



ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

THURSDAY, 15 SEPTEMBER 2016

10.00 am CC2, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Angharad Davies (Chair)
Councillors Trevor Webb (Vice Chair), Colin Belsey, Charles Clark,
Jim Sheppard, John Ungar and Frank Carstairs

A G E N D A

- 1 Minutes of the meeting held on 7 July 2016 (*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 Forward Plan (*Pages 9 - 18*)
The latest edition of the Forward Plan. The Committee is asked to make comments or request further information.
- 6 Safeguarding Vulnerable Adults Annual Report and Strategic Plan 2015- 2016 (*Pages 19 - 84*)
- 7 Update on the impact of the 2016/17 Supporting People and Commissioning Grants Prospectus savings (*Pages 85 - 98*)
- 8 Reconciling Policy, Performance and Resources (RPPR) (*Pages 99 - 146*)
Report by the Chief Executive
- 9 Scrutiny committee future work programme (*Pages 147 - 150*)
- 10 Any other items previously notified under agenda item 4

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
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7 September 2016

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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 County Hall, Lewes on 7 July 2016.

PRESENT Councillors Angharad Davies (Chair) Councillors Colin Belsey, Charles Clark and John Ungar

LEAD MEMBERS Councillor Bill Bentley

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Samantha Williams, Assistant Director, Planning, Performance and Engagement
Louisa Havers, Head of Performance, Engagement and Safer Communities
Justine Armstrong, Safer Communities Manager
James Rowlands, Joint Strategic Commissioner for Domestic Abuse and Violence against Women and Girls
Chief Inspector Ross, Sussex Police

1 MINUTES OF THE MEETING HELD ON 10 MARCH 2016

1.1 The Committee registered its thanks to Cllr Pragnell for his chairing of the Committee over a number of years.

1.2 The Committee agreed the minutes of the meeting held on 10 March 2016.

2 APOLOGIES FOR ABSENCE

2.1 Apologies for absence were received from Cllr Charlton, Cllr Sheppard (Cllr Whetstone substituted), and Cllr Webb.

3 DISCLOSURES OF INTERESTS

3.1 There were no disclosures of interest.

4 URGENT ITEMS

4.1 There were no urgent items.

5 FORWARD PLAN

5.1 The Committee RESOLVED to note the latest edition of the forward plan.

6 ANNUAL REVIEW OF SAFER COMMUNITIES PERFORMANCE, PRIORITIES AND ISSUES

6.1. Louisa Havers, Head of Performance, Engagement and Safer Communities introduced the annual review of the Safer Communities Partnership which this year focused on domestic abuse and Prevent work, and included the East Sussex Safer Communities Partners Business Plan 2016/17. The Committee considered each of these main three areas in turn.

Domestic Abuse

6.2. James Rowlands - Strategic Commissioner for Domestic Abuse (for both East Sussex and Brighton & Hove, since the establishment of a joint unit) gave an overview of developments and priorities. Key points included:

- The launch of a new domestic abuse service, 'The Portal', in February 2016.
- The significant work being undertaken this year in relation to child sexual abuse including the introduction of a specialist worker to support families experiencing abuse, and the extension of access to talking therapies working with NHS England.
- Ongoing work to encourage people (including the friends and family of victims) to report domestic abuse and access support. The increase in reporting of domestic and sexual abuse is positive and reflects national trends.
- Work on reaccrediting the Council to the White Ribbon scheme – this is focused on awareness raising, working across district/boroughs, and encouraging people to report domestic abuse.
- The involvement of East Sussex as one of three areas piloting the 'Ask Me' scheme developed by Women's Aid – this involves training 50 champions to talk about the issues in communities.
- Undertaking three statutory reviews of domestic violence homicides in order to ensure any lessons are learnt.

6.3. The Committee asked a number of questions covering the following areas:

- **Homicide reviews** – it was confirmed that these reviews are primarily considered by the Safer Communities Board, but are also shared with the Home Office.
- **Resources to deliver on the ground given financial constraints** – Chief Inspector Rosie Ross from Sussex Police confirmed that domestic abuse is a priority area and is not facing reductions in available resources, so there would be no reduction in frontline officer response. James Rowlands explained that a key aspect in delivering support for victims of abuse is in how their first disclosure to a professional is managed and responded to. Statistics indicate that people may approach a professional between five and eight times before getting a response. A training programme is being rolled out to address this issue and police officers are using a body worn video camera to help gather evidence.
- **Financial abuse** – it was clarified that financial abuse primarily comes under safeguarding processes and the Committee would receive the annual safeguarding report in September 2016. However, the Safer Communities Partnership is piloting a post that will involve looking at the response to domestic abuse amongst older people, which includes financial abuse. The Lead Member for Adult Social Care advised that the Police and Crime Commissioner (PCC) has set up an elders commission whose first report in March 2016 highlighted elder abuse as a priority. This is being fed into the PCC's new Police and Crime Plan.
- **Police links to schools in new policing model** – Chief Inspector Ross advised that there had been some turnover amongst police schools liaison officers in the county, but these roles had not been removed and were being recruited to. Sussex

Police is reviewing the structure as part of wider work to review prevention activities, but there definitely would continue to be a police presence in schools.

- **Awareness raising** – it is the case that people who know about abuse taking place often need help to identify it, and then require help to access support. Efforts are being made to promote awareness by using the limited available resources to their best effect, based on experience of what works. This includes a specific rape and sexual consent awareness campaign this summer. Creative opportunities to get messages out via TV, radio, social media and theatre were discussed by the Committee.
- **Portal publicity** - the initial focus has been on establishing a phone line and website but posters and business cards have also been widely distributed and can be ordered from the Portal. More resources will follow including a 'z card'; and targeted materials for groups such as older people, BME groups, LGBT community, younger people and Multi-agency Risk Assessment Conference (MARAC) users. The 50 'Ask Me' champions will also be a key way to communicate to people. The key messages being communicated are about what services are available rather than the name of the service providers, which are deliberately anonymous and neutral for confidentiality reasons.
- **Portal service model** – the Portal is intended as a single point of access by telephone, website or email – this is known as a 'no wrong door' model. Initial contacts are followed up by phone or face-to-face meeting depending on which is most appropriate. The main bases in East Sussex are in Eastbourne and Hastings but staff can use other locations, for example, the interview room in Children's Centres.
- **Support to escape domestic abuse** - a safety plan for the victim is developed following an initial assessment that identifies the level of risk and any other needs of the victim. The safety plan can involve the victim leaving immediately for a refuge, or involve other ways to keep them safe in their home. Refuge places in East Sussex have been sustained, as funding reductions have been managed in other ways, but there is pressure on services outside of East Sussex as a result of funding reductions elsewhere. This can make it more challenging to arrange an out of area placement. It was noted that leaving the home is not always the safest option.
- **Action against perpetrators** – Chief Inspector Ross advised that the police have some powers to remove perpetrators using Domestic Violence Protection Orders, which have been used successfully in some cases. However, whether exercising these powers is the appropriate action to take depends on the need of the victim. He said that the services that the police provide aim to minimise disruption to victim and family. A three-year pilot project has begun in West Sussex to look at ways to disrupt and change the behaviour of perpetrators, but the results will not be available for some time.
- **Male victims** – it was noted that about 18% of domestic abuse victims are male and about half of them were in same sex relationships. There are similar issues around encouraging reporting, plus additional barriers related to perceptions of masculinity.
- **MARAC decline in use** – Louisa Havers advised that the reason for the decline in the use of MARACs is being investigated. However, it is too early to tell if this is an ongoing decline as it relates to only one area of MARACs, and it is the first time it has happened.

Prevent

6.4. Louisa Havers explained that Prevent work is set out in a Prevent Partnership Plan, overseen by a multi-agency Prevent Board which she chairs. The annual plan is informed by the

Sussex Counter Terrorism Local Profile produced by Sussex Police. This work is increasing in scale, for example, in 2014 there were five referrals to Channel compared to 36 in 2016.

6.5. Lucy Spencer, Strategy and Partnerships Officer for Prevent, highlighted two key areas of achievement:

- The '**Think, Protect, Connect**' project – funded through the Home Office's Prevent funding to District and Borough Councils – aims to counter online radicalisation and give children critical thinking skills in relation to online material. These skills are applicable to other areas such as sexual exploitation. The project works through schools and colleges and links to the anti-bullying project. It is now being rolled out to all primary schools, and school governing bodies are also included in training.
- **Multi-Agency Safeguarding Hub** – Safeguarding referrals previously went directly to the police for screening, meaning that partner organisation did not always see the full picture. Now all safeguarding referrals go through a single Multi-Agency Safeguarding Hub and radicalisation issues are referred on from the Hub to the appropriate organisation. This is an innovative approach compared to other areas.

6.6. The Committee asked questions on this area of work as follows:

- **Safeguarding hub** – Chief Inspector Ross confirmed that the police are part of the Multi-Agency Safeguarding Hub; this enhances the previous referral process rather than replaces it.
- **Hate crime** – Chief Inspector Ross advised that the force had seen a slight increase in hate crime in East Sussex over the past two weeks following the result of the EU referendum. There appears to have been 12 crimes since 23 June with an identified link to the referendum. Sussex Police is aware that not all hate crime is reported and there is ongoing work to increase reporting. Hate crime reports are reviewed every 24 hours and a community tension assessment is being put together, to be followed by communication of key messages via the media. The Director of Adult Social Care and Health noted that the County Council has clear policies regarding unacceptable behaviour.

Engagement Events and East Sussex Safer Communities Partners Business Plan 2016/17

6.7. Justine Armstrong-Smith explained that the Safer Communities Partnership was holding engagement events to gather information and feedback from wider partners to inform the East Sussex Safer Communities Partners Business Plan 2016/17. These events are part of the 2016 risk assessment process which is using an adapted version of the MoRiLE (Management of Risk in Law Enforcement) methodology. The events aim to identify threats and harms, share achievements, and identify better ways to tackle issues. They had been very well attended with much enthusiasm.

6.8. The Committee asked questions covering the following areas:

- **MoRiLE methodology** – this approach involves identifying current threats and the harm they are causing; analysts then draw in other evidence and data to determine the likelihood and volume of these threats. A number of new issues were identified through this process at the first engagement event. The outcomes of this assessment will then be shared with partners at a further event which will look at the resources and capabilities and skills available to address them. The Committee would be made aware of the outcomes of this second event.
- **Partnership changes** – Louisa Havers confirmed that the streamlined partnership arrangements are designed to ensure that local expertise and knowledge is still captured and that the arrangements will be reviewed to ensure this continues.
- **Anti-social behaviour (ASB)** – Chief Inspector Ross advised that there are different categories of ASB and that personal ASB has seen a reduction.

- **Rogue traders** – Chief Inspector Ross advised that Sussex Police undertake joint work with Trading Standards on this issue at a local level. At a strategic level the force and partners are looking at the national picture and how best to undertake preventative work.

6.9. The Committee RESOLVED to request a further annual report in June 2017 – to include an update on how new partnership arrangements are working and relationships with Joint Action Groups.

7 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

7.1 The Committee reviewed its future work programme, noting the following:

- Reconciling Policy, Performance and Resources (RPPR) discussions are expected to be more complex for 2016/17 onwards due to joint programmes with health partners.
- The 15 September RPPR report will include an update on the impact of 2016/17 savings (particularly on the voluntary sector) and corporate risk register items related to Adult Social Care.
- A report on employability and skills in relation to learning disability has been added to the 10 November meeting.

7.2 The Committee RESOLVED:

- To request a report on delayed transfers of care for the 10 November meeting;
- To nominate Cllr Belsey as Committee representative on the East Sussex Better Together Scrutiny Board to replace Cllr Pragnell;
- To request a briefing note on East Sussex 1Space to be circulated by email; and
- To update the work programme as discussed.

The meeting ended at 11.37 am.

Councillor Angharad Davies
Chair

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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 9 -
- 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 2016 TO 31 December 2016

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 Education and Inclusion, Special Educational Needs and Disability

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
12 Sep 2016	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Final decision on the proposed enlargement of Meridian Community Primary School	KD	Local Members	Report, other documents may also be submitted	Gary Langford 01273 481758
15 Sep 2016	Lead Member for Resources	To consider and agree new Farm Business Tenancy (FBT) terms for existing tenancy and disposal of part of Hye House Farm	P	Local Members	Report, other documents may also be submitted	John Stebbings 0208 2132554
15 Sep 2016	Lead Member for Resources	To consider a report to lease surplus land, formerly part of Beacon Community		Local Members	Report, other documents may	Kate Nicholson 01273 336487

		College, to Crowborough Town Council for use as a Pocket Park Nature Reserve.			also be submitted	
15 Sep 2016	Lead Member for Resources	<p>Notice of Motion: Make fair transitional state pension arrangements for 1950s women.</p> <p>To consider the motion that "The Council calls upon the Government to make fair transitional state pension arrangements for all women born on or after 6 April 1951, who have unfairly borne the burden of the increase to the State Pension Age with lack of appropriate notification."</p>			Report, other documents may also be submitted	Ola Owolabi 01273 482017
15 Sep 2016	Lead Member for Resources	<p>St Anne's School site, Lewes: future options</p> <p>To consider future options for the St Anne's School site, following the end of negotiations relating to the Community Asset Transfer.</p>		Local Members	Report, other documents may also be submitted	Kevin Foster 01273 481412
19 Sep 2016	Lead Member for Transport and Environment	<p>Provision of an on street advisory disabled bay in Tower Road, St Leonards</p> <p>To consider concerns raised by objector regarding the provision of an advisory disabled parking bay in Tower Road, St Leonards on Sea</p>		Local Members	Report, other documents may also be submitted	Clare Akehurst 01323 463402
19 Sep 2016	Lead Member for Transport and Environment	To consider the results of the Alfriston High Street traffic consultation and determine whether or not the introduction of the proposed traffic signals scheme should proceed		Local Members	Report, other documents may also be submitted	Andrew Keer 01273 336682

19 Sep 2016	Lead Member for Transport and Environment	Rotherfield HGV Management: To note the results of the public consultation and agree that the proposals, together with the suggestions from Crowborough Town Council, should be progressed to detailed design and construction.		Public consultation was undertaken in April/May 2016 and the construction of the proposals is currently in the 2016/17 Integrated Works Capital Programme. Local Members	Report, other documents may also be submitted	Andrew Keer 01273 336682
19 Sep 2016 Page 12	Lead Member for Transport and Environment	To report the results of a local consultation exercise on a pedestrian crossing scheme along The Ridge, outside Sandown Primary School, Hastings, and address a submitted petition requesting an update on the design and construction for the proposal.		Letter and plan distributed to School, all properties in immediate vicinity, County and Borough Councillors and statutory emergency services	Report, other documents may also be submitted	Tracey Vaks 01273 482123
20 Sep 2016	Cabinet	Council Monitoring: Quarter 1 2016/17 The consider the Council Monitoring report for the first quarter of the financial year 2016/17.	KD		Report, other documents may also be submitted	Jane Mackney 01273 482146
20 Sep 2016	Cabinet	To consider the Employability and Skills Strategy 2016 -2018	KD		Report, other documents may	Holly Aquilina 01323 463538

					also be submitted	
20 Sep 2016	Cabinet	Land Exchange at Yew Tree Cottage, Coleman's Hatch To consider proposals in relation to an Ashdown Forest Land exchange		Local Members	Report, other documents may also be submitted	Gregg Shemwell 01273 336968
20 Sep 2016	Cabinet	The revised East Sussex Local Flood Risk Management Strategy To consider revisions to the adopted Local Flood Risk Management Strategy, following public consultation, with a view to adopting this draft strategy as County Council policy	KD		Report, other documents may also be submitted	Nick Claxton 01273 481407
28 Sep 2016	Lead Member for Community Services	To consider a petition regarding road safety at Horsted Road, Danehill.		Lead Petitioner / Local Members	Report, other documents may also be submitted	Candice Miller 01273 482718
28 Sep 2016	Lead Member for Community Services	Petition - North and East Beeches Road, Crowborough To consider a petition regarding North and East Beeches Road, Crowborough		Lead Petitioner / Local Members	Report, other documents may also be submitted	Nick Skelton 01273 482994
28 Sep 2016	Lead Member for Community Services	To consider a petition for a review of the speed limit in the village of Dallington		Lead Petitioner / Local Members	Report, other documents may also be submitted	Michael Higgs 01273 482106
28 Sep 2016	Lead Member for Community Services	Proposed Bus Stop Clearway - Plumpton To resolve an objection received to a proposal to implement a Bus Stop Clearway in Plumpton		Local Members	Report, other documents may also be submitted	Victoria Bartholomew 01424 724284

28 Sep 2016	Lead Member for Community Services	Provision of an on-street advisory disabled parking bay at Hornbeam, Burwash To consider the provision of an advisory on-street disabled parking bay for No. 54 Hornbeam, Burwash		Local Members	Report, other documents may also be submitted	Victoria Bartholomew 01424 724284
28 Sep 2016	Lead Member for Community Services	Provision of an on-street advisory disabled parking bay in Manor End, Uckfield To consider an objection received to the provision of an on-street advisory disabled parking bay in Manor End Uckfield		Local Members	Report, other documents may also be submitted	Victoria Bartholomew 01424 724284
28 Sep 2016 Page 14	Lead Member for Community Services	Voluntary and Community Sector (VCS) infrastructure review and Speak Up contract To consider a report on the Voluntary & Community Sector infrastructure review and Speak Up contract.	KD		Report, other documents may also be submitted	Paul Rideout 01273 482911
10 Oct 2016	Lead Member for Education and Inclusion, Special Educational Needs and Disability	To consider Admission Arrangements for 2018/2019.	KD		Report, other documents may also be submitted	Jo Miles 01273 481911
11 Oct 2016	Leader and Lead Member for Strategic Management and Economic Development	To consider Nominations Agreements for Extra Care and Learning Disability House Schemes		Local Members	Report, other documents may also be submitted	Rebekah Herring 01273 481630

11 Oct 2016	Cabinet	Reconciling Policy, Performance and Resources (RPPR) 2017/18 To consider the draft service plans and provisional savings proposals for 2017/18.			Report, other documents may also be submitted	Jane Mackney 01273 482146
11 Oct 2016	Cabinet	To consider representations received in response to the publication of a statutory notice regarding the proposed closure of Pells CE Primary School, Lewes and to make a decision as to whether the School should be discontinued.	<i>KD</i>	Local Members	Report, other documents may also be submitted	Gary Langford 01273 481758
11 Oct 2016 Page 15	Cabinet	Treasury Management Annual Report 2015/16 and mid year report (2016/17) Review of Treasury Management performance: The report will set out <ul style="list-style-type: none"> • A summary of the original strategy agreed for 2015/16 and the economic factors affecting this strategy in the first six months of the year. • The treasury management activity during the first six months. • The performance to date of the Prudential Indicators, which relate to the Treasury function and compliance within limits. • The outturn report. 	<i>KD</i>		Report, other documents may also be submitted	Ola Owolabi 01273 482017
17 Oct 2016	Lead Member for Transport and Environment	To consider the response to a petition calling upon the County council to take action with regards to parking in Langney Village, in order to make a safer environment for the children attending		Local Members / Lead Petitioner	Report, other documents may also be submitted	Michael Blaney 01424 726142

		Langney County Primary School.				
17 Oct 2016	Lead Member for Transport and Environment	To consider a petition that is requesting parking restrictions at the top end of St Johns Road, St Leonards-On-Sea		Local Members / Lead Petitioner	Report, other documents may also be submitted	Michael Blaney 01424 726142
17 Oct 2016	Lead Member for Transport and Environment	To consider the response to a petition asking for the extension of double yellow lines to facilitate access and egress to Oliver Close in Hastings		Local Members / Lead Petitioner	Report, other documents may also be submitted	Michael Blaney 01424 726142
18 Oct 2016	Cabinet	To consider a report regarding the Government's Four Year Settlement Offer	KD		Report, other documents may also be submitted	Kevin Foster 01273 481412
26 Oct 2016	Lead Member for Community Services	Petition to reduce the speed limit on B2169 (Bayham Road) To consider whether a lower speed limit on the B2169 Bayham Road would be a priority for the County Council		Local Members / Lead Petitioner	Report, other documents may also be submitted	Michael Higgs 01273 482106
14 Nov 2016	Lead Member for Education and Inclusion, Special Educational Needs and Disability	To seek approval to and authorise the publication of statutory notices in respect of a proposal to lower the school age at Telscombe Cliffs Primary School.		Local Members	Report, other documents may also be submitted	Jane Spice 01323 747425
15 Nov 2016	Cabinet	East Sussex Better Together Accountable Care Model: To consider the business case and plans to develop an Accountable Care model in East Sussex	KD		Report, other documents may also be submitted	Vicky Smith 01273 482036

15 Nov 2016	Cabinet	East Sussex Broadband: next steps To consider options for enabling even higher levels of broadband coverage, building on the success of the existing two contracts	KD		Report, other documents may also be submitted	Katy Thomas 01273 482645
15 Nov 2016	Cabinet	Looked After Children Annual Report To consider the Looked After Children Annual Report			Report, other documents may also be submitted	Liz Rugg 01273 481274
15 Nov 2016	Cabinet	Property Investment Strategy To consider a report on a Property Investment Strategy for East Sussex County Council.	KD		Report, other documents may also be submitted	John Stebbings 0208 2132554
15 Nov 2016	Cabinet	South East Seven (SE7) Update To consider an update report on the South East Seven (SE7) Partnership.			Report, other documents may also be submitted	Jane Mackney 01273 482146
13 Dec 2016	Cabinet	Annual Audit Letter 2015/16 To consider the Annual Audit Letter and fee update for 2015/16			Report, other documents may also be submitted	Russell Banks 01273 481447
13 Dec 2016	Cabinet	Council Monitoring: Quarter 2 2016/17 The consider the Council Monitoring report for Quarter 2, 2016 - 17	KD		Report, other documents may also be submitted	Jane Mackney 01273 482146

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Report to: Adult Social Care & Community Safety Scrutiny Committee

Date of meeting: 15 September 2016

By: Independent Chair, East Sussex Safeguarding Adults Board (SAB)

Title: Safeguarding Vulnerable Adults Annual Report and Strategic Plan 2015-2016

Purpose: To present the Annual report as required in the Care Act

RECOMMENDATION

The Committee is recommended to consider and comment on the contents of the report

1 Background

1.1 The East Sussex Safeguarding Adults Board Annual Report (**Appendix 1**) outlines the Safeguarding activity and performance in East Sussex between April 2015 and March 2016.

2 Supporting information

2.2 Highlights contained in the report are as follows:

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

- In line with Care Act recommendations, an Independent Chair was recruited, ensuring an effective framework for governance and assurance as each organisation should have effective systems in place to safeguard adults.
- A Safeguarding Adults Board (SAB) budget was set up for the first time, consisting of financial contributions from Adult Social Care (ASC), Clinical Commissioning Groups (CCGs), Sussex Police and East Sussex Healthcare NHS Trust. This enabled the recruitment of the Independent Chair, the commissioning of an external reviewer for a multi-agency case review, as well as the costs of a learning event on Modern Slavery.
- A Lay member was appointed to increase community links, and transparency of the strategies and plans.

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

- A multi-agency safeguarding case audit was undertaken, with the main focus on the new safeguarding Section 42 duties. Good information sharing at the start of enquiries was evidenced, as well as desired outcomes of the adult and/or their representative being considered. Development areas included ensuring earlier referrals for formal advocacy, a greater understanding of the Multi-Agency Risk Assessment Conference (MARAC) process and keeping communication channels open between ASC and the Police throughout safeguarding enquiries.
- Formerly known as Serious Case Reviews, Safeguarding Adults Reviews (SARs) became a statutory requirement under the Care Act. No SARs were undertaken in this period, however a Multi-agency review (MAR) was undertaken and learning events have taken place across agencies.

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

- A multi-agency workshop was held to focus on the changes needed to safeguarding arrangements across the partnership and work will continue on how to respond to safeguarding enquiries where there are concerns about the quality of care.

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

- Key safeguarding data includes a 43% increase in the number of safeguarding concerns received by ASC compared with last year, reflecting the three new categories included in safeguarding legislation (Domestic Abuse, Modern Slavery and Self-neglect).
- There has been a significant increase in the number of enquiries resulting from concerns raised by homecare from just 12 in 2014-15 to 74 in 2015-16, following the successful awareness raising campaign with this staffing group last year, together with Homecare now being represented on the SAB. Six more enquiries were completed as a result of concerns raised by primary care (40 up from 34) however proportionately this is a 1% drop to 3% of all enquiries from 4% last year. Safeguarding awareness training with primary care began in this period, but remains a priority for 2016-17.

Priority 4.1: Allow the voice of client's, carer's, and the local community to be heard in safeguarding policy and practice.

- In 86% of cases where there was on-going action under safeguarding arrangements, risk was reduced or removed. This is a slight drop from 93% in 2014-15, however this reflects the nature of the additional types of abuse and neglect now included under the Care Act 2014, where there is an increased likelihood of decisions being made that balance risk factors against other quality of life decisions, such as maintaining contact with a family member who was the source of the risk.
- The proportion of people receiving support from an advocate, family member or friend where they lacked capacity in this period was 92%. This is up from 86% the previous year, and compares favourably to the national average of 61% for 2014-15.
- Of the total desired outcomes identified by adults, 99% were either met or partially met through the safeguarding enquiry process. This has increased from 81% last year, suggesting the Making Safeguarding Personal (MSP) approach is becoming embedded into practice, with the adult's wishes being central to actions taken.

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

- In partnership with the Local Safeguarding Children's Board (LSCB) and the East Sussex Safer Communities Partnership, the SAB hosted a conference on 'Missing People, Modern Slavery and Human Trafficking'. Over 120 delegates attended from a broad range of agencies. The event was timed to tie in with National Safeguarding day (29th February) and was part of a week long programme of activities to raise awareness with the public also. A total of 457 contacts were made with the public.

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

- Key training figures from partner agencies are included in the annual report, with a particular focus on Domestic Abuse, harmful practices and Modern slavery.

3. Care Act

3.1 In March 2016, a refreshed edition of the Care and Support Statutory guidance was published. The Safeguarding chapter has had significant change, and a progress plan is attached as **Appendix 2**.

4. Conclusion and reasons for recommendations

4.1 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. The Care Act has brought many changes to safeguarding practice, representing a fundamental shift from being process driven to a more person centred approach.

4.2 The Committee is recommended to consider and comment on the report and its appendices.

GRAHAM BARTLETT
Independent Chair, East Sussex Safeguarding Adults Board (SAB)

Background documents:

None

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East Sussex Safeguarding Adults Board

Annual Report

April 2015 to March 2016



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Foreword



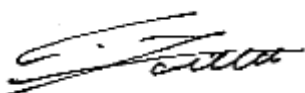
Welcome to the East Sussex Safeguarding Adults Board Annual Report 2015 – 16, my first as Independent Chair having been appointed to the role in July 2015.

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

I would like to thank all partner agencies and members of the SAB for welcoming me to this role, and for their continuing commitment and work within the safeguarding arena.

This year saw the introduction of the Care Act 2014, placing adult safeguarding and the work of SABs across the country on a statutory footing for the first time. It has been a period of significant change for all agencies, as will be highlighted throughout this report, and the effort of all to ensure the best outcome for adults in East Sussex during this transition is acknowledged and appreciated.

The SAB has a clear plan in place to ensure it meets its new responsibilities, responds to the needs and feedback from clients, carers and the local community, and holds all relevant agencies to account. We hope you find this report interesting and useful and are reassured that the East Sussex SAB is committed to continual improvement and decisive action when things go wrong. By working in partnership, I am confident that organisations will continue to develop and improve their safeguarding practice.

A handwritten signature in black ink, appearing to read 'G. Bartlett'.

Graham Bartlett

Independent Chair, East Sussex Safeguarding Adults Board

Comments from Healthwatch East Sussex



This annual report reflects the continued commitment in East Sussex to collaborative working between agencies to safeguard adults from abuse and neglect. The report also demonstrates the Safeguarding Adults Board's commitment to ensuring the views of people who use care and support services, and their carers, are taken into account when developing safeguarding policy and practice.

I have continued in my role as Chair of the Clients and Carers Safeguarding Advisory Network, which provides a key mechanism to consult with the local community. I am delighted to have been involved in the recruitment process this year for the first lay member to the Safeguarding Adults Board. Alongside this, I remain encouraged to see the role of Healthwatch develop within the safeguarding arena by seeking the views of those who use care and support services.

I look forward to the coming year, and being able to contribute to the task of further strengthening the voice of residents in East Sussex.

Elizabeth Mackie

Volunteer & Community Liaison Manager, Healthwatch East Sussex

Executive summary

This annual report outlines safeguarding activity and performance in East Sussex between April 2015 and March 2016, as well as some of the main developments that have been put in place to prevent abuse from occurring.

Highlights contained in the report are as follows:

Priority 1.1: Ensure the effectiveness and transparency of the Safeguarding Adults Board to oversee and lead adult safeguarding and the prevention of abuse

- Independent Chair – in line with Care Act recommendations, the East Sussex Safeguarding Adults Board (SAB) recruited Graham Bartlett as Independent Chair in July 2015. The Independent Chair ensures there is an effective framework for governance and assurance as each organisation should have effective systems in place to safeguard adults at risk of abuse and neglect.
- A SAB budget was set up for the first time in this period, consisting of financial contributions from Adult Social Care (ASC), Clinical Commissioning Groups (CCGs), Sussex Police and East Sussex Healthcare NHS Trust. This budget enabled the recruitment of the Independent Chair, the commissioning of an external reviewer and author for a multi-agency case review, as well as covering the costs of a learning event on modern slavery and primary care safeguarding training.
- To ensure the Board's continued effectiveness and increased involvement of partners of the SAB, the structure of the SAB and its sub-groups was kept under review, with Sussex Police taking up responsibility for chairing the Performance, Quality and Audit (PQA) sub-group. The Sussex-wide policy and procedures review group also expanded to include representation from the CCGs and Sussex Police as well as ASC.
- A lay member was appointed to the SAB for the first time as one mechanism to increase community links and involvement, and ensure the transparency of the SAB's strategies and plans.

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

- An event for external stakeholders was held in April 2015 to launch the updated safeguarding policy and procedures, highlighting the new Section 42 duties. Over 120 delegates were in attendance, including homecare and residential care staff.

- A multi-agency safeguarding case audit was undertaken again this year by several representatives of the SAB, with the main focus on the new safeguarding Section 42 duties and how well these were embedding into practice. Good information sharing at the start of enquiries was evidenced, as well as the three key tests being applied well in most cases, and the desired outcomes of the adult and / or their representative being considered. Development areas included: ensuring referrals for formal advocacy are considered earlier, a greater understanding of the Multi-Agency Risk Assessment Conference (MARAC) process, and keeping communication channels open between ASC and the police throughout safeguarding enquiries.
- Formerly known as serious case reviews, safeguarding adults reviews (SARs) became a statutory requirement for SABs under the Care Act. No SARs were undertaken in this period. One referral was made but this did not meet the criteria, however, a multi-agency review (MAR) was undertaken for this case, and learning events have taken place across agencies.

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

- A multi-agency safeguarding adults / quality workshop was held on the 26th November 2015 to focus on areas such as the changes needed to safeguarding arrangements across the partnership.
- Multi-agency work will continue on how to respond to safeguarding enquiries where there are concerns about the quality of care.

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

- Key safeguarding data shows a 43% increase in the number of safeguarding concerns received by ASC compared with last year. This reflects three new categories of abuse and neglect being included in safeguarding legislation (domestic abuse, modern slavery and self-neglect) as well as the introduction of the three key tests.
- Neglect, financial and physical abuse remain the most common types of abuse. Neglect is still the most common form of abuse, however physical abuse is now the second most common whereas previously it was financial abuse. Proportionately there has been little change for neglect and physical abuse compared with last year, however, there has been a reduction of 6% in enquiries concerning financial abuse.

- There has been an increase in the number of enquiries resulting from concerns raised by Sussex Police, from 72 in 2014 – 15 to 91 in 2015 – 16, attributed to the improved referral form from Sussex Police introduced part way through the previous year along with continued awareness raising within this staffing group. There has also been a significant increase in the number of enquiries resulting from concerns raised by homecare from just 12 in 2014 – 15 to 74 in 2015 – 16, following the successful awareness raising campaign with this staffing group last year, together with homecare now being represented on the SAB.
- Six more enquiries were completed this year than last as a result of concerns raised by primary care (40 up from 34). However, proportionately, this is a 1% drop to 3% of all enquiries from 4% last year. Safeguarding awareness training with primary care began in this period, but remains a priority for 2016 – 17.

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

- In 86% of cases where there was on-going action under safeguarding arrangements, risk was reduced or removed. This is a slight drop from 93% in 2014 – 15, however, this reflects the nature of the additional types of abuse and neglect now included under the Care Act 2014, where there is an increased likelihood of decisions being made that balance risk factors against other quality of life decisions, such as maintaining contact with a family member who was the source of the risk.
- In this period, the proportion of people receiving support from an advocate, family member or friend where they lacked capacity was 92%. This is up from 86% the previous year, and compares favourably to the national average of 61% for 2014 – 15.

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

- In March 2016, in partnership with the Local Safeguarding Children's Board (LSCB) and the East Sussex Safer Communities Partnership, the SAB hosted a conference on 'Missing People, Modern Slavery and Human Trafficking'. Over 130 delegates attended representing a broad range of agencies supporting vulnerable adults and children. The conference was a partnership event in recognition that these issues can affect all ages and family units. The event was timed to tie in with National Safeguarding Day (29th February) and was part of a week long programme of activities to raise awareness. Events targeting the public were held in shopping centres and libraries. A total of 457 contacts were made with the public during these events.

- Trading Standards have been tackling the social exclusion that often encourages the vulnerable to engage with fraudsters. There have been a number of strategies for this:
 - Encouraging the victim to become a Mail Marshall. Instead of responding to scam mail victims are ask to collect it. It is then collected by a Trading Standards Officer who can further engage with the victims.
 - Installing free call blockers.
 - Training carers, care home managers and other related service provider volunteers to recognise and report scams.

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

- Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) continued as Sussex Police’s operational response to identify and support vulnerable, and often elderly, victims of these types of fraud within Sussex.
- There has been a particular focus on domestic abuse training alongside harmful practices and modern slavery.

Conclusion

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

The Care Act implemented in April 2015 brought many changes to safeguarding practice, including making enquiries statutory under Section 42 of the Act, as well as introducing new duties in relation to advocacy. Safeguarding adults reviews (SARs) have also become a statutory duty under Section 44 of the Act. The SAB will continue to focus on ensuring the new duties are understood and applied effectively in the coming year, and will launch a website for greater accessibility of information for the public and professionals alike.

Progress on 2015 – 16 priorities

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

Independent Chair

In line with Care Act recommendations, the East Sussex SAB recruited Graham Bartlett as Independent Chair in July 2015.

The chair has a key role to lead collaboratively, give advice, support and encouragement and to offer constructive challenge and hold partner agencies to account.

Graham Bartlett also chairs both the Local Safeguarding Children's Board and Safeguarding Adults Board for Brighton & Hove and brings substantial experience at both an operational and strategic level, previously holding the position of Chief Superintendent (Divisional Commander Brighton & Hove) Sussex Police.

The chair is accountable to the East Sussex Strategic Partnership through the Health and Wellbeing Board and regular meetings with the local authority Chief Executive. The chair also meets regularly with the Director of Adult Social Care & Health and the Head of Adult Safeguarding.

The Care Act 2014 requires adult safeguarding to operate within a statutory framework. The Independent Chair ensures an effective framework for governance and assurance as each organisation should have effective systems in place to safeguard adults at risk of abuse and neglect.

SAB budget

The SAB set up a budget for 2015 – 16 for the first time, consisting of financial contributions from the core partners of the SAB, namely Adult Social Care (ASC), Sussex Police and the Clinical Commissioning Groups (CCGs). East Sussex Healthcare NHS Trust (ESHT) also contributed financially to the working of the Board.

The following areas were identified for the budget to support the SAB in what is required of it under the Care Act, and to inform future business planning:

- Independent Chair
- SAB Development Manager

- SAB Administrator (0.5 FTE)
- Multi-agency training and safeguarding promotions / awareness
- Safeguarding policy and procedures
- SAB website
- Safeguarding adult reviews / other case reviews

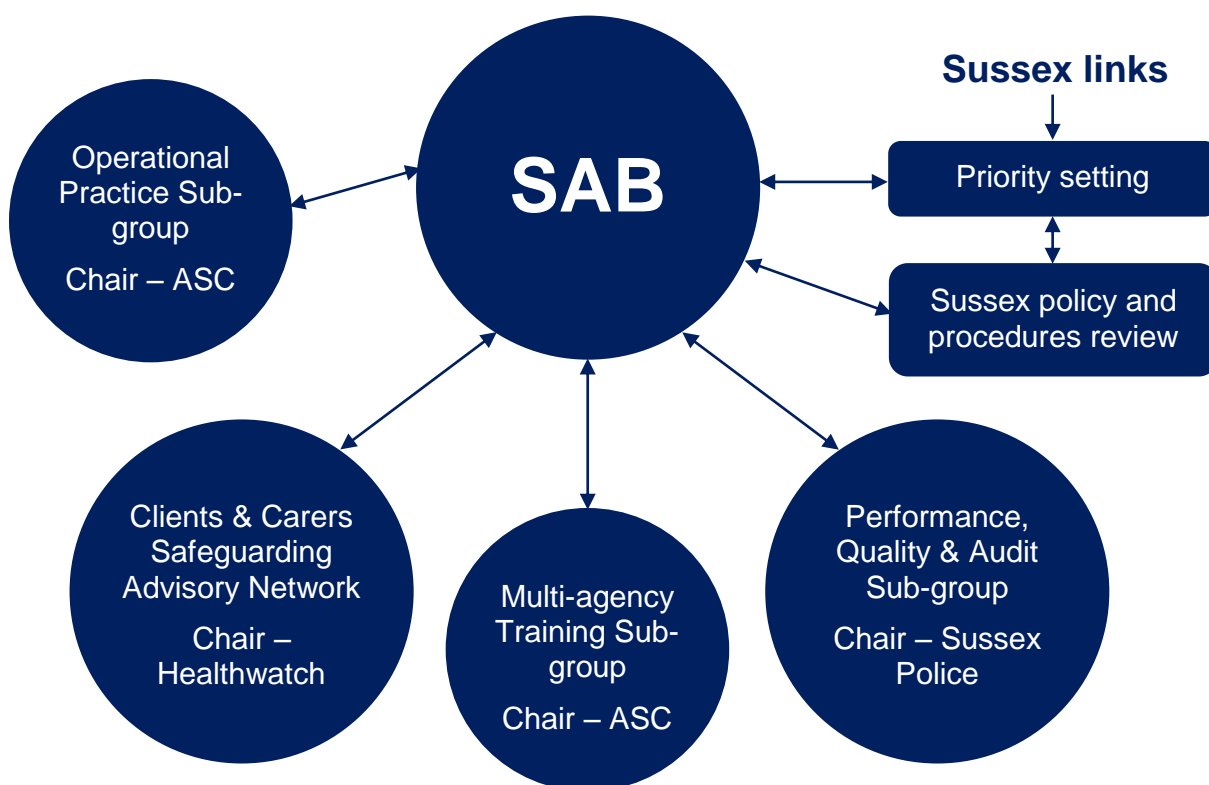
Please see Appendix 1 for more details on the end of year budget.

Governance and structure of the SAB

To ensure continued effectiveness, and to allow for wider partner involvement, the governance and structure of the SAB is kept under regular review. During 2015 – 2016, Sussex Police stepped into the role of Chair of the Performance, Quality and Audit sub-group, a multi-agency training sub-group was established in light of recommendations contained in the Care Act for opportunities of multi-agency learning, and Healthwatch have continued to chair the sub-group aimed at raising the voice of client and carers in safeguarding practice.

Closer links were established with the SABs of Brighton & Hove and West Sussex, and a Sussex policy and procedures review group was set up with membership of the statutory SAB partners across these localities with the purpose of updating the safeguarding procedures in line with legal and policy updates.

The diagram and descriptions below give further information on the role and make up of these sub-groups and workstreams.



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.

Multi-agency Training Sub-group This group is responsible for delivering the objectives of the training strategy 2015 – 18, and overseeing training opportunities in key safeguarding matters affecting a number of agencies. Currently, the group is focused on developing multi-agency self-neglect training.

Sussex Policy and Procedures Review Group This consists of the statutory partners of the SABs across Sussex, with the purpose of reviewing and updating the safeguarding procedures in line with any policy and legal updates.

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.

Learning events

To ensure all partner agencies learn from cases where improvements could be made, two multi-agency learning events were held in relation to the experience of domestic abuse among older people. These learning events were externally facilitated and were reflective in nature to allow all participants the chance to participate. Following these events, the SAB now has an action plan that includes tasks to ensure that domestic abuse within the older age population is better understood and responded to in a similar fashion to how it would be within the working age population. The action plan is to be overseen by the Performance, Quality & Audit sub-group.

Future plans

- SAB website to be up and running by May 2016, and will include annual reports, strategic plan and other relevant documents, for transparency amongst professionals and the public alike.
- Learning briefings to continue following any safeguarding adult review or multi-agency review, and consideration to be made of academic research and evaluation that could be utilised.

CCG Designated Nurse will highlight domestic abuse affecting older people, and ensure lessons are shared across the health economy.

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

Care Act 2014 duties

An event for external stakeholders, including home care and care home providers, took place in Eastbourne to launch the [Sussex Safeguarding Adults Policy and Procedures](#). Attendees received a presentation outlining the new safeguarding Care Act duties and an overview of the Making Safeguarding Personal approach. Over 120 stakeholders attended and had an opportunity to ask questions and network with other professionals.

The work of SABs is now directed by legislation – the Care Act 2014 which became law on 1st April 2015. 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.

The definition of adults within the Care Act which the Board seeks to protect is any person aged 18 years or over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs), and
- is experiencing, or at risk of, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

These three criteria are referred to as the ‘three key tests’.

The Care Act places statutory duties on SABs as follows:

- It **must** publish a strategic plan for each year that sets out how it will meet its objectives. In developing this plan the SAB **must** consult Healthwatch and the local community.
- It **must** publish an annual report.
- It **must** develop policies and procedures, promote multi-agency training and develop preventative strategies.
- It **must** conduct any safeguarding adults reviews.

Fire safety and prevention

East Sussex Fire and Rescue Service (ESFRS) introduced a 12 month pilot scheme called 'Safe and Well'. The scheme offers a visit to members of the community providing essential home fire safety advice, as well as advice regarding social isolation and health issues.

Safe and Well targets rural areas where distance from services, including fire stations, poses a challenge to residents and increases their vulnerability. The scheme draws together voluntary and statutory agencies and provides clients with a greater knowledge of local services and voluntary organisations to keep them safer within their community.

ESFRS liaises with village agents employed by Action in Rural Sussex (AiRS) to identify the areas in which the scheme will operate, and receives referrals from the village agents for vulnerable people that ESFRS is unaware of through its usual referral process.

Safe and Well has identified approximately 34,000 people aged 80+ who have never had a home safety visit from ESFRS.

ESFRS has also continued to work with 3VA to deliver Health and Wellbeing visits to vulnerable people. During these visits, residents are offered fire safety advice tailored to their situation as well as signposting to relevant sources of help, as appropriate. A total of 2,453 Home Safety Visits were made as a result of the partnership working with Adult Social Care to identify those in greatest need of such a visit.

Next steps

- The Safe and Well scheme will be rolled-out to clients considered to be at medium risk but who may become high risk without support.
- ESFRS Community Volunteers will deliver all the elements of a Safe and Well visit, including fitting smoke alarms where required.

Multi-agency safeguarding audit 2015 – 2016

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

This year's audit focussed on the implementation of the Section 42 Care Act safeguarding duties, risk and decision making and relevant and timely information sharing between agencies. The 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 and Sussex Police.

The key findings were as follows:

Strengths

- Good information sharing at the start of enquiries between the relevant agencies involved.
- Overall, the three key tests were applied well.
- The desired outcomes of the adult and / or their representatives were considered in the majority of cases, in line with the Making Safeguarding Personal approach.
- Improvements were noted in mental capacity assessments in terms of timeliness of completion, and in the majority of cases adults had representation if required.
- In line with the Care Act, one case caused others to undertake the enquiry, and the process undertaken by the provider usefully fed into the Section 42 enquiry.
- In the two cases where domestic abuse was explicitly identified, appropriate risk assessments were undertaken.

Areas for development and learning

- Formal advocacy provision – ensuring earlier referrals are considered in all relevant cases.
- Ensuring safeguarding matters are not responded to in isolation – for example, financial abuse and indicators within this of domestic abuse.
- 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.
- Keeping effective communication channels open between ASC and the police towards the end of the enquiry process in cases where a criminal investigation is running alongside the ASC Section 42 enquiry.

In light of these development areas, the SAB has agreed the following actions to be implemented in 2016 – 17:

- Continued emphasis on the Mental Capacity Act, including training, to ensure appropriate application of the Act, decision-specific assessments and providing clear rationales on decisions made.
- Ensuring staff are aware of the new protocol outlining referral routes for formal advocacy – both Care Act and Independent Mental Capacity Advocate (IMCA) in safeguarding enquiries.
- Ensuring greater numbers of staff are aware of and have undertaken training on the MARAC process.
- The SAB to advocate for a GP adult safeguarding lead to facilitate information sharing and involvement of primary care at early stages of safeguarding enquiries.
- Continued emphasis on having a named contact for information updates and sharing between ASC and the police especially towards the end of the enquiry process.

Safeguarding adults reviews

Safeguarding Adults Boards now have a statutory duty under the Care Act to undertake safeguarding adults reviews (SARs) – formerly known as serious case reviews. This is when:

- An adult dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- An adult is still alive but has experienced serious abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.

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

No SARs have taken place this year. One referral was made but this did not meet the criteria. However, a multi-agency review (MAR) was undertaken for this case, and learning events have since taken place across agencies.

2.2 Develop clear mechanisms for responding to and monitoring quality concerns

When referring to the quality of service provision, the Care Act guidance notes that safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support,
- commissioners regularly assuring themselves of the safety and effectiveness of services that are commissioned,
- the Care Quality Commission ensuring that regulated providers comply with the fundamental standard of care.

In order to achieve these aims, local authorities must clarify how they respond to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector.

A multi-agency safeguarding adults / quality workshop was held on the 26th November 2015 to focus on the changes needed to safeguarding arrangements across the partnership.

Sussex Clinical Commissioning Groups safeguarding standards assurance tool

The safeguarding standards assurance tool has been jointly developed by adult and child Clinical Commissioning Group (CCG) safeguarding professionals across Sussex. CCGs have implemented this tool within providers of CCG-commissioned services. This self-audit tool helps to assure the CCG of the safeguarding standards within providers across the health economy.

An exception report completed by provider services informs bi-monthly safeguarding up-date reports to the CCG Quality and Governance Committee.

Quality visits are planned to all providers to gain an overview of adherence to, and application of, safeguarding policy in practice.

Transforming Care Programme

Work in East Sussex continues in line with the national Transforming Care Programme (TCP) to improve health and social outcomes for people with learning disabilities.

In order to ensure people with learning disabilities are supported effectively in the most appropriate setting to meet their needs, the following measures have been implemented:

- Care and Treatment Review and Blue Light processes have been rolled out and embedded in practice.
- Registers of people at risk of admission continue to develop. This is also being looked at jointly from a Sussex-wide perspective.
- Inpatient placements are only utilised when absolutely necessary to meet an individual's needs, and the person is supported to move to an appropriate community setting as soon as possible following assessment and treatment.

Future plans

- Multi-agency work will continue on how to respond to safeguarding enquiries where there are concerns about the quality of care.

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

Domestic abuse

2015 – 16 saw a number of significant developments in relation to this area of work.

The Joint Domestic, Sexual Violence and Abuse and Violence against Women and Girls (VAWG) Unit was launched, leading on the procurement of a new specialist domestic and sexual abuse service across East Sussex and Brighton & Hove known as 'The Portal'. The focus has been to redesign local provision to make sure people receive the best help, in the right way, when they need it, while also ensuring the most effective use of resources. The key offer of the service is a single point of access to make it easier for people to get help and support.

Victims of domestic and sexual abuse benefited from additional investment from the Sussex Police and Crime Commissioner, specifically to better support victims and witnesses by sustaining and / or developing capacity locally that seeks to achieve the outcomes in the partnership business plan and action plan.

Prevent and hate crime

The Prevent duty, which came into force on 1st July 2015 and was introduced as part of the Counter-Terrorism and Security Act 2015, requires schools, councils, prisons, police, health bodies, colleges and universities to have due regard to preventing people from being drawn into terrorism.

A countywide Prevent plan has been drawn up by the Prevent Board. This action plan has been developed by the board to effectively manage local risk, threat and vulnerability.

The Safer East Sussex Team has worked alongside Children's Services and the Organisational Development Team to produce a Prevent e-learning course. This module has been designed to give a basic understanding of Prevent and an awareness of how staff and organisations can safeguard vulnerable individuals. It is available on the new East Sussex Learning Portal to all ESCC staff, partner organisations and the voluntary sector in East Sussex.

Training sessions have been delivered to frontline staff and many schools have had whole school staff briefings on the Prevent duties for schools. The Independent Schools Safeguarding Group has also been given an overview of the duties and resources available to them. The Safer East Sussex Team has delivered Prevent presentations to the regional Children and Family Court

Advisory and Support Service (CAFCASS) staff training day, the Home Care Team, the Local Safeguarding Children's Board and SpeakUp Forum.

In relation to hate crime, all Citizens Advice offices in East Sussex have been trained as Third Party Reporting Centres and the local authority's customer service teams will also be encouraged and supported to become Third Party Reporting Centres.

There will be further development and delivery of hate crime awareness in primary and secondary schools, as well as further and higher education establishments across the county.

Serious organised crime (vulnerable elderly)

There are a range of frauds impacting on East Sussex, primarily targeting vulnerable elderly victims. These offences are likely to be committed by organised crime groups that are regional or national in their scope, making joint working with other forces, regional units, trading standards, third sector organisations and the National Crime Agency (NCA) of particular importance.

Work is on-going in building the partnership network in order to ensure a collaborative approach is taken to address the issues. The Safer East Sussex Team held an engagement event with partners from Trading Standards, National Scams Team, Sussex Police, Neighbourhood Watch, Adult Social Care and East Sussex Fire & Rescue Service to identify gaps and potential work streams.

Going forward, the team will continue to explore ways of raising awareness of current risks, as well as looking at support mechanisms that are in place for vulnerable victims, drawing on and developing links with statutory and voluntary services.

Street communities

The Safer East Sussex Team has created a partnership action plan that seeks to address some of the key issues including housing, substance misuse, offending and physical and mental health. Opportunities have been taken to meet with partner agencies to help formulate the plan, and where other partners are leading on a key area then this has been referenced to avoid duplication of work.

In partnership with Public Health and Homeless Link, the Safer East Sussex Team carried out a health needs audit of the single homeless population across East Sussex to understand more about the health inequalities experienced by the homeless population and to feed this into planning future services. The team received 285 completed audits from a broad range of agencies and also supported some local services in completing the surveys with clients.

A housing and health sub-group is now part of the ‘East Sussex Better Together’ programme, and the findings from the audit and key recommendations will be facilitated through this group.

Deprivation of liberty safeguards (DoLS)

In March 2014, the Supreme Court passed a judgement defining deprivation of liberty (the ‘acid test’). As a result of this judgement, there has been a 20-fold increase in DoLS referrals to local authorities nationally. This is reflected in the figures for East Sussex for the last three years:

Year	No. of referrals received	% of referrals assessed
2013 – 14	166	100%
2014 – 15	1,493	42%
2015 – 16	2,643	42%

It is expected that referral rates will continue to rise during 2016 – 17, and Adult Social Care (ASC) has considerably increased its resources to complete DoLS assessments:

- The DoLS Team has been reorganised to maximise its use of the additional resources allocated to the team.
- One-off funding was agreed at the end of 2015 – 16 to employ independent Best Interest Assessors (BIAs) to meet demand. During 2016, Brighton University will be offering additional training courses for 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 greater demand for Independent Mental Capacity Advocates (IMCAs), and ASC has funded an increase in capacity in this service.
- ASC appointed more Authorisers during 2015 – 16 to meet demand.

Although this year’s comparator data has not yet been released, last year East Sussex achieved a higher rate of completion than 13 of the 16 authorities in the ESCC comparator group, and this performance is likely to be maintained this year.

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.

There has been a small increase in cases referred to the Court of Protection and although none have resulted in significant criticism of East Sussex, nationally there have been a small number of cases where local authorities have been criticised, and East Sussex is reviewing its referral processes to ensure any issues are picked up at the earliest opportunity.

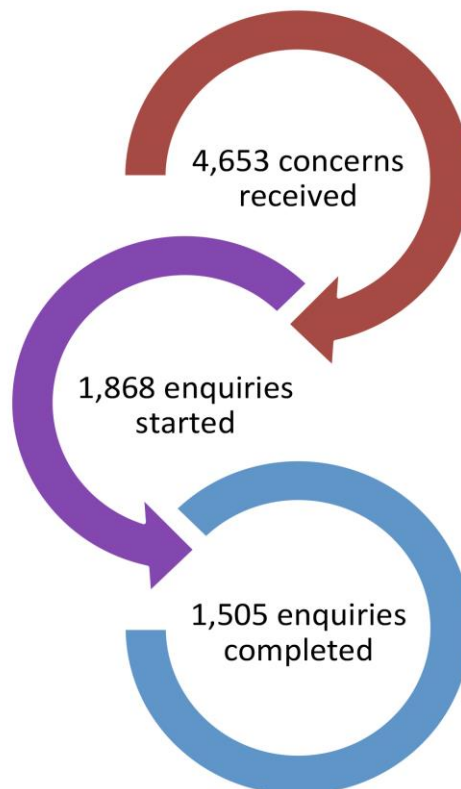
Next steps

The Law Society has launched a two year DoLS consultation process.

The initial response to this consultation includes a recommendation to streamline the current process, and introduce changes to the systems for authorising deprivations in hospitals. In addition, it recommends the creation of a specialist Approved Mental Capacity Act Professional and extension of the law to include supported accommodation as well as registered homes.

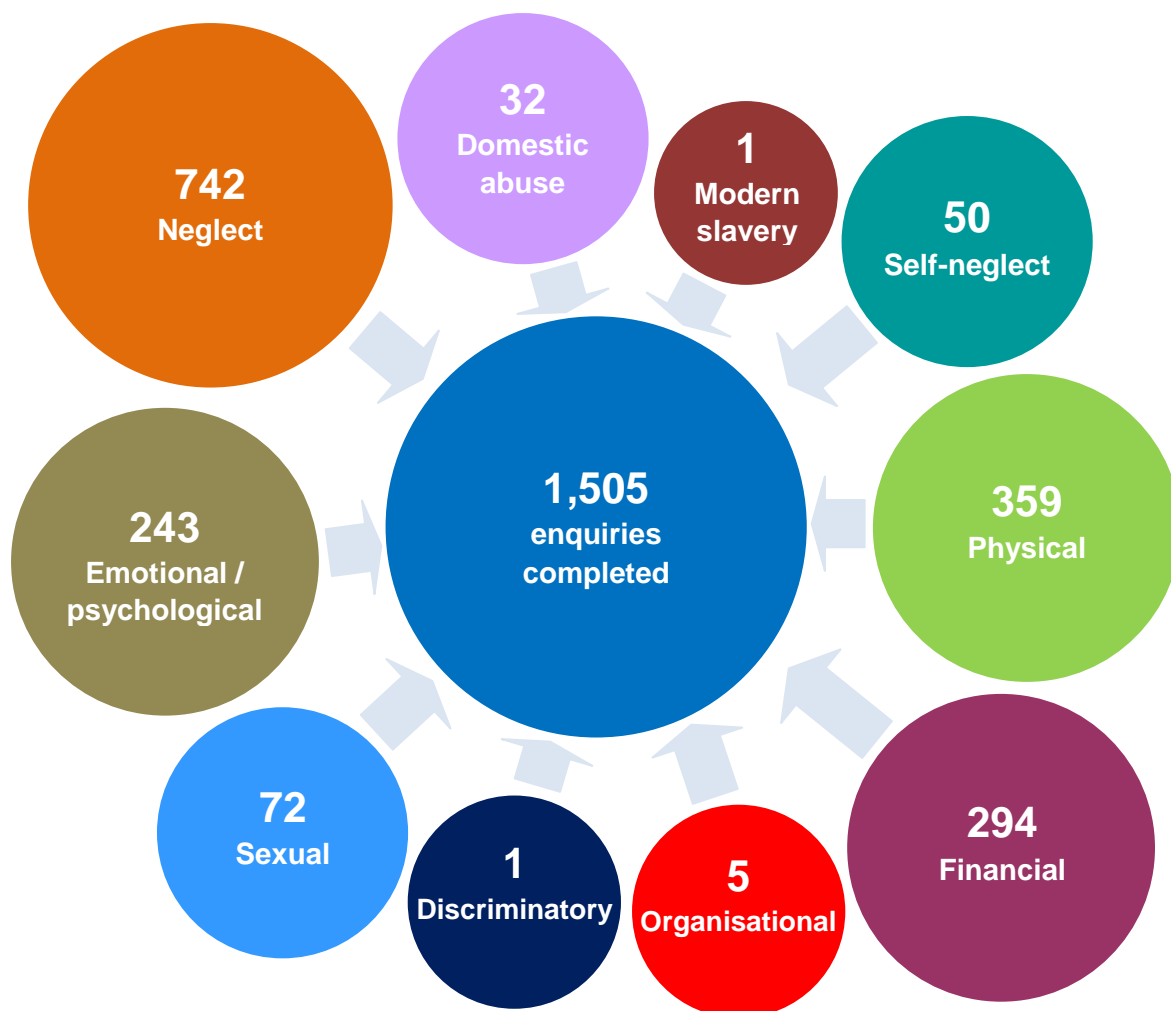
Although these proposals are welcomed, they explicitly state that there will not be a proposal to change the 'acid test' and in combination with the extension of responsibilities to supported accommodation it is unlikely that the final proposals will reduce the demand on local authorities.

Analysing safeguarding activity



Following the introduction of the Care Act, there has been a **43%** increase in the number of safeguarding concerns raised with ESCC. This reflects three new categories of abuse included in the Act, that is, domestic abuse, modern slavery and self-neglect.

Types of abuse investigated in 2015 – 16



Note The numbers of each type of abuse will exceed the total completed enquiries as some enquiries involve multiple types of abuse.

As in 2014 – 15, the three most common types of abuse that resulted in enquiries were neglect, physical abuse and financial abuse. Neglect is still the most common form of abuse however physical abuse is now the second most common whereas it was previously financial abuse. Proportionately there has been little change for neglect and physical abuse compared with last year, however, there has been a reduction of **6%** in enquiries into financial abuse.

Locations of abuse

63 Public place	63 Supported accommodation
52 Acute hospital	46 Person alleged responsible's home
46 Mental health inpatient setting	
29 Other setting	623 Care home
	12 Day centre
46 Not known	23 Community hospital
502 Adult at risk's own home	

The most common location of abuse is in care homes, accounting for **41%** of all the enquiries completed in 2015 – 16. The second most frequent location of abuse is the adult's own home, accounting for **33%**. This continues the trend that has been seen for the last three years.

Compared to 2014 – 15, the most significant change is an increase in the number of cases where the location of abuse was in care homes from **38%** in 2014 – 15 to **41%** in 2015 – 16. Proportionately, there has also been a reduction of cases of abuse in acute hospitals from **8%** in 2014 – 15 to **4%** in 2015 – 16.

Sources of referrals

23 Day care staff	74 Domiciliary staff
260 Other social care staff	
181 Residential care staff	6 Another service user
	6 Friend / neighbour
28 Care Quality Commission	124 Family member
68 NHS mental health staff	96 Housing
204 NHS secondary health staff	40 NHS primary health staff
91 Police	34 Self referral
	272 Other sources

There has been an increase in the number of enquiries resulting from concerns raised by the police from **72** in 2014 – 15 to **91** in 2015 – 16. This is attributed to the improved referral form from Sussex Police introduced part way through the previous year along with continued awareness raising within this staffing group.

There has also been a significant increase in the number of enquiries resulting from concerns raised by home care from just **12** in 2014 – 15 to **74** in 2015 – 16. This accounts for **5%** of all the enquiries completed compared to **1%** in the previous year. This is attributed to the successful awareness raising campaign with this staffing group last year, together with home care now being represented on the SAB.

Six more enquiries were completed this year compared to last year as a result of concerns raised by primary care (40 up from 34). However, proportionately this is a **1%** reduction to **3%** of all enquiries from **4%** last year. Safeguarding awareness training with primary care began last year, but remains a priority for 2016 – 17.

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) implemented a complete migration onto an online referral process in April 2015 which has resulted in an increase in referrals being made.

Future plans

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

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

Quality assurance activity in Adult Social Care

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

Between April 2015 and March 2016, the Safeguarding Development Team undertook approximately **100** audits, consisting of threshold audits (to ensure cases are appropriately taken forward into an enquiry where required), full case audits, deprivation of liberty safeguards (DoLS) audits, and safeguarding plan audits.

Feedback from **8** 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 co-ordinated enquiries.
- Effective, planned multi-agency partnership working.
- A personalised, Making Safeguarding Personal (MSP) approach embedding more widely into practice, with adults or their representatives being asked to identify outcomes and the achievement of these, where possible.

Key areas for development

- Understanding and application of the three key tests and when the duty to undertake a Section 42 enquiry is triggered.
- Showing explicit and detailed evidence of mental capacity decisions and considering the need for advocacy involvement more widely.
- Ensuring routine information sharing when this is warranted in the interests of others, such as with Trading Standards, the police, and Children's Services.

Alice's story

Alice has care and support needs around her dementia and physical needs. She lives at home with her 24-hour carer. The ambulance service raised a safeguarding concern, as they felt the carer had delayed contacting them when Alice was having a stroke.

Alice identified her desired outcomes as:

- Wanting the carer to be “reprimanded” if she was at fault.
- To “feel safe in her own home”.

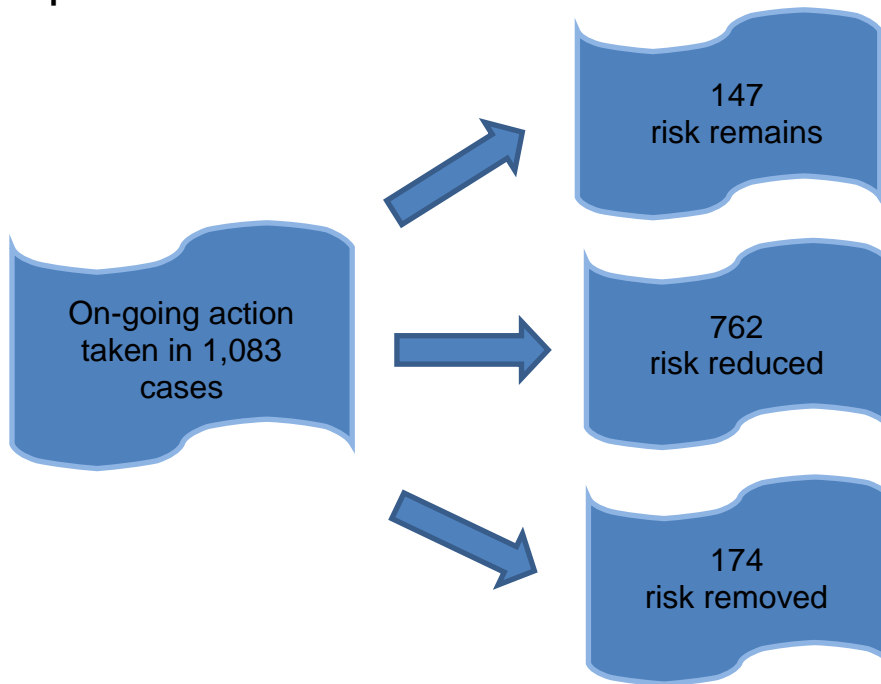
Alice was consulted throughout the enquiry and her desired outcomes resulted in the following safeguards being put in place:

- The carer was dismissed from her post and referred to the Disclosure and Barring Service.
- Another carer was employed with whom Alice felt safer.
- The care agency reviewed staff training particularly in relation to adult safeguarding.

Analysis of outcome data

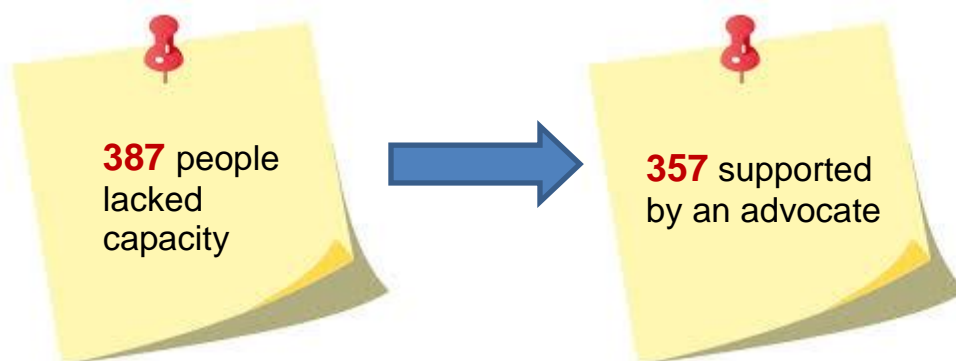
A Safeguarding Performance Quality and Assurance Framework is in place to drive improvements in safeguarding outcomes. The framework includes the collection and review of safeguarding activity data. From this, we can monitor the difference made and identify gaps in service provision.

Impact on risk



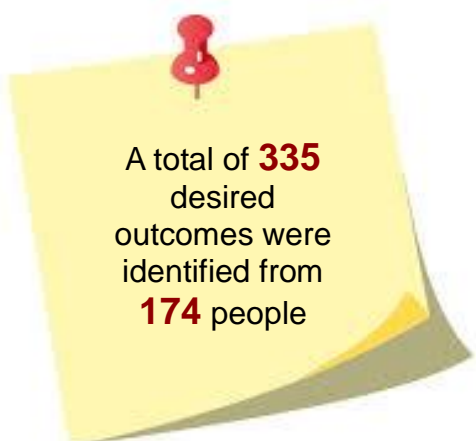
Local authorities are required to report whether, following safeguarding actions, the level of risk remains, has reduced or has been removed. In **86%** of cases, where there was on-going action under safeguarding arrangements, the risk was reduced or removed. This is a slight reduction from **93%** in 2014 – 15. However, it reflects the nature of the additional types of abuse and neglect now included under the Care Act 2014, where there is an increased likelihood of decisions being made that balance risk factors against 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



The proportion of people receiving support from an advocate, family member or friend where they lacked capacity was **92%**. This is an increase compared to the figure of **86%** in 2014 – 15, and is significantly higher than the 2014 – 15 national average of **61%**.

Outcomes achieved through safeguarding



24	Access to justice / reparation
104	Adult at risk feeling safer
52	Change of care arrangements
36	Increased dignity and respect
33	Other people protected
86	Other

Compared to 2014 – 15, the most significant difference is an increase in adults seeking greater dignity and respect as a result of a safeguarding enquiry from **5%** of all the reviewed safeguarding cases to **11%**. The proportion of people seeking to protect others from abuse has also increased from **5%** in 2014 – 15 to **10%** in 2015 – 16. There has also been a decrease in cases recorded as ‘other’ from **37%** in 2014 – 15 to **26%** in 2015 – 16.

Of the total desired outcomes identified, **99%** were either met or partially met through the safeguarding enquiry process. This figure has increased from **81%** in 2014-15, suggesting the Making Safeguarding Personal approach is becoming further embedded into practice, with the adult’s views and wishes being central to 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, the aim is always to acknowledge and record the desired outcomes, and to be open with the adult or their representative about what is realistic.

Sally's story

Sally has care and support needs arising from health problems associated with her kidneys and heart condition. She lives at home with her husband. He raised a concern with a carer that the home care agency had been administering medication incorrectly. A formal safeguarding concern was then raised.

Due to not having mental capacity in relation to the safeguarding enquiry, Sally was not able to voice her desired outcomes. However, her husband, who acted as her advocate, identified the following:

- The circumstances of the errors to be fully investigated.
- The practice of the agency to be improved and for other individuals not to have to go through the anxiety and distress he experienced.
- The family to oversee the administration of Sally's medication.

Clear information about the safeguarding process was provided to Sally's husband, and he was kept informed throughout the enquiry. He felt his outcomes were met as:

- Sally's GP was contacted and advised there should be no ill-effects from the medication errors.
- The Medication Administration Records were amended, incorrect medication stopped and home care carers reminded of their responsibilities to follow the support plan.
- The family took over medication administration.
- Training was provided for the carers.

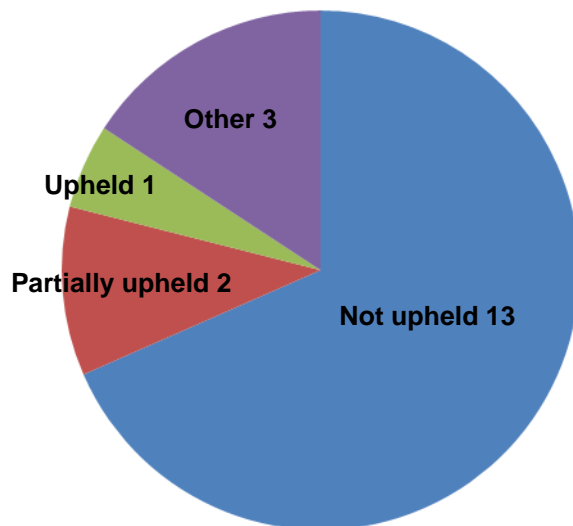
Learning from complaints

The total number of complaints recorded for Adult Social Care for 2015 – 16 was 388. Of these 19 related to safeguarding, this is **5%** of the total complaints received.

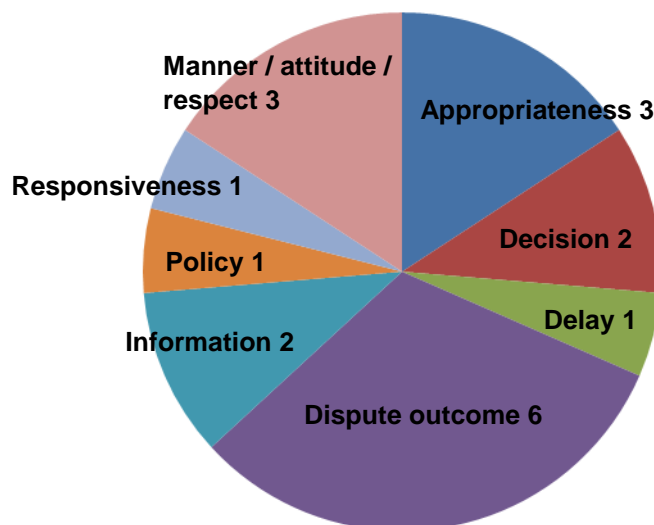
In addition to these 19 complaints, four MP / councillor enquiries were received. This represents **4%** of the total number of MP / councillor enquiries received in 2015 – 16, which was 103 enquiries.

This compares to 14 complaints and two MP / councillor enquiries in 2014 – 15.

Complaint outcome



Complaint category



Key themes

Eight complaints were received from clients or their representatives. The themes of these complaints were:

- Querying decisions not to take concerns into safeguarding enquiries.
- Outcomes of safeguarding enquiries.
- Communication during safeguarding enquiries.

None of these complaints were upheld.

Five complaints were received from owners / directors / managers of care providers. All of these complaints were about the conduct of safeguarding enquiries. One of these complaints was upheld, one complaint was partially upheld and two complaints were not upheld. One complaint had an outcome of 'other' as the CCG responded and no input was required from ASC.

Five complaints were received from persons thought to be the cause of risk. The themes these complaints were:

- Concerns about the allegations and outcomes.
- The conduct of safeguarding enquiries.
- The treatment of persons thought to be the cause of risk within safeguarding enquiries.

One complaint was partially upheld and three complaints were not upheld. One complaint had the outcome of 'other' as we were unable to make enquiries about an agency social worker and the other issues raised were not upheld.

One complaint was received from a GP who was concerned that they received an inadequate response when raising a safeguarding concern. The outcome of this complaint was 'other' as the feedback was acknowledged and acted upon.

Learning and actions

- Discussions with workers regarding methods and approaches used in safeguarding enquiries.
- Discussions with workers regarding miscommunication and delay in communicating outcomes.

- Discussions with workers regarding breaching confidentiality during safeguarding enquiries.
- Minutes of a safeguarding outcome meeting were amended to put the term 'financial abuse' in its proper context.

Local Government Ombudsman (LGO) cases

The LGO has not asked us to look at any complaints about safeguarding in 2015 – 16. In 2014 – 15 they asked us to look at one complaint.

Compliments

The Safeguarding Development Team has received the following feedback:



Lay members

The Safeguarding Adults Board (SAB) recruited a lay member in January 2016, as an additional mechanism for consulting with the local community. More specifically, the role of lay members is to enable effective ties to be developed between the SAB and the local community, and to ensure the work of the SAB is transparent and accessible.

Lay members support the work of the Board by:

- Contributing to the development of strategies and plans to respond to and prevent abuse and neglect.
- Challenging the work of the SAB where required.
- Bringing an awareness and knowledge of the diverse communities and individuals living in East Sussex.

“I am a firm believer in measuring the promise to do something by asking to see what has been done and not what will be done. My belief has manifested itself in the number of incidents over the years where vulnerable persons could and should have been safeguarded from harm. When I saw an opportunity to become a lay member on the East Sussex SAB, I knew it was an opportunity to see what is being done, challenge what is not and champion the ongoing rights for vulnerable adults. To date, I have been impressed with the appetite demonstrated by the East Sussex SAB and their desire, not just to fulfil a legal duty, but to go that step further to protect those who are vulnerable through effective practice.

I have confidence that the right plans are in place and now set the Board the challenge of delivering them.”

Board lay member, 2016

The SAB plans to recruit another lay member in the coming year.

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

Healthwatch roadshow

In September 2015, Healthwatch East Sussex organised a ‘red bus roadshow’ across different locations in the county, engaging with the public on health and social care matters, including adult safeguarding.

During these events, **13** surveys were completed with members of the public to gauge people’s awareness and understanding of adult safeguarding, and whether people knew where to go if they had concerns. Results from this indicated a clear

appetite for more information on safeguarding in different formats, and that while there was a basic level of understanding, more needs to be done to raise awareness and the profile of such matters.

In addition to the survey, **58** contacts (conversations and information giving) were achieved over the three day bus tour period.

Safeguarding conference

On 2nd March 2016, the SAB, in partnership with the Local Safeguarding Children's Board and the East Sussex Safer Communities Partnership, hosted a conference that was open to any professional working with children and / or adults.

The event, held in Eastbourne, focussed on 'Modern Slavery, Human Trafficking and Missing People', and included speakers from Sussex Police and UK charities 'Missing People' and 'A21'. Over 130 delegates attended, representing a broad range of agencies supporting vulnerable adults and children, including East Sussex Healthcare NHS Trust, borough councils, the probation service, colleges, refuges, East Sussex Fire and Rescue Service as well as staff from Adult Social Care and Children's Services.

The event was held to raise awareness of these topics, especially as modern slavery is now a type of abuse in its own right under the Care Act, and was a partnership event in recognition that these issues can affect all ages and family units.

The event was timed to tie in with National Safeguarding Day (29th February) and was part of a week long programme of activities as described below.



Safeguarding awareness

Staff members from the Adult Social Care Safeguarding Development Team (SDT), alongside representatives from Trading Standards, Sussex Police and East Sussex Fire and Rescue Service, were involved in safeguarding public awareness events across the county in a range of venues including shopping centres, libraries and a community centre. A total of **457** contacts were made with members of the public.



Members of the SDT also visited two care homes to meet with residents and have a conversation regarding safeguarding issues, with the aim of raising awareness around how to recognise abuse or neglect, and how to raise a concern. Further sessions of a similar nature are now being planned within a day centre for those with mental health needs.

Primary care safeguarding awareness

Two safeguarding training events were held in March 2016 for primary care staff with a further two sessions to be held in July 2016.

Quality visits to GP practices across Eastbourne Hailsham and Seaford and Hastings and Rother Clinical Commissioning Groups (CCGs) have commenced, supported by the CCG Designated Nurse. Additional visits are planned with the aim of increasing the profile of adult safeguarding and to promote a consistent approach to concerns.

Tackling social isolation to combat scams

Trading Standards have been working to tackle the social exclusion that often encourages the vulnerable to engage with fraudsters. There have been a number of strategies for this:

- Encouraging the victim to become a Mail Marshall. Instead of responding to scam mail victims are asked to collect it. The mail is then collected by a Trading Standards Officer who can further engage with the victim.
- Introducing victims to befriending services. Trading Standards are currently piloting a project with East Sussex Age UK Scams Prevention Service to provide befriending and advice services to victims.
- Installing free call blockers.
- Training carers, care home managers and other related service provider volunteers to recognise and report scams. Between April 2015 – 16, Trading Standards Officers delivered 20 talks to 535 such delegates.

During 2015 – 16, Trading Standards Officers made 129 positive interventions to victims of mass marketing fraud.

Future plans

- As part of Scams Awareness Month in July 2016, partner agencies are coming together to hold a series of public events to raise awareness about the various types of scams, how to report scams, and services and support available.

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

Adult Social Care and Trading Standards knowledge exchange

This project continued into 2015 – 16, with the aim of increasing awareness of the functions of both Trading Standards (TS) and Adult Social Care (ASC) within each other's departments to reduce abuse and exploitation from scams and doorstep crime, and achieve more effective outcomes for individuals.

A target was set of increasing referrals between departments by 20%. This was exceeded by both departments:

- For referrals from TS to ASC, referrals increased from 7 (quarter 1 in 2014 – 15) to 20 (quarter 1 in 2015 – 16), nearly a 200% increase.
- For referrals from ASC to TS, there was a 150% increase within the same period.

TS and ASC have continued to train social workers on a monthly basis. Between September 2015 and June 2016, 25 training sessions were delivered to 293 members of ASC operational teams, directly provided services teams and finance teams.

Safeguarding and Mental Capacity Act awareness mentoring took place between officers, and Trading Standards Officers also mentored volunteers from agencies such as the Citizens Advice Bureau, Age Concern and East Sussex Fire and Rescue Service.

Priorities for Trading Standards 2016 – 17

- Undertake refresher training on safeguarding and the Mental Capacity Act in September 2016 to coincide with the recruitment of four new members of staff.
- Trading Standards has recently divided staff into two teams, to better meet service priorities. These are, the Business and Growth Team and the Community Protection Team. The Community Protection Team has a number of aims based on the Police Risk, Harm and Threat model. Two of these endorse the priorities of the ASC / TS knowledge exchange:
 - Protect those most at risk from mass marketing fraud by engaging with victims and working with partner agencies to create a support network around them to reduce the likelihood of them continuing to be a victim in the future.

- Protect those most at risk from rogue trading by engaging in awareness raising activities to reduce this risk.

Key training figures and initiatives

Adult Social Care training

April 2015 – March 2016

Course title	No. of courses	No. of attendees	Bespoke courses	No. of attendees
Safeguarding Adults: Basic Awareness	12	268	4	62
Safeguarding Adults and the Law	3	44		
Safeguarding and the Care Act	20	427	1	14
Safeguarding Adults: Refresher	27	379	3	18
Making Safeguarding Enquiries for Enquiry Managers / Officers	4	82		
Managing Safeguarding Enquiries for Enquiry Managers	3	41		
Safeguarding training for a provider			2	30
Mental Capacity Act 2005	19	367	4	59
Deprivation of Liberty Safeguards	9	196	1	11

KWANGO safeguarding adults e-learning

April 2015 – March 2016

Organisation	Number of attendees
ESCC	1,324
Hospitals	131
Independent care sector	1,832
Clinical Commissioning Groups	571

Sussex Police

During 2015 – 16, there has been a particular focus on domestic abuse training, as well as harmful practices and modern slavery awareness with the following courses being held:

- Domestic abuse workshop for response and investigating officers.
- Secondary investigators training. This covers coercive and controlling behaviour, DASH overview, and information about the National Centre for Domestic Violence.
- Specialist training has been provided for points of contact throughout the force and general awareness training for call handlers, as well as an information video which is being developed for all officers and staff.
- A booklet about honour based violence, female genital mutilation and forced marriage is being produced, and will assist in raising awareness both internally and within local communities.
- Modern slavery training has been provided to a large audience to help raise awareness of the means, purpose and act of trafficking.
- The Learning Development Team has developed training and awareness packages and briefings for the public protection week of the Initial Crime Investigators Development Programme for trainee Detective Constables. These ensure officers are made aware of harmful practices and trafficking indicators, and effective actions to take if confronted with these incidents, along with effectively safeguarding victims.

Adult safeguarding activity / initiatives

- The force's safeguarding vulnerable adults policy and procedures was reviewed and updated to align with the Care Act.
- A representative from the force's Public Protection Branch has attended the Safeguarding Adults Board and relevant sub-groups throughout the year.
- The force has developed police operations to provide an enhanced response to domestic abuse over key times of the year. Operation Ribbon took place over the Christmas period, and will be repeated during the European Football Championship this summer.

With the support and active involvement of partners, these operations enable us to provide an effective police response to reports of domestic abuse, whilst also improving the support we are able to offer to victims and survivors.

- Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) continue to identify and support vulnerable, and often elderly, victims of these types of fraud within Sussex.

The force continues to raise awareness internally and externally to ensure the public are aware of the support available for these victims.

Priorities for 2016 – 17

- Domestic abuse, harmful practices and modern slavery remain priority areas for Sussex Police.
- The force will continue to focus on Care Act awareness, particularly for specialist officers and new officers.

East Sussex Fire and Rescue Service (ESFRS)

ESFRS will be providing awareness training to Adult Social Care assessors to ensure that they have the skills to properly assess the risk of fire whilst undertaking Care Link assessments. The expectation is that this will increase the number of clients where a linked smoke detector is part of the Care Link package from the outset, as well as being incorporated at the review stage. Discussions have taken place regarding the possibility of ESFRS funding a linked smoke alarm where a risk has been identified.

Future training plans include:

- Continuing to provide training for staff on adult safeguarding with an emphasis on self-neglect, hoarding, dementia and scams.

South East Coast Ambulance Service NHS Foundation Trust

Just over 90% of all staff completed the Trust's safeguarding training during 2015 – 16. This was not as good as hoped – the target being 95%. However, it is a huge improvement on the previous year.

A development day for Board members and senior managers was held in September 2015. This focussed on general safeguarding requirements (both children and adults) for Executive and Non-Executive Directors, and the implications of the Care Act for the Trust.

A domestic abuse pilot was extended during 2015 – 16 to provide training and improved patient pathways and experience across the whole of Sussex. This was partially funded by external partners in East Sussex, West Sussex and Brighton & Hove, however, it was not possible to secure full internal funding to continue the work and the pilot came to an end in December 2015. Further funding opportunities to continue this work are currently being explored within the Trust.

Priorities for 2016 – 17

- The improved data available from the online referral process will be used to better understand reporting patterns within the Trust.
- The Trust will pilot using this information within the appraisal process at a practitioner level, so that staff will be able to benchmark their activity within their own teams / station areas. This will help the Trust identify possible learning needs for a specific area, or areas of good practice which could be shared.

East Sussex Healthcare NHS Trust (ESHT)

Adult safeguarding continues to maintain a high profile within ESHT.

The principles of the Care Act 2014 have now embedded within ESHT practice. This has included a review of all related Trust policies and training programmes.

The Care Act recommends that safeguarding adults supervision sits within clinical supervision, and ESHT has adopted this practice. ESHT has already completed several group supervision sessions pertaining to safeguarding adults.

Mandatory adult safeguarding training is undertaken on appointment and every three years thereafter. All non-patient facing staff complete Level 1 training, and all patient facing staff complete Level 2 training. In line with the National Competency Framework for Safeguarding Adults, ESHT is in the process of reviewing training with a view to introducing Level 3 training for senior management staff. ESHT uses a number of modes of training, including face-to-face, online and workbooks.

Training figures show a steady increase over the past year in line with the three year training plan and 90% compliance requirement:

Monthly trend	Safeguarding Level 2	Mental Capacity Act	Deprivation of Liberty Safeguards
April 2015	72.98%	92.31%	89.03%
May 2015	73.24%	92.48%	89.64%
June 2015	74.38%	92.63%	90.11%
July 2015	75.08%	93.02%	90.88%
August 2015	74.62%	92.80%	90.82%
September 2015	76.05%	93.18%	91.44%
October 2015	76.05%	92.84%	91.31%

November 2015	77.64%	93.39%	91.81%
December 2015	78.06%	93.36%	92.29%
January 2016	78.28%	93.10%	92.78%
February 2016	79.06%	93.40%	93.29%
March 2016	79.71%	93.10%	93.81%

Training includes updates from the Care Act, PREVENT, self-neglect, domestic violence, and Deprivation of Liberty Safeguards.

- PREVENT is part of ESHT’s counter-terrorism training. This training is delivered by key ESHT staff who have received Wrap3 training, the latest update in this field, delivered by NHS England. ESHT has also cascaded the Wrap3 training to key trainers within the Trust, enabling a widespread section of staff to be trained, including porters, security staff etc.

ESHT is part of the PREVENT group led by ESCC.

- Mental capacity and Deprivation of Liberty Safeguards training is a mandatory, ‘one-off’ face-to-face learning event. This 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.
 - Advanced training – This is for Band 8 staff and above, including medical staff, senior managers, specialist nurses and directors. This session has input from a solicitor to ensure clinicians understand the medico-legal aspect of the law in practice.

Learning that has influenced change in the organisation includes:

- The process for community safeguarding enquiries has improved. Clear communication between all agencies has led to processes being completed in a timely manner.
- ESHT Integrated Patient Documentation v5 is in the final approval stage. This includes an updated section on discharge planning and a revised Patient’s Property Disclaimer, resulting from learning following enquiries.
- During 2015 – 16, ESHT appointed a ‘speak up, speak out’ champion to enable staff easy and confident access to this supportive process. ESHT has a whistle blowing policy for staff accessible on the Trust’s intranet.

Sussex Partnership NHS Foundation Trust (SPFT)

A new e-learning programme has been developed which promotes Care Act compliance. This operates at two levels:

- All staff have to undertake the Level 1 basic awareness training.
- Clinical staff also have to undertake the Level 2 training which is aimed at all staff with responsibilities for safeguarding. This corresponds to staff group B in the National Competency Framework for Safeguarding Adults. Group B represents qualified professionals in health and social care and all frontline managers who manage / supervise staff providing services directly to the public.

Staff with enhanced responsibilities for safeguarding also undertake specialist training with ESCC.

Training figures for 2015 – 16 are as follows:

Safeguarding adults e-learning	Completions	Overall compliance
Safeguarding Adults Level 1	325	71%
Safeguarding Adults Level 2	57	62%

Adult safeguarding activities / initiatives

A new safeguarding adults policy promoting Care Act compliance has been adopted.

SPFT has been part of a successful national project focussing on domestic abuse, and this has led to the development of a new domestic abuse policy and the provision of training to staff. A train the trainer approach is being developed for domestic abuse awareness training.

The Trust has actively supported the Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conference (MARAC) processes.

SPFT is represented on the Prevent Board, and has established a clear referral pathway for the Channel process. Prevent training is being provided for staff, and a train the trainer approach is being developed.

SPFT has continued to hold regular safeguarding managers' meetings jointly with Adult Social Care to address quality and practice issues.

Priorities for 2016 – 17

- Review safeguarding governance and training to take into account the National Competency Framework for Safeguarding Adults, and new guidance that is anticipated from NHS England.
- Continue to support the development of a lead practitioner / trainer approach in relation to domestic abuse.
- Continue to develop a train the trainer approach to Prevent training and ensure access to training across all of our services.
- Publish a Prevent strategy in line with the Counter-Terrorism and Security Act 2015.
- Continue to play an active role as a member of the SAB in the promotion of adult safeguarding in East Sussex.

Clinical Commissioning Groups (CCGs)

Safeguarding training for both clinical and non-clinical staff continues, with compliance rates having improved from last year.

Training includes Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and domestic abuse awareness, and is delivered on a rolling programme.

Clinical Commissioning Group	Percentage of staff undertaking training	
	Clinical	Non-clinical
High Weald Lewes and Havens	81%	95%
Eastbourne, Hailsham and Seaford / Hastings and Rother	87.7%	89.7%

The CCGs continue to engage with East Sussex Safer Communities and the Joint Domestic, Sexual Violence & Abuse and Violence against Women & Girls Unit (Brighton & Hove and East Sussex) to promote awareness of domestic violence and abuse (DVA) and sexual violence and abuse (SVA) with the aim of improved recognition and response amongst provider organisations, community services and the public across East Sussex.

Funding has been obtained for a part-time Multi-Agency Risk Assessment Conference (MARAC) CCG representative who will be the conduit for information sharing between primary care and MARAC regarding victims, alleged perpetrators and children who may be experiencing DVA. The post holder will also ensure

safeguarding concerns are brought to the attention of Children's Services or Adult Social Care.

Hastings and Rother CCG will be piloting a scheme within Hastings and St. Leonards primary care practices aimed at improving awareness of domestic abuse. The scheme will provide education and improve referral pathways for people who may be experiencing DVA.

Pathways have been developed with East Sussex Healthcare NHS Trust (ESHT) to ensure adult females who have undergone female genital mutilation are offered support, and any safeguarding risks are identified and addressed.

Group adult safeguarding supervision and reflective practice sessions have been introduced for CCG clinical staff within the Continuing Healthcare Team.

The CCGs continue to facilitate the provision of clinical support and advice to safeguarding enquiries, either directly contributing to the enquiry report, providing guidance, support or signposting to appropriate professionals. The CCGs continue to provide support in monitoring safeguarding plans where there are health or clinical issues.

Future plans and priorities for 2016 – 17

- The Designated Nurse to work with the SAB Training Sub-group to develop additional MCA / DoLS training for primary care staff, and engage with the Adult Social Care MCA Lead to develop reflective practice groups to include health staff.
- A safeguarding workshop for Hastings and Rother CCG Practice Nurses is planned for August 2016, and this will be rolled-out to Eastbourne, Hailsham and Seaford.
- Increase the profile and promote better understanding of adult safeguarding (including MCA / DoLS) within primary care.
- Continue collaborative work with partner agencies to ensure adults are protected from abuse and neglect.

Multi-agency training

The CCGs have undertaken to support the planning and delivery of multi-agency training, continued participation in the SAB Training Sub-group and a commitment to the delivery of the SAB training strategy.

Future plans

- Further development of multi-agency training opportunities and implementation of the SAB training strategy.

Conclusion

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2015 – 16, 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 was placed on a statutory footing for the first time during this period, and the development of the SAB budget highlighted in this report has assisted the achievement of agreed objectives.

A particular focus in the past year was on ensuring adults who lacked capacity or had substantial difficulty in understanding the safeguarding process had appropriate advocacy arrangements in place, given the new duty of advocacy enshrined in the Care Act. The SAB is pleased to report that we have seen an increase from 86% in 2014 – 2015 to 92% in 2015 – 2016 in those lacking capacity being supported by an advocate. This reflects the Making Safeguarding Personal approach of ensuring the adult is central to all decisions in the safeguarding process, even where they may lack mental capacity.

The SAB was also pleased to have joined with the Local Safeguarding Children's Board and Safer Communities partnership to host an event for professionals on 'Missing People, Modern Slavery and Human Trafficking'. The event reflected the crossover between these Boards and partnerships in safeguarding matters affecting both children and adults, and future joint events are planned for the coming year.

The SAB looks forward to launching its website in the coming year for greater accessibility of information for the public and professionals alike. The Board also welcomes continued direction under an Independent Chair, 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 – SAB Budget 2015 – 16

Income		Expenditure (excluding VAT)	
East Sussex County Council	£32,347	SAB Development Manager	£54,846
Sussex Police	£10,000	SAB Administrator	£9,202
East Sussex Healthcare NHS Trust (ESHT)	£10,000	Independent Chair	£6,421
NHS Hastings and Rother Clinical Commissioning Group (CCG)	£10,000	Training programme (inc. admin. and safeguarding promotional materials)	£3,648
NHS Eastbourne, Hailsham and Seaford CCG	£10,000	Safeguarding Network (venue / reward and recognition payments)	£414
NHS High Weald Lewes Havens CCG	£10,000	Policy and procedures	£917
		SAB website	£2,499
		SARs / Multi-Agency Reviews (facilitator and venue costs)	£4,400
Totals	£82,347		£82,347

Appendix 2 – Work plan 2016 – 17

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

Desired outcome for clients: Confidence in Multi-agency safeguarding responses, and safeguarded from abuse and neglect

Action / Measure	Lead	Timescale	Progress
Oversee and lead on adult safeguarding activities that contribute to prevention of abuse, regularly reviewing priorities and SAB membership. This will be evidenced by participation, challenge and transparency in SAB meetings and by holding annual Business planning day.	SAB	Ongoing	Business planning day planned for September 2016.
Ensure SAB budget plan reflects fair and appropriate partner contributions, evidenced by a report on budget spend given annually.	SAB	July 2016	Core SAB partners contributing to the budget. Review and negotiation of contributions to be completed by July 2016.
Annual report, strategic plan and relevant documents to be available on SAB web page.	SAB	July 2016	SAB website to be up and running by May 2016, and will include these documents for transparency amongst professionals and the public alike.
Work of the SAB to be fully informed, owned and driven by a Multi-agency approach, and client experience and voice. This is by way of multi-agency chairing of subgroups, and evidenced by the TOR for each subgroup including 6 and 12 month milestones,	PQA / CCSAN /Ops	October 2016	PQA chaired by Police, CCSAN by Healthwatch, Ops subgroup by ASC. SAB to review effectiveness of current chairing arrangements and progress made in October 2016.

with regular feedback to the SAB on progress.			
Consider SAB Peer review to reflect commitment to continual improvement and transparency. Success criteria for this action will reflect a focus on development needs within this review and a clear plan of how improvements will be made by all agencies.	SAB	March 2017	
Develop strategic learning across agencies, boards and borders, learning from national best practice and Safeguarding Adults Reviews (SAR). Learning from recent Multi-agency review to be carried forward by way of learning events. This will be evidenced by an open and honest culture, and attendance at learning sessions.	Ops / PQA / Training	Ongoing	Topic based multi-agency workshops have commenced. Further roll out to be taken forward by Training subgroup. Learning briefings to continue following any SAR or Multi-agency review, and consideration to be made of academic research and evaluation that could be utilised.

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

Desired outcome for clients: Desired outcomes advocated for and proportionate responses given

Action / Measure	Lead	Timescale	Progress
Ensure SAB members are aware of and carrying out their responsibilities under the Care Act to Safeguard Adults. This will be demonstrated by ensuring the self audit tool to be completed by members is up to	Ops / PQA	October 2016	Sussex wide Self audit tool for strategic and organisational safeguarding arrangements has been updated, and outcomes from audit to be discussed in April 16. Multi-agency audit on Care Act compliance and

<p>date and consistent across Sussex, and an action plan will be monitored by the SAB to ensure compliance and improvement.</p> <p>Multi-agency case audits will be undertaken regularly to address and monitor areas identified as requiring improvement.</p>			new duties to be discussed at April 16 SAB meeting.
<p>All agencies sign the Information sharing protocol and embed its use in multi-agency safeguarding. This will be evidenced by way of audit returns, case audits and successful development of a multi-agency data set.</p>	PQA	October 2016	
<p>Sussex Safeguarding Adults Policy and Procedures to reflect up to date guidance, case law and legislation and enable staff to undertake Care Act safeguarding duties effectively. This will be evidenced by feedback gained from professionals and clients.</p>	SAB	March 2017	Small scale update of procedures to be in place by April 16. Further update planned for Autumn 2016 to include latest Care Act statutory guidance. Full update to be in place for April 17, and will involve a consultation process from professionals and clients/carers.
<p>Annual review of procedures, or when significant national updates occur, will involve statutory partners of the SAB, to provide opportunity for changes needed and create audit trail.</p>	Ops / Sussex Policy and Procedures subgroup	March 2017	Sussex wide subgroup now in place consisting of statutory SAB members.
<p>Review SAR referral and panel process, to ensure increased awareness, accountability and transparency in referral and decision making processes are achieved. This will be in line with regional development work, by maintaining contact</p>	PQA	July 2016	Review of policy underway.

with regional networks.			
Ensure the voice and views of clients within safeguarding enquiries are heard, including when client's lack capacity, by way of appropriate Advocacy and support arrangements being in place. This will be regularly monitored via Ops sub-group, which includes the advocacy commissioner, provider, and practitioners where required.	Ops	Ongoing	Commissioning and provider arrangements for advocacy in place. Referral rates to continue to be monitored.
SAB Priority 2.2 Develop clear mechanisms for responding to and monitoring quality concerns			
Action / Measure	Lead	Timescale	Progress
Review the model of responding to quality concerns initially involving ASC, Health and Commissioners, with outcomes on effectiveness reviewed by the SAB. A successful model will demonstrate relevant partners responding and reacting appropriately to quality concerns alongside established Section 42 arrangements.	Ops	July 2016	Communication with Commissioners and operational representatives at a quality and safeguarding interface workshop.
Address gaps regarding information sharing by agencies, in line with Care Act requirements, by way of developing a Multi-agency data set.	PQA	September 2016	Initial scoping for PQA subgroup in April.
Monitor the use of information and its strategic application through audits, client feedback and national returns.	PQA	Ongoing	Discussions to be held via PQA sub group and fed back to SAB.

Strategic Aim 3 – Performance, Quality and Audit

SAB Priority 3.1 Focus on personalising and integrating safeguarding responses, and measure safeguarding outcomes that bring safety and people’s wishes together

Desired outcome for clients: Offered choice and control in safeguarding responses

Action / Measure	Lead	Timescale	Progress
<p>Embed outcomes focused engagement with clients through the Making Safeguarding Personal (MSP) roll-out.</p> <p>This will be achieved by reflecting the ‘story’ behind the outcomes in reporting arrangements, such as case audits, and client feedback.</p>	Ops / PQA / CCSAN	Ongoing	Workshops and training emphasise MSP approach with case study learning. Multi-agency audits to include a focus on MSP.
Raise awareness of Network meetings as part of a safeguarding response, evidenced by an increase in referrals, and evaluate the impact these interventions make.	CCSAN / Ops	October 2016	Item on Network meetings and referral process to be brought to the SAB in April.
Consider opportunities to promote effective risk assessment and decision making at initial concern stage.	Ops	October 2016	ASC to visit the Children’s Multi-Agency Safeguarding Hub (MASH) in East Sussex to consider opportunities in Adult services.

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

Desired outcome for clients: Influence over service delivery

Action / Measure	Lead	Timescale	Progress
Clients and Carers to be involved in the work of the SAB, by way of attendance and contribution in the CCSAN.	CCSAN	Ongoing	Healthwatch continue to chair the CCSAN. Carer representation now in place. Client representation to be taken forward by the CCSAN.
Client feedback to be obtained and presented to SAB, by way of regular updates from the CCSAN, and Healthwatch attendance at SAB meetings.	CCSAN / PQA	Ongoing	
Feedback from CCSAN members to be incorporated into SAB annual report and strategic plan that are to be published.	CCSAN	July 2016	Feedback to be sought.
SAB to increase Lay member representation, by way of further recruitment in 2016. This will be undertaken through Healthwatch.	SAB	October 2016	SAB has one Lay member. Recruitment for additional Lay member to be undertaken by October 2016.
Develop and promote use of website and social media to increase engagement with public and accessibility of the SAB. Success criteria will reflect an accessible and interactive website, and social media linked with all partners for consistent safeguarding message.	SAB	October 2016	

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
<p>Continue safeguarding training sessions for primary care, and evaluate impact by way of monitoring safeguarding referral rates. Success criteria would reflect an increase in referrals from primary care from April 2016 compared with previous year.</p>	<p>PQA/Training subgroup</p>	<p>July 2016</p>	<p>Three training sessions held as of April 2016 with further sessions planned. Update to the SAB to be given in July 2016.</p>
<p>Continue ‘Don’t turn your back on abuse’ campaign, by way of social media, leaflets and posters.</p> <p>Evaluate impact of campaign by monitoring safeguarding referral rates, and the number of questions and queries raised by the public and professionals.</p>	<p>SAB</p>	<p>July 2016</p>	<p>Safeguarding week from 29th February promoted this safeguarding message and included multi-agency partners. Referral rates from this to be monitored and reported back to SAB in July 2016.</p>
<p>Revise SAB web content for clear information for the public.</p>	<p>SAB</p>	<p>May 2016</p>	<p>SAB website to be in place by May 2016.</p>
<p>SAB to take part in roadshow planned by Healthwatch in July 2016, as another mechanism to raise public awareness of Safeguarding.</p>	<p>CCSAN</p>	<p>July 2016</p>	

Distribute Sussex wide easy read safeguarding leaflet, developed in partnership with the three Sussex SABs and include this resource on SAB Website.	SAB/CCSAN	July 2016	
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SAB Priority 4.3 Ensure transition arrangements from Children’s to Adult services, for those at risk of Child Sexual Exploitation, are addressed in a multi-agency context.

Action / Measure	Lead	Timescale	Progress
All agencies to raise awareness of CSE amongst Adult services staff, by way of briefings and training.	Ops	March 2017	
ASC to review its involvement in the Multi Agency CSE (MACSE) group.	Ops	October 2016	The ASC DASM will attend the MACSE to review how ASC should be involved.

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

Desired outcome for clients: Consistency received in safeguarding responses

Action / Measure	Lead	Timescale	Progress
SAB members to adopt National Safeguarding Competency framework within induction and ongoing supervision arrangements, as evidenced by audit returns.	Ops	October 2016	SAB has purchased licence from Bournemouth University.
Training subgroup to oversee and implement training strategy covering new categories in the	Training subgroup	Ongoing	Training subgroup now established.

Care Act, and multi-agency learning opportunities.			
Sussex links to be made by training subgroup for specific topic areas, including self neglect awareness and training.	Training subgroup	October 2016	Self neglect training to be developed from April 2016.
SAB to take active part in a review of Domestic Abuse and Sexual Violence training, in partnership with the LSCB and Safer Communities partnership. Consider re-branding of training to reflect all three partnerships to increase number of adult services staff attending the necessary training and consider use of staff survey to feed into training development.	SAB/Training subgroup	September 2016	
Refreshed training to include a focus on older people experiencing domestic abuse and appropriate interventions.			
SAB Priority 5.2 Ensure clear links exist between Partnership Boards with accountability arrangements documented and understood to avoid duplication of work-streams			
Action / Measure	Lead	Timescale	Progress
Develop protocol for safeguarding relationships, including the SAB, LSCB, Safer Communities, Children's Trust Board and the Health and Wellbeing Board.	PQA	October 2016	
This is to clarify priorities, accountabilities, and joint working opportunities, such as with CSE, Domestic Abuse, and Modern Slavery.			

Key

- SAB Safeguarding Adults Board
- PQA Performance, Quality & Audit Sub-group
- Ops Operational Practice Sub-group
- CCSAN Client & Carer Safeguarding Advisory Network

Appendix 3 – 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
- Plumpton College
- Local Safeguarding Children's Board
- Care for the Carers
- Healthwatch
- NHS England
- Change, Grow, Live (CGL)

Appendix 2

Changes	Actions	Lead	Timescale
Refreshed Care Act Statutory Guidance	Communication to Adult Social Care and Health staff as well as SAB members.	AT	25/04/2016 (after SAB)
Self-Neglect - Removed from types of abuse and now follow the Self-Neglect Policy (SNP) unless a third party is implicated	Change Policy and Procedures to reflect self-neglect may not prompt a Safeguarding enquiry. An assessment needs to be made on a case by case basis. A decision on whether a response is required under section 42 will depend on the adults ability to protect themselves by controlling their own behaviour. Ordinarily, an enquiry under section 42 is primarily aimed at those suffering abuse or neglect from a third party.	AT	Briefing of changes in 05/16. Review of P&P available 02/17
	Link with training department to update training content	CR	18/04/2016
	Review Self-Neglect Policy with Brighton & Hove and West Sussex SABs	AT	tba
Domestic Violence- definition and legislation update	Definitions have been changed in the Sussex Safeguarding Policy and Procedures to reflect the updated legislation and the new offence of coercive and controlling behaviour.	AT	Briefing of changes in 05/16. Review of P&P available 02/17
	Workshop held with managers in ASC & Health	AT/CR	05/04/2016
	Link with training to update training content	CR	18/04/2016
Financial Abuse- reflecting increase and prevalence of scams	Work is underway to update the Financial Abuse Toolkit	CR	29/04/2016
	The Sussex Safeguarding Policy and Procedures have been updated to reflect the significant increase in internet, postal and doorstep scams and crimes. Joint work is also underway with Sussex Police and Trading Standards to develop a shared understanding of the profile of victims of scams so that, in partnership, existing preventative work can be built on to maximise available resources. Coordination of activities ensures that consistent messages are conveyed to the public to provide effective responses to financial abuse and help build resilience to scams in the community. The activity is now widening to include health and the voluntary, community and housing sectors.	AT	Briefing of changes in 05/16. Review of P&P available 02/17
	Awareness raising and participation in multi-agency awareness raising through Scams Awareness Month 2016.	SDT	Jul-16
Alerting/ Responding	<u>Emphasis in training – ‘Think Crime’</u> <ul style="list-style-type: none"> In other circumstances where the safeguarding concerns arise from abuse or neglect, then it would not only be necessary to immediately consider what steps are needed to protect the adult, but also whether to refer the matter to the police to consider whether a criminal investigation would be required or is appropriate. 	CR	18/04/2016
	PQA subgroup to re-inforce this message.	Alison Eaton	21/07/2016
Care Act Powers	Reminder to ASC through training of statutory enquiries and powers to undertake enquiries. Local authorities may choose to undertake safeguarding enquiries for people where there is not a section 42 enquiry duty, if the local authority believes it is proportionate to do so, and will enable the local authority to promote the person's wellbeing and support a preventative agenda.	CR	18/04/2016
Chapter 1, Section 1 Wellbeing principle SAB / Annual report	Already in place - continue in training	Training	Ongoing
Annual report	SAB annual reports section amended to include new guidance around allegations about people in positions of trust - to provide clarity, but also emphasis that this is a responsibility of LAS and other partners, as well as the large and diverse independent provider sector. Important link made to children's safeguarding and considering risk in the round.	KC	2016-17
	Work is underway to incorporate client evaluation and feedback, and report this via LAS.	CR	Sep-16
Assuring roles and factors	Role relating to advice and guidance on HR issues and allegations against people in positions of trust. <ul style="list-style-type: none"> The local authority has retained the role of LADO - Adults and reports quarterly on their case load to senior managers, including themes and trends. The SAB will have an additional section in the Annual Report from 2016-17, relating to Allegations about People in Positions of Trust. The local authority's relevant partners, as set out in section 6 (7) of the Care Act, and those providing universal care and support services, should have clear policies in line with those from the safeguarding adults board for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults with care and support needs. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. 	KC	Ongoing
	<ul style="list-style-type: none"> Safeguarding practice leadership role of professional and practice leadership in adult safeguarding strengthened, to recognise the need to have expertise within an organisation where practitioners and their managers can go for advice and guidance. Specialist advice is available through the Safeguarding Development Team and the LADO - adults. 	SDT, AT, KC	Ongoing
	The Principal Social Worker represents ASC at the monthly SAR panel meetings, the multi-agency audit and learning from internal audit processes.	JG	Ongoing
	<ul style="list-style-type: none"> Section on strategic leadership within the senior management team articulates clearly the need for a strategic and accountable lead for safeguarding at a senior level in an organisation to ensure action to implement the SAB Strategic Plan - In Place and clearly articulated in plans, reports and meetings. 		Ongoing
Strategic roles / responsibilities	DASS	KH	Ongoing
	HoS	AT	Ongoing
	SAB	GB/FC	Ongoing
	ASC Rep SAB	MS	Ongoing
Other related actions	Multi-Agency Quality Workshops held and work continuing.	AT/CR	Ongoing

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Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 15 September 2016

By: Director of Adult Social Care and Health

Title: Update on the impact of the 2016/17 Supporting People and Commissioning Grants Prospectus savings

Purpose: To update the Committee on the impact of 2016/17 savings in relation to Supporting People and Commissioning Grants Prospectus funded services

RECOMMENDATIONS

The Committee is recommended to consider and comment on the impact of the Supporting People and Commissioning Grants Prospectus savings agreed for the 2016/17 Adult Social Care budget.

1. Background

1.1. The Adult Social Care Department's RPPR savings proposals for 2016/17 included significant savings to the Supporting People programme of funding and to Commissioning Grants Prospectus (CGP) funded support. For some services this meant removing all funding, while for others it meant a funding reduction.

2. Supporting information

2.1. The Supporting People savings proposals agreed at cabinet on 26 January 2016 were:

- Sheltered housing schemes: Removing 100% of Supporting People funding.
- Extra care housing schemes: Removing 100% of Supporting People funding.
- Home Works visiting support service: Removing 8% of Supporting People funding to save £300,000. This was a reduction on the original proposed saving of £835,000.
- Refuge service accommodation based schemes: Removing 20% of Supporting People funding to save just under £80,000.

2.2. Due to contractual notice periods the savings came into effect from 10th May 2016.

2.3. The Commissioning Grants Prospectus savings proposals agreed at cabinet on 26 January 2016 will deliver a total of £980k **in savings in 2016/17**.

3. Impact of savings

3.1 In preparing this report we have reviewed relevant performance data and feedback mechanisms to identify potential impacts resulting from the Supporting People savings. The data review was carried out in early August, meaning that only around three months had passed since the funding changes came into effect. It therefore may be too early to see the impact on services and the people who use them.

Supporting People: Sheltered housing

3.2 We have worked closely with providers throughout the decommissioning process. This has included supporting providers to produce an impact assessment. Actions agreed have included

advising staff to refer clients to STEPS (a Supporting People-funded visiting support service) and other services, such as the Welfare Benefit helpline.

3.3 We have seen an impact of the removal of funding on the STEPS service, with 23 referrals from previously Supporting People-funded sheltered housing services made in Quarter 1 of 2016/17. In addition, there have been 3 referrals to the Home Works service.

3.4 Adult Social Care no longer has a contractual relationship with any sheltered housing providers, but we will continue to monitor referrals to the STEPS service from providers and respond to complaints where relevant. See **Appendix 1** for further details.

Supporting People: Extra care

3.5 Supporting people funding previously made a contribution toward the funding of a scheme manager at each extra care scheme. We worked closely with providers to manage the removal of this element of funding.

3.6 Prior to the removal of the funding, all three landlords of the seven schemes put in place plans to ensure that there continued to be an onsite presence and that a level of service continued to be provided to residents.

3.7 All three landlords have advised that it is still relatively early days to understand the impact this change has had on resident's lives, although some schemes have seen an impact on the level of support they are able to offer people. See **Appendix 2** for feedback from extra care providers.

3.8 In Quarter 1 2016/17, STEPS received 2 referrals from previously Supporting People-funded extra care schemes.

Supporting People: Home Works

3.9 The funding reduction has been a decrease of support hours provided per week and a reduction in staffing levels (through 3 redundancies and a reduction in posts by 10.5 Full Time Equivalent posts).

3.10 There has been a significant increase in demand for services over the equivalent period last year. Circa 300 referrals a month cannot be accommodated by the reduced service. We will continue to monitor the terms and conditions of the contract, including the requirements of the service specification. In light of the increase in referrals, we are also working with the service manager to revise the eligibility criteria.

3.11 There were no complaints about this service in the relevant period.

Supporting People: Refuges

3.12 We have worked closely with the provider to agree a revised staff structure and the outcomes that can be achieved with less resources. The contract continues to provide 47 units of accommodation for women and children who are experiencing domestic violence.

3.13 There has been a 17% reduction in the number of housing support hours delivered to women occupying the units and staffing has reduced by 1.5 posts across the programme.

3.14 There were no complaints in the relevant period. However, a Councillor query about service capacity was raised. We will continue to monitor the terms and conditions of the contract, including the requirements of the service specification.

Commissioning Grants Prospectus

3.15 Following the decisions made by Cabinet in January 2016, a number of services were notified that funding would cease. For those services where funding continued, business as usual has been maintained. The main exception to this is that East Sussex Disability Association has gone into liquidation. No reductions in funding were made to these services and the reasons for the organisation's demise are not as a result of this process.

3.16 The impact on the services where funding has been ended is as follows:

- 10 services have continued to deliver the same level of service by attracting other funding streams
- 5 services have continued to deliver a reduced service, sustained by other funding streams
- 2 services ceased completely
- 1 service delivered early outcomes and was brought to a natural conclusion

3.17 In some cases where funding was reduced, agencies have been proactive and successful in securing funding from other sources. In other cases providers have reduced the opening days in order to reduce operating costs. Similarly, by changing the service model from paid staff to volunteers one agency has been able to continue to provide a service to existing clients. (See **Appendix 3** for details).

3.18 Protecting the services offered directly to carers through the Commissioning Grants Prospectus mitigated some of the impact in areas where funding was reduced. There was acknowledgement and appreciation expressed through service providers that carers services were protected in this way.

4 Conclusion and reasons for recommendations

4.1 The Supporting People savings were implemented relatively recently. It is not possible therefore to say what the impact will be in the longer term. It is evident that providers have worked closely with their residents to minimise the impact where possible.

4.2 The Committee is asked to consider and comment on this report.

KEITH HINKLEY

Director of Adult Social Care and Health

BACKGROUND DOCUMENTS

None

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What Supporting People did; the impact; and ongoing work

Sheltered housing schemes

Please note: We no longer have a contractual relationship with any sheltered housing providers.

1. What we (Supporting People) did

1.1 We called a meeting of all sheltered housing providers (along with extra care providers) so the Head of Supporting People could explain the Full Council's decision to approve the saving. We stressed our commitment to working in partnership to carry out effective decommissioning. Providers were advised on how the decommissioning process would work.

1.2 We then wrote to all providers to give three months' notice, as required by the terms of the contract. Providers were advised that contracts would end on 9th May 2016 and that payments would be made up to and including that date.

1.1 In accordance with the Decommissioning Protocol our Quality Monitoring Officer contacted all providers to discuss the plans that providers were putting in place to minimise the disruption to residents and to ensure that people receive appropriate support. All providers were offered the opportunity to meet with the Quality Monitoring Officer.

1.2 These plans included:

- providers completing an impact assessment; and
- the Quality Monitoring Officer producing a risk management plan, agreed with providers. This set out how providers would mitigate risks resulting from the withdrawal of funding.

1.3 Actions agreed included advising staff to refer clients to STEPS (a Supporting People-funded visiting support service) and other services, such as the Welfare Benefit helpline.

2. Impact

2.1 In Quarter 1 2016/17, STEPS received 23 referrals from previously Supporting People-funded sheltered housing services. In addition, Home Works received 3 referrals from Sheltered Housing.

3. Ongoing

3.1 Adult Social Care no longer has a contractual relationship with any sheltered housing provider.

3.2 We will continue to monitor referrals to the STEPS service from providers.

Extra care housing schemes

Please note: We have a continued relationship with partners in seven extra care housing schemes in East Sussex. People living in the schemes are also likely to be Adult Social Care clients.

1. What we (Supporting People) did

1.1 We called a meeting of all extra care housing providers (along with sheltered housing providers) so the Head of Supporting People could explain the Full

Council's decision to approve the saving. We stressed our commitment to working in partnership to carry out effective decommissioning. Providers were advised on how the decommissioning process would work.

1.2 We then wrote to all providers to give three months' notice, as required by the terms of the contract. Providers were advised that contracts would end on 9th May 2016 and that payments would be made up to and including that date.

1.3 In accordance with the Decommissioning Protocol our Quality Monitoring Officer contacted all providers to discuss the plans that providers were putting in place to minimise the disruption to residents and to ensure that people receive appropriate support. All providers were offered the opportunity to meet with the Quality Monitoring Officer.

1.4 These plans included:

- providers completing an impact assessment; and
- the Quality Monitoring Officer producing a risk management plan, agreed with providers. This set out how providers would mitigate risks resulting from the withdrawal of funding.

1.5 Actions agreed included advising staff to refer clients to STEPS (a Supporting People-funded visiting support service) and other sources, such as the Welfare Benefit helpline.

4. Impact

4.1 In Quarter 1 2016/17, STEPS received 2 referrals from previously Supporting People-funded extra care schemes.

5. Ongoing

5.1 We will continue to monitor referrals to the STEPS and Home Works services from providers.

5.2 Adult Social Care has a continued relationship with partners in seven extra care housing schemes in East Sussex. We have a contract with care and support providers to provide care and support services in the schemes.

5.3 In addition, through agreed nomination arrangements with partners (district and borough councils, scheme landlords and care and support providers), we oversee the allocations process to rented properties in these schemes.

5.4 All partners work together to support the ongoing provision of good quality services in the schemes. This is achieved through an Operational Management Group at each scheme. This Group provides a forum for all key partners to oversee the management of the scheme and to achieve the objectives and outcomes and ensure the integration of the different elements of the scheme.

5.5 The activities of the Operational Management Group includes:

- discussions where there are Policy decisions relating to running the scheme;
- monitoring progress on key performance indicators and outcomes on a three/six monthly basis;
- raising issues of concern with statutory or other agencies in relation to the scheme difficulties identified by commissioners/providers;

- providing an initial forum for issues of concern and the discussion and resolution of differences between agencies;
- receive reports of incidents and oversee any recommendations arising from them; and
- carry out an annual review of the Operational Management Policy and the Joint Nominations, Assessment and Allocations Policy.

5.6 The membership of the group includes representation from all partners including the Council, the landlord, care and support providers, resident representatives and catering provider.

Home Works

1. What we (Supporting People) did

1.1 We wrote to the provider, Southdown, on 10th February 2016 to give three months' notice that the Home Works contract would be amended to reflect the agreed reduction.

1.2 We requested a revised budget and staffing structure from the provider to reflect the reduced funding amount. This enabled us to prepare an appropriate contract variation document.

1.3 The agreed reduction in funding came into effect from 10th May 2016.

1.4 We worked closely with the provider to:

- identify a revised staffing structure;
- consider a prioritisation mechanism for referrals as demand for the services has increased;
- ensure the minimum number of staff would be negatively impacted by the changes; and
- agree the outcomes that could be achieved with less resources.

1.5 We worked with the provider to ensure current clients were not affected. The saving requirement was managed by not replacing people as they achieved their outcomes and left the service.

2. Impact

2.1 Home Works used to deliver 3,571 housing support hours per week and now delivers 3,274. Housing support hours per week. This is a decrease of 296.46 support hours per week.

2.2 This service reduction is reflected in staffing levels, with posts reduced by 10.5 Full Time Equivalent posts. There were 3 redundancies.

2.3 The demand for Home Works services has increased since the equivalent period in June and July last year. The service is currently turning away 300 plus referrals a month.

3. Ongoing

3.1 Referrals to Home Works come from the statutory and non-statutory sector. People can also self-refer. The increase in referrals is believed to stem from an

increase in homelessness and less suitable housing solutions being available, as well as the reduction in funding to the service.

- 3.2 In light of this increase in referrals, we are working with the service manager to revise the eligibility criteria.
- 3.3 We will continue to monitor the terms and conditions of the contract, including the requirements of the service specification.
- 3.4 This will include performance indicators and outcomes collected quarterly and a formal Review by the Quality Monitoring Officer within 18 months.

Refuge programme

1. What we (Supporting People) did

- 1.1 We wrote to the provider, Refuge, on 10th February 2016 to give three months' notice of the contract amendment.
- 1.2 We requested a revised budget and staffing structure from the provider to reflect the reduced funding amount. This enabled us to prepare an appropriate contract variation document.
- 1.3 With corporate funding, we allocated a 4% uplift on the contract value to take account of the impact of the national living wage and inflationary pressures. The contract value was due to reduce from £391,999 to £313,599, but the uplift means the annual value is now £326,143.59.
- 1.4 The agreed reduction in funding came into effect from 10th May 2016.
- 1.5 We worked closely with the provider to:
 - support a proposal to keep the number of units provided (47) at the same level;
 - ensure the minimum number of staff would be negatively impacted by the changes; and
 - agree the outcomes that could be achieved with less resources.

2. Impact

- 2.1 The contract continues to provide 47 units of accommodation for women and children who are experiencing domestic violence.
- 2.2 There has been a 17% reduction in the number of housing support hours delivered to women occupying the 47 units.
- 2.3 There were no redundancies, but staffing has reduced by 1.5 posts across the programme.

3. Ongoing

- 3.1 We will continue to monitor the terms and conditions of the contract, including the requirements of the service specification.
- 3.2 This will include performance indicators and outcomes collected quarterly and a formal Review by the Quality Monitoring Officer within 18 months.

Feedback from extra care providers

Cranbrook (Eastbourne), Bentley Grange (Hailsham), Margaret House (Uckfield) and Downlands Court (Peacehaven) – the landlord is Saxon Weald

- 1.1 Following the formal announcement of Supporting People funding being removed from extra care in East Sussex, Saxon Weald wrote to all of our residents advising them of the decision and the impact that this had on the scheme manager service which was part funded by Supporting People.
- 1.2 We advised residents that we would be looking at two options:
 - reducing the amount of time that a scheme manager spent at a scheme every week and therefore reducing our service to them; or
 - exploring the options for maintaining the scheme manager service at the same level it was, which would mean an increase to their service charge
- 1.3 We encouraged residents to feedback their views and there was an overwhelming strength of feeling that the residents wanted to keep the onsite presence as it was. We then utilised a model that we had used as an organisation in our Southampton Schemes, adapting our service from housing related support model to a housing management model which enabled us to levy a service charge for this management function.
- 1.4 The tasks that we are able to carry out through our enhanced housing management (EHM) service are largely the same as those that were being carried out by the scheme manager service but with a shift away from the pure support functions.
- 1.5 We liaised with residents about our decision by holding meetings and distributing Question & Answer sheets and received no objection to our proposals. We then carried out lengthy consultations with our LA Housing Benefit colleagues who agreed our model.
- 1.6 We are in the very early days but would suggest that there has been little impact to our residents as a result of the changes.
- 1.7 Where pure welfare support is required the scheme managers engage with families, the onsite care teams and other services still being commissioned by Supporting People.
- 1.8 We have had to reduce involvement in facilitating activities in any volume but continue to support the set up and engaging of residents and volunteers to keep these running wherever possible.
- 1.9 The financial impact to residents has been minimal, those eligible for Housing Benefit support continue to have the service subsidised and those self-funding have seen an overall reduction in costs. The costs of EHM are based on actual staffing costs across the schemes.

The Orangery (Sidely) and Newington Court (Ticehurst) – the landlord is Amicus Horizon

- 1.1 Supporting People paid for part of the cost of the support service to residents. The rest of the cost was covered by the rent & service charge paid by residents.

- 1.2 We had a massive consultation campaign in Autumn 2015 in which we gave residents some choices about the level of staff support they wanted in future – and the cost to them.
- 1.3 In line with their wishes, we launched a new service that provides intensive housing management and support – funded mainly by two service charges - one HB-eligible and the other ineligible.
- 1.4 The Join Us project (which was originally funded by an SP bursary) also continues and is now run by a residents steering group. Join Us tackles isolation and promotes digital inclusion by supporting resident ‘activists’ and providing an umbrella for all sorts of activities and links between schemes. It continues to be partnership with Lewes District Council.
- 1.5 While we have some capacity to support residents, we aren’t able to provide the structured support-planning and monitoring provided when we were funded by Supporting People. We also now have a slightly smaller staff team so they’ve shifted their focus to ensuring residents are safe and promoting wellbeing and social activity.
- 1.6 Despite this, the impact in Newington Court is we’re finding it less easy to deal with residents with a high level of support needs. We suspect also we may not be picking up the problems residents don’t tell us about – because we’re not proactively reviewing a support plan. So there may be an impact from the removal of preventative support – by definition difficult to prove or quantify. At The Orangery it’s difficult to say what the impact is because we’ve started off with the new service in place and the scheme only opened in May 2016.
- 1.7 We’ve got a continual dialogue with residents both at scheme level and through our retirement services steering group – their priorities are that we should be very proactive in dealing with isolation and loneliness and promoting wellbeing.

St Bartholomew’s (Rye) – the landlord is Sanctuary Housing

- 1.8 Sanctuary Housing opened St Bartholomew’s as an Extra Care scheme in February 2016. This was with the full knowledge that Supporting People funding, covering housing related support, was being withdrawn across East Sussex.
- 1.9 We had an initial discussion with existing residents of St Bartholomew’s Court about their option to take up the ‘Extra Care’ offer once they moved back into their homes but the majority have decided not to at this stage. This offer will remain open to them as their tenancy progresses.
- 1.10 As Sanctuary Group is committed to ensuring our new and existing residents at St Bartholomew’s Court receive the support they require, we are continuing to provide an enhanced on-site housing management service, regardless of Supporting People funding withdrawal. This would be highly unlikely if we did not have the Extra Care facility there which allows for on-site staff to, upon request, assist those residents who no longer receive Supporting People funding.
- 1.11 This enhanced housing management service includes:
 - On-site housing management / service manager presence 9am-3.30pm Mon-Fri
 - Face to face liaison with residents and visitors
 - Provision of information

- Complaint management
- Marketing and letting of properties
- 'Settling in' checks for new residents
- Proactive maintenance of the communal environment
- Sign-posting to other agencies - assisting with accessing support and services from other providers
- Assistance with reporting repairs
- Contractor liaison
- Welfare support assistance to help sustain tenancies
- Promoting and organising activities to enrich the lives of residents and minimise risk of isolation
- On-site maintenance assistant Mon-Fri 8am-4pm providing a responsive and proactive maintenance service including site compliance activities and day to day scheme repairs and improvements

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Commissioning Grants Prospectus: impact of savings

Name of provider	Service	Impact of savings
Age Concern Eastbourne	The Eastbourne shed - warehouse safe space for people to pursue practical interests such as DIY, woodwork, and model making- main beneficiaries are older men.	Service lost ASC funding – continue to receive small amount of funding from Better Care Fund (BCF) and Public Health (PH,) also obtained short term grant from other sources. Organisation continues to bid for grants. Service reduced from 5 days to 3 days from 1/06/2016. Average attendance 8 people for 5 days a week service, now an average of 14 people each day. Provider advised that have to manage beneficiaries expectations due to reduced capacity to run service
Alzheimer's Society	Befriending Service for people with early stage dementia to maintain independence- county wide.	Service continued to receive funding- subsequent decision made to recommission service.
Sound Architect	Community participation and activities co-ordinator in Wealden district. (TN22, TN21 Clubs, Techclub.)	Service lost ASC funding- continue to receive small amount of funding from BCF and PH until September 2016 when funding agreement is due to end. Service includes a range of on-going and short term activities. Provider advised that it was likely one group would become self- sustaining. Alternative funding had been identified and further bids were being made to continue to support activities/service.
Marsham Older People's Project (MOPP)	Weekly day centre/lunch club in Fairlight promoting independent living for those isolated in rural area held.	<p>Service lost ASC funding- received reduced funding from BCF and PH until September 2017. Provider continues to run service and has advised that impact on members has been relatively minimal. Key changes have included:</p> <ul style="list-style-type: none"> • Increased the MOPP Day Centre charge from £5 to £6 • Withdrawn Free Toe-Nail Cutting Service and introduced a £5 charge • Economised on entertainment • Increased fundraising activities • Reserves have depleted <p>In addition have lost some clients for toe-nail cutting service.</p> <p>To consider additional economies for 2016/17.</p>
Royal Voluntary	Get Well, Stay Well – good neighbour's service	Service lost ASC funding and provider advised that

Service	combatting isolation in community.	could not continue past May 2016.Funding agreement was terminated. Subsequently provider advised would continue to provide service to existing clients (would not be able to accept new referrals) by running as a volunteer model from June – September 2016 until volunteer co-ordinator and alternative funding could be identified.
East Sussex Disability Association	A User-Led Centre for Independent Living	Service continued to receive funding, but has gone into liquidation due to an accrued deficit. The service has been re-commissioned as part of the countywide OT clinics and to Possibility People (formerly The Fed) who are, like ESDA was, a user-led organisation controlled by disabled people.
The Sussex Deaf Association	Community Support, Information, Life skill & Social Facility Services for the Hearing Impaired	There was a significant reduction to this service which now operates 3 days per week instead of 5.

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

Date of meeting: **15 September 2016**

By: **Chief Executive**

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

Purpose: **To provide an overview of the Council's business and financial planning process (Reconciling Policy, Performance and Resources) and the Committee's ongoing role in this process.**

RECOMMENDATIONS:

The Committee is recommended to:

(1) agree key areas of interest/lines of enquiry for scrutiny and to ensure these are reflected in the Committee's future work programme;

(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 2017.

1. Background

1.1 The *State of the County* report was agreed by Cabinet on 28 June 2016. The report is an important annual milestone in the Council's ongoing business and financial planning process known as *Reconciling Policy, Performance and Resources* (RPPR). It updated the national and local policy, financial and performance context and provides the background for the development of the updated business and financial plans that will eventually be agreed by the County Council early in 2017. It is available at [State of the County](#).

1.2 The Council is currently in year one (2016/17) of a three year service and financial plan which was agreed by Council in February 2016. This was developed against a background of permanent reduction in the size of the public sector, including councils, and reflects savings of £19.5m in 2016/17; savings of £17.3m in 2017/18 and £27.4m in 2018/19 are included in the medium term financial plan. This is in addition to savings of £78m over the previous five years, already achieved through a mixture of service change, efficiency and prioritisation. Whilst the County Council still has a net budget of about £369m this year, it was acknowledged that the scale of savings required could not be met without direct impact on front line services for all service areas across the organisation.

1.3 Plans for years two and three (2017/18-2018/19) of the three year programme were less detailed than those for the current year because of the uncertainty about future funding and the need to take account of the effect of current savings plans. The focus for this year is therefore on refining those existing plans, rather than starting from scratch. Cabinet has asked Chief Officers to bring updated savings proposals for 2017/18 - 2018/19 to its meeting in October 2016 for initial consideration. It has also been agreed to extend the planning horizon by an additional two years in order to reflect the planning cycles of our NHS partners (although projections for 2019/20 - 2020/21 will necessarily be indicative only).

2. Scrutiny engagement in RPPR

2.1 Scrutiny's contribution to the RPPR process is vitally important and is threaded through all scrutiny work. Each scrutiny committee, through its regular work programme and specific scrutiny projects, has the opportunity to review the services within its remit on an ongoing basis to identify opportunities for improved performance, efficiency or alternative delivery options. Committees also

gain an insight, through all their work, into relative priorities within portfolios, taking into account the Council's overall priority outcomes.

2.2 The insight and evidence gathered through this ongoing work is drawn together and enhanced in specific RPPR sessions which will, ultimately, enable each scrutiny committee to provide commentary and recommendations to be taken into account by Cabinet and Council before a final decision is taken on the updated budget and business plan early in 2017.

2.3 The **September 2016 scrutiny committees** have a particular focus on reviewing current portfolio plans, budget information and existing savings plans to ensure a full understanding of the current context and future pressures.

2.4 The following attachments are provided to support the Adult Social Care & Community Safety Scrutiny Committee in these tasks:

- **Appendix 1** contains extracts from the Financial Budget Summary 2016/17 for the areas within the remit of this committee to provide the 'big budget picture' (both revenue and capital); the full document is at [Financial Budget Summary](#).
- **Appendix 2** contains the **current portfolio plan(s)** for the functions within the committee's remit.
- **Appendix 3** sets out the **three year savings plans** across the relevant service areas agreed by Council in February 2016.
- **Appendix 4** sets out the context in which future savings are being made and summarises areas of search for savings agreed in October 2015.

2.5 Based on this information, and Members' wider accumulated knowledge and evidence, the Committee is invited to identify any key areas of interest or lines of enquiry which it will pursue through subsequent RPPR sessions and/or its wider work programme (recommendation 1). It will be helpful to clarify how existing items on the committee's work programme will inform the ongoing RPPR process, and to identify any necessary additions or changes to the work programme arising from this discussion. This includes any additional information or reports required for the November meeting.

2.6 Finally, the scrutiny committee is asked to agree the membership of its RPPR scrutiny review board which will then consider the developing portfolio plans and savings proposals in more detail as they emerge (recommendation 2).

2.7 The **November 2016 scrutiny committees** can explore the more detailed refined savings proposals which will have been considered by Cabinet in October and consider any additional information which was requested in September. Further additions or refinements to the Committee's ongoing work programme can be considered

2.8 The **RPPR scrutiny review boards** meet in December 2016 to agree 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.

2.9 The **March 2017 scrutiny committees** review the process and their input into the RPPR process and receive feedback on how scrutiny input has been reflected in final plans. Any issues arising can be reflected in the future committee work programme.

2.10 Running alongside this process, whole-Council Member forums will ensure that Members can keep an overview of the emerging picture across all service areas including the impacts of national announcements on our plans. Chief Officers will also provide any briefings required by group spokespersons to assist them in contributing to the RPPR process and future savings and spending plans.

BECKY SHAW
Chief Executive

Contact Officer: Jane Mackney, Head of Policy and Performance (01273 482146)

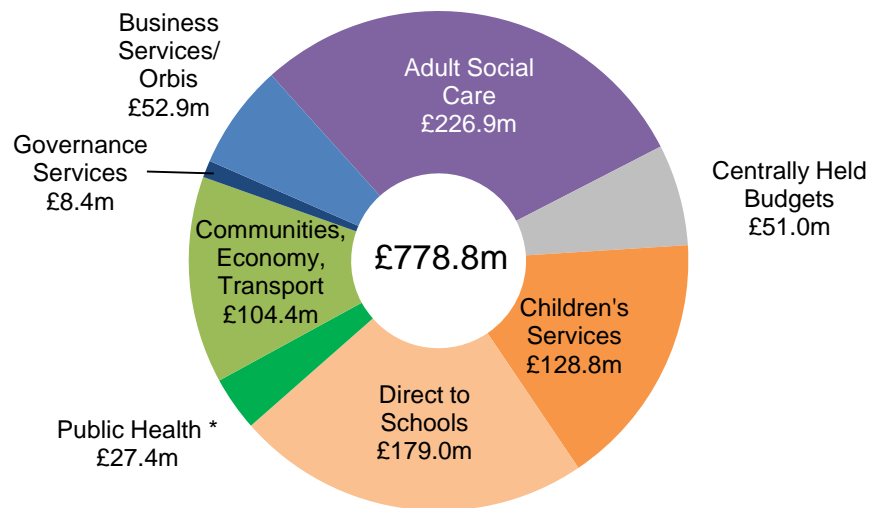
Local Member: All

Background Documents: None

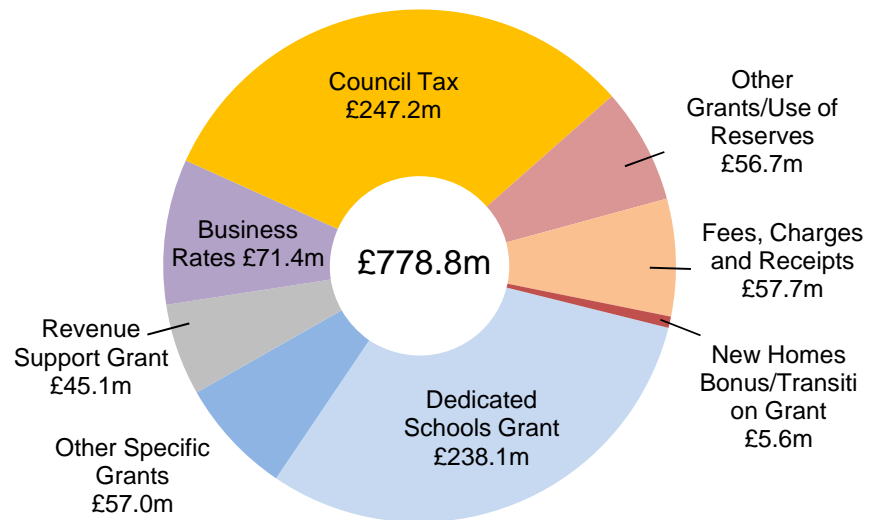
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Revenue Budget Summary 2016/17 - gross revenue budget

How we will spend your money (gross)



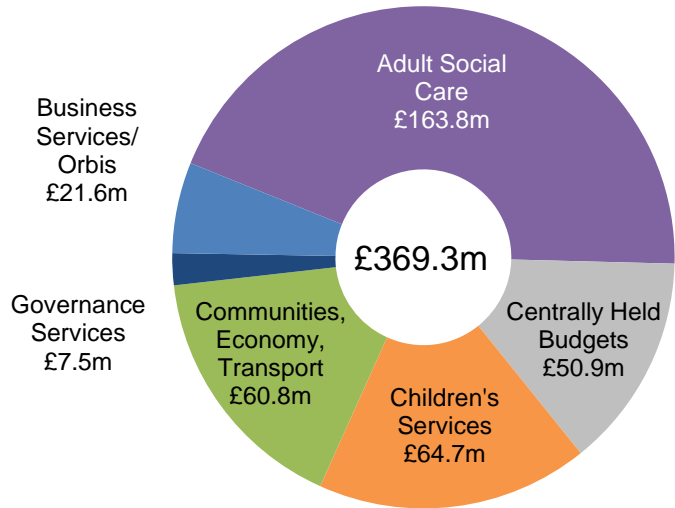
Where the money comes from (gross)



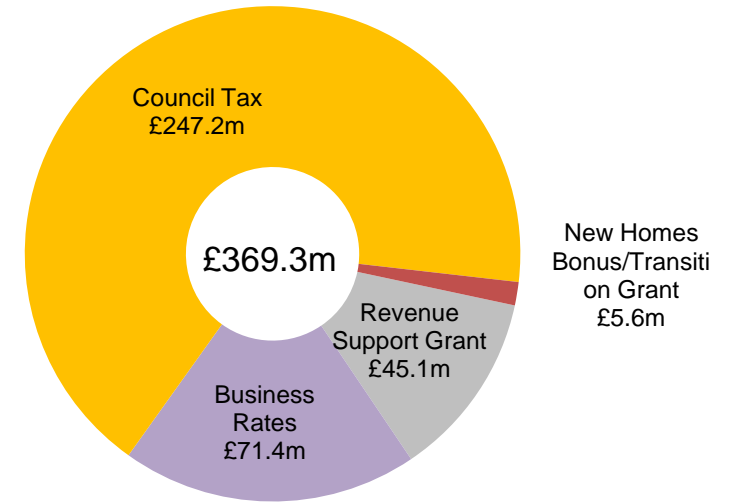
* Additional Public Health grant of £2.474m announced by DoH on 11.02.16

Revenue Budget Summary 2016/17 - net revenue budget

How we will spend your money (net)



Where the money comes from (net)



Revenue Budget Summary 2016/17 - subjective analysis

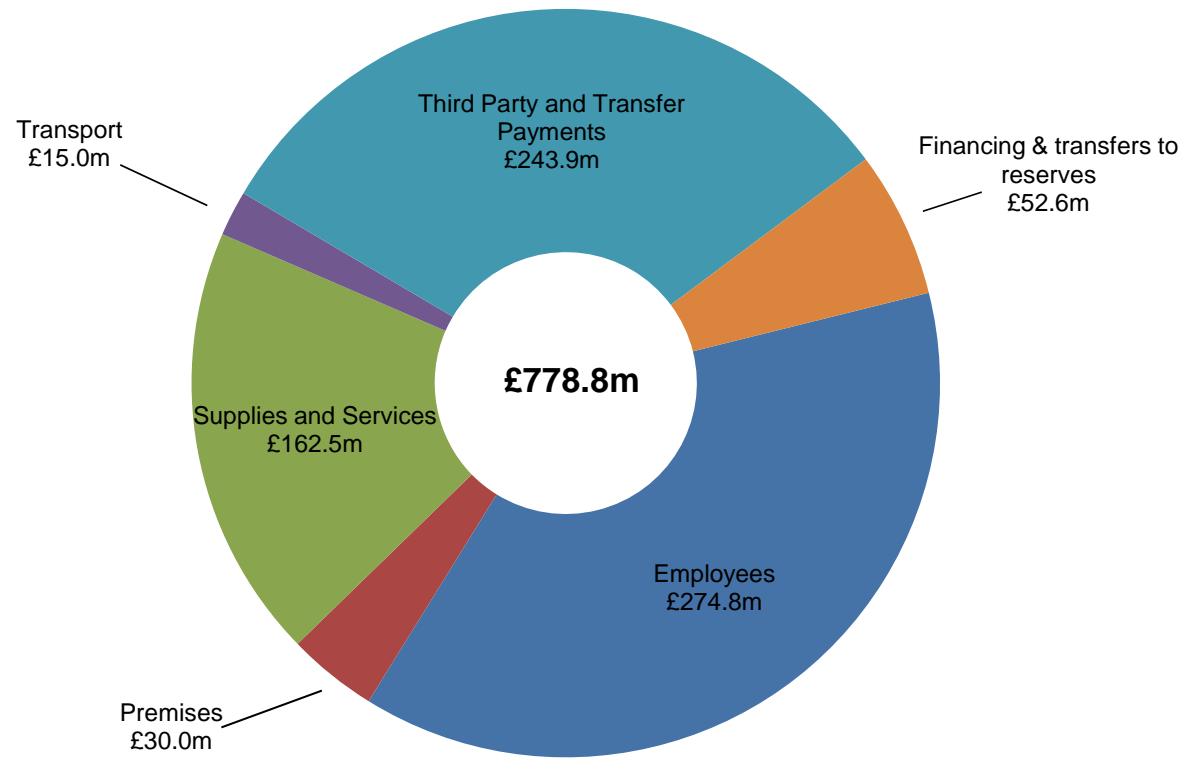
Department	Employees	Premises	Transport	Supplies & Services	Transfers & Third Party Payments	Financing & Transfers to Reserves	Total Expenditure	Government Grants	Other Grants & Contributions	Fees, Charges & Receipts	Planned use of Reserves	Total Income	Net Service Expenditure	Internal Recharges (exp & inc) *	Net Service Expenditure
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Adult Social Care	50,654	1,240	1,180	8,992	164,856	4	226,925	(13)	(30,290)	(33,629)	(225)	(64,157)	162,768	1,015	163,783
Public Health **	1,940	-	15	160	27,734	-	29,849	(28,697)	-	-	(1,495)	(30,192)	(343)	343	-
Business Services / Orbis	374	10,716	180	40,083	1,559	10	52,922	(1,759)	(1,479)	(8,750)	(1,924)	(13,912)	39,010	(17,376)	21,634
Children's Services	198,468	13,559	1,654	47,611	46,529	-	307,820	(262,174)	(3,434)	(5,162)	(2,246)	(273,016)	34,804	29,901	64,705
Communities Economy & Transport	17,338	4,134	11,943	66,141	3,231	1,606	104,393	(4,631)	(14,234)	(9,997)	(877)	(29,739)	74,654	(13,883)	60,771
Governance Services	5,057	343	73	2,621	318	-	8,412	(295)	(438)	(152)	(21)	(906)	7,506	-	7,506
Services	273,831	29,992	15,045	165,607	244,227	1,620	730,321	(297,569)	(49,875)	(57,690)	(6,788)	(411,922)	318,399	-	318,399
Centrally held budgets	-	-	-	-	-	50,971	50,971	(58)	-	-	-	(58)	50,913	-	50,913
Total	273,831	29,992	15,045	165,607	244,227	52,591	781,292	(297,627)	(49,875)	(57,690)	(6,788)	(411,980)	369,312	-	369,312

* The largest element of internal recharges is schools related.

** Additional Public Health grant of £2.474m announced by DoH on 11.02.16



GROSS BUDGET - SUBJECTIVE ANALYSIS



Revenue Budgets - Adult Social Care

2015/16 Rebased Net Budget	Employees	Premises	Transport	Supplies & Services	Transfers & Third Party Payments	Financing & Transfers to Reserves	Total Expenditure	Government Grants	Other Grants & Contributions	Fees, Charges & Receipts	Planned use of Reserves	Total Income	Internal Recharges (exp & inc)	Net Service Expenditure
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Physical Support, Sensory Support and Support for Memory & Cognition														
28,183 Residential & Nursing	3,956	330	115	482	56,542	-	61,425	-	(10,042)	(20,383)	-	(30,425)	41	31,041
1,151 Supported & Other Accommodation	-	-	-	-	1,526	-	1,526	-	(237)	-	-	(237)	-	1,289
13,969 Home Care	4,725	2	311	49	12,263	-	17,350	-	(2,772)	-	-	(2,772)	22	14,600
1,930 Day Care	306	160	36	25	1,086	-	1,613	-	(186)	(294)	-	(480)	261	1,394
12,867 Direct Payments	-	-	-	-	20,109	-	20,109	-	(2,558)	-	-	(2,558)	-	17,551
1,958 Other Services	1,616	17	61	1,356	1,585	-	4,635	(13)	(3,401)	-	-	(3,414)	20	1,241
(5,546) Fairer Charging *	-	-	-	-	-	-	-	-	-	(6,797)	-	(6,797)	-	(6,797)
584 Meals in the Community	-	20	-	940	-	-	960	-	-	(476)	-	(476)	-	484
55,096 Subtotal	10,603	529	523	2,852	93,111	-	107,618	(13)	(19,196)	(27,950)	-	(47,159)	344	60,803
Learning Disability Support														
32,400 Residential & Nursing	2,643	133	12	169	34,283	-	37,240	-	(762)	(3,069)	-	(3,831)	56	33,465
5,297 Supported & Other Accommodation	677	-	16	23	7,370	-	8,086	-	(233)	-	-	(233)	(238)	7,615
663 Home Care	-	-	-	-	706	-	706	-	(15)	-	-	(15)	-	691
3,872 Day Care	2,248	184	30	57	1,140	4	3,663	-	(141)	(184)	-	(325)	308	3,646
1,040 Direct Payments	-	-	-	-	3,513	-	3,513	-	(74)	-	-	(74)	-	3,439
2,251 Other Services	1,965	2	77	49	(1)	-	2,092	-	(139)	(124)	-	(263)	269	2,098
(941) Fairer Charging *	-	-	-	-	-	-	-	-	-	(972)	-	(972)	-	(972)
48,582 Subtotal	7,533	319	135	298	47,012	4	55,300	-	(1,364)	(4,349)	-	(5,713)	395	49,982
Mental Health Support														
3,364 Residential & Nursing	-	-	-	-	4,380	-	4,380	-	(229)	(584)	-	(813)	-	3,567
1,018 Supported & Other Accommodation	-	-	-	-	1,154	-	1,154	-	(60)	-	-	(60)	-	1,094
348 Home Care	-	-	-	-	383	-	383	-	(20)	-	-	(20)	-	363
437 Day Care	-	3	-	1	926	-	930	-	(1,122)	-	-	(1,122)	-	(192)
1,700 Direct Payments	-	-	-	-	1,513	-	1,513	-	(69)	-	-	(69)	-	1,444
174 Other Services	-	-	-	-	691	-	691	-	(602)	-	-	(602)	-	89
(401) Fairer Charging *	-	-	-	-	-	-	-	-	-	(315)	-	(315)	-	(315)
6,640 Subtotal	-	3	-	1	9,047	-	9,051	-	(2,102)	(899)	-	(3,001)	-	6,050

Revenue Budgets - Adult Social Care

2015/16 Rebased Net Budget	Employees	Premises	Transport	Supplies & Services	Transfers & Third Party Payments	Financing & Transfers to Reserves	Total Expenditure	Government Grants	Other Grants & Contributions	Fees, Charges & Receipts	Planned use of Reserves	Total Income	Internal Recharges (exp & inc)	Net Service Expenditure
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Substance Misuse Support														
254 Residential & Nursing	-	-	-	-	270	-	270	-	-	(8)	-	(8)	-	262
3 Supported & Other Accommodation	-	-	-	-	6	-	6	-	-	-	-	-	-	6
1 Home Care	-	-	-	-	1	-	1	-	-	-	-	-	-	1
207 Other Services	-	-	-	-	341	-	341	-	(133)	-	-	(133)	-	208
465 Subtotal	-	-	-	-	618	-	618	-	(133)	(8)	-	(141)	-	477
Other Adult Services														
2,283 Other Services	878	5	5	349	3,436	-	4,673	-	(2,332)	-	(12)	(2,344)	76	2,405
100 AIDS/HIV	-	-	-	-	100	-	100	-	-	-	-	-	-	100
2,383 Subtotal	878	5	5	349	3,536	-	4,773	-	(2,332)	-	(12)	(2,344)	76	2,505
2,381 Equipment & Assistive Technology	51	-	-	2,163	2,478	-	4,692	-	(2,087)	(150)	-	(2,237)	-	2,455
9,861 Supporting People	171	13	4	220	8,219	-	8,627	-	-	-	(213)	(213)	1	8,415
416 Safer Communities	462	-	3	278	20	-	763	-	(337)	-	-	(337)	4	430
23,967 Assessment & Care Management	24,633	38	452	364	610	-	26,097	-	(1,058)	(181)	-	(1,239)	113	24,971
7,919 Management & Support	6,323	333	58	2,466	206	-	9,386	-	(1,681)	(92)	-	(1,773)	82	7,695
157,710 Total	50,654	1,240	1,180	8,992	164,856	4	226,925	(13)	(30,290)	(33,629)	(225)	(64,157)	1,015	163,783

* Fairer Charging is income from clients for non residential/nursing services. This represents contributions towards packages of care that may include a combination of Supported Accommodation, Home Care, Day Care,

Main changes between years	£'000
Rebased Net Budget 2015/16	157,710
Growth & Demography	3,250
Inflation	6,281
Savings	(9,876)
Other Adjustments	218
2% CT Levy	4,657
Provisional pay award & NI allocation	1,543
Departmental Estimate 2016/17	163,783

Better Care Fund 2016/17	
East Sussex County Council is the host authority for the Better Care Fund section 75 pooled budget between East Sussex County Council and East Sussex Clinical Commissioning Groups.	
Contributions	£'000
Eastbourne, Hailsham and Seaford CCG	12,749
Hastings and Rother CCG	13,188
High Weald Lewes Havens CCG	10,614
East Sussex County Council	5,663
Total	42,214
Estimated Application	£'000
Clinical Commissioning Groups	7,907
Adult Social Care	18,392
District & Borough Councils	3,107
Service Reinvestment & Contingency	12,808
Total	42,214

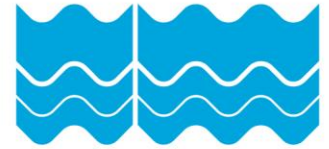
Capital programme - current programme and resources

Capital Programme	Total Budget	Total Previous Years Spend	2015/16	2016/17	2017/18	Remaining Budget Total
	£'000	£'000	£'000	£'000	£'000	£'000
Gross Expenditure	698,747	335,304	150,064	128,592	84,787	363,443
Scheme Specific Income	(141,885)	(41,196)	(33,695)	(30,572)	(36,422)	(100,689)
Net Expenditure	556,862	294,108	116,369	98,020	48,365	262,754
Adult Social Care	23,518	15,080	5,079	2,592	767	8,438
Business Services	67,270	29,411	13,740	13,410	10,709	37,859
Children's Services	115,430	47,324	32,732	27,448	7,926	68,106
Communities, Economy & Transport	492,372	243,482	98,363	85,142	65,385	248,890
Governance	157	7	150			150
Net Expenditure by Department	698,747	335,304	150,064	128,592	84,787	363,443
Current Funding Assumptions			2015/16	2016/17	2017/18	Total Resource
			£'000	£'000	£'000	£'000
Capital Reserves			29,418			29,418
Contributions from Revenue Reserves set aside			1,233	1,050		2,283
Section 106			2,395			2,395
Non Specific Grants			55,259	27,524	31,890	114,673
Capital Receipts (including VPN)			5,526	5,043	3,750	14,319
Revenue Contributions			14,979	6,000	6,000	26,979
New Homes Bonus				2,999		2,999
Departmental Contributions			232			232
Borrowing			7,327	55,404	6,725	69,456
			116,369	98,020	48,365	262,754

Capital programme - Adult Social Care

Adult Social Care	Total Budget	Total Previous Years Spend	2015/16	2016/17	2017/18	Remaining Budget Total
	£'000	£'000	£'000	£'000	£'000	£'000
Older People's Service Improvements	536	329	207			207
Ninfield Road, Bexhill - MH Supported Accommodation	410	205	205			205
Greenwood, Bexhill-on-Sea	463	412	51			51
Extension to Warwick House	7,339	7,120	219			219
Social Care Information Systems	4,000	1,766	2,234			2,234
LD Service Opportunities	4,907	1,035	1,030	2,342	500	3,872
LD Extra Care Project	350	150	200			200
Battle Road, Hailsham	1,000	500	500			500
Extra Care Housing - Bexhill-on-Sea	790	720	70			70
Refurbishment of Facilities to meet CQC Standards	374	310	64			64
House Adaptations	3,349	2,533	299	250	267	816
Gross Expenditure	23,518	15,080	5,079	2,592	767	8,438
Scheme Specific Income	(2,720)	(1,282)	(1,028)	(410)		(1,438)
Net Expenditure	20,798	13,798	4,051	2,182	767	7,000

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Adult Social Care And Safer Communities

Portfolio Plan 2016/17 – 2018/19

June 2016

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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 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 and the region as well as with the wider public sector to ensure we learn from others, secure best value for money and maximise impact for our residents.

Portfolio Policy

Policy Overview by Lead Member

1.1 2016/17 marks the start of the new three year financial plan during which Adult Social Care (ASC) will need to deliver savings of £40m. These savings are in addition to the £27.8m that were delivered in the previous Medium Term Financial Plan that covered the period from 2013/14-2015/16.

1.2 In April 2015 we implemented the changes set out in the Care Act 2014, including the national minimum eligibility threshold for support and new Safeguarding Adults arrangements. The Government's decision to delay the Care Act funding reforms until 2020 will remove anticipated increases in demand and additional cost pressures arising from implementation of the cap on care costs. However, the introduction of the National Living Wage in April 2016 will have an inflationary effect on the amount of money we pay to providers of social care services such as home care. Current estimates indicate a pressure of £6m in 2016/17 and this will rise to a recurring £22m in 2018/19.

1.3 Up to this point we have been able to achieve our required savings through a combination of back office savings, more efficient ways of working and reductions in individuals' packages of care. In 2014/15, reductions in the community care budget alone accounted for £13m. These savings have been made possible by finding alternative and more cost effective ways to meet peoples eligible care needs and reducing the need for ongoing care through the use of reablement services.

1.4 Over the next three years, the areas that will become the focus for savings will have to change as further cuts to the community care budget would severely impede ASC's ability to meet the national eligibility criteria requirement for access to services. We will have to focus on reducing investment in our preventative services that are least likely to result in an increase in core service provision later on; reducing the level of support which does not meet critical and substantial need requirements; finding efficiencies through the reconfiguration of directly provided services; and shifting investment from residential to community based support within the mental health setting.

1.5 The rapid rise in demand for health and social care is a story for many healthcare systems across the world. Populations are growing and people are living longer. There is an increase in chronic conditions, with more and more of us requiring long-term support. As patients, we also each expect to receive high quality and consistent care, resulting in the best possible outcomes for ourselves and for others. In East Sussex we are at the forefront of experiencing this pattern of demand and pressure on diminishing resources with a potential funding gap of £200 million by 2018 if the status quo is maintained.

1.6 Our local response to the challenges outlined above is East Sussex Better Together (ESBT). Launched in August 2014, ESBT is our bold and transformative approach to developing a fully integrated and sustainable health and social care economy in East Sussex.

1.7 ESBT is about making sure we use our combined £750million annual budget to achieve the best possible services for local people. The programme is led by two local NHS Clinical Commissioning Groups (CCG) and East Sussex County Council.

1.8 With shrinking budgets and decreasing resources, the East Sussex Safer Communities Partnership is unable to operate in the same way as it has in the past. We have recognised that we need to change our working practices to ensure we can tackle complex, cross cutting issues more effectively and co-ordinate services better.

1.9 We have agreed a new partnership meeting structure which will



minimise duplication and increase opportunities to engage more broadly with partners. We will also continue to build on our joint commissioning arrangements with Brighton and Hove, delivering outcome focussed services and support.



Councillor Bill Bentley

Lead Member for Adult Social Care and Community Safety

Delivering the Priority Outcomes

2.1 Both nationally and globally the health and social care systems are experiencing ongoing increases in demand. Populations are growing and people are living longer which brings with it an increase in chronic conditions and long-term support needs. This coupled with diminishing resources means that the shape of ASC in East Sussex will have to change dramatically over the next 12 months.

2.2 Last year we described how the introduction of the Care Act would be the main driver for change throughout ASC and we have implemented the 2015 elements of the Act including changes to Safeguarding and the national minimum eligibility threshold for support. The Government has now delayed the introduction of the funding reform aspects of the Act until 2020; therefore the cap on costs of care has been put on hold.

2.3 For the next two years the main driver for change will be ESBT. The delivery of this programme is overseen by the ESBT Board and part of the governance arrangements for the programme includes a specific ESBT scrutiny committee. The next year of our programme will focus on delivering a range of projects and service developments which have been planned and designed in the first phase of the programme.

2.4 The overarching goals of the ESBT programme are to:

- Improve access to services through the introduction of Health and Social Care Connect;
- Bring together health and social care staff to provide personalised packages of care that enable independent living whilst avoiding hospital admissions;
- Improve emergency care through the development of GP-led urgent care;
- Improve health and wellbeing to prevent illness and promote healthy living;
- Make better use of medicine to reduce the £45 million that is currently wasted each year in East Sussex;
- Provide better community services to reduce the need for people to travel to hospitals to receive services; and
- Tackle health inequality.

2.5 As we move our focus from planning to delivery, we are working with local NHS and social care providers to turn the vision of ESBT into reality. At this stage, High Weald Lewes Havens (HWLH) CCG has taken the decision to withdraw from the ESBT programme. This is because some 85% of residents in this area travel outside of East Sussex to receive acute hospital care (for example to Brighton and Tunbridge Wells). HWLH CCG has decided, therefore, to focus resources on joint working with those CCGs whose patients use the same acute hospital services.

2.6 As part of ESBT we – Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG and East Sussex County Council and all our wider partners – will continue to focus on building our services around our resident population and hence our communities, on investing in primary and community care, preventing illness and early diagnosis and treatment. When it is clinically better for our resident population to be referred to hospital or other specialist services, we will work to ensure we commission from excellent hospital providers, whoever and wherever they are. This means we will of course work with existing and new partners as necessary to influence planning around services that are provided outside of East Sussex.

2.7 We are also developing proposals to take forward a whole system accountable care model by April 2017. An accountable care model would involve CCG's and NHS providers integrating in a different way with the Council to offer a genuine solution to the longstanding issues faced by local health and social care economies, namely integration and financial and clinical

sustainability. The integration of health and social care is the only way that we can make social care provision affordable and sustainable in the future.

Keeping vulnerable people safe

2.8 The ASC department and Safer Communities partnership play significant roles in ensuring vulnerable people are kept safe. With regards to safeguarding adults, the local authority plays a lead role in coordinating the safeguarding process. We, along with other members of the East Sussex Safeguarding Adults Board will work together to develop a culture that does not tolerate abuse, neglect or exploitation. We will seek to raise awareness about safeguarding adults and wherever possible will act to prevent abuse, neglect or exploitation from occurring in the first place.

2.9 During 2015/16 a number of Home Office and legislative changes have been put forward or implemented that are likely to impact on the field of community safety. These include:

- The Psychoactive Substances Bill which came into force in May 2016, is in response to the Government's manifesto commitment to deal with these types of substances;
- The Counter-Extremism Bill, which is due to be published later this year, is aimed at "suppressing extremist activity";
- The proposed Welfare Reform and Work Bill 2015, which received Royal assent in March 2016, could further impact on vulnerable people; and
- The Home Office's Investigatory Powers Bill will allow the police and security services to continue to access the communications data that Government believes they need to be able to investigate offences and bring prosecutions. MPs voted in favour of the third reading in June 2016 so the bill will now proceed to the House of Lords.

2.10 The East Sussex Safer Communities Partnership will work on producing a Business Plan for 2016/17 that will set out how partners will work together to deliver our community safety priorities for the coming year. Ultimately, the aim of the plan is to make East Sussex an even safer place to live, work and visit.

Helping people help themselves

2.11 Helping people to help themselves has always been a key driver for ASC and this becomes more important as the resources available to us diminish. By enabling people to find the support they need themselves and then manage it, we are enabling them to maintain their independence which is a key factor in maintaining long term wellbeing.

2.12 Enabling people to manage their own support is a key part of the ESBT programme and considerable focus will be placed on developing a greater degree of autonomy in the way adults can find and then maintain the care that they need.

2.13 We will develop new mechanisms to enable people to self-care. By this we mean supporting the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs, prevent illness or accidents and maintain their health and wellbeing as part of their daily lives.

2.14 We will also promote self-management to ensure that people with physical long term conditions have access to a range of self-management support and services that will enable them to learn the necessary skills to develop stronger partnerships with their carers, general practitioners and health professionals.

2.15 Telecare is another area that we will be looking to promote in the future. Telecare provides a range of personal and environmental sensors in the home that can alert a 24/7 call monitoring centre to enable people to remain safe and independent in their own homes and reduce the risk of hospital admissions. As at 15 April 2016 5,807 clients were using telecare and we expect this to increase in the future.

Making best use of resources

2.16 To ensure we are making the best use of the resources available to us, we are making fundamental changes to the way in which we commission and provide social care support. We, in partnership with our health colleagues, are developing integrated health and social care teams. These teams will focus on their local area and have the ability to commission some services locally. Integrating staff from across health and social care in the localities will improve communication between professionals and referrers, and reduce the levels of duplication that currently occurs. These teams will also enable us to use our assets and resources more efficiently.

2.17 The commissioning reform project that forms part of ESBT will also help us to realise greater efficiencies. By reforming the way in which we commission services and taking a more collaborative approach, we will become more efficient and will be in a better position to commission services that provide better outcomes for local residents.

Adult Social Care

Community based support

3.1 As identified above, the greatest driver for change within ASC is ESBT. The structure of ASC will change considerably over the next three years, not just in terms of back office staff but also operational staff. One of the main objectives of ESBT is to create Integrated Adult Locality Teams that will provide personalised packages of care, supporting people to live independently and avoid being admitted to hospital wherever possible. There will always be circumstances where hospital care is needed and in these cases, the team will ensure people are discharged with appropriate packages of care that will support their recovery.

3.2 The shift to locality based care will help us to realise economies of scale by purchasing and commissioning jointly with our health colleagues. They will also help to ensure that the population of each locality has access to appropriate levels of resources for that area whilst being delivered in a flexible way that meets local people's needs and priorities.

3.3 As a result of these changes, the public will see a focus on providing proactive and preventative care, reduced duplication in terms of repeating the same story to multiple professionals and a more streamlined response to people's needs with the aim of maintaining each individual's independence.

3.4 With the level of funding cuts that we have planned for the next three years, we will inevitably have to reduce the size of our workforce in order to minimise the impact on service provision. We also plan to reform our commissioning services which will bring about savings of £3m over the next three years. In the future commissioning structures will need to be organised in a way that will promote successful outcomes for citizens, maximise efficiencies and deliver the required savings.

3.5 By commissioning collaboratively with the CCG's wherever possible, we will continue to deliver quality services against a backdrop of reducing resources whilst removing the current duplication of commissioning functions. Commissioning in this way will also help us to focus resources to where they are most needed, have the biggest impact and meet the needs of the community in the most effective way.

3.6 Supporting people with social care needs and their carers to live as independently as they can in the community remains a priority. The way in which we do this is changing due to the financial climate.

3.7 Building community resilience has been identified as a key work-stream to support the ESBT programme. Community resilience is generated by community members coming together to identify and use community resources and strengths, e.g. voluntary groups, local businesses, parks, buildings etc. to help influence change in their community, e.g. to remedy the impact of a health or social care problem, gain more control over their wellbeing and manage their health and care support needs.

3.8 Through this work and the development of the integrated locality teams of health and social care staff, we will be better able to link communities and support, for example, The Good Neighbour Scheme links up people who need lower level support with volunteers from their local community who are able to help. These schemes are particularly useful for older or disabled people by providing practical help and reducing social isolation; and they can significantly contribute to people's wellbeing. The types of support that this scheme can provide are befriending, collecting shopping, pensions or prescriptions; small household jobs; helping with pets; letter writing and helping people to fill out forms. We currently have 19 schemes that are taking referrals across East Sussex.

3.9 “Start Well, Live Well, Age Well” is another workstream within ESBT and is aimed at making real and meaningful changes to the ways people are helped to take control of their own health and social care needs, both now and in the future. We will do this through promoting self-care and primary prevention, and through the use of assistive technology.

3.10 Helping people to assess their own needs and find support is part of this workstream and a web portal to help people work out their own needs is being developed as part of the Council’s social care information system transformation programme. This will be the first step to a web-based pathway for social care and will take in such areas as understanding needs, finding services and groups, asking for a social care assessment and interacting with social care through an online account. It will also link to the Council directory called *1Space* to find services and groups that can help. The portal is planned to go live in 2016 with further development phases thereafter.

3.11 Whilst helping people to take control of their own health and social care needs is a key aspect of ESBT, it is acknowledged that times of crisis and the need for urgent care will inevitably occur. Feedback from local people has shown that, although urgent care services often provide excellent levels of care, they aren’t as joined up as they could be and there is a degree of confusion about who to contact or where to go for help.

3.12 Because of this, we are looking at improving the access routes for urgent care by developing GP-led urgent care which will help people to access appropriate treatment at the right time. We are also looking to re-procure the NHS 111 service and anticipate this being in place by April 2018. NHS 111 provides call handling, clinical assessment and referral to an appropriate service with the aims of making it easier for the public to access urgent health care.

3.13 Alongside these developments, funding has been secured to continue the East Sussex Welfare Reform Project, which began in April 2013 in response to the Welfare Reform Act 2012. The funding was secured via the Better Care Fund and Hastings and Rother Inequalities Action Plan and will enable the contract to continue until March 2019. The purpose of the project going forward is to ensure that all those affected by Welfare Reform, including sick and disabled people, are supported to understand those changes, the interface between low income and benefits, Long Term Conditions and benefits and remain as healthy as possible.

3.14 The project was co-produced in partnership with the East Sussex Advice Partnership (ESAP) including Sussex Community Development Association (SCDA), Citizens Advice Bureaux (CAB), Brighton Housing Trust (BHT) and Hastings and Rother Advice and Community Hub (HARC). BHT and HARC are accredited as specialist providers of benefits advice and are the only ones in East Sussex. The model has now been tested over the last two and a half years and has been highly successful in mitigating poverty across the county. Since its inception the combined annualised income gains from the project for the residents of East Sussex is in the region of £9.5m with the obvious benefit to the local economy.

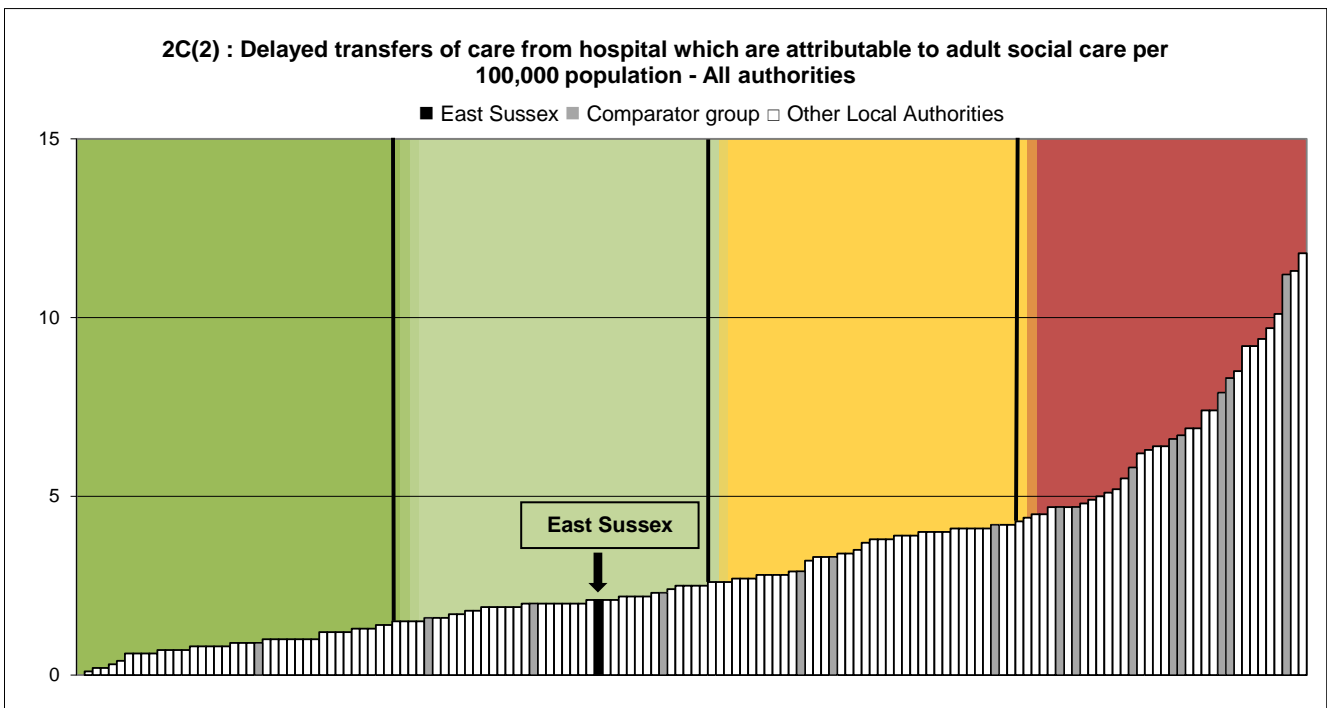
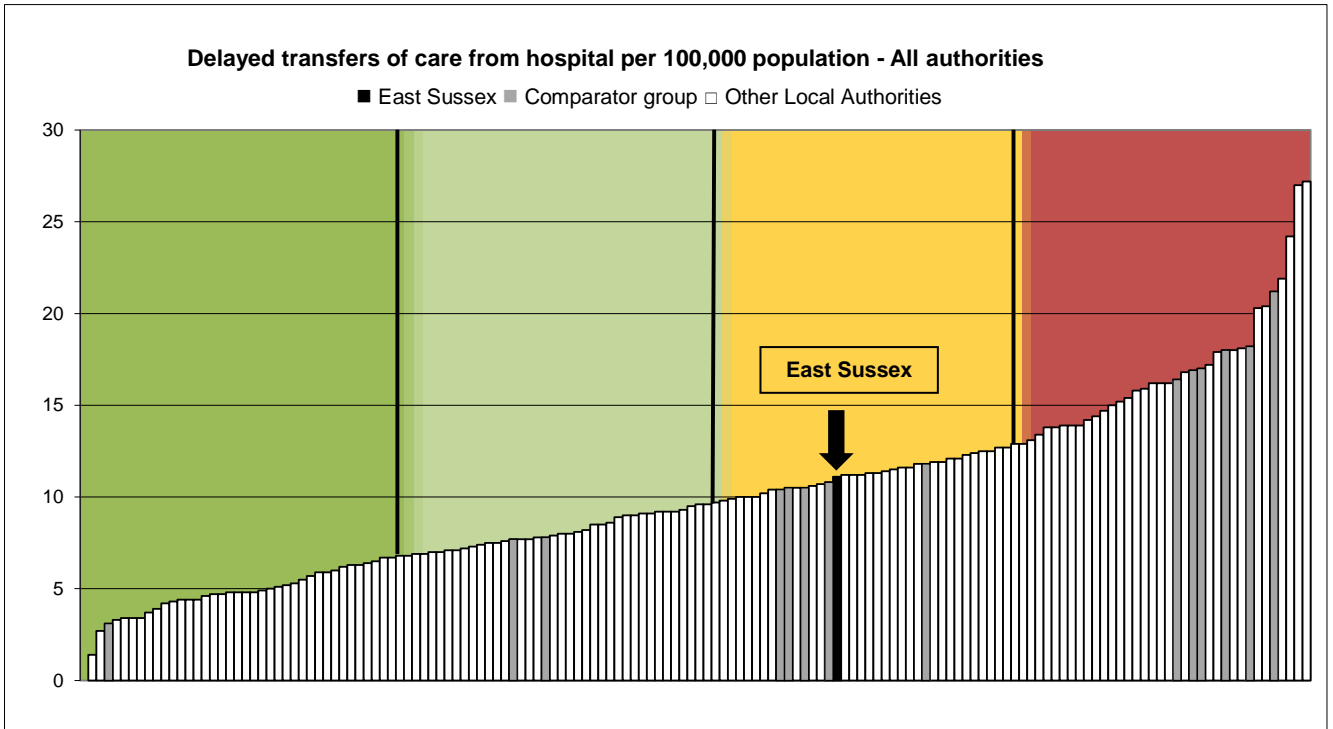
3.15 ASC continues to commission community based support for carers. Supporting carers to continue their caring role remains a priority. Ambitions, a service for carers in East Sussex provides support to unpaid carers who have vocational aspirations based around gaining employment, training and education or volunteering. By the end of December 2015, Ambitions has worked with over 80 carers to support their employment and training needs.

3.16 We have expanded the Carers Breaks service to support all care needs, not just dementia. This service provides short term interventions to adults with long-term conditions to enable them to access activities that meet their care and support needs whilst their carers take a break.

3.17 The Memory Assessment Service provides a single point for routine referral for anyone who is suspected to have dementia. Between April 2015 and March 2016 1,707 people were referred to the service, a decrease of 14% compared to the previous year. This decrease is the result of a reduction in the number of people being referred in the later stages of dementia as

they have already been diagnosed, and the services moving towards a model of providing fewer, better quality referrals to improve diagnosis.

3.18 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. In 2014/15, East Sussex had the 59th highest number of delays per 100,000 people (out of 152 authorities). The number of people whose delays were attributable to ASC, per 100,000 people aged 18 and over was much lower and nationally we were ranked 64th lowest.



Revenue Budget £000			
Revenue Breakdown	2014/15 Budget	2015/16 Budget	2016/17 Budget
Gross Budget (A) *	65,360	71,690	75,445
Government Grants (B)	(1,185)	(2,382)	(13)
Fees & Charges (C)	(7,745)	(7,038)	(8,233)
Other Income (D)	(8,109)	(10,147)	(11,193)
Net Budget (A-B-C-D)	48,321	52,123	56,006

* includes an allocation of net ASC management & support budget

Residential and Nursing Care

3.19 Residential and nursing care is an area where, historically we have tried to reduce dependency. Whilst it is acknowledged that admissions to residential or nursing care can be of benefit to certain groups of people, placements in these types of services inevitably create a long term dependency on social care support.

3.20 In 2014/15 we made considerable progress in reducing the number of admissions for both working age adults and older people. The proportion of working age adults admitted permanently to residential and nursing care was 14 per 100,000 compared to 24 the previous year. This places us in the lower middle quartile nationally and 10th of 16 in our comparator group.

3.21 Similarly the proportion of older people admitted on a permanent basis has also reduced from 613 to 561 per 100,000. Nationally this places us in the upper middle quartile and fourth in our comparator group.

3.22 In 2015/16 we managed to further reduce the number of admissions to permanent residential/ nursing care from 14 in 2014/15 to 13 per 100,000 for working age adults. For older people, the proportion dropped from 561 to 553 per 100,000.

3.23 Under the Care Act 2014, Local authorities are responsible for achieving a responsive, diverse and sustainable market of service providers that can provide high-quality, personalised care and support that best meets the needs of people, regardless of who pays for care. The Act also imposes clear legal responsibilities on local authorities where a care provider fails. Local authorities have a temporary duty to ensure that the needs of people continue to be met if their care provider becomes unable to carry on providing care because of business failure, no matter what type of care they are receiving.

3.24 Sustainability of the care home market is an ongoing concern in East Sussex and at the time of writing 13-14% of care homes in the South (Surrey, Kent and East Sussex) are rated as inadequate or with warning notices from the Care Quality Commission. When care home placements are suspended as a result of warning notices, the numbers of beds available reduces. This increases pressure across the whole health and social care system and impacts on our ability to facilitate timely discharge from hospital. There is particular concern around nursing and dementia care beds, where demand continues to increase.

3.25 In response to this, ASC has established a cross-functional, virtual team to respond immediately to the growing number of suspensions and provider failures in the care home market. To ease the pressure on dementia and nursing beds, existing staff with appropriate skills work together to diagnose the problems and directly support appropriate providers. The team will work in partnership with the Registered Care Home Association and the approach supports existing business continuity arrangements. At the time of writing, the team is being established and outcomes from their activity will be reported directly to the Departmental

Management Team. Over time, the aim is to work in a pro-active way with establishments, to avoid suspension and warning notices before they occur.

Revenue Budget £000			
Revenue Breakdown	2014/15 Budget	2015/16 Budget	2016/17 Budget
Gross Budget (A) *	94,780	94,677	98,365
Government Grants (B)	(13)	0	0
Fees & Charges (C)	(21,810)	(23,514)	(23,514)
Other Income (D)	(9,700)	(12,679)	(12,674)
Net Budget (A-B-C-D)	63,257	58,484	62,177

* includes an allocation of net ASC management & support budget

Directly Provided Services

3.26 One of the ways in which we are reducing 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.

3.27 The Joint Community Rehabilitation Service provides rehabilitation and reablement support in partnership with the local NHS trust by providing short term support to people in their own homes. In 2014/15, 76.6% of people discharged from the service needed no on-going care. From 2015/16, the target is less than this at 65%, which we aim to maintain, however this reflects the intentions of the service to focus on clients with more complex needs.

3.28 We will continue to develop and expand the Joint Community Rehabilitation Service (JCR) over the coming year, focussing on parts of the county where it is currently difficult to source home care from the independent sector. The development of this in-house provision is necessary to support the prevention of unnecessary admissions to hospital, short or long term admissions to residential/nursing homes and to facilitate timely discharges. This service will fit in well with ESBT crisis response services aimed at preventing acute hospital admissions per year across all CCG areas.

3.29 The service will undertake tasks and support to maximise clients' independence and choice with activities of daily living, whilst providing a "transitional" phase until longer term options have been assessed and explored.

3.30 As part of the Reconciling Policy, Performance and Resources process, ASC learning disability services have taken forward a proposal to levy a charge for community support services. Under the "Charging for Care and Support Policy", which outlines government legislation and guidance about how care charges should be determined, the service should be chargeable, so the change was regarded fair and equitable under the charging policy.

3.31 A full consultation was duly undertaken and an Equality Impact Assessment (EqIA) completed to identify what effect, or likely effect, the proposal to charge for the service may have on different groups accessing the service. Lead Member approval for charges for the learning disability community support service will be introduced from 1 July 2016. Financial assessments and/or or reviews of existing assessments, for all clients in receipt of community support services have been undertaken between April and June 2016.

3.32 In 2014 we established plans to refurbish a number of learning disability services, one of which was Sandbanks in Hailsham. Following an initial feasibility study the costs of this refurbishment increased significantly so alternative options were considered. The preferred option is to reinstate and refurbish part of the Grangemead site which is located within close proximity to Sandbanks. We will only reinstate 60% of the Grangemead site as the building is larger than the requirements of the service.

3.33 Original estimates indicated that to refurbish 60% of Grangemead would cost £1.18m; £855,500 of which would come from the ASC Learning Disability Services Opportunities capital programme budget. This is £260,000 less than the costs of refurbishing Sandbanks.

3.34 Once refurbished, in addition to respite services, Grangemead will become the first point of call for emergency placements in the county. We will also co-locate the Community Support Services within the centre.

3.35 As part of our learning disability services three year development strategy, we are also revising our delivery model for the provision of residential services. In the Crowborough area there are currently three residential services; The Gables and Beacongate which are located in Crowborough, and Greenacres which is located in South Chailey. These services offer 5-7 places each however they are in need of modernisation and have comparatively high running costs given their size. In addition, to these sites, learning disability day services are provided from Southview Close which sits next to Crowborough hospital.

3.36 We are proposing to reinstate Hookstead, a Council owned site which is currently partly occupied by the East Sussex Registration services. This location could provide both day service facilities and newly refurbished accommodation to those who live in the registered care homes mentioned previously.

3.37 A full statutory consultation will be undertaken with residential service clients, their families and advocates and day service clients will also be consulted about the proposed plans. It is anticipated that the results of these consultations will be available in summer 2016.

Revenue Budget £000			
Revenue Breakdown	2014/15 Budget	2015/16 Budget	2016/17 Budget
Gross Budget (A) *	27,051	26,943	24,579
Government Grants (B)	(187)	0	0
Fees & Charges (C)	(1,609)	(1,520)	(1,609)
Other Income (D)	(2,447)	(3,685)	(3,566)
Net Budget (A-B-C-D)	22,808	21,738	19,404

* includes an allocation of net ASC management & support budget

Assessment and Care Management

3.38 Health and Social Care Connect (HSCC) is the streamlined point of access for health and care professionals and the public to access adult community health and social care services across the NHS, local authority and voluntary and independent sectors. This East Sussex wide service was developed as part of ESBT and provides a centralised, dedicated point for handling enquiries, referrals and coordinating responses and assessments for adults who appear to be in need of community health and social care services.

3.39 The team includes Senior Practitioners and Clinical Nurse Advisors (qualified social workers, occupational therapists and district nurses) working alongside access and assessment officers and coordinators trained to deal with any adult health and/or social care enquiry.

3.40 The key functions are:

- Information, advice and signposting;
- Initial information gathering and assessing appearance of care and support needs;
- Triaging to determine urgency;
- Applying service criteria for health services;
- Potential application of social care eligibility criteria;
- Processing referrals on to appropriate community health or social care services;
- Coordinating simple services, urgent packages of care and urgent respite;
- Transferring enquiry/contact to other relevant teams; and
- Adhering to agreed Safeguarding Adults at Risk pathway and processes.

3.41 Since the introduction of the Care Act 2014, the Safeguarding agenda has seen a number of major changes. In terms of oversight, the Safeguarding Adults Board has now become a statutory requirement and an independent chair has been appointed. The authority now has a duty to ensure that people who have difficulty communicating and have nobody else to speak on their behalf, are supported by an advocate.

3.42 In 2015/16, 387 adults were deemed to lack the capacity to make decisions about their protection and participate in the safeguarding investigation. Of these, a total of 357 (92%) were supported by some form of formal or informal advocate. This far exceeds the 2014/15 national average (most recent data available) of 61%.

3.43 Another change is the increased emphasis on involving the adult who is the subject of the safeguarding enquiry and ensuring that their desired outcomes are taken into account. In 2015/16, 174 reviews of safeguarding plans were undertaken. 335 desired outcomes were identified in these plans and resulted in 479 subsequent actions to try and meet those desired outcomes. In total, 473 (99%) of these actions either met or partially met the individuals desired outcomes.

3.44 Moving forward, the main priorities will be to raise awareness of what safeguarding is, further embed an outcomes focussed safeguarding process and ensure objectives and priorities across Sussex to ensure a consistent and cohesive approach both strategically and regionally.

Revenue Budget £000			
Revenue Breakdown	2014/15 Budget	2015/16 Budget	2016/17 Budget
Gross Budget (A) *	24,784	27,351	27,005
Government Grants (B)	(47)	(1,166)	0
Fees & Charges (C)	(96)	(181)	(181)
Other Income (D)	(608)	(1,055)	(1,058)
Net Budget (A-B-C-D)	24,033	24,949	25,766

* includes an allocation of net ASC management & support budget

Performance data and targets

Performance Measures CP = Council Plan	2014/15 Outturn	2015/16 Target	2015/16 Outturn*	2016/17 Target	2017/18 Target	2018/19 Target
National outcome measure: Proportion of people whose transfer of care from all hospitals is delayed, per 100,000 population	10.1	10.0	12.8	12.5	12.5	12.5
National outcome measure: Proportion of people whose transfer of care from all hospitals is delayed due to Adult Social Care, per 100,000 population	1.34	1.34	3.34	2.30	2.30	2.30
Increase the proportion of service users discharged from the Joint Community Rehabilitation Service that do not require on-going care	76.6%	65%	77%	65%	65%	65%
Establish a schedule of reviews for services registered on 1Space CP	New measure	New measure	N/A	Establish the schedule of reviews	Establish a baseline for completed reviews	To be set once 17/18 result is available
Review and re-design the 1Space website CP	New measure	New measure	N/A	Establish customer insight programme to inform future development	Re-design the 1Space website	No targets set beyond 2017/18
Increase the number of providers registered with Support With Confidence CP	141 providers	10% increase on 14/15 outturn	146 providers	10% increase on 15/16 outturn	10% increase on 16/17 outturn	10% increase on 17/18 outturn
Maintain the number of people supported through Prospectus funded services	19,336	15,397 on average per quarter	18,851 on average per quarter	15,397 on average per quarter	No targets set beyond 2016/17	No targets set beyond 2016/17
Maintain the provision of floating housing support to vulnerable adults to avoid homelessness	5,848	5,523	6,518	3,700	3,700	3,700
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	84.3%	84%	86.9%	87%	87%	87%
National outcome measure: The proportion of carers who say they have no worries about personal safety (Carers Survey) CP	86.1%	No survey undertaken	N/A	85-90%	No survey undertaken	85-90%
All Adult Social Care staff to complete the new national safeguarding adults competency framework CP	New measure	New measure	N/A	i) 100% of existing staff by December 2016 ii) 100% of new staff within 6 months of commencing role	ii) 100% of new staff within 6 months of commencing role	ii) 100% of new staff within 6 months of commencing role
The proportion of Adult Social Care Case File Audits that are graded as excellent or good CP	New measure	New measure	90% (Sep 15 to Mar 16)	>90%	>90%	>90%
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	100%	100%	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	42%	45%	35.6%	42%	42%	42%
The proportion of people who received short-term services during the year, where no further request was made for ongoing support CP	88.8%	88%	90.5%	>88%	>88%	>88%
Increase the proportion of clients who find it easy to find information about services (Adult Social Care Survey)	72.5%	72%	76.2%	76.3%	76.3%	76.3%
National outcome measure: Carer reported quality of life (Carers Survey)	7.9	No survey undertaken	N/A	8.1	No survey undertaken	8.1

Performance Measures CP = Council Plan	2014/15 Outturn	2015/16 Target	2015/16 Outturn*	2016/17 Target	2017/18 Target	2018/19 Target
National outcome measure: Overall satisfaction of carers with social services (Carers Survey)	40.7%	No survey undertaken	N/A	45.3% say they are either very or extremely satisfied	No survey undertaken	45.3% say they are either very or extremely satisfied
National outcome measure: The proportion of carers who report they have been included or consulted in discussions about the person they care for (Carers Survey)	71.0%	No survey undertaken	N/A	73.3%	No survey undertaken	73.3%
Number of carers known to Adult Social Care (those assessed, reviewed and/or receiving a service during the year) CP	6,936	Re-establish baseline in light of Care Act	7,626	>7,626	>7,626	>7,626
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)	47.9%	47%	42.6%	45%	45%	45%
National outcome measure: Self-reported experience of social care users quality of life (Adult Social Care Survey)	19.4	19.4	19.5	19.5	19.5	19.5
National outcome measure: The proportion of people who use services who have control over their daily life (Adult Social Care Survey)	79.4%	79%	79.6%	79.6%	79.6%	79.6%
National outcome measure: Overall satisfaction of people who use services with their care and support (Adult Social Care Survey)	65.8%	65%	66.7%	66.8%	66.8%	66.8%
Improve the experience for people with mental health conditions arising from NHS mental healthcare: satisfaction rates	80% satisfied or very satisfied	89% of respondents	80.3%	80% of respondents 'positive'	80% of respondents 'positive'	80% of respondents 'positive'
Improve the experience for people with mental health conditions arising from NHS mental healthcare: proportion likely to recommend	50% extremely likely to recommend	56.1% 'extremely likely' to recommend	52.2%	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend
Improve the outcomes for people with mental health conditions arising from NHS mental healthcare: number of people entering treatment	New measure	7,500	>7,500	7,500	7,500	7,500
Improve the outcomes for people with mental health conditions arising from NHS mental healthcare: percentage of people completing treatment	New measure	50%	48%	50%	50%	50%
Improve the outcomes for people with mental health conditions arising from NHS mental healthcare: waiting times	New measure	75% within 6 weeks & 95% within 18 weeks	60% within 6 weeks & 97% within 18 weeks	75% within 6 weeks & 95% within 18 weeks	75% within 6 weeks & 95% within 18 weeks	75% within 6 weeks & 95% within 18 weeks
East Sussex Better Together: Design and implement an Integrated Strategic Commissioning Framework (Including Co-Commissioning) CP	New measure	i) Commissioning structure implemented in shadow form by June 2015 ii) Integrated commissioning framework developed by September 2015	Target met Target met	Reformed ESCC commissioning framework, functions and structure to be implemented by July 2016	No targets set beyond 2016/17	No targets set beyond 2016/17
Number of patients discharged directly to residential care CP	New measure	New measure	N/A	Establish baseline	To be set once 16/17 result is available	To be set once 16/17 result is available
% of referrals starting intervention within required timescales as per their priority level following discharge CP	New measure	New measure	N/A	Establish baseline	To be set once 16/17 result is available	To be set once 16/17 result is available

Performance Measures CP = Council Plan	2014/15 Outturn	2015/16 Target	2015/16 Outturn*	2016/17 Target	2017/18 Target	2018/19 Target
Health and Social Care Connect - %of referrals triaged and progressed to required services within required timescales CP	New measure	New measure	N/A	95%	95%	95%
Health and Social Care Connect - % of contacts resolved at initial contact CP	New measure	New measure	N/A	Level 1 - >70% Level 2 - <2%	Level 1 - >70% Level 2 - <2%	Level 1 - >70% Level 2 - <2%
Commission new service capacity to achieve diagnostic rate of 67% of the estimated local prevalence of dementia by 2016/17	51.2%	60%	59.8%	67%	67%	67%
Number of people receiving support through 'STEPS to stay independent' CP	2,297	1,700	2,813	3,500	3,500	3,500
National outcome measure: Achieve independence for older people through rehabilitation/ intermediate care	90.8%	90%	90.7%	>90%	>90%	>90%
The number of people referred to the Memory Assessment Service CP	1,995	1,610	1,717	1,690	1,690	1,690
Reduce the number of older people admitted to hospital due to falls per 100,000 population	1% increase on 2013/14 baseline	2% reduction on 2013/14 baseline	A	3% reduction on 2013/14 baseline	To be set once 16/17 result is available	To be set once 16/17 result is available
Number of adults with learning disabilities who live in their own home or with their family	New measure	New measure	869	871	876	891
The proportion of young people aged 16-25 in receipt of self-directed support	80%	80%	100%	80%	80%	80%
Engage with young people in transition and their families/ parents and carers	i) 91% received an allocated named worker ii) 100% received assessment and indicative budget	i) All young people in transition will be allocated a named worker from their 17th birthday ii) All young people in transition will receive a full assessment and indicative budget within 18 months of their 17th birthday	i) 91% ii) 100%	i) All young people in transition will be allocated a named worker from their 17th birthday ii) All young people in transition will receive a full assessment and indicative budget within 18 months of their 17th birthday	i) All young people in transition will be allocated a named worker from their 17th birthday ii) All young people in transition will receive a full assessment and indicative budget within 18 months of their 17th birthday	i) All young people in transition will be allocated a named worker from their 17th birthday ii) All young people in transition will receive a full assessment and indicative budget within 18 months of their 17th birthday

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

Revenue Budget £000			
Revenue Breakdown	2014/15 Budget	2015/16 Budget	2016/17 Budget
Gross Budget (A)	211,975	220,661	225,394
Government Grants (B)	(1,432)	(3,548)	(13)
Fees and Charges (C)	(31,260)	(32,253)	(33,537)
Other Income (D)	(20,864)	(27,566)	(28,491)
Net Budget (A-B-C-D)	158,419	157,294	163,353

Capital Programme £000						
Project	Description		Total for Scheme	Previous Years	2016/17 Budget	2017/18 Budget
Older People's Service Improvements (formerly Opportunities)	Development of service improvements	Gross & Net*	536	400	136	0
Greenwood, Bexhill-on-Sea	10 supported accommodation flats for people with learning disabilities	Gross & Net*	463	424	39	0
Extension to Warwick House	An existing library has been 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. The development opened to the public in August 2014.	Gross & Net*	7,331	7,212	119	0
Social Care Information System	Jointly with Children's Services, a replacement for the current care management system	Gross & Net*	4,258	4,127	131	0
LD Service Opportunities	Funding to support the review and development of LD accommodation and day services	Gross	5,107	1,413	3,194	500
		Net	3,207	565	2,142	500
Refurbishment of Facilities to meet Care Quality Commission Standards	Programme to ensure ASC properties meet regulatory standards	Gross & Net*	374	347	27	0
House Adaptations	Continuing programme to fund over and above disabled facilities grant to adapt properties to enable people to stay in their own homes	Gross & Net*	3,332	2,579	486	267

*Fully funded by ESCC

Net Revenue Budget Summary

Revenue	2014/15 Budget	2015/16 Budget	2016/17 Budget
	£000	£000	£000
Community Based Services	48,321	52,123	56,006
Residential & Nursing	63,257	58,484	62,177
Directly Provided Services	22,808	21,738	19,404
Assessment & Care Management	24,033	24,949	25,766
TOTAL	158,419	157,294	163,353

Safer Communities

Safer Communities

4.1 Following production of the Strategic Assessment of Community Safety 2015, partners met to select the county wide work streams for inclusion in the Partnership Business Plan in September 2015. Partners have selected the following work streams for inclusion in their Business Plan:

- Domestic Violence and Abuse, and Stalking;
- Prevent and Hate Crime;
- Serious Organised Crime:
 - Vulnerable young people being exploited and victimised in connection with substance abuse and drug trafficking offences
 - Serious Organised Crime: The elderly and vulnerable victims of fraud and rogue trading associated with serious and organised crime
 - Businesses as victims of fraud and cybercrime
- Street Communities;
- Rape and Sexual Violence, and Abuse;
- Road Safety; and
- Anti-Social Behaviour.

4.2 In addition to the work streams of Prevent and Hate Crime, Serious Organised Crime and Street Communities we will also be working with partners on specific work packages to tackle the issues raised in the Strategic Assessment relating to:

- Substance Misuse;
- Offending; and
- Developing relationships with volunteers and working with the Voluntary Sector.

4.3 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;
- Community Services 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 in the work they undertake to tackle the wider detriments of health and support healthy lifestyles.

4.4 We have worked closely with the Local Safeguarding Children Board (LSCB) to share and disseminate information on the Prevent duty to partners within Children's Services. This has provided us with good opportunities to promote the work we are doing around the Prevent agenda, ensured there is no duplication of information, and that key agencies and teams are aware of whom to contact. The risk area of online threats and e-safety is an area where we both have shared actions in relation to keeping children safe online and as such, we are sharing developments.

4.5 Members of the partnership also sit on the LSCB where a Child Sexual Exploitation (CSE) strategy has been agreed alongside a work plan to deliver it. This is monitored and taken forward by a dedicated CSE subgroup which meets regularly to address CSE in partnership, exploring ways to safeguard children and young people who are at risk.

4.6 We will be working with the Safeguarding Adults Board (SAB) in relation to Serious Organised Crime: The elderly and vulnerable victims of fraud and rogue trading associated with serious and organised crime.

Domestic Violence and Abuse, and Stalking

4.7 Domestic violence and abuse, and stalking are often hidden problems. On average, one in four victims report domestic abuse to the police. The Government continues to prioritise this area, as does the Sussex Police and Crime Commissioner within her Police and Crime Plan, and this reflects the significant impact of these types of crimes. The disclosure of domestic abuse is continuing to increase. Reports of domestic abuse incidents and crimes has seen a rise of 2% (+195) when compared to the same period in the previous year, which is in alignment with the Safer in Sussex Police and Crime Plan, which makes a commitment to increase the reporting of this type of offence.

4.8 There is ongoing work in the Safer Communities partnership to deliver the five year Domestic Abuse Strategy Action Plan. This includes utilising funding from the Office of the Police and Crime Commissioner to develop specialist services to support young victims of domestic and sexual violence. This is ongoing and will link with existing work in East Sussex including the Young People's Violence Advocacy Worker role in Children's Services. Other activities include working with NHS England and CCG's to review the provision of talking therapies for those who have experienced domestic violence and abuse to enable their recovery and better meet need.

4.9 A Joint Domestic, Sexual Violence & Abuse and Violence Against Women & Girls (VAWG) Unit for Brighton and Hove and East Sussex was developed in October 2015 and enables the two authorities to more effectively co-ordinate activity, maximising the opportunities to have an impact on this area and achieving value for money. The Joint Unit will be embedded during 2016/17 and work with partners on specific work packages to tackle the issues raised in the Strategic Assessment relating to Modern Slavery and Harmful Practices.

4.10 It is recognised that stalking continues to be under-reported and as such, this has been identified as an area of development for the coming year. However, as part of East Sussex's commitment to this area of work, we will support opportunities to challenge the devastating nature of stalking and find ways to improve help and support available, such as the Talking Stalking event that has been organised by Veritas Justice CIC (Community Interest Company) as part of the 16 Days of Action Campaign.

Prevent and Hate Crime

4.11 The Prevent duty, which came into force on the 1 July 2015 and was introduced as part of the Counter-Terrorism and Security Act 2015, requires schools, councils, prisons, police, health bodies, colleges and universities to have due regard to preventing people from being drawn into terrorism. The duties have been introduced to ensure there is a consistent approach nationally to protecting and safeguarding people who may be vulnerable from being drawn into violent extremism or susceptible to radicalisation.

4.12 The Act also introduces a statutory 'Channel' duty for local authorities to ensure that a multi-agency panel exists in their area. 'Channel' is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. A 'multi-agency Channel Panel' has been established in East Sussex and is convened when appropriate referrals are made.

4.13 A new Prevent Project Support Officer has been recruited, and as part of this role, we are currently offering training to assist departments to meet the requirements of the new Prevent duty.

4.14 We are also working to make links between Prevent and the Hate agenda on the assumption that violent extremism is a hate crime and there appears to be no national parallels drawn yet.

4.15 Much like anti-social behaviour, the Safer in Sussex Police and Crime Plan seeks to increase reports of Hate Crime in Sussex. Locally, it is apparent that hate has been a historically under-reported offence, as when compared to the Police and Crime Commissioner's first year in office. Hate Crimes have seen a rise in reports of almost 50%.

4.16 The East Sussex Hate Crime Co-ordinator will be raising awareness of hate crime in the community and with partner agencies. Hate Crime Awareness, Dementia Awareness and Autism Awareness sessions will be run for police officers to assist in identifying and responding to these crimes and work will be carried out with some of the county's younger residents, with workshops and awareness sessions around hate crime being held in primary schools.

4.17 A mechanism for third party hate crime reporting has also been launched, which will provide individuals with the opportunity to report incidents of hate at locations other than police stations. The East Sussex Hate Crime Co-ordinator has started a programme of awareness and report taking sessions for all Citizen Advice Offices in East Sussex and will continue this work throughout the year.

Serious Organised Crime

4.18 In conjunction with statutory guidance, Sussex Police have produced an East Sussex Serious and Organised Crime Local Profile. This should inform local multi-agency partnerships, in particular police and crime commissioners, policing teams, local authorities and other relevant partners (such as education, health and social care and immigration enforcement), of threats from serious organised crime and the impact it is having on local communities.

4.19 The Safer Communities Partnership approach to implementing the Government's Serious Organised Crime Strategy is to concentrate on a limited number of focused projects where we will be able to make a substantive difference. There are several partnerships that can be asked to look at the Serious Organised Crime Profile and the guidance relating to this work, with a view to incorporating this work into existing work streams and strategic plans. The agreed areas of work are:

- Vulnerable young people being exploited and victimised in connection with substance abuse and trafficking offences;
- The elderly and vulnerable victims of fraud and rogue trading associated with serious organised crime; and
- Businesses as victims of fraud and cybercrime

4.20 We are working with statutory, community and voluntary sector partners to map out the work that is already occurring around the three areas of serious and organised crime and to identify what the gaps are. An action plan for each area will be developed around the 4 P's, in line with the National Serious Organised Crime Strategy. Those being:

- **Pursue:** prosecuting and disrupting the criminal activity of Organised Crime Groups (OCGs).
- **Prevent:** deterring individuals from getting drawn into serious and organised crime and previous offenders returning to crime.
- **Protect:** protecting individuals, families, businesses and communities against serious and organised crime.
- **Prepare:** being prepared to manage the impact of consequences of serious and organised crime.

4.21 We are also looking at the process of communication, information sharing and training, which run through all of the three areas of organised crime.

Street Communities

4.22 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.’

4.23 The physical and health needs of homeless people are well documented, and a national report shows that 73% have a physical health problem, 80% a mental health problem and 35% had attended A&E in the last 12 months. A Pop Up Hub was held in Eastbourne and of the 44 clients that attended, 33 had been arrested for various offences over 1,000 times, with an estimated cost of £1,794,768.

4.24 Working with Public Health, we have recently undertaken a local Health Needs Audit which will provide a framework for gathering and using information to improve local health services, using the direct experiences of people who have been street homeless, or been vulnerably housed e.g. sofa surfing, Bed and Breakfasts, or other emergency accommodation. The results of this audit alongside further mapping of current service provision and systems in place will help to identify gaps which can then be used to inform the way services are commissioned moving forwards. This will be done through the ESBT programme which has a specific group that is looking at Housing and Health.

Rape and Sexual Violence, and Abuse

4.25 Within the Safer in Sussex Police and Crime Plan, the Police and Crime Commissioner looks to build trust in the police and criminal justice system by increasing levels of reporting of serious sexual offences. Within East Sussex, reporting of sexual and serious sexual offences has continued to increase, and in the 12 months to March 2016 have seen an increase of 10% (+65).

4.26 The Saturn Centre is Sussex’s Sexual Assault Referral Centre (SARC) and provides a range of services to anyone who has been raped or sexually assaulted. Latest available data shows in 2014/15 there was a 25% increase in referrals across Sussex. Survivor’s Network, which provides an Independent Sexual Violence Advisor Service, received 195 referrals in 2014/15, which was a 41% increase on the preceding year. Talking therapies for victims of rape and sexual violence can also be accessed following referral to the Saturn Centre and/or the Independent Sexual Violence Advisor Service.

4.27 With partners, we will be developing a communications campaign delivering targeted messages to raise awareness of consent and vulnerability linked to the Night Time Economy. We will be reviewing learning from existing work around consent, including Consent Workshops with young people, as well as Sussex Vulnerability campaign to identify key messages, and will contribute to the development of the Pan Sussex Communications Group.

4.28 In addition there is ongoing work in the partnership to develop a Sexual Abuse Action Plan.

Substance Misuse

4.29 The partnership is keen to reduce the crime, anti-social behaviour and social harms caused by substance misuse. This includes the misuse of illegal drugs through effective treatment options as well as addressing the problems associated with excessive alcohol consumption, again through treatment and other preventative interventions.

4.30 We continue to support the establishment of new recovery groups, such as Reformed Eastbourne Services, which includes a women’s mentoring service and support around employability. There are also a number of recovery groups that continue to run across the county, and this is likely to be further complimented by Café North which is now open. The café

can also be used as a venue to run groups and activities that promote health and wellbeing of those in recovery.

4.31 The mutual aid and peer support fund was launched in October 2015. This fund will be used to develop community based projects focusing on mutual aid with the aim of supporting sustainable recovery. We will assist in the delivery and evaluation of these projects.

Offending

4.32 As a partnership we need to ensure suitable management strategies are in place with the appropriate agency/department to deliver sustainable long term solutions to reduce unnecessary resource demands. Many offenders have multiple and/or complex needs and generally have interventions from a number of agencies. In order to understand where gaps exist we need to be more informed as to what the current picture looks like around offenders and our management of them.

4.33 We will be working with partners to target those offenders causing the most threat and harm to the community by ensuring there is early information sharing between Sussex Police, the National Probation Service and the Kent, Surrey and Sussex Community Rehabilitation Company when offenders are newly released from prison or are starting to re-offend.

4.34 We will also work with partners to ensure that Integrated Offender Management (IOM) processes link to Multi Agency Risk Assessment Conferences (MARAC) and the pan Sussex MARAC review, Anti-Social Behaviour Risk Assessment Conferences (ASBRACs), and the Street Communities Hubs, and review how we are identifying the offenders who are at a high risk of offending.

Developing relationships with volunteers and working with the Voluntary Sector

4.35 The long term benefits of community safety development work are not possible without the engagement of local people who are experts in the social problems and needs of their own communities.

4.36 We will make positive relationships with the voluntary sector. Some examples that we will be developing include:

- Assistance from the voluntary sector in rolling out Safe Place Schemes across East Sussex;
- Recruiting a volunteer to support some of the social media messages and approaches regarding Prevent targeted towards a younger audience;
- Developing opportunities with The Prince's Trust for them to be actively involved in our priority areas of work; and
- With the assistance of our Community Development Officer, the East Sussex Recovery Alliance (ESRA) has been created as a peer led community group, by people in recovery and will encourage the recovery of others in East Sussex.

4.37 We will continue to scope the opportunities with the Volunteer Centre East Sussex and develop links with large business and corporate volunteering for special crime prevention projects.

Road Safety

4.38 Road Safety remains an important area of work in East Sussex, both at a strategic level and with residents. This work is largely covered by the Sussex Safer Roads Partnership (SSRP), which uses encouragement, education, engineering and enforcement tools to drive down the number of road collisions in East Sussex.

4.39 Within the Council, this work is undertaken by the Communities, Economy and Transport department, and the Community Services Portfolio Plan will provide more information about the work that will be undertaken moving forwards.

Commissioned Services

4.40 A number of services are commissioned to deliver the Safer Communities outcomes across the region.

4.41 East Sussex has developed a shared approach to the commissioning of future specialist services for victims / survivors of Domestic and Sexual Abuse with Brighton & Hove City Council and other commissioners. This is supported by a pooled budget and single procurement process. With this in mind, a new Specialist Domestic and Sexual Abuse Service was launched in East Sussex and Brighton and Hove on 1 October 2015, led by RISE in partnership with Survivors Network and the Crime Reduction Initiative. It is anticipated that this will provide a more consistent model of support built around a single point of contact.

4.42 We have also commissioned an integrated drug and alcohol service for the whole of the county from hubs across the county. The commissioning of the Support and Treatment for Adults in Recovery service (STAR) was designed to work with a wide range of needs.

4.43 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.

4.44 ASC commissions residential care for drug and alcohol use disorders. Residential care is provided in a wide range of settings by different providers. Inpatient treatment is provided in a hospital setting by Sussex Partnership NHS Foundation Trust.

4.45 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.

Performance data and targets

Performance Measures CP = Council Plan	2014/15 Outturn	2015/16 Target	2015/16 Outturn*	2016/17 Target	2017/18 Target	2018/19 Target
At exit from the specialist domestic abuse and sexual violence service (Portal), the % of those affected by domestic violence and abuse who are better able to cope and / or have improved self-esteem CP	New Measure	New measure	N/A	80%	80%	80%
At exit from the specialist domestic abuse and sexual violence service (Portal), the % of those affected by rape, sexual violence and abuse who are more in control of their lives and / or more optimistic about the future CP	New Measure	New measure	N/A	80%	80%	80%
The number of primary schools, secondary schools and academies in East Sussex offered Prevent Awareness Training	New Measure	New Measure	New Measure	100% of schools in East Sussex	No targets set beyond 2015/16	No targets set beyond 2015/16
The number of people in recovery in East Sussex who access Mutual Aid activities	New Measure	New Measure	New Measure	Establish a baseline	To be set once 2016/17 outturn is available	To be set once 2016/17 outturn is available
Monitor the readership levels of our monthly e-bulletin	New Measure	New Measure	New Measure	Establish a baseline	To be set once 2016/17 outturn is available	To be set once 2016/17 outturn is available

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

Revenue Budget £000			
Revenue Breakdown	2014/15 Budget	2015/16 Budget	2016/17 Budget
Gross Budget (A)	661	753	767
Government Grants (B)	0	0	0
Fees and Charges (C)	0	0	0
Other Income (D)	(251)	(337)	(337)
Net Budget (A-B-C-D)	410	416	430

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East Sussex County Council
Savings Plans 2016/17 to 2018/19

Department	Proposed Savings				% of 15/16 Rebased Gross Budget
	2016/17 £'000	2017/18 £'000	2018/19 £'000	Total £'000	
Adult Social Care	7,955	10,093	20,000	38,048	17%
Business Services/Orbis	312	981	1,396	2,689	5%
Children's Services (excl. schools)	4,985	3,175	4,972	13,132	10%
Communities, Economy & Transport	3,117	999	894	5,010	5%
Governance Services	180	100	104	384	4%
Subtotal Departments	16,549	15,348	27,366	59,263	-
Treasury Management	3,000	0	0	3,000	10%
Capital Programme Management	0	2,000	0	2,000	n/a
Subtotal Centrally Held Budgets	3,000	2,000	0	5,000	-
TOTAL SAVINGS	19,549	17,348	27,366	64,263	-

Public Health savings (nets nil against the reduction in grant)

#REF!

#REF!

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Adult Social Care			Gross budget	Savings				Protected characteristics								
			2015/16	2016/17	2017/18	2018/19	3 year total	Age	Disability	Gender / Transgender	Ethnicity	Marriage / Civil Partnership	Pregnancy /Maternity	Religion / Belief	Sexual Orientation	No significant relevance
Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000	£'000									
Supporting People																
	Remove Supporting People funding in sheltered housing for long term services.	Impact will be the removal of the on-site support service and the communal hub which provide social activities; promote wellbeing; reduce social isolation and help older people to maintain their independence. STEPS (a commissioned service) will continue to provide a floating support service for people with the highest needs.		1,234			1,234	-								
	Remove Supporting People funding for on-site support within Extra Care Schemes.	Impact will be a reduction in on-site support staff but care staff will remain in place. STEPS (a commissioned service) will continue to provide a floating support service for people with the highest needs.		103			103	-								
	Refuge Services: review and realign service provision.	Impact will be a reduction in the overall level of accommodation units available and a reduction in support provided. The impact will be relatively low local given the level of support which will remain available across East Sussex.	10,207	80			80	-		-	-		-			
	Home Works: review and realign service provision to target people with the highest needs.	Impact will be a reduction in the number of homeless people, or people at risk of homelessness who are supported by this service. The remaining service will target people with the highest needs. Prevention and early intervention support will be most affected.		300			300	-								

Adult Social Care			Gross budget	Savings				Protected characteristics								
			2015/16	2016/17	2017/18	2018/19	3 year total	Age	Disability	Gender / Transgender	Ethnicity	Marriage / Civil Partnership	Pregnancy /Maternity	Religion / Belief	Sexual Orientation	No significant relevance
Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000	£'000									
Service Efficiencies																
Learning Disability Directly Provided Services: Group Homes	Consolidation of Group Homes	Three Learning Disability group homes will be consolidated onto one site. These savings are dependent on capital investment.		250			250	+/-								
Learning Disability Community Support and ChoicES employment service	Service reconfiguration	Consolidation of staffing structures and overheads will be sought to deliver this target, minimising the impact for service users. Any reductions to the scope or scale of community support services will directly impact adults with learning disabilities and their carers.	9,330	130			130									y
Mental Health Residential and Nursing Strategy	Reduce level of spend and numbers of people with mental health problems in residential and nursing care settings	Potential for service users to be unsettled with increased levels of anxiety if their care or care setting changes.	7,421	500	500		1,000	+/-								
SAILS (Supported accommodation and independent living solutions)	Reduction in the level of Supporting People weekly placement funding	Impact is reduced housing support activity for vulnerable adults.	3,909	346			346	-								
Fees and Charges	Review fees and charging policies and procedures	Charges for Learning Disability Day Services; meals and transport will be reviewed. Increased charges will result in an increase in the level of client contribution made, for those in receipt of these services.	9,330	100	500		600	-								
				7,955	10,000	20,000	37,955									

* Further savings of £93,000 to be identified for 2017/18.

**Context and areas of search
(section 7 of 28 June 2016 Cabinet State of the County report)**

7. RPPR next steps

7.1 Through the RPPR process, proposals will be brought forward for savings across the next three financial years, on the basis of the plan agreed by Council in 2016 to reshape the organisation and deliver the savings required by commissioning services which will deliver the priority outcomes as far as possible, and in partnership with others where this will yield better outcomes for local people. Where the services commissioned are delivered by others, arrangements will be made to ensure that democratic accountability for use of budgets and outcomes is protected.

7.2 Whilst the existing service change, facilitating and income generation programmes identified above will help to ensure that the Council delivers its services in the most efficient way possible and that it maximises the use of all the resources available to it, they cannot deliver the scale of savings required during the next three years. The Council will continue to make sure it learns from best practice elsewhere, benchmarks its services for value for money and take efficiency savings where these are available. However, it will be necessary to continue to make savings of a scale that cannot avoid impact on front line services, which will bring increased risk to the Council and to those served.

7.3 The Council has identified its key outcomes against the four priority areas which will help officers bring forward prioritised and targeted savings plans (Annex 1(a)). The facilitating programmes contribute to the commissioning arrangements which will help to deliver a One Council approach to achieving the outcomes identified by Members.

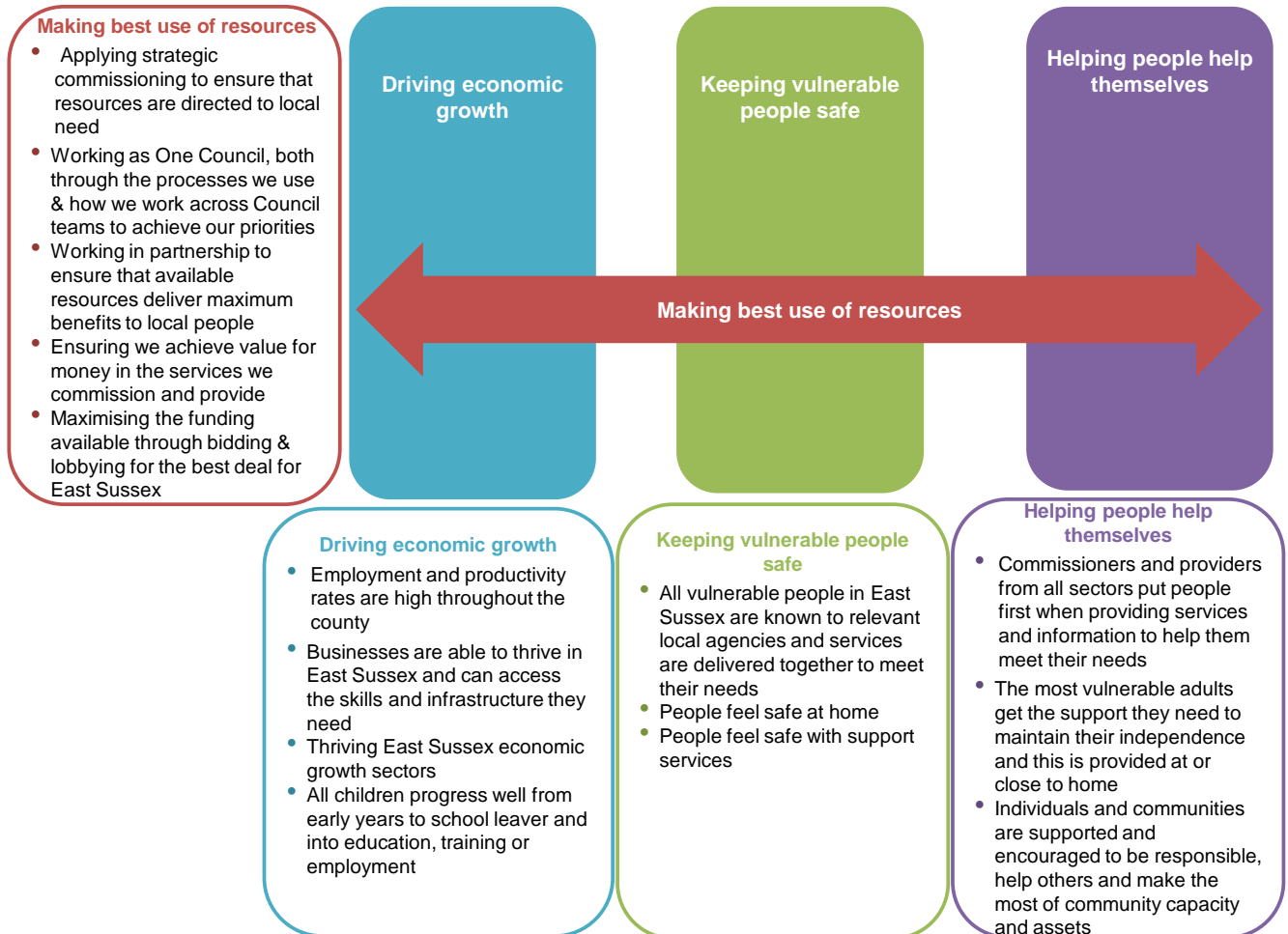
7.4 The priority outcomes and operating principles are being used to shape the work already underway in relation to the elements in the strategic challenge diagram (Annex 1(b)). Chief Officers used the priority outcomes to identify areas of search for savings agreed in October 2015. These are:

- Adult Social Care – integrating work with health to take a single view of health and care requirement;
- Children’s Services – integrated services with partner agencies; ensuring the right people work with the right children, families and settings in the right way for the right amount of time; integrated work with Adult Social Care and NHS; and mobilising communities and other partners to help children, young people and families as part of the community resilience work and increased digitalisation of service access;
- Review the Capital Programme to ensure the right choices are being made between revenue and capital to meet basic need in the county; and
- Commissioning Strategy for community based services, such as libraries.

7.5 Cabinet is also asked for its views on any additional areas of search it would like to see investigated.

7.6 Whilst planning will continue on the current savings assumptions over the summer, there remains significant uncertainty in some key areas. For example, the implications of accepting the Government’s four year funding offer are not yet clear, the new arrangements for localisation of business rates are at a very early stage of development by Government and plans in Adult and Children’s Social Care are dependent on integration with health, the full implications of which are being developed and are yet to be considered by Members. Focused work will continue over the summer on a number of aspects of the MTFP and Members will be updated in September. At that point, it is hoped that there will be greater certainty about what level of additional savings will be necessary. More detailed services and savings plans will be considered in October. It is not recommended, at this stage, that further savings are sought to meet the funding gap given the significant unknowns.

a) Priorities and Delivery Outcomes



b) Strategic challenge diagram

One Council Strategic Challenge 2016 onwards



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Work Programme for Adult Social Care and Community Safety Scrutiny Committee



Future work at a glance

Updated: **August 2016**

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
10 November 2016		
RPPR 2017/18 - November	The Committee will review information provided at September meeting and establish the RPPR Board to examine the Departmental Portfolio Plans and budgets for the 2017/18 financial year.	Becky Shaw, Chief Executive
Delayed Transfer of Care	To consider a report on delayed transfers of care (DToC) of patients from acute hospital beds to nursing homes, care homes, and supported living arrangements.	Keith Hinkley, Director of Adult Social Care and Health
Employability and skills in relation to learning disability	To consider a report on employability and skills in relation to learning disabilities.	Keith Hinkley, Director of Adult Social Care and Health
9 March 2017		
RPPR 2017/18 - March	To provide the Committee with an opportunity to review its input into the RPPR process for 2017/18 and suggest improvements to the process.	Becky Shaw, Chief Executive
22 June 2017		
Annual Review of Safer Communities Performance, Priorities and Issues	<p>To update the Committee on performance in relation to safer communities in 2016/17 and the priorities and issues for 2017/18 that will be highlighted in the Partnership Business Plan.</p> <p>The report will also include an update on how new partnership arrangements are working and relationships with Joint Action Groups.</p>	Keith Hinkley, Director of Adult Social Care and Health

Current scrutiny reviews and other work underway		Indicative dates
East Sussex Better Together (ESBT)	Joint Scrutiny Board established with representatives from two other scrutiny committees to consider the ESBT programme and specific policy and service developments arising from it.	Board established – December 2014 Next meeting October 2016
Connecting 4 You (C4Y)	Joint Scrutiny Board established with representatives from two other scrutiny committees to consider the C4Y programme and specific policy and service developments arising from it.	Board established – June 2016 Next meeting October 2016

Potential future scrutiny work (Proposals and ideas for future scrutiny topics appear here to be prioritised in due course)

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