report includes contributions from the range of organisations who are involved in safeguarding adults.

During the year, as well as preparing for the introduction of the Care Act 2014, we have responded to the national initiative 'Making Safeguarding Personal' which sets out to develop person-centred safeguarding responses. This approach is to ensure people are in control as much as possible.

Looking to the future, the Care Act has set out responsibilities for protecting adults in primary legislation for the first time. It seeks to ensure there is clear accountability, roles and responsibilities which ensure local partners work together.

The SAB has a clear plan in place to ensure it meets its new responsibilities. This focuses on a range of measures from prevention through to effective and decisive action when things go wrong.

Although a challenging time for organisations, there is a real determination to work in partnership to ensure safeguarding adults remains a priority, and that organisations continue to develop and improve their safeguarding practice.

A handwritten signature in black ink, appearing to read 'K Hinkley', with a horizontal line underneath.

Keith Hinkley
Director, Adult Social Care & Health, East Sussex County Council

Comments from Healthwatch East Sussex



This annual report reflects the commitment shown in East Sussex to collaborative working between agencies to safeguard adults from abuse and neglect, and to take account of the views of people who use care and support services, and their carers, when developing safeguarding policy and practice.

I was delighted when Healthwatch East Sussex was contacted to independently chair the Clients and Carers Safeguarding Advisory Network, and to learn I would be undertaking this exciting role. This Network provides a key mechanism to consult with the local community and I have been encouraged to see the role of Healthwatch grow in developing safeguarding practice and in seeking the views of those who use care and support services.

I look forward to being able to contribute to the safeguarding agenda in the year ahead and to strengthen further the voice of residents in East Sussex.

Elizabeth Mackie
Volunteer & Community Liaison Manager, Healthwatch East Sussex

1. Effectiveness of the Safeguarding Adults Board (SAB)

Peer review

The SAB commissioned a peer review in order to learn from all partners, and to learn about improvements that could be made in adult safeguarding. This was timely given the implementation of the Care Act which placed SABs on a statutory footing.

The peer review took place in May 2014, and focused on:

- how the Board works,
- decision making processes,
- who 'owns' safeguarding in partner organisations, and
- a detailed look at what could make the Board more effective.

The review team found that the East Sussex SAB is an effective Board and is addressing some of the main concerns that place people at risk through:

- raising public awareness,
- supporting training for practitioners and others across a range of agencies, and
- publishing information about risks and where to go for help.

A number of recommendations were made, including:

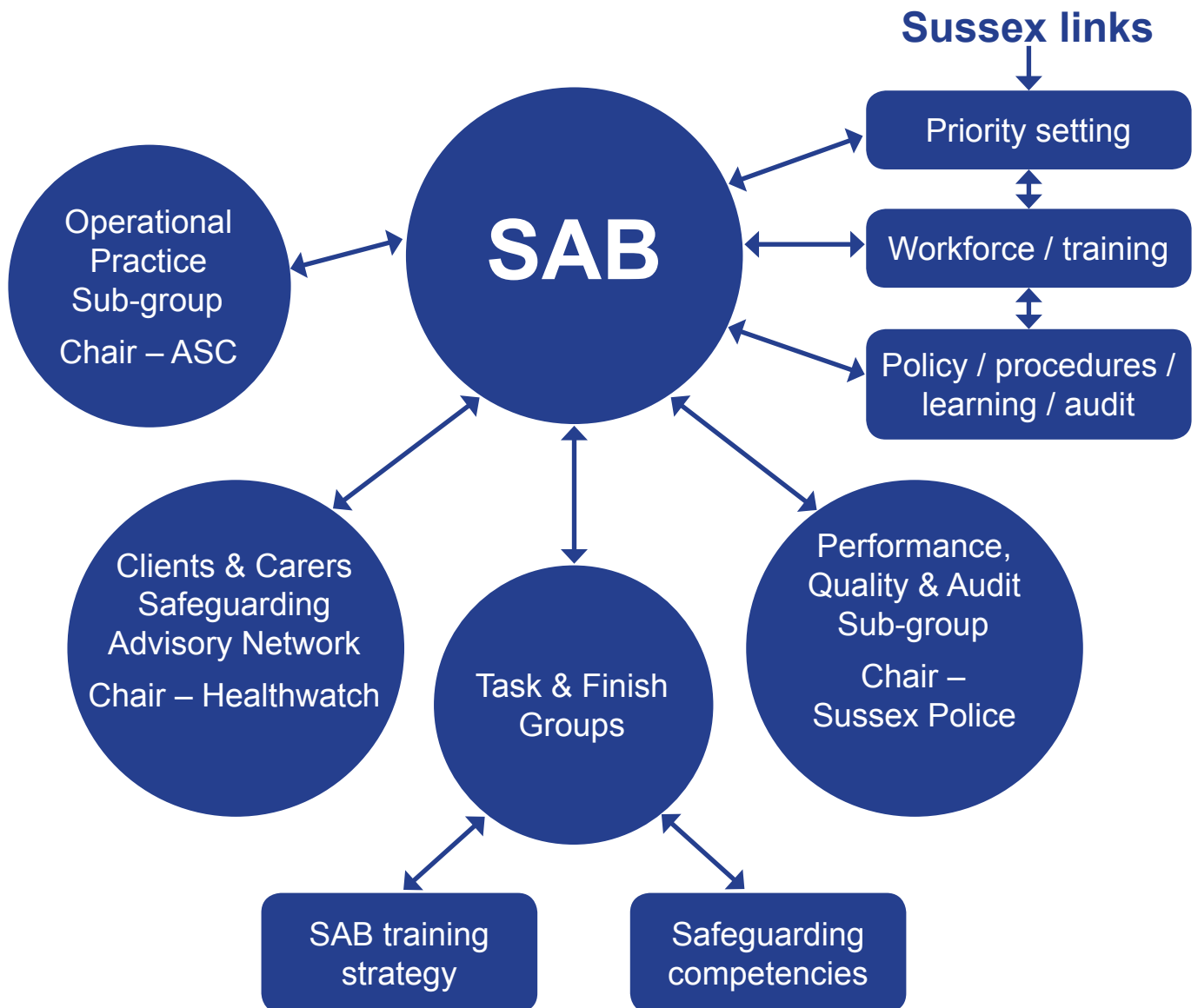
- Consideration of an Independent Chair for the Board.
- Identifying how partners can pool resources to cover an agreed programme of training each year.
- Reviewing the chairing arrangements and set-up of the Clients and Carers Safeguarding Advisory Network to strengthen the voice of clients and carers in safeguarding.
- Ensuring all partners take an active part in the running of the Board and contribute resources, and participate in the development of agendas and the work plan.

The SAB has welcomed these findings and has already started to progress many of the recommendations made.

Governance and structure of the Safeguarding Adults Board

Following the peer review, the SAB's governance and structure has been revised. This is illustrated in the diagram below.

The new arrangements reflect increased participation by partner organisations (a full list of SAB members is included as Appendix 1). In addition, closer links are being established with the Safeguarding Adults Boards of Brighton & Hove and West Sussex, for shared learning opportunities and priority setting, as well as workforce development and training.



Task & Finish Groups These groups translate the priorities of the SAB into outcomes-focused work programmes. The groups are time-limited and undertake a specific task. Currently, there are two groups: one to develop the SAB training strategy, the other is revising the safeguarding competencies.

Operational Practice Sub-group This group co-ordinates local safeguarding work, and ensures the priorities of the SAB are put into place operationally. Currently, its particular focus is to ensure an outcomes-focused approach is embedded in safeguarding practice, as well as ensuring advocacy provision will meet the Care Act duties.

Performance, Quality & Audit Sub-group This group establishes effective systems for monitoring, reporting and evaluating performance across agencies, and links annual reporting to improvement planning. The group highlights staffing groups or service areas that require further awareness or training.

Clients & Carers Safeguarding Advisory Network This network enables two-way communication and exchange of information between the SAB and clients and carers to improve safeguarding experiences and inform policy development.

The network has expanded its membership to include organisations that support and represent people with disabilities, mental ill health and learning disabilities, together with older adults and carers.

The network is developing a survey to gain feedback from adults on their experience of the safeguarding process in East Sussex so that improvements can be made, where needed.

The network will play a key role in assisting the SAB to take account of the views of the local community and people who have care and support needs. It will also provide feedback to the SAB on future strategies and work plans, as outlined in the Care Act 2014.



Future plans

- **Recruitment of an Independent Chair of the SAB by July 2015.**
- **Agreement of a budget for the SAB for 2015 – 16, to include financial contributions from Adult Social Care, the Clinical Commissioning Groups, Sussex Police and East Sussex Healthcare NHS Trust.**

This budget will cover multi-agency training and learning opportunities, safeguarding awareness campaigns, the Independent Chair, and costs associated with any Safeguarding Adults Reviews, as outlined in the Care Act 2014, or other case reviews required.

- **Continue to implement the new structure of the SAB, recommended by the peer review, for increased effectiveness in safeguarding governance. This will include Sussex Police chairing the sub-group responsible for monitoring quality assurance across agencies.**

2. Develop a cross system understanding of service quality and avoid service failure

Fire safety

Effective partnership working with a variety of agencies signed up to the Care Providers Fire Safety Scheme has continued across the county. This scheme is run by East Sussex Fire and Rescue Service (ESFRS) as a means by which the service can fulfil its statutory duty to promote fire safety. Ninety four agencies have now signed up to the scheme, resulting in 6,451 home safety visits being undertaken in East Sussex during 2014 – 15, with occupiers being offered fire safety advice tailored to their situation. Of these visits, 91% were delivered to those deemed to be vulnerable in some way.

Multi-agency activity to reduce the risk of fire-related harm in the community remained a key priority for the SAB this year in response to a spike in accidental deaths from fire-related harm in 2011 – 12. In response to this, since January 2013, all clients and carers of Adult Social Care are asked at the point of assessment and review if they would like a referral for a home safety visit by ESFRS. In order to increase the uptake of home safety visits, follow-up calls were made between April and September 2014 to clients who initially declined a visit, with very positive results. Of those contacted, 80% agreed to a home safety visit (147 people), having initially declined this.

ESFRS staff participated in the first national hoarding campaign in May 2014, and actively target hoarders for home safety visits acknowledging the increased risk of fire that hoarding presents.

Next steps

- To continue working with partners to protect those most vulnerable to fire risk through effective data sharing with other agencies, and by sharing information including updating the ESFRS website with information on hoarding, self-neglect, modern slavery and the Prevent agenda.
- Through the Health and Wellbeing Visits project, increase signposting to the relevant source of help for vulnerable adults who have deteriorated since their last visit.

Multi-agency safeguarding audit 2014

The SAB undertakes an annual case audit of cases requiring multi-agency involvement to promote continuous improvement in safeguarding adults practice.

This year's audit was undertaken by representatives from Adult Social Care, Clinical Commissioning Groups, East Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust and Sussex Police.

The key findings were as follows:

Strengths

- Effective partnership working in all cases.
- Evidence of consideration of the needs and wishes of the adult and / or their representative in the majority of cases, in line with the Making Safeguarding Personal approach.
- Casework reflected sustained protective outcomes for those at risk.
- In two cases involving domestic abuse, there were considerable joined-up efforts by all relevant agencies to effectively assess risk and offer protective measures, including appropriate persistence where there was initial resistance from the adult.

Areas for development and learning

- Mental capacity assessments require earlier and more comprehensive completion.
- Safeguarding plan reviews need to be routinely undertaken or considered, especially where there has been a great deal of effort during the safeguarding process itself, to try to achieve positive change and protection in the longer term.
- There needs to be a greater understanding of the Multi-Agency Risk Assessment Conference (MARAC) process in terms of the need to refer cases for greater multi-agency information sharing, in cases of domestic abuse.

In light of these development areas, the SAB has agreed the following actions to be implemented in 2015 – 16:

- Continued emphasis on the understanding and application of the Mental Capacity Act in relation to the Making Safeguarding Personal approach, and ensuring suitable advocacy arrangements are put in place where required.
- Continued training on the MARAC process, with opportunities for enquiry leads to shadow these meetings, to ensure referrals and information sharing is routinely achieved.
- Training and awareness raising on the interface between safeguarding and domestic abuse now that this is included as a category of abuse in its own right following implementation of the Care Act.

Serious case reviews

No serious case reviews have taken place this year, and no referrals for consideration of a review were received.

The criteria and procedure for undertaking a review have been updated to reflect the change to safeguarding adults reviews (SARs) in the Care Act.

Quality monitoring

During 2014, the Quality Monitoring Team worked jointly with the Safeguarding Development Team and the Performance Team to review themes and types of abuse. This joint work has enabled the development of focused safeguarding awareness workshops for community care and support providers.

The Quality Monitoring Team has also been working jointly with Adult Social Care operations and commissioning teams in relation to working age care and support provision, to review performance indicators received from providers relating to incidents, safeguarding concerns and complaints. The team has also worked jointly with colleagues in the Clinical Commissioning Groups (CCGs) to verify information relating to safeguarding concerns, including the monitoring of low level concerns. This work has enabled further preventive measures to be put in place.

The team has also been active in supporting providers in the raising of safeguarding alerts, and in enabling them to implement effective quality assurance systems.

Support With Confidence Approved Trader Scheme

Helping to combat rogue traders, this scheme has 135 members with 61 applications currently being processed. Efforts continue to be made to grow the scheme. These include streamlining processes, for example, introducing new business training workshop days for Personal Assistants and small businesses. These have proved very successful. The scheme will also look to attract new members by promoting itself at events with new partners such as the Job Centre.

Future plans

- **Developing a protocol on how to respond to safeguarding enquiries where there are concerns about the quality of care.**
- **Reflective multi-agency learning sessions from Safeguarding Adults Reviews or case reviews.**
- **ESFRS to work with Adult Social Care commissioners to reduce risks of fire injuries and death by increasing the amount of lifeline devices connected to smoke alarms.**
- **Assurance tool devised by the CCGs will be distributed to CCG-commissioned provider services across the region, to provide, via self-audit and site visits, assurance regarding safeguarding activity and quality. This comprehensive tool will be adapted to gain assurance within primary care.**

3. Ensure people are aware of safeguarding and know what to do if they have a concern

Homecare safeguarding awareness campaign

Drop-in sessions were arranged across the county to engage with homecare workers and raise their awareness of safeguarding.

These sessions were facilitated by staff from the Safeguarding Development Team alongside staff from Mihomecare and Primecare.

A total of 46 homecare workers attended. Their feedback was that they valued the opportunity for discussion and the quality of interaction with staff was appreciated.

Following this campaign, there has been an increase of 31% in alerts raised by homecare staff compared with last year.

Next steps

- Implementation of safeguarding training tailored specifically for homecare staff (up to this point only generic training has been offered). This training will be available from April 2015.
- Homecare representation at the SAB from April 2015 to ensure closer links are made and facilitate effective information sharing.

Sussex Safeguarding Adults Policy and Procedures and Making Safeguarding Personal

In preparation for the implementation of the Care Act in April 2015, the Sussex-wide policy and procedures for responding to abuse and neglect were rewritten to ensure their compliance with the new legislation. Updates focused on the Making Safeguarding Personal approach, with a stronger focus on the outcomes individuals wish to achieve.

The policy and procedures were developed with the Brighton & Hove and West Sussex Safeguarding Adults Boards for a consistent approach across Sussex.

In addition, the leaflet [Safeguarding and the Care Act – What's the same and what's different](#) was produced to highlight the main similarities and differences in the procedures.

Next steps

- An event to launch the procedures and roadshows for a wide range of staff and agencies to raise awareness of the changes introduced by the Care Act.
- Consultation and feedback on the new procedures to ensure effective interventions for those at risk of abuse are offered.

Stop the Pressure

Effective collaborative work has continued with health colleagues from East Sussex Healthcare NHS Trust (ESHT), and there has been a continued improvement in standards of practice in response to and prevention of pressure ulcers.

This year has seen a particular focus on raising awareness among staff working in residential and community settings to achieve more effective prevention of pressure ulcers in these settings.

Two 'Stop the Pressure' events, led by ESHT, were held in September 2014 and March 2015, with approximately 70 delegates attending each event.

Domestic abuse

East Sussex County Council has demonstrated its commitment to the campaign to end violence against women by achieving White Ribbon status – one of only two county councils to have gained this award.

A key element of the East Sussex Safer Communities Partnership Domestic Abuse Strategy is raising awareness. To this end, East Sussex County Council arranged an event 'Domestic Abuse Hurts Everyone' on 25 November 2014. The event was attended by schools, youth support workers, governors, councillors and local businesses. Attendees were asked to promote the message: 'never commit, condone or remain silent about violence against women'.

In December 2014, an evaluation of changes to the MARAC process found that these changes have led to a more effective process for the safeguarding of domestic violence victims, children and others at risk. A pan-Sussex consultation event will be held early in 2015 – 16 to look at ways of standardising the MARAC process across Sussex.

Prevent

The Counter-Terrorism and Security Act 2015 introduced a number of Prevent duties for local authorities. To ensure East Sussex County Council complies with these new duties, the Safer East Sussex Team is currently working with partners across the south east to:

- establish a Prevent Board,
- ensure panel referral processes are sound,
- support the training of key professionals, and
- prepare guidance for schools.

Since the establishment of the East Sussex Channel Panel (Channel is the name given to the referral and support process) there has been one referral. The individual was not adopted as a case for intervention due to other agency involvement at the time. This referral provided an opportunity to see how the process worked and identify areas requiring further development.

Our guidance 'PREVENT – Supporting Individuals Vulnerable to Recruitment by Violent Extremists in East Sussex' has been shared with partners as well as Brighton & Hove City Council and West Sussex County Council.

Anti-social behaviour and hate crime

New anti-social behaviour tools and powers came into effect in October 2014. These included the community trigger which gives victims and communities the right to require action is taken where an ongoing anti-social behaviour or hate crime problem has not been addressed. To date, no community triggers in East Sussex have been activated.

During Hate Crime Awareness Week in October 2014, the Safer East Sussex Team joined Sussex Police and other partners for a web chat which aimed to de-mystify some of the language and misunderstandings around hate crime.

East Sussex Safer Communities Partnership commissions a victim support service, Safe from Harm, to improve the wellbeing, confidence and resilience of people at risk of harm from anti-social behaviour or targeted harassment. During the past year, 88% of people supported by the service reported an increase in how safe they felt from the beginning of the Safe from Harm intervention to the end.

Hate crime third party reporting is being developed in partnership with Citizens Advice Centres across East Sussex. These will be independent centres where individuals who do not want to report a hate crime or other incident to the police can report an incident in complete confidence. The centres will also provide advice, guidance and support to the victim.

Deprivation of Liberty Safeguards (DoLS)

In March 2014, the Supreme Court passed a judgement defining deprivation of liberty. Following this judgement, Adult Social Care (ASC) issued guidelines to care homes and hospitals as well as to ASC staff advising them of the new 'acid test' which should be used to determine whether a person is being deprived of their liberty.

As a result of the Supreme Court judgement, there has been a 10-fold increase in DoLS referrals to local authorities nationally. In East Sussex, 166 referrals were received in 2013 – 14, all of which were assessed. In 2014 – 15, East Sussex received 1,493 referrals and has completed 520 assessments.

ASC has considerably increased its resources to complete DoLS assessments. East Sussex is achieving a higher rate of completion than 13 of the 16 authorities in the ESCC comparator group, although 21% of referrals were completed in the final quarter of 2014 – 15. It is expected that referral rates will continue to rise during 2015 – 16 and the DoLS Team has been reorganized to maximize its use of the additional resources allocated to the team.

During 2015, Brighton University will be offering two additional training courses for Best Interest Assessors (BIAs), and Adult Social Care will increase the number of BIAs both in the DoLS Team and in other ASC teams. The increased number of assessments has resulted in increased demand for IMCAs, and ASC has funded an increase in capacity in this service. DoLS applications are authorised even if they are not granted and ASC will appoint more Authorisers during 2015 – 16 to meet demand.

Although the increase in activity has proved challenging, referrals are risk assessed to ensure those in distress or who are actively seeking to leave their placement are given priority.

ASC has not identified any cases where people have been put at risk due to delays in authorising DoLS, eg. by letting someone clearly at risk leave a care home. Neither have any safeguarding concerns directly attributable to delays in assessment been identified.

The higher profile of the DoLS process and an increase in awareness of issues concerning deprivation and mental capacity, together with changes within the Care Act, has led to an increase in understanding of these issues by providers and assessment staff.

Next steps

- The Law Society has issued guidance on deprivation of liberty and is launching a two year DoLS consultation process. ESCC will be involved in this work with our partners from Sussex and Brighton Universities.

Analysing safeguarding activity



There has been a **10%** reduction in the number of safeguarding alerts received by Adult Social Care compared with 2013 – 14. Much of this reduction can be attributed to the change in the reporting of pressure ulcers. Previously, all grade 3 and 4 pressure ulcers were raised under the safeguarding procedures. However, these are now managed by East Sussex Healthcare NHS Trust as a serious incident, unless neglect is suspected in which case a safeguarding concern will also be raised.

Not all safeguarding alerts received by Adult Social Care require a safeguarding investigation. Recent audit activity indicates that during this period an appropriate balance has been struck between referring cases for safeguarding investigation and resolving the issues through other remedies, including regulation, quality monitoring processes and care management. All of these routes, if used effectively, will safeguard people.

Map showing investigations completed in 2014 – 15



Types of abuse investigated in 2014-15



Note: The numbers of each type of abuse exceeds the total completed investigations as some investigations involved multiple types of abuse.

There has been very little change in the proportion of types of abuse investigated compared with last year. Neglect, financial abuse and physical abuse remain the three types of abuse most frequently investigated. One case of institutional abuse has been recorded. This is a small difference from the previous two years – in both these years, four cases were recorded and investigated.

Locations of abuse



The most common locations of abuse are care homes and the adult's own home.

Within care homes, neglect is the most commonly reported type of abuse followed by physical abuse. This was also the case in 2013 – 14. Proportionately, there has been very little change in levels of neglect within care homes, however, physical abuse has seen a slight decrease from 21% to 17%.

Within the adult's own home, the most common type of abuse reported is financial abuse, followed by neglect. Again, this was the same in 2013 – 14. The proportion of financial abuse cases has decreased slightly from 47% in 2013 – 14 to 44% in 2014 – 15. Financial abuse remains a key area of focus for the coming year with continued joint working between Trading Standards and Adult Social Care to promote prevention, awareness raising and effective interventions.

Sources of referrals



There has been an increase in the number of referrals from Sussex Police compared to 2013 – 14, from **63** to **72**. This is attributed to the new referral form to Adult Social Care, the Single Combined Assessment of Risk Form (SCARF) which was implemented in August 2014, together with increased training for new staff.

A pilot of an online safeguarding reporting process across the South East Coast Ambulance Service NHS Foundation Trust appears to have had a positive impact on referral rates.

There has been an increase of **31%** in alerts raised by homecare staff compared with this period last year, following the homecare safeguarding awareness campaign. The number of alerts being passed for investigation has reduced, indicating further training is required.

There has been a **39%** drop in the number of alerts received from GPs, with just **27** alerts. Of these alerts, there has been a slight increase in the proportion that have been investigated suggesting greater awareness of what should be considered under safeguarding. However, the very low number of alerts remains a concern and will be addressed through training and raising awareness over the coming year.

Future plans

- Roadshow in September facilitated by Healthwatch for increased awareness of safeguarding among the public.
- Further training and raising awareness of safeguarding with primary care.

4. Focus on personalising safeguarding outcomes and developing performance measures that focus on quality and outcomes

Quality assurance activity in Adult Social Care

Quality assurance activity in Adult Social Care includes analysis of audits and feedback from stakeholders.

Between April 2014 and March 2015, the Safeguarding Development Team undertook approximately **117** audits, both general safeguarding audits and safeguarding plan audits. In addition, threshold audits were undertaken to ensure an appropriate balance was being struck between alerts taken forward for investigation and those where other protective measures were taken.

Feedback from approximately **58** stakeholders was received during the same period from questionnaires and interviews.

From this quality assurance activity, the following strengths and areas for development were identified:

Strengths

- Well planned and co-ordinated investigations.
- Multi-agency partnership working with good managerial oversight.
- A personalised, Making Safeguarding Personal approach was increasingly evident with adults or their representatives being asked to identify outcomes and the achievement of these, where possible.

Key areas for development

- More detailed recording within assessments of mental capacity and more consideration of referral to advocates is needed in some areas.
- Safeguarding plans to be shared more widely, reviewed more regularly and have clearer timescales for proposed protective actions.

Mark's story

Mark has care and support needs around his substance misuse, and lives in supported accommodation.

Mark's recovery worker raised a safeguarding concern following verbal abuse and threats of physical harm. The police investigated but no further action was taken due to insufficient evidence.

Mark identified his desired outcomes as:

- wanting the abuse to stop,
- wishing to collect his pharmacy prescription at a different time to the person alleged responsible (PAR), so they would be less likely to bump into each other, and
- wishing to move to another area.

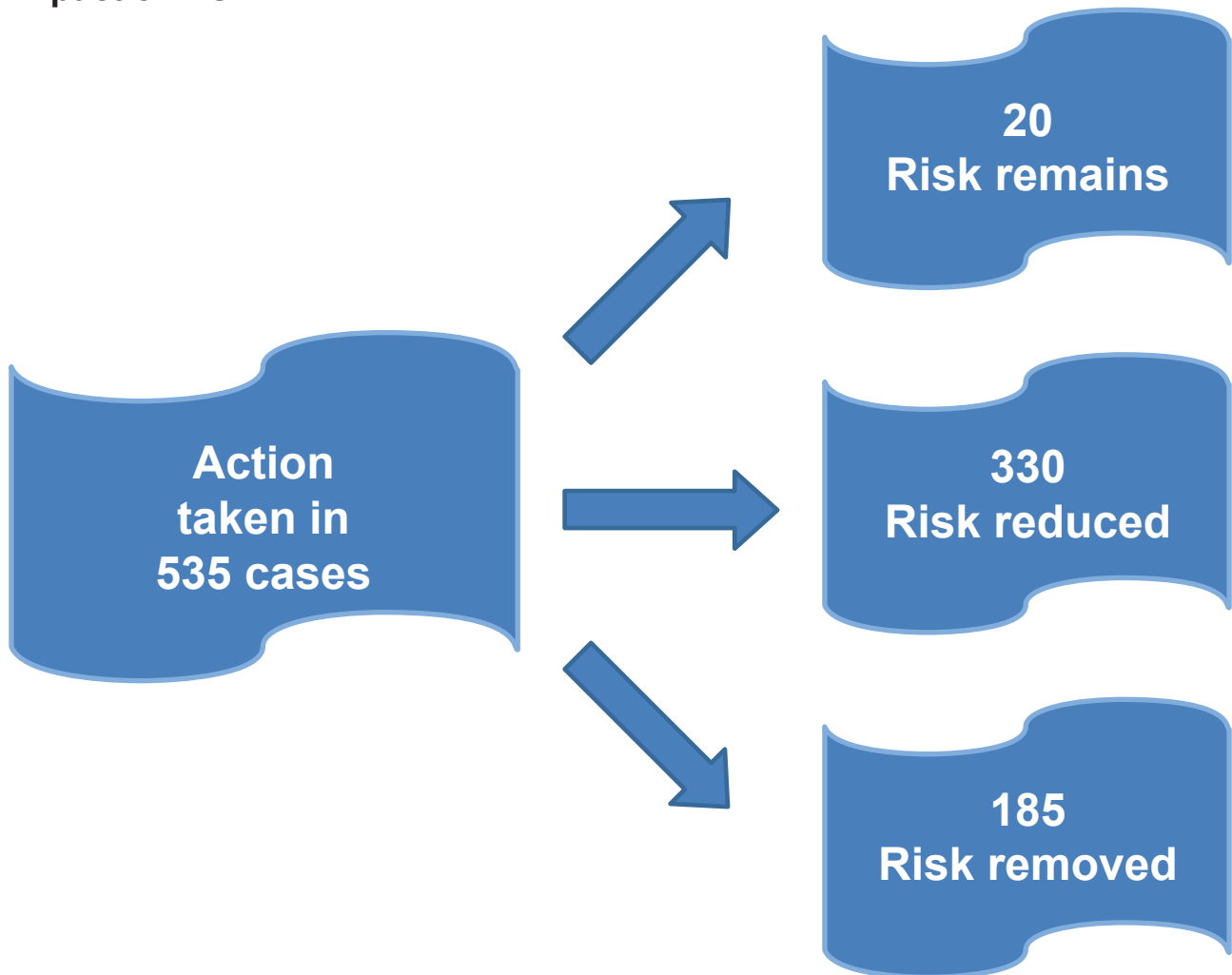
Mark was consulted throughout the enquiry and his desired outcomes resulted in the following safeguards being put in place:

- The police put markers on his address and mobile phone, and issued a Police Information Notice to stop the PAR contacting Mark directly or indirectly.
- His prescription was given at a different time to the PAR.
- His accommodation request was considered by the district council.

Analysis of outcome data

A Safeguarding Performance Quality and Audit Framework is in place to drive improvements in safeguarding outcomes. The Framework includes the collection and review of safeguarding activity data. From this, we can monitor the difference made and identify gaps in service provision.

Impact on risk

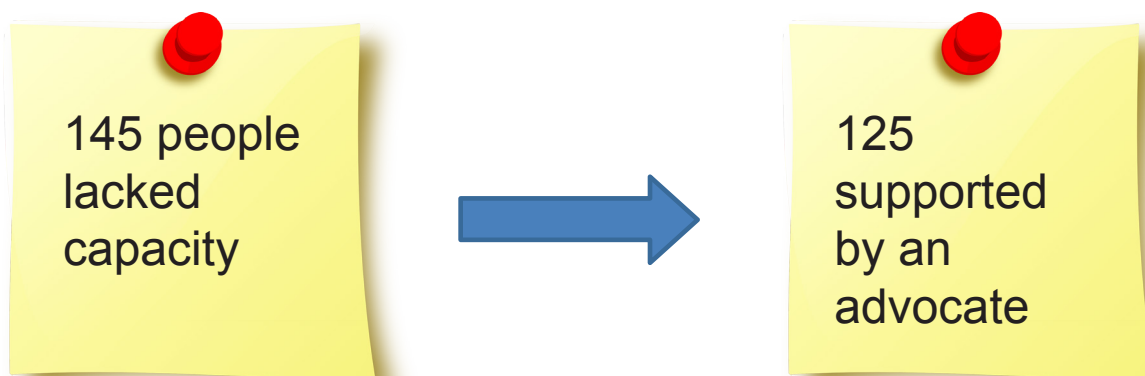


Note There were 66 historic completed investigations where the impact on risk was not recorded.

Local authorities are required to report whether, following safeguarding actions, the level of risk remains, has reduced or has been removed. In **93%** of cases, where there was action under safeguarding arrangements, the risk was reduced or removed.

There are a number of reasons why risk may remain despite safeguarding interventions. For example, the adult may have chosen not to accept the actions proposed in their safeguarding plan, or has made the choice to balance risk factors with other quality of life decisions such as maintaining contact with a family member who was the source of the risk.

Support for adults at risk who lack capacity to make informed decisions



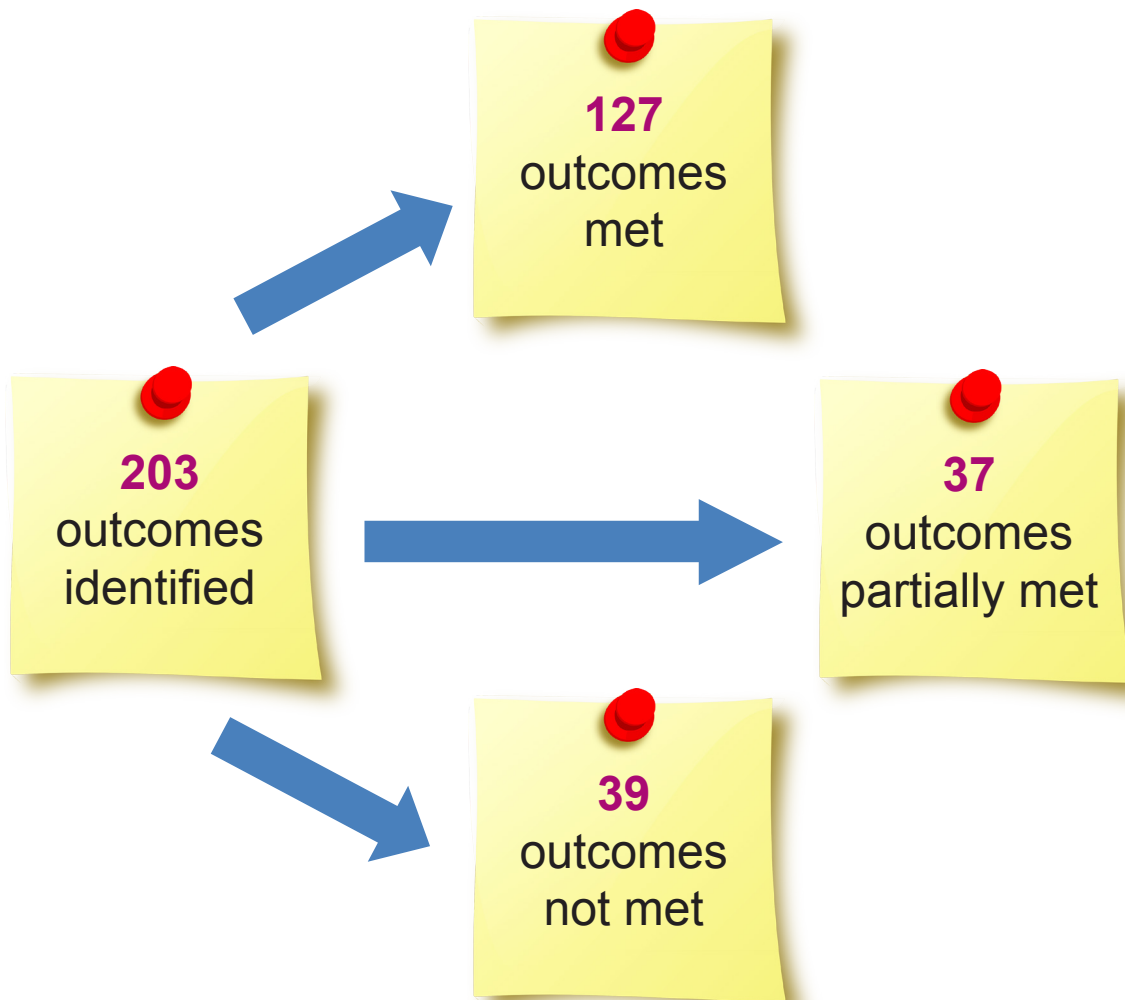
As shown above, the proportion of people receiving support from an advocate, family member or friend where they lacked capacity was **86%**. In 2013 – 14, the national average was **49%**.

Outcomes achieved through safeguarding



Since September 2014, Adult Social Care has been recording the specific outcomes that people have identified they would like to achieve through a safeguarding intervention, captured in the six categories shown above.

It is a priority of the SAB to achieve a higher percentage of desired outcomes, and to ensure data collected captures these desired outcomes in more meaningful ways. This will be done by enshrining the Making Safeguarding Personal approach in safeguarding practice, and by asking adults and their carers or families how effective the support offered has been.



It is promising that in **81%** of cases where desired outcomes were identified, these have been met or partially met.

It is anticipated this percentage will increase as the Making Safeguarding Personal approach becomes further embedded into safeguarding practice, ensuring the adult's views and wishes are central to all actions taken.

There will be occasions where an adult's desired outcomes cannot be met, as these may not be realistic or achievable. For example, if a desired outcome is to receive stolen goods back where this is not possible. However, our aim will always be to acknowledge and record the adult's desired outcomes, and to be open and honest with the adult or their representative about what is realistic.

Sarah's story

At the start of the investigation, Sarah identified her outcomes as:

- wanting the allegations of financial abuse to be investigated, and
- to be able to manage her own finances.

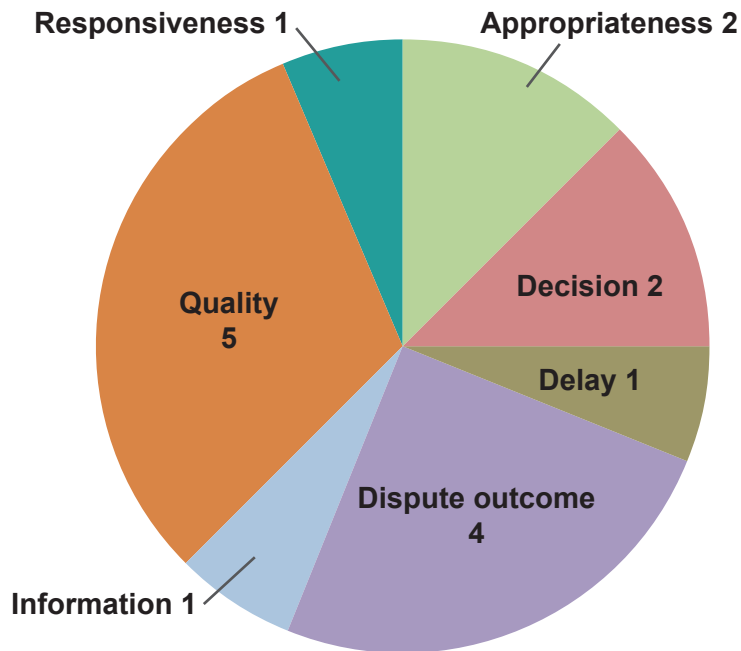
Both of these were met.

Learning from complaints

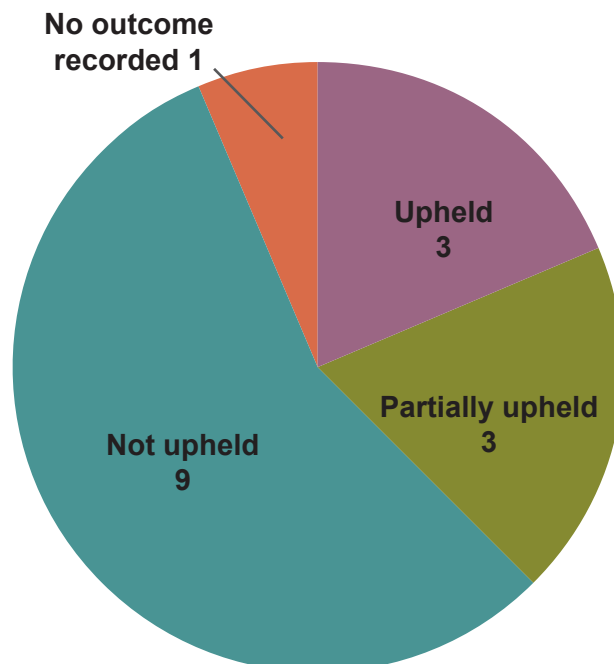
The total number of complaints recorded for Adult Social Care in 2014 – 2015 was 398. Of these, **3.5%** (14) related to safeguarding. In addition to these 14 complaints, two enquiries were received from MPs / councillors. This compares to 16 complaints and one MP / councillor enquiry received in 2013 – 2014.

The Local Government Ombudsman (LGO) has looked at one complaint about a safeguarding investigation. We are still to receive the final decision from the LGO. In 2013 – 2014, we received two complaints from the LGO.

Complaint categories



Complaint outcomes




Learning and actions


- The importance of keeping the adult at the centre of the safeguarding process.
This will be achieved by ensuring the Making Safeguarding Personal approach is embedded in safeguarding practice.
- Ensuring the person thought to be the cause of risk understands the safeguarding process, and is given the opportunity to respond to the concern.
This will be achieved by producing a factsheet for the person or service thought to be the cause of risk, and ensuring enquiries include an opportunity for that person or service to give their views, and respond to the concern.
- Every effort should be made to obtain information about a safeguarding concern when faced with a lack of response from the adult we are concerned about.

Compliments

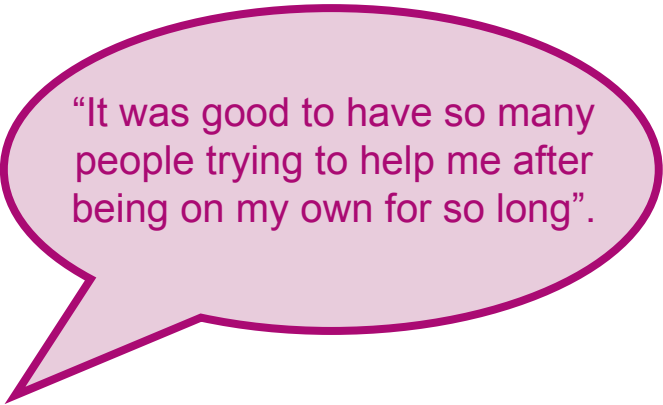
The Safeguarding Development Team has received the following feedback:



The Investigating Officer was “wonderful, kind, thoughtful and a credit to her profession”, and is a “shining star in the world of Adult Social Care”.



“I felt believed and listened to”.
The Investigating Officer
“couldn’t be more helpful”.



“It was good to have so many people trying to help me after being on my own for so long”.

Future plans

- Further development and analysis of safeguarding outcome data, based on client experiences.
- Network meeting pilot. Training has been delivered to a small group of staff members who will facilitate 'family group conference' style meetings as an alternative response to safeguarding issues. These network meetings will provide an opportunity for people who may have been abused to meet with those within their own support networks, such as friends and family, to find solutions together and identify actions to respond to issues and make changes in their lives to prevent future abuse in a supportive context. The pilot will run from June – December 2015.

5. Ensure all people involved in safeguarding have appropriate skills and knowledge

Adult Social Care and Trading Standards knowledge exchange

This project followed the Safeguarding Adults Board's financial abuse awareness campaign in 2013 – 14. The aim was to increase awareness of the functions of both Trading Standards and Adult Social Care within each other's departments to reduce abuse and exploitation from scams and doorstep crime, and achieve more effective outcomes for individuals.

The Safeguarding Development Team and Trading Standards jointly devised a project to enhance those links through the commitment of designated staff members to work together for a fixed period of six months, with the following actions and measures agreed:

- Create guidance for staff and a training offer to raise awareness of Trading Standards and Adult Social Care services and responses.
- Increase understanding by Trading Standards staff of the principles and application of the Mental Capacity Act 2005.
- Achieve a 20% increase in referrals by Trading Standards to Adult Social Care by 30 June 2015.
- Achieve a 20% increase in referrals by Adult Social Care to Trading Standards by 30 June 2015.

The Trading Standards team received training sessions on contractual capacity, which included the Mental Capacity Act, and safeguarding awareness. This has resulted in safeguarding of adults at risk being integrated into all Trading Standards work, especially in relation to scam mail victim visits and doorstep crime incidents.

A 'Trading Standards and Adult Social Care joint working guide' has been produced and a training workshop to support this was devised and delivered.

Building Bridges training is now an on-going feature of Trading Standards work with Adult Social Care. Building Bridges talks are taking place monthly to newly qualified social care staff.

Next steps

- Trading standards officers to complete safeguarding and Mental Capacity Act awareness training yearly.
- Letter template provided by Trading Standards to be used by Adult Social Care staff which individuals can be supported to send to scam companies to cease contact.
- Data analysis for comparison and monitoring of referral rates between the two departments to take place in June 2015.
- Joint Trading Standards / Adult Social Care training will continue in 2015 – 2016 with training being offered to ASC teams who were unable to take up the training in 2014 – 2015.

Development of Scams Team

The National Trading Standards Scams Team was made a core funded national project in April 2014. The team receives funding to focus on intervention, disruption, enforcement and education.

There are currently 151 (74%) local authorities signed up to the project. These authorities receive victim intelligence, and intervene and support victims of mass marketing fraud.

The team has identified 9,500 scam victims with over £11m worth of detriment. The team has saved £1m for consumers in the UK. £200k was returned to victims.

Next steps

- Educate practitioners on how to assist victims of scams, and provide them with workable tools.
- Through effective partnership identify victims of scams and intervene on behalf of the consumer.

Key training figures and initiatives

Adult Social Care training

April 2014 – March 2015

Course title	Number of courses	Number of attendees
SAR Basic Awareness	16	328
Investigating Manager	6	83
Investigating Officer 2-day	6	86

KWANGO safeguarding adults e-learning

April 2014 – March 2015

Organisation	Number of attendees
ESCC	1,053
Hospitals	122
Independent care sector	1,292
Clinical Commissioning Groups	490

Making Safeguarding Personal Workshops

Work to support the progress of the Making Safeguarding Personal (MSP) approach in all adult safeguarding has continued. MSP shifts the focus within adult safeguarding to an emphasis on supporting and empowering adults who have experienced abuse or neglect to identify their desired outcomes. Safeguarding activity is then framed around seeking to meet those outcomes, wherever possible.

In recognition that this change in safeguarding practice affects all partners of the Safeguarding Adults Board, three multi-agency workshops were organised by the Safeguarding Development Team, alongside several held for Adult Social Care staff. Forty five members of staff from partner agencies attended.

These workshops provided tools, knowledge and support to staff to help them develop the MSP approach to increase personalised, outcomes focused safeguarding responses. The workshops were well received and case audits have demonstrated that the MSP approach is beginning to be adopted by staff.

Sussex Police

There has been a particular focus on domestic abuse training, as well as on harmful practices awareness with the following courses being held:

- A female genital mutilation awareness day for front-line officers in February 2015.
- A three-day training course for front-line officers covering forced marriage and honour-based abuse.

Domestic abuse and harmful practices remain priority areas for Sussex Police in 2015-16. There will also be a focus on Care Act awareness, particularly for specialist officers and new officers.

East Sussex Fire and Rescue Service (ESFRS)

External training on awareness of modern slavery has taken place, and further roll-out is planned for 2015 – 16.

Information is now available for all ESFRS staff in respect of rough sleepers and homeless individuals, with referral routes established to homeless organisations. Safety information leaflets have been produced for staff to hand out to rough sleepers and homeless individuals to reduce the risk of fire and harm.

Future training plans include:

- Continuing to provide training for staff on adult safeguarding (refresher), Mental Capacity Act and DoLS, and modern slavery.
- Service-wide training for key members of staff to improve awareness and skills in wellbeing.
- Review of staff competency through training and development.

South East Coast Ambulance Service NHS Foundation Trust

The appointment of a full-time Safeguarding Support Officer at the South East Coast Ambulance Service NHS Foundation Trust has added resilience and capacity to the safeguarding team. This additional capacity has enabled the Trust to have a greater involvement in SAB activities.

A domestic abuse pilot was re-introduced during 2014 – 15, with increased domestic abuse awareness training across the whole Trust. There has been an increase in domestic abuse referrals across the pilot area. Collation and analysis of the data is currently being undertaken. This will include a project review and evaluation to assist the development of a business case for the pilot's sustained continuity beyond December 2015.

The continued roll-out of electronic safeguarding reporting across all Trust sites (including both 111 sites) will lead to improved monitoring and analysis of the information being gathered. This will facilitate greater scrutiny of demographics, and ensure that training needs are identified and mapped to enable targeted training to be delivered in the future.

In partnership with learning and development colleagues, the Safeguarding Team will progress the delivery of Mental Capacity Act training to all clinical staff. This training will include the application of capacity assessments, obtaining consent to treatment and use of control and restraint techniques.

East Sussex Healthcare NHS Trust (ESHT)

Mandatory staff training for the last three years:

Course title	Percentage of total ESHT staff undertaking training	Target for 2015 – 16
Safeguarding adults	73%	90%
Mental Capacity Act	92%	90%
Deprivation of Liberty Safeguards	89%	90%

The MCA and DoLS training is delivered on three levels:

- Basic training – This is awareness training for all untrained members of staff who have contact with patients.
- Standard training – This is for Band 5 to Band 7 staff inclusive.
- Advanced training – This is for Band 8 staff and above, and includes doctors, consultants, managers, specialist nurses and directors.

The safeguarding training includes PREVENT training. ESHT will be part of the new PREVENT group to be led by ESCC.

Domestic violence training has been cascaded to a wider section of staff. The ESHT Safeguarding Lead works with the Local Safeguarding Children’s Board to deliver this training. ESHT is working on achieving White Ribbon status.

Learning that has influenced change in the organisation includes:

- The introduction of an electronic recording system – ‘System One’ – which has led to improved documentation.
- Following a safeguarding investigation for financial abuse, the Patient’s Property and Monies Policy was reviewed. External auditors were commissioned as part of this review. The updated Integrated Patient Documentation will include a section for listing patient’s property as well as the existing patient disclaimer.
- The Situation Background Assessment & Recommendation (SBAR) tool has been implemented to improve communication between wards and departments when transferring patients.
- The Integrated Patient Documentation is currently being reviewed, and will include an updated section on discharge planning. It is hoped that the use of the updated Discharge Checklist will ensure appropriate referrals are made and improve the patient discharge pathway.

Sussex Partnership NHS Foundation Trust (SPFT)

A comprehensive, independent audit of both adult and children's safeguarding was undertaken by Baker Tilly, and completed in October 2014. The report gave an overall rating of amber / green, concluding that the Trust "can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective".

A Care Quality Commission inspection of services in January 2015 provided positive feedback around the systems SPFT has in place to safeguard vulnerable adults. Inspectors spoke to staff across local services to test their knowledge and understanding, and found a good level of assurance. Further work is required to raise awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards, and to ensure robust recording of mandatory safeguarding training completed by SPFT staff. Both these areas are being taken forward as a priority as part of our improvement plans. The "My Learning" learning management system has been introduced to support completion and recording of all mandatory training for staff.

Adult safeguarding is part of induction training for all staff. This is supported by e-learning modules and training sessions in teams, for example, safeguarding and DoLS training for Secure and Forensic Services. Trust-wide MCA and DoLS training is provided. This has been supplemented by further Sussex-wide MCA / DoLS training through the Joint Health Economy project.

In 2014, SPFT was selected as one of two Mental Health Trusts nationally to host a project led by AVA (Against Violence and Abuse) Stella to improve domestic abuse policy and practice. A Trust-wide steering group has been established with representation across all care groups. Initial training sessions have been provided and a training plan is being developed, including induction training. A comprehensive domestic abuse policy has been drawn up and is currently at the committee approval stage.

The safeguarding lead for SPFT in East Sussex was part of the team which delivered self-neglect training to senior staff in a multi-agency context, and also took part in the multi-agency audit of safeguarding.

SPFT is working closely with ESCC and other key partners to prepare for the implementation of the Care Act 2014. Our Sussex Partnership Safeguarding Adults Policy is being updated to ensure Care Act compliance and to reflect the new Sussex Safeguarding Adults Policy and Procedures. Staff have attended training on the implications of the Care Act for adult safeguarding. SPFT has a strong commitment to Making Safeguarding Personal and this will underpin our approach to training and practice.

Clinical Commissioning Groups (CCGs)

A rolling programme of safeguarding training for both clinical and non-clinical staff has begun. The following staff have so far received training:

CCG	Percentage of staff undertaking training
High Weald Lewes and Havens	34.2%
Eastbourne, Hailsham and Seaford	70.2%
Hastings and Rother	70.2%

Further sessions have been booked, and the training has been revised to reflect Care Act changes and to include PREVENT awareness.

Sussex-wide Mental Capacity Act and Deprivation of Liberty Safeguards training for a multi-disciplinary audience has been developed. This training commenced in October 2014, and 239 healthcare workers across East Sussex have attended either half- or full-day training sessions dependent on their role.

Funding has been secured from NHS England to ensure training is accessible to 'harder to reach' services including primary care where attendance at external training may be an issue. The CCGs will be appointing a trainer who may also monitor or audit provider services' compliance with MCA / DoLS.

There has been continued involvement with Safer Communities Teams regarding domestic and sexual abuse, as well as participation in MARAC Complex Case Planning Meetings. The CCG Domestic Abuse Policy has recently been ratified, and domestic abuse awareness is now included in adult safeguarding training.

The CCGs will contribute to the development of the training strategy and revision of the safeguarding competencies, planned by the SAB for 2015 – 16.

Training for providers

The Quality Monitoring Team worked jointly with training colleagues to develop a training referral process to prioritise training needs identified by the team in discussion with providers during quality monitoring visits.

The team also contributed to the development of bespoke risk assessor and support planning training for providers. This training will help providers to improve safeguarding and incident recording procedures.

Future plans

- **Development of a SAB training strategy in 2015 – 16 to increase multi-agency shared learning opportunities.**
- **Roll-out of Enquiry Officer training for staff involved in safeguarding.**
- **Update safeguarding competencies to reflect Care Act changes, and ensure the competencies are used by staff across agencies in supervision and appraisal processes.**

Conclusion

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2014 – 15, and has shown the continued effort of partner agencies represented at the Board to work together in their commitment to safeguard adults from abuse and neglect. The Board will be placed on a statutory footing for the first time from April 2015, and the development of the SAB budget highlighted in this report will ensure key partners of the Board are able to achieve their objectives.

The Making Safeguarding Personal (MSP) approach that requires the adult to be central to all decisions made and the outcomes to be achieved has started to be implemented well. The multi-agency workshops on the MSP approach that took place this year have ensured a range of agencies in contact with adults who may be at risk of abuse and neglect are aware of the fundamental shifts that are required in safeguarding practice.

The Care Act 2014, to be implemented in April 2015, represents the biggest change in legislation for many years and will require partnerships between key agencies to continue to be fostered, with shared learning opportunities being created.

Safeguarding enquiries will for the first time be a statutory duty under Section 42 of the Care Act, and future data collection and analysis will need to focus on whether adults have been asked what their desired outcomes are and whether they have been met. The East Sussex SAB has already started to collect this data, and has made more meaningful analysis of the data a priority for the coming year.

There will be a new duty to ensure adults who have substantial difficulty in understanding the safeguarding process are offered advocacy, alongside the current Independent Mental Capacity Advocates for those who lack capacity under the Mental Capacity Act. This, too, is a key area of focus in the SAB's work plan for 2015 – 16 (see Appendix 2).

The SAB looks forward to welcoming an independent chair in the coming months, to assist in driving forward our key objectives, and to achieve our vision of ensuring the adults of East Sussex are able to live a life free from abuse and neglect.

Appendix 1 – Partners of the East Sussex SAB

Partners of the East Sussex Safeguarding Adults Board are:

- East Sussex Adult Social Care
- Sussex Police
- Sussex Partnership NHS Foundation Trust
- East Sussex Healthcare NHS Trust
- Trading Standards
- East Sussex Fire & Rescue Service
- South East Coast Ambulance Service NHS Foundation Trust
- Eastbourne, Hailsham & Seaford Clinical Commissioning Group
- Hastings & Rother Clinical Commissioning Group
- High Weald Lewes Havens Clinical Commissioning Group
- Residential Care Association
- Lewes Prison
- National Probation Service
- Kent, Surrey, Sussex Community Rehabilitation Service
- Homecare representatives
- Lewes District Council Housing
- Sussex Downs College
- Local Safeguarding Children's Board
- Care for the Carers
- Healthwatch
- NHS England

Appendix 2 – Work plan 2015 – 16

Strategic Aim 1 – Accountability and leadership

SAB Priority 1.1 Ensure the effectiveness and transparency of the SAB to oversee and lead adult safeguarding and the prevention of abuse

Action / Measure	Lead	Timescale	Progress
Oversee and lead on adult safeguarding activities that contribute to prevention of abuse, by inviting relevant local representatives as required.	SAB	Ongoing	Homecare represented from April 2015. Consider Further Education representation in line with Care Act recommendations.
Ensure that each member is a champion for safeguarding within their own organisation, as evidenced by signing up to the updated Terms of Reference (TOR) of the SAB.	SAB	July 2015	New members going through this.
Recruitment of Independent Chair in line with Care Act recommendations.	SAB	July 2015	Recruitment process has started.
Agree budget plan with partner contributions and report on budget spend annually.	SAB	July 2015	Core SAB partners have agreed to contribute – to be finalised July 2015.
Annual report, strategic plan and relevant documents to be available on SAB web page.	SAB	July 2015	Updating of ESCC web pages has started – to incorporate this facility.
Sub-groups have been reviewed for wider partner involvement, and progress of each to be regularly fed back to SAB.	PQA / CCSAN	October 2015	PQA to be chaired by Police.

Action / Measure	Lead	Timescale	Progress
Develop strategic learning across agencies, boards and borders, learning from national best practice and Safeguarding Adults Reviews (SAR).	Ops / PQA	Ongoing	SAB papers circulated between Sussex Boards and regional learning shared via the Safeguarding Network meeting. Topic based multi-agency workshops agreed via the Operational Practice Sub-group. Learning briefings to be held following any SAR.
All partners to undertake annual self-assessment of strategic and organisational arrangements to safeguard and promote well-being of adults.	PQA	Ongoing	Self-assessment tool to be updated for use by October 2015.

Strategic Aim 2 – Policies, procedures and Care Act implementation

SAB Priority 2.1 Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements

Action / Measure	Lead	Timescale	Progress
Ensure SAB members are aware of their responsibilities and implications of the Care Act, as demonstrated through annual multi-agency audit process, and updated internal procedures.	Ops / PQA	November 2015	Launch event April 16th for SAB Partners. Roadshows being planned. SCIE Care Act compliance checklist to be completed by all partners.
Sussex Safeguarding Adults Policy and Procedures have been reviewed to reflect Care Act.	SAB	April 2015	Hard copies will be made available as well as web page.

Annual review of procedures to provide opportunity for changes needed and create audit trail.	Ops / Sussex-wide forum	March 2016	Partners to provide feedback.
Advocacy and support arrangements in place, to be regularly monitored via Ops sub-group.	Ops	October 2015	Commissioning and provider arrangements in place. Referral rates being monitored.

SAB Priority 2.2 Develop clear mechanisms for responding to and monitoring quality concerns

Action / Measure	Lead	Timescale	Progress
Virtual Quality Hub being developed to share intelligence and agree quality pathways.	Ops	November 2015	Meeting with CCGs, CQC, ASC, Commissioners being set up to agree pathway from April 2015. Update to be given to July SAB meeting.
Address gaps regarding information sharing by agencies, in line with Care Act requirements.	PQA	July 2015	Progressed through PQA sub-group to enable effective and consistent information sharing arrangements.
Monitor the use of information and its strategic application through audits, client feedback and national returns.	PQA	Ongoing	Continued discussions held via PQA Sub-group.

Strategic Aim 3 – Performance, Quality and Audit

SAB Priority 3.1 Focus on personalising, defining and measuring safeguarding outcomes that bring safety and people’s wishes together

Action / Measure	Lead	Timescale	Progress
Embed outcomes focused engagement with clients through the Making Safeguarding Personal (MSP) roll-out. To be demonstrated by case audits, and client feedback.	Ops / PQA	Ongoing	Workshops and training emphasise MSP approach.

Develop safeguarding responses that incorporate client's views through collated outcome data.	CCSAN / Ops	October 2015	Network meetings in the process of being developed as part of safeguarding response. Data on client outcomes has started to be collated for analysis.
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Strategic Aim 4 – Prevention and engagement

SAB Priority 4.1 Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice

Action / Measure	Lead	Timescale	Progress
Healthwatch representative chairing CCSAN.	CCSAN	Ongoing	This is now in place.
Client feedback to be obtained and presented to SAB.	CCSAN / PQA	October 2015	Survey being developed through CCSAN to capture client and carer views on safeguarding policy and practice.
Feedback from CCSAN to be incorporated into SAB annual report and strategic plan to be published.	CCSAN	July 2015	Regular feedback sought.
SAB to recruit lay member through Healthwatch, as another mechanism for consultation with local community.	SAB	October 2015	Role description to be developed with Healthwatch.

SAB Priority 4.2 Ensure that people are aware of safeguarding and know what to do if they have a concern

Action / Measure	Lead	Timescale	Progress
Develop and deliver a targeted awareness raising campaign with primary care.	TFG	January 2016	To be discussed at October SAB meeting.
ASC safeguarding information leaflets have been updated to reflect Care Act changes.	SAB	April 2015	Easy read guides to be developed and shared.

Revise SAB web content for clear information for the public.	SAB	October 2015	Revised web content now live, relevant documents to be uploaded when available. Consider independent SAB website for greater accessibility for all partners and the public.
Healthwatch roadshow planned for September 2015 to involve Safeguarding Development Team to raise public awareness.	CCSAN	September 2015	Scoping has started.

Strategic Aim 5 – Integration / training and workforce development

SAB Priority 5.1 Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

Action / Measure	Lead	Timescale	Progress
Safeguarding competencies to be revised and updated for multi-agency use.	TFG	October 2015	Task and Finish Group agreed at April meeting, to be convened by July 2015.
Sussex-wide training forum to be developed with the three Safeguarding leads and other agencies as appropriate.	STF	March 2016	To be discussed at October SAB meeting.
SAB multi-agency training strategy to be developed to include new categories in Care Act, link with LSCB training where appropriate, and address training needs identified in annual multi-agency audit.	TFG	October 2015	To be scoped at April Board meeting. Domestic abuse training group includes reps from both adult training and LSCB.

Key

SAB	Safeguarding Adults Board
STF	Sussex Training Forum
TFG	Task & Finish Group
PQA	Performance, Quality & Audit Sub-group
Ops	Operational Practice Sub-group
CCSAN	Client & Carer Safeguarding Advisory Network

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East Sussex Safeguarding Adults Board

Strategic Plan 2015 – 18



Who we are

The East Sussex Safeguarding Adults Board (SAB) is a partnership of key agencies in East Sussex. These include:

- Adult social care
- Health
- Emergency services
- Prison and probation services
- Housing
- Education
- Carers
- Residential and home care services
- Trading Standards

A full list of the partners of the East Sussex SAB is included as Appendix 1.




What we do

We work together to ensure that people in East Sussex are safeguarded from harm, and can live their lives independently and free from abuse and neglect.

The work of safeguarding adults boards is now directed by legislation – the Care Act 2014. The Act sets out the core purpose of the board as ensuring that local safeguarding arrangements are effective and take account of the views of the local community.

Our strategic plan

Our strategic plan sets out:

- **Our vision** This sets out the vision of the SAB and the outcomes we want to achieve for the people of East Sussex. 
- **Our strategic plan for 2015 – 18** This outlines our aims and objectives to achieve our vision. The strategic plan provides direction and continuity to our annual work plan. 
- **Our annual work plan** This includes key actions and target timescales to achieve our strategic plan. 

Our vision

“

Our vision is for all agencies to work together effectively to enable the citizens of East Sussex to live free from abuse and neglect, and to promote widely the message that safeguarding is everybody's business.

”

To achieve this vision, the Board will:

- Actively promote collaboration and commitment between organisations.
- Work together on prevention strategies.
- Listen to the voice of clients and carers to deliver positive outcomes.

The East Sussex SAB is committed to the principles of Making Safeguarding Personal ie. to listen to what the adult or their representative would like to achieve, and by ensuring the most appropriate support is available.

Our three year strategic objectives

1 Accountability and leadership

Strategic objectives

- To oversee and lead effectively on safeguarding activities that contribute to the prevention of abuse and neglect.
- To put mechanisms in place to make sure all stakeholders are held to account for their safeguarding practice.
- To make sure clear and transparent annual budget plans are in place for all SAB activities.

Our progress so far

- We are recruiting an Independent Chair for the SAB, to be in place by July 2015. This will enable greater scrutiny of and accountability for all agencies represented on the SAB.
- Senior managers from a range of key agencies interested and involved in adult safeguarding actively contribute to SAB discussions and activities.
- All members of the SAB have signed up to our Terms of Reference. These require members to champion safeguarding practice, and ensure appropriate policies and procedures are in place to protect adults from abuse and neglect.
- We have developed a budget for the SAB for 2015 – 16, with key partners confirming their contributions.

Future plans

- We will update our work plan each year to make sure it is in line with our strategic objectives and reflects progress made.
- We will renew the SAB budget and review its effectiveness at the end of the 2015 – 16 financial year.
- We will gain feedback from Healthwatch and the local community on the accessibility of our plans and annual reports.

2 Policies, procedures and Care Act implementation

Strategic objectives

- To make sure there are clear policies in place for safeguarding adults work that is in line with the Care Act 2014, and that organisations use these policies to work together to respond to abuse and neglect.
- To put mechanisms in place to gain feedback on safeguarding procedures (from both professionals and clients and carers).
- To adopt clear pathways for responding to quality of care concerns alongside individual safeguarding enquiries.

Our progress so far

- The Sussex Safeguarding Adults Policy and Procedures have been rewritten, and were launched in April 2015.
- Workshops and roadshows have been held across the county to raise awareness of the new procedures, and how safeguarding concerns will be responded to.
- Members of the SAB have been asked to provide feedback on updates to their internal safeguarding policy and procedures to make sure they comply with the Care Act.

Future plans

- The new procedures will be reviewed by East Sussex, Brighton & Hove and West Sussex SABs. The review will take account of feedback given by professionals and clients and carers. The first review is planned for October 2015 and annually thereafter.
- Quality pathways will be agreed by commissioners, providers, and regulators to ensure a consistent approach to concerns about the quality of care is adopted.
- Sharing objectives and priorities across Sussex to ensure a consistent and cohesive approach both strategically and regionally. This includes closer links with the Health and Wellbeing Board and the Safer East Sussex Team on responses to issues such as hate crime and domestic abuse.

3 Performance, Quality and Audit

Strategic objectives

- To make sure safeguarding outcome measures effectively capture the adult's views and wishes, and clearly demonstrate the impact of safeguarding interventions.
- To make sure all partner organisations understand the process for sharing safeguarding information to inform operational and strategic practice.
- To make sure learning and action plans from any Safeguarding Adults Reviews (SARs) or other case reviews are taken forward and future practice improved.

Our progress so far

- Adult Social Care undertakes interviews with adults and / or their representatives, as well as other key stakeholders, following a safeguarding intervention to gain feedback on how effective this was and to identify any future learning.
- SAB members have signed-up to an information sharing protocol to ensure safeguarding interventions are as joined-up and effective as possible.
- Safeguarding outcome measures have started to take account of outcomes defined by adults themselves, including the extent to which they feel safer, whether they have had access to justice, and whether they have an increased sense of dignity and respect.

Future plans

- Further analysis of the outcomes that adults wish to achieve through a safeguarding intervention will be undertaken.
- Reflective practice forums for staff across agencies will be developed to share learning from case reviews or SARs.
- Agencies will share safeguarding outcome data to identify patterns or areas that require particular focus and intervention.

4 Prevention and engagement

Strategic objectives

- To produce information and reports for the local community that are easily accessible.
- To put mechanisms and resources in place to raise awareness of safeguarding among the general public.
- To develop safeguarding policy and practice based on the views of adults who have experienced, or are at risk of, abuse and neglect.
- To make sure all stakeholders within adult safeguarding have the opportunity to influence safeguarding policy and practice development.

Our progress so far

- The local Healthwatch chair a sub-group of the Board, the Clients and Carers Safeguarding Advisory Network (CCSAN). The aim of this Network is to strengthen the voice of clients and carers in safeguarding practice.
- A roadshow is being planned to raise awareness for the public.

Future plans

- Lay members will be recruited to the SAB through Healthwatch, to assist in building stronger links with the community and enabling the voice of local people to be heard.
- The CCSAN will be further developed to include wider representation from carers and clients. The Network will provide regular feedback on safeguarding policy and practice in East Sussex.
- A communication strategy to be developed through Healthwatch and CCSAN.

5 Integration/Training and workforce development

Strategic objectives

- To develop a training strategy in partnership with key stakeholders. The strategy will be suitable for the needs of all stakeholders in safeguarding practice, and will incorporate local and national policy and learning.
- To ensure clients and carers receive the most appropriate support and interventions where abuse and neglect is suspected by putting in place safeguarding competencies for staff which are used effectively by all agencies.

Our progress so far

- A wide range of safeguarding training courses is available to staff working for the agencies and organisations represented on the SAB. This is evidenced through an annual audit.
- Safeguarding competencies for Adult Social Care and Health staff are being used through supervision and appraisal processes.

Future plans

- Partner organisations will develop a training strategy. This will incorporate existing training and include training on the new categories of abuse in the Care Act – modern slavery, domestic abuse, and self-neglect. The strategy will also create more opportunity for multi-agency learning.
- Partner organisations will review and update the safeguarding competencies, and make sure they can be used across all relevant organisations.

Our annual work plan 2015-2016

Strategic Aim 1 – Accountability and leadership

SAB Priority 1.1 Ensure the effectiveness and transparency of the SAB to oversee and lead adult safeguarding and the prevention of abuse

Action / Measure	Lead	Timescale	Progress as of August 2015
Oversee and lead on adult safeguarding activities that contribute to prevention of abuse, by inviting relevant local representatives as required.	SAB	Ongoing	Homecare represented from April 2015. Further Education now represented in line with Care Act recommendations.
Ensure that each member is a champion for safeguarding within their own organisation, as evidenced by signing up to the updated Terms of Reference (TOR) of the SAB.	SAB	July 2015	New members signed up to the TOR of the SAB.
Recruitment of Independent Chair in line with Care Act recommendations.	SAB	July 2015	Recruitment process completed.
Agree budget plan with partner contributions and report on budget spend annually.	SAB	July 2015	Core SAB partners have agreed to contribute to SAB budget
Annual report, strategic plan and relevant documents to be available on SAB web page.	SAB	July 2015	Updating of ESCC web pages has started to incorporate this facility.
Sub-groups have been reviewed for wider partner involvement, and progress of each to be regularly fed back to SAB.	PQA / CCSAN	October 2015	PQA chaired by Police.

Develop strategic learning across agencies, boards and borders, learning from national best practice and Safeguarding Adults Reviews (SAR).	Ops / PQA	Ongoing	SAB papers circulated between Sussex Boards and regional learning shared via the Safeguarding Network meeting. Topic based multi-agency workshops agreed via the Operational Practice Sub-group. Learning briefings to be held following any SAR.
All partners to undertake annual self-assessment of strategic and organisational arrangements to safeguard and promote well-being of adults.	PQA	Ongoing	Self-assessment tool to be updated for use by October 2015.

Strategic Aim 2 – Policies, procedures and Care Act implementation

SAB Priority 2.1 Ensure Section 42 safeguarding arrangements are in place under the Care Act, with appropriate feedback and review arrangements

Action / Measure	Lead	Timescale	Progress
Ensure SAB members are aware of their responsibilities and implications of the Care Act, as demonstrated through annual multi-agency audit process, and updated internal procedures.	Ops / PQA	November 2015	Launch event April 16 th for SAB Partners. Roadshows taken place. SCIE Care Act compliance checklist completed.
Sussex Safeguarding Adults Policy and Procedures have been reviewed to reflect Care Act.	SAB	April 2015	Hard copies made available as well as web page.
Annual review of procedures to provide opportunity for changes needed and create audit trail.	Ops / Sussex-wide forum	March 2016	Sussex wide group consisting of statutory SAB members.
Advocacy and support arrangements in place, to be regularly monitored via Ops sub-group.	Ops	October 2015	Commissioning and provider arrangements in place. Referral rates and capacity being monitored.

SAB Priority 2.2 Develop clear mechanisms for responding to and monitoring quality concerns			
Action / Measure	Lead	Timescale	Progress
Virtual Quality Hub being developed to share intelligence and agree quality pathways.	Ops	November 2015	Following meeting with commissioners, workshop planned November 2015 to agree pathways and thresholds.
Address gaps regarding information sharing by agencies, in line with Care Act requirements.	PQA	July 2015	Progressed through PQA sub-group to enable effective and consistent information sharing arrangements.
Monitor the use of information and its strategic application through audits, client feedback and national returns.	PQA	Ongoing	Continued discussions held via PQA sub group.
Strategic Aim 3 – Performance, Quality and Audit			
SAB Priority 3.1 Focus on personalising, defining and measuring safeguarding outcomes that bring safety and people's wishes together			
Action / Measure	Lead	Timescale	Progress
Embed outcomes focused engagement with clients through the Making Safeguarding Personal (MSP) roll-out. To be demonstrated by case audits, and client feedback.	Ops / PQA	Ongoing	Workshops and training emphasise MSP approach.
Develop safeguarding responses that incorporate client's views through collated outcome data.	CCSAN / Ops	October 2015	Network meetings have been developed as part of safeguarding response. This will be evaluated in October 2015. Data on client outcomes has started to be collated for analysis.

Strategic Aim 4 – Prevention and engagement

SAB Priority 4.1 Allow the voice of clients, carers, and the local community to be heard in safeguarding policy and practice

Action / Measure	Lead	Timescale	Progress
Healthwatch representative chairing CCSAN.	CCSAN	Ongoing	This is now in place.
Client feedback to be obtained and presented to SAB.	CCSAN / PQA	October 2015	Survey being developed through CCSAN to capture client and carer views on safeguarding policy and practice.
Feedback from CCSAN to be incorporated into SAB annual report and strategic plan to be published.	CCSAN	July 2015	Regular feedback sought.
SAB to recruit lay member through Healthwatch, as another mechanism for consultation with local community.	SAB	October 2015	Role description developed with Healthwatch.

SAB Priority 4.2 Ensure that people are aware of safeguarding and know what to do if they have a concern

Action / Measure	Lead	Timescale	Progress
Develop and deliver a targeted awareness raising campaign with primary care.	TFG	January 2016	To be discussed at October SAB meeting.
ASC safeguarding information leaflets have been updated to reflect Care Act changes.	SAB	April 2015	Easy read guides to be developed and shared.
Revise SAB web content for clear information for the public.	SAB	October 2015	Revised web content now live, relevant documents to be uploaded when available. Consider independent SAB website for greater accessibility for all partners and the public.

Healthwatch roadshow planned for September 2015 to involve Safeguarding Development Team to raise public awareness.	CCSAN	September 2015	Scoping has started.
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Strategic Aim 5 – Integration/Training and workforce development

SAB Priority 5.1 Ensure that all people involved in safeguarding have the appropriate skills, knowledge and competencies

Action / Measure	Lead	Timescale	Progress
Safeguarding competencies to be revised and updated for multi-agency use	TFG	October 2015	Task and Finish Group agreed at April meeting, to be convened by July 2015.
Sussex-wide training forum to be developed with the three safeguarding leads and other agencies as appropriate.	STF	March 2016	Sussex wide group consisting of statutory partners to include training as part of review of policy and procedures.
SAB multi-agency training strategy to be developed to include new categories in Care Act, link with LSCB training where appropriate, and address training needs identified in annual multi-agency audit.	TFG	October 2015	Task and Finish group commenced. Domestic abuse training group includes reps from both adult training and LSCB.

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Key

- SAB Safeguarding Adults Board
- STF Sussex Training Forum
- TFG Task & Finish Group
- PQA Performance, Quality & Audit Sub-group
- Ops Operational Practice Sub-group
- CCSAN Client & Carer Safeguarding Advisory Network

Appendix 1 – Partners of the East Sussex SAB

Partners of the East Sussex Safeguarding Adults Board are:

- East Sussex Adult Social Care
- Sussex Police
- Sussex Partnership NHS Foundation Trust
- East Sussex Healthcare NHS Trust
- Trading Standards
- East Sussex Fire & Rescue Service
- South East Coast Ambulance Service NHS Foundation Trust
- Eastbourne, Hailsham & Seaford Clinical Commissioning Group
- Hastings & Rother Clinical Commissioning Group
- High Weald Lewes Havens Clinical Commissioning Group
- Residential Care Association
- Lewes Prison
- National Probation Service
- Kent, Surrey, Sussex Community Rehabilitation Service
- Homecare representatives
- Lewes District Council Housing
- Sussex Downs College
- Local Safeguarding Children's Board
- Care for the Carers
- Healthwatch
- NHS England

Report to: Adult Social Care and Community Safety Scrutiny Committee

Date: 17 September 2015

By: Director of Adult Social Care and Health

Title: Update on the implementation of the Care Act 2014

Purpose: To update the Scrutiny Committee on the Care Act implementation priorities for 2015/16 following the Department of Health announcement on 17 July 2015.

RECOMMENDATIONS

The Committee is recommended to note:

- 1) The impact of the recent Care Act 2014 announcement on 17 July 2015; and
 - 2) The revised Care Act implementation priorities for 2015/16
-

1. Background

1.1. On 17 July, the Department of Health announced a delay to the introduction of the Care Act 2014 funding reforms and other responsibilities due to come into force on 1 April 2016. The details have since been confirmed as:

- Cap on care costs system, including the extension to the means test thresholds and the proposals for a zero cap for adults under 25 will be delayed until April 2020.
- Duty on local authorities to meet the eligible needs of self-funders under Section 18(3) of the Care Act, insofar as it relates to care homes, will be delayed until April 2020.
- First party top-ups will not be introduced in April 2016.
- Appeals system for care and support will now be considered as part of the wider Spending Review, but will not be implemented in April 2016.
- Direct payments in residential care trailblazer programme will continue to run until October 2015 and the final evaluation report is expected in summer 2016. A recommendation will be made to Ministers about whether to roll out to all local authorities sometime after that.
- Public awareness campaign plans will be reviewed in light of the announcement to ensure alignment with wider plans to support people with the costs of care.

1.2. We are still awaiting news of the £146m payment currently being made to local government in 2015/16 to implement the cap and other measures. We have been informed that the decision whether to continue making this payment rests with Ministers. The funding allocated to East Sussex County Council for 2015/16 is:

Early Assessment	£2,368,537
Deferred Payment Agreements	£1,171,711
Carers/Care Act	£597,932
Total	£4,138,180

1.3. We are currently reviewing all commitments against the Care Act Implementation Grant so that we can assess the full impact of the delay when the funding situation is known. In addition, we are determining the resource implications of the duties that remain (as detailed in section 2 below) which will inform the medium term financial plan for East Sussex County Council and Adult Social Care and Health.

2. Supporting information

Confirmation of new duties that still stand

2.1. The Care Act duties that came into force in April 2015 are not affected by the delays. These duties are set out below:

General duties	<ul style="list-style-type: none"> • To promote wellbeing. • To prevent, delay or reduce development of care and support needs. • To cooperate with relevant partners. • Duties apply equally to carers.
Deferred payments	<ul style="list-style-type: none"> • National scheme.
Eligibility and assessment	<ul style="list-style-type: none"> • National minimum eligibility threshold. • Continuity of care requirements when an adult moves. • Extension of ordinary residence rules to extra care and supported housing. • Safeguarding duties including making enquiries, or asking others to, where adults with care and support needs may be at risk of abuse or neglect. • Responsibility for care and support in prisons. • New legal right to a personal budget and direct payment. • 'Whole family': <ul style="list-style-type: none"> ○ Duty to carry out assessments for all carers who provide 'necessary care' regardless of whether the person they care for is eligible for care and support. ○ Duty to assess young people, and carers of children, who are likely to have needs as an adult to help them plan for the adult care and support they may need, before they (or the child they care for) reach 18 years. ○ Duties around young carers.
Commissioning	<ul style="list-style-type: none"> • Duty to join up care and support with health and housing particularly where this delivers better care and promotes wellbeing and where it can prevent, reduce or delay needs for care and support. • Duty to ensure there is a wide range of good quality care and support services available that enable local people to choose the care and support services they want. • Duty to ensure needs are met if a provider fails.
Advice and information	<ul style="list-style-type: none"> • Duty to provide comprehensive information and advice about care and support services in the area and what process people need to use to get the care and support that is available (including health and housing). • Duties to provide advice and information to clients and carers who do not meet the eligibility threshold. • Duty to tell people where they can get independent financial advice about how to fund their care and support. • Duty to arrange for independent advocates for people who have significant difficulty being involved in care and support processes and no one else appropriate to support them.

Revised implementation priorities for 2015/16

2.3. An exercise has been carried out with the Care Act Implementation Group to assess implementation progress against each of the 'must dos' in the Care Act statutory guidance. Some of the requirements reflected previous practice and have not required any additional work. The

majority of the new requirements have been implemented through changes to practice guidance and training. Work is now underway to scope and specify evaluation and ongoing monitoring arrangements to ensure they are being carried out in practice.

2.4. In some areas there is still work to be done to fully meet the requirements of the Care Act. The key areas of focus now for 2015/16 can be summarised as:

- **Information and advice:** developing an information and advice strategy; and producing information about independent financial advice.
- **Assessment and care management:** work on the care pathway to ensure Care Act compliance; embedding the changes to eligibility and wellbeing; and reviewing people under the new eligibility criteria during this year.
- **Whole Family:** parent carers; young carers including improving the pathway for those transitioning to adult social care from children's services; and joint working between the two departments.
- **Market Management:** producing an updated market position statement.
- **Debt recovery:** producing a debt recovery policy and putting processes in place to minimise financial risks.
- **Monitoring and evaluation:** reviewing and evaluating the work completed to date and monitoring the requirements which came into effect in April 2015.
- **Charging and financial assessments:** updating our charging policy, public information and staff guidance when/if there are further updates to the national charging guidance; and considering how we move people from our existing (interim) policy or old policy to the new one.

3. Conclusion and reasons for recommendations

3.1. The majority of work required to implement the social care reform duties has now been finalised and work is in hand to complete the remaining tasks. The Care Act Board has agreed a revised project plan for 2015/16 with the implementation priorities for the remainder of the year. It has been agreed that the Care Act Board will continue until the end of the year to maintain oversight of the project plan.

3.2. Scrutiny Committee is recommended to note:

1. The impact of the recent Care Act 2014 announcement on 17 July 2015; and
2. The revised Care Act implementation priorities for 2015/16

KEITH HINKLEY

Director of Adult Social Care and Health

Contact Officer: Samantha Williams, Assistant Director Planning, Performance and Engagement

Tel. No. 01273 482115

Email: samantha.williams@eastsussex.gov.uk

LOCAL MEMBERS

All

BACKGROUND DOCUMENTS

Letter from the Chair of the LGA Community Wellbeing Board Cllr Isobel Seccombe to Jeremy Hunt 01.07.15 (Attached as Appendix 1)

Letter from the Department of Health to Cllr Isobel Seccombe 17.07.15 (Attached as Appendix 2)

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From the Chair of the LGA Community Wellbeing Board
Cllr Isobel Seccombe

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

1 July 2015

Dear Mr Hunt

I am writing with regard to the Phase 2 Care Act reforms, and the difficult decisions we are all facing as we approach the next spending review period.

The LGA is a vocal supporter of the Care Act and has consistently backed the central features of the legislation. This support predates the Act itself and has its origins in our close engagement with the Law Commission's inquiry on adult social care, the Dilnot Commission's work on funding reform, and the Care Bill that passed through Parliament between May 2013 and May 2014. Throughout the last five years – and as part of an important and broad consensus across the sector – the LGA has championed the reform of care and support to help secure a clearer system that offers quality services, with dignity and respect, and in a personalised way.

The implementation of the Act earlier this year was therefore an incredibly important moment for the sector; the culmination of years of hard work – much of it helpfully co-produced with local government – that has helped to shape a new and better care and support system. Local government has played a key role in this and you will be well aware of councils' significant efforts in both preparing for implementation and now delivering the reforms, as well as re-shaping local government profoundly to ensure we are fit to cope with the range of reforms and other challenges.

The LGA has also consistently supported the principle of the cap on care costs (and the concomitant extension to the financial means test thresholds). While we have not commented on some of the specifics of the policy – such as where the cap should be set – we believe that the fundamental idea of limiting individuals' potential exposure to 'catastrophic costs' is sound.

However, as we look ahead to the Budget and Comprehensive Spending Review we know that local government funding will again be under enormous pressure in the coming years as Departments make considerable savings as part of the Government's deficit reduction plan. We fully acknowledge that this will mean difficult decisions – both for central and local government – and that frank assessments of prioritisation will be required.

One of the very top priorities for the coming years must be adult social care. It is a crucial mainstay of the health and care system which is essential to help maintain people's health and dignity, and to ensure the sustainability of the NHS. Local government has done a tremendous job in improving efficiency whilst maintaining and even improving the quality of social care over recent years – making savings worth £3.5 billion since 2010 (and planning further savings of £1.1 billion this year) whilst managing to oversee an increase in social care related quality of life and improvements in overall satisfaction with care and support

amongst people who use services. But this has very real limits. We estimate that the funding gap in adult social care is growing by a minimum of £700 million a year. Further, we believe that the approach we have taken to date to deal with that gap – a combination of adult social care budget reductions and cross-subsidising the service through reductions to other local government budgets – is no longer sustainable.

In this context we have to think very carefully about all the options to protect social care. This means considering postponing new costly initiatives - even those which we fully support - if that is the only way we can secure sufficient funding for mainstream social care services. It would be deeply damaging to press ahead with a costly and ambitious reform programme if the very foundations of the system we are reforming cannot be sustained. We therefore reluctantly suggest that the Phase 2 Care Act reforms should be delayed, with the money earmarked for the capped cost system instead put into the social care system itself. Prioritising funding for social care in this way will help close the gap and counter its impacts, which are likely to include further service reductions, smaller care packages, increased unmet need, and mounting pressure on some providers within the market that threatens their viability.

We recognise that a delay to legislation is never easy. But doing so in this case – and putting the earmarked money into the overall system – has wider benefits beyond the crucial mitigation of the impact of further budget pressures on the system. For example, it will provide additional time to model the cost of the Phase 2 reforms, which we know is a complicated and time-consuming process. It will also allow further time for the production of the final regulations and guidance. In turn this will give councils a longer lead-in time as they prepare for Phase 2; currently councils face another tight timetable which is less than ideal and hampers preparations for implementation.

To be clear, we are not calling for the Phase 2 reforms to be suspended indefinitely. We believe they are an important part of the wider reform agenda and will bring much needed peace of mind to the thousands of people who are the intended beneficiaries of the policy. However, we do believe that the reforms can wait and that addressing the more pressing matter of funding for the system itself should be our shared priority. As a key partner in the Joint Programme Office for Care Act implementation we are extremely keen to work with you to ensure that the system as a whole is sustainable.

In this context I and my cross-party colleagues would welcome the opportunity to discuss this proposed change and wider concerns with you urgently.

For information, I am sending a copy of this letter to the Chancellor of The Exchequer, the Secretary of State for Communities and Local Government, and the Minister of State for Community and Social Care.

Yours sincerely,



Cllr Izzi Seccombe
From the Chair of the LGA Community Wellbeing Board



Department
of Health

*Rt Hon Alistair Burt MP
Minister of State for Community and Social Care*

POC3000947754
Cllr Izzi Seccombe
Chair
Local Government Association
Local Government House, Smith Square
London, SW1P 3HZ

*Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 4850*

17 JUL 2015

Dear Cllr Izzi Seccombe,

Thank you for your letter of 1 July 2015 regarding the next steps for Phase 2 of the Care Act reforms. I very much appreciate you taking the time to set out so clearly the views of the Local Government Association.

I fully agree that the Care Act 2014 is a historic piece of legislation and an incredibly important moment for adult social care. We now have a single modern statute that puts the person and their wellbeing at the heart of their care and a number of important reforms came into force in April this year. The translation of the aims of the Act into practice will not be achieved without the active support and hard work of the sector and I want to take the opportunity to acknowledge and thank all those who have been involved in getting us this far.

But you are also right in that our work does not stop here. Phase 2 of the Care Act still needs to be implemented and we must do so not in isolation, but in looking at the wider picture for adult social care and what is needed to create a sustainable future for the health and care system as a whole.

Like you, this Government continues to be firmly committed to implementing the cap on care costs system to protect people from the risk of catastrophic care costs as recommended by the Commission on Funding for Care and Support. But like you, we also know that Government is about taking the hard choices and not proceeding to simply meet a deadline, but listening to the experts in the system and responding to the challenges they set out whilst also tackling the hard task of balancing the books.

And this is what we have done. The proposals to cap care costs and create a supporting private insurance market were expected to add £6 billion to public sector spending over the next 5 years. A time of consolidation is not the right moment to be implementing expensive new commitments such as this, especially when there are no indications the private insurance market will develop as expected. I can

therefore confirm that following your letter we have taken the difficult decision to delay the introduction of the cap on care costs system and that this will now be introduced from April 2020. I want to assure you that this is not a decision that has been taken lightly, but one that has followed from consideration of the genuine concerns you have outlined. We will continue with other efforts to support social care, in particular through the Better Care Fund, which will drive the integration of social care and NHS going forward.

Alongside this I can also confirm that we will delay the full introduction of the duty on local authorities under Section 18(3) of the Care Act to meet the eligible needs of self-funders in care homes until April 2020 as well. The consultation earlier this year highlighted significant concerns about this provision and the extra time will enable us to better understand the potential impact on the care market and the interaction with the cap on care costs system. We will also now defer the introduction of the proposed appeals system for care and support to enable it to be considered as part of the wider Spending Review that will launch shortly.

The introduction of the cap on care costs system will be the biggest reform to how care is paid for since 1948 and we must ensure that the new system works from day one. We have listened to the concerns you and others, including the National Audit Office, have highlighted in particular around the timetable for delivery and we will not be complacent: we will work hard to use this additional time to ensure that everyone is ready to introduce the new system. It will also provide an opportunity for us to continue to work together to consider what else we might do to support people to prepare for later life, including the risk of needing care and support. For example, the new pension flexibilities that were introduced in April create a real opportunity for us to work with the financial sector to look at what new products may be developed, thereby creating even more choice, and this is something I am keen to explore. To this end I will be holding an urgent meeting with representatives from the insurance industry along with HMT and other Government Ministers to work through what this announcement means for them and how Government can help them to bring forward new products. These discussions will continue over the summer.

Reforming the care and support system is no easy task and I want to take this opportunity to thank you for all the help and support that the LGA have provided on this journey and I very much hope that you will continue to do so as we move forward together.

A handwritten signature in black ink, appearing to read 'Alistair Burt', with a horizontal line underneath the name.

ALISTAIR BURT

Work Programme for Adult Social Care and Community Safety Scrutiny Committee



Future work at a glance

Updated: September 2015

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

Items that appear regularly at committee	
<p>The Council's Forward Plan</p>	<p>The latest version of the Council's Forward Plan 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 call-in 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>

Future Committee agenda items		Author
12 November 2015		
Provider of Older people's day services	A presentation by the new provider of older people's day services on their ideas for promoting and broadening the scope of the service	Barry Atkins, Head of Strategic Commissioning – Older People and Carers
Impact of care package reductions	An annual update on the impact of care package reductions being delivered as part of the departmental savings plan.	Keith Hinkley, Director of Adult Social Care and Health

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Enquiries: Democratic Services
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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 135 -
- 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.

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 September 2015 TO 31 December 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
14 Sep 2015	Lead Member for Transport and Environment	Station Road, Lewes – Experimental Traffic Regulation Order (TRO) To seek approval to advertise an Experimental Traffic Regulation Order to introduce parking restrictions in Station Road, Lewes in support of Lewes Station forecourt improvements scheme.				Andrew Keer 01273 336682
14 Sep 2015	Lead Member for Transport and Environment	Uckfield High Street Improvements - Stage 2 Recommendation to Lead Member for Uckfield High Street parking duration, use				Elaine Martin 01273 482286

		and preferred traffic management solution for Stage 2 following local consultation				
14 Sep 2015	Lead Member for Transport and Environment	Bexhill to Hastings Link Road – Contractual Arrangements for Archaeology Post Excavation Analysis and Assessment To novate the BHLR archaeology subcontract to ESCC	KD/P			Bob Pape 07876878385
14 Sep 2015	Lead Member for Transport and Environment	Notice of Motion: Neonicotinoid Pesticides – submitted by Councillor St Pierre, seconded by Councillor Wallis				Andy Arnold 01273 481606
14 Sep 2015 Page 137	Lead Member for Transport and Environment	The Capital Budget for speed Management 2015/2016 Financial Year. To approve the sites that have been identified as a priority from the Capital Budget for Speed Management in 2015/2016 based on their contribution to casualty reduction. To update the Lead Member for Transport and Environment on the progress that had been made since the report considered by the Lead Member at his meeting on 27th April 2015. To approve the priority site where safety improvements should be introduced.				Michael Higgs 01273 482106
14 Sep 2015	Lead Member for Transport and Environment	Your Energy Sussex partnership Change in partnership status: Cabinet agreed in 2014 for ESCC to join Your				Andy Arnold 01273 481606

		Energy Sussex (YES) as a strategic partner. However, on reviewing the partnership agreement that WSCC was asking partner authorities to sign up to, Legal Services have confirmed that ESCC is only able to sign up as an Affiliate partner, not a strategic partner. The report to Lead Member is to seek agreement to join YES as an Affiliate partner.				
15 Sep 2015 Page 138	Lead Member for Strategic Management and Economic Development	North Bexhill Access Road: Funding Agreement with Seachange Sussex. To seek approval for the County Council to enter into a legal agreement to provide a £200,000 grant to Seachange Sussex to enable the ongoing development of the proposals for the North Bexhill Access Road	KD			Jonathan Wheeler 01273 482212
22 Sep 2015	Cabinet	Internal Audit Strategy 2015/16 and Annual Plan			Report, other documents may also be submitted	Russell Banks 01273 481447
22 Sep 2015	Cabinet	Waste & Minerals Sites Plan - Regulation 19 Consultation		South Downs National Park Authority and Brighton & Hove City Council		
22 Sep 2015	Cabinet	Internal Audit: Annual report and opinion			Report and other documents may also be submitted	Russell Banks 01273 481447

22 Sep 2015	Cabinet	Council Monitoring Quarter 1 2015/16				Jane Mackney 01273 482146
22 Sep 2015	Cabinet	Revised Risk Management Strategy				Russell Banks 01273 481447
28 Sep 2015	Orbis Joint Committee	Orbis Joint Committee Orbis Business Plan: To recommend to Cabinet the approval of the business plan for the provision of Business Services in partnership with Surrey County Council.	KD			Kevin Foster 01273 481412
29 Sep 2015	Lead Member for Resources	Disposal of Mount Denys and Pinehill				Chris Reed 01273336237
29 Sep 2015	Lead Member for Resources	Local Government Association (LGA) Municipal Bonds Agency Participation				
29 Sep 2015	Lead Member for Resources	Amendment to Legal Documents between ESCC & Saxon Weald Homes Ltd in respect of [1] Gilda Crescent, Polegate [2] St Anthony's, 508 Seaside, Eastbourne & Warwick House, Seaford				Paul McLafferty 01273 335819
29 Sep 2015	Lead Member for Resources	Notice of Motion: Meanwhile use of assets for community benefit				Richard Grass 01273 335819
12 Oct 2015	Lead Member for Children and Families	Ongoing Financial Support to Foster Carers who apply for a Special Guardianship Order or an Adoption Order				Teresa Lavelle-Hill 01323 747197

12 Oct 2015	Lead Member for Learning and School Effectiveness	To consider admission arrangements for 2017/18 year				Fiona Wright 01273 481231
13 Oct 2015	Cabinet	South East 7 Update				Lee Banner 01273 481857
13 Oct 2015	Cabinet	Treasury management Stewardship report for 2014/15 and Mid Year review for 2015/16		Local Members	Report, other documents may also be submitted	Ola Owolabi 01273 482017
13 Oct 2015 Page 140	Cabinet	Orbis Business Plan: To approve the business plan for the provision of Business Services in Partnership with Surrey County Council.				Kevin Foster 01273 481412
19 Oct 2015	Lead Member for Transport and Environment	Current and Future Developments in Highway Asset Management To approve and endorse the new Asset Management policy and strategy in line with Department for Transport capital funding requirements.				Chris Dyer
19 Oct 2015	Lead Member for Transport and Environment	Energy Recovery Facility, Newhaven - The use of Section 106 financial contributions To approve the proposal to set up a Board, which will include external stakeholders, to determine the future use of S106 contributions. To approve the proposal to set up a Board, which will include external stakeholders, to	KD			Andy Arnold 01273 481606

		determine the future use of S106 contributions.				
19 Oct 2015	Lead Member for Transport and Environment	Provision of an on street advisory disabled bay in Malvern Way, Hastings. To consider concerns raised by objector and approve the provision of an advisory disabled parking bay in Malvern Way Hastings				Clare Peedell
19 Oct 2015	Lead Member for Transport and Environment	To consider the response to a petition requesting changes to the timetable of County Council funded bus service 129				Neil Maguire
19 Oct 2015	Lead Member for Transport and Environment	To consider the response to a petition requesting changes to the timetable of County Council funded service 7				Neil Maguire
20 Oct 2015	Lead Member for Resources	Disposal of Homefield Place, Seaford				Chris Reed
20 Oct 2015	Lead Member for Resources	Transaction at Dunbar Drive, Hailsham	P	Local Members	Reports, other documents may also be submitted	Roger Simmons 01273 335522
10 Nov 2015	Lead Member for Community Services	Changes to Fee Structure for Registration Service Alteration of the prices and fees charged for ceremonies				Julie Stevens
10 Nov 2015	Cabinet	Area review of school places - stakeholder			Report, other	Lisa Schrevel

		meetings outcomes & proposals			documents may also be submitted	01273 481617
12 Nov 2015	Lead Member for Learning and School Effectiveness	Consultation on Discretionary Home to School Transport, final decision			Report, other documents may also be submitted	Sara Candler 01273 336670
15 Dec 2015	Cabinet	Highways and Infrastructure Services Contract 2016 – 2023 To inform Cabinet of the outcome of the tender process to procure a new highway services contract and recommended award to the preferred tender contractor	KD			Dale Poore
15 Dec 2015	Cabinet	Libraries' Transformation Programme	KD			Councillor Laurence Keeley