



ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

THURSDAY, 22 JUNE 2017

10.30 am CC2, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Angharad Davies (Chair)
Councillors Trevor Webb (Vice Chair), Charles Clark, Martin Clarke,
Nigel Enever, Jim Sheppard and John Ungar

A G E N D A

- 1 Minutes of the meeting held on 9 March 2017 (*Pages 3 - 6*)
- 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 7 - 16*)
The latest edition of the Forward Plan. The Committee is asked to make comments or request further information.
- 6 Annual Review of Safer Communities Performance, Priorities and Issues (*Pages 17 - 84*)
- 7 East Sussex Better Together Accountable Care Model (*Pages 85 - 114*)
- 8 Scrutiny committee future work programme (*Pages 115 - 120*)
- 9 Any other items previously notified under agenda item 4

PHILIP BAKER
Assistant Chief Executive
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14 June 2017

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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 9 March 2017.

PRESENT Councillors Angharad Davies (Chair) Councillors
Mike Pursglove, Colin Belsey, Jim Sheppard and John Ungar

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Steve Hook, Head of ASC Finance, Access & Learning
Disability Assessment Services
Samantha Williams, Assistant Director, Planning, Performance
and Engagement
Claire Lee, Senior Democratic Services Adviser

27 MINUTES OF THE MEETING HELD ON 10 NOVEMBER 2016

27.1 The minutes were agreed as a correct record.

28 APOLOGIES FOR ABSENCE

28.1 Apologies were received from Councillors Clark, Webb and Carstairs (Cllr Pursglove substituted) and from the Lead Member, Cllr Bentley.

29 DISCLOSURES OF INTERESTS

29.1 There were none.

30 URGENT ITEMS

30.1 There were none.

31 FORWARD PLAN

31.1 RESOLVED to note the Forward Plan.

32 HEALTH AND SOCIAL CARE CONNECT

32.1 The Head of Assessment and Care Management introduced the report which outlined the current performance of Health and Social Care Connect (HSCC) and the future direction of the service. There are currently 9,000 to 9,500 contacts per month with the service, across both public and professionals.

32.2 The following points were made in response to the Committee's questions:

- Some of the outstanding activities listed in the project closure report have now been completed but much is ongoing work, for example with locality teams and communities of practice.

- The department's target is for all assessments to be undertaken within 28 days. Many assessments initially completed in HSCC are directed on to other teams for more detailed assessment. There will always be some complex assessments which take longer but there is monitoring in place to check that an extended period is appropriate. There has been an impact on performance from the implementation of the Liquid Logic new care management system, and the aim is for ongoing year on year improvement against target.
- The telephony system measures waiting times and dropped calls, provides a message on queue position to waiting callers and the option to leave a voicemail. The current rate of dropped calls is c15% but these can be due to a range of reasons, not always due to the length of wait. HSCC is continuing to refine systems and to investigate more sophisticated systems as part of the NHS 111 project. In addition, the service is working to match resources to demand (peak remains 9am to 5pm). Professionals can press a button to be diverted quickly into the Health Hub – this is the area with the most growth in demand.
- A Sustainability and Transformation Plan (STP) level Board (with East Sussex representation) has been established to take forward urgent care commissioning work, including re-procurement of NHS 111. This will take a more structured approach, including learning from other procurement and transition processes. This wider approach will not slow the pace locally but will feed into it and influence.
- The development of a clinical hub is in conjunction with the Urgent Care Centres which operate out of hours and will be an alternative to A&E.
- Broadening the opening times of HSCC presents opportunities to prevent demand elsewhere in the system, particularly from using clinical decision making as opposed to risk adverse algorithms.
- The programme for developing the clinical hub has learnt lessons in terms of getting senior staff in place early, and is aiming to have clinical directors in place within the next 4 to 6 months. Recruitment of staff will be challenging in terms of having a limited pool to recruit from but the service will look at using technology to provide access to clinical advice, rather than necessarily having specialists in the hub at all times. There are plans to house a support service used by GPs to access advice from acute clinicians (the Professional Support Line) within the clinical hub and virtually integrate the two.
- The workforce and organisational development (OD) component of East Sussex Better Together is very aware of change management issues and offers support to managers and teams. The programme is accessing support days from Health Education England regional OD experts focused on cohorts of staff who will need to change. HSCC recruitment and retention has been influenced by the investment in training at the outset.
- HSCC handles a higher number of complaints than the 29 cited in the report but much of this work involves redirecting these to other services the complaint relates to. The complaints listed are those relating to HSCC itself and complaints about other services are recorded elsewhere. There is an additional process for obtaining customer feedback.
- Services wanting HSCC to manage their referrals present a case for inclusion in the Directory of Service and there is an audit process to decide on accepting new services.

32.3 RESOLVED to note the report.

33 FURTHER UPDATE ON THE IMPACT OF THE 2016/17 SAVINGS

33.1 The Assistant Director – Planning, Performance and Engagement presented the report which gave an update on the impact of 2016/17 savings in relation to Supporting People. It had not been possible to provide a further update in relation to Commissioning Grants Prospectus (CGP) savings where the Council no longer has a relationship with the provider but the Assistant Director assured the Committee that all contracts across the CGP were being reviewed and any issues from continuing contractors would be highlighted through that process.

33.2 The Assistant Director also advised the Committee that notification had recently been received that a bid for Department for Communities and Local Government funding to support women experiencing domestic abuse had been successful. This bid was focused on supporting women with complex needs so is positive in terms of replacing the role lost in the savings process. The funding amounts to approximately £200k over two years to work with REFUGE on complex needs.

33.3 The following points were made in response to the Committee's questions:

- A range of options for providing the additional domestic abuse support will be considered which could include reinstating the lost post or upskilling a broader range of staff.
- Domestic abuse cases are always looked at in their entirety including the needs of children. Many cases involve mental health or substance misuse issues hence the emphasis on complex needs support. The service is looking at emerging models of providing support, for example supporting women into accommodation from day 1 so that they are able to hold a tenancy.
- Further details about the national Budget announcement regarding Violence Against Women and Girls are awaited. There is likely to be a bidding process but this is not yet confirmed.
- In relation to referrals to Home Works which don't meet the eligibility criteria it is not possible to track individuals' further contact with services but contract arrangements involve dialogue about these issues and it is seen as inevitable that some people not meeting the criteria will come back through other referral routes.

33.4 RESOLVED to:

- (1) Note the report;
- (2) Note that the data will continue to be monitored and agree that the Committee be made aware of any further significant impacts on an exception basis.

34 RECONCILING POLICY PERFORMANCE AND RESOURCES

34.1 The Director of Adult Social Care and Health updated the Committee on national Budget announcements in relation to Adult Social Care:

- £2bn of additional funding has been allocated to Local Authorities across England over the next three years, including £1.01bn in 2017/18, £674m in 18/19 and £337m in 19/20.
- The Council has not yet received further information regarding the breakdown by area or the formula which will be used to allocate the funding. If allocated according to the Better Care Fund or needs-based formula East Sussex could receive around £9 to 10m additional revenue funding next year.
- It is likely that there will be requirements to target funding on certain priorities, such as Delayed Transfers of Care, and additional monitoring of the use of the funding.
- Further information will be circulated to Members once there is more clarity.

34.2 In response to a question about what difference extra funds could make in addressing shortages in the care market, the Director indicated that the department is targeting fee increases on areas of the market which are struggling i.e. nursing and domiciliary care and is looking to increase Care Home Plus beds to 200 over 18 months. In addition, the results of a bedded care review due shortly will inform the future direction. It may be possible to make short term interventions but the longer term issues will take time to address in terms of growing community capacity.

34.3 The Committee considered the 2016/17 RPPR process and any improvements which could be made for future years. The following points received general support:

- Members would welcome more opportunity to discuss and influence how the whole Council budget is distributed between departments.
- Members would welcome more opportunity to consider and influence potential savings and investments at earlier stage and a wider range of options from which to make choices.
- Members wished to be more hands-on in looking at potential savings at an earlier stage than the RPPR Board, for example holding an awayday to look at the budget in detail and consider potential savings.

34.4 The Director confirmed that the Committee's views, and those from other scrutiny committees will be fed into the design of the future process.

34.5 RESOLVED to:

- (1) Note the report;
- (2) Forward the Committee's feedback for consideration as part of the wider review of the RPPR process.

35 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

35.1 The Committee considered the future work programme, noting that this was the final meeting before county elections in May.

35.2 The Director highlighted that the scrutiny arrangements in relation to East Sussex Better Together would need to be reviewed as the programme moves into the next phase of accountable care and the pace of change increases.

35.3 The Chair thanked Members for their contribution to the Committee's work and the Committee expressed their thanks to the Chair.

35.4 RESOLVED to note the work programme.

The meeting ended at 11.40 am.

Councillor Angharad Davies
Chair

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 7
- 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 June 2017 TO 30 September 2017

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 Bill Bentley – Lead Member for Communities and Safety

Councillor Rupert Simmons – Lead Member for Economy

Councillor Nick Bennett – Lead Member for Transport and Environment

Councillor Carl Maynard – Lead Member for Adult Social Care and Health

Councillor Sylvia Tidy – Lead Member for Children and Families

Councillor Bob Standley – 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
6 Jun 2017	Cabinet	External Audit Plan 2016/17 External Audit Plan 2016/17: To consider the work to be carried out by the Council's external auditors.			Report, other documents may also be submitted	Phil Hall 01273 481485
6 Jun 2017	Cabinet	Internal Audit Strategy and Annual Plan 2017/18 To consider the Internal Audit strategy and plan for 2017/18.			Report, other documents may also be submitted	Russell Banks 01273 481447

6 Jun 2017	Cabinet	Scrutiny Review of Educational Attainment at Key Stage 4 To consider the report of the Children's Services Scrutiny Committee on the Scrutiny Review of Educational Attainment at Key Stage 4, together with the observations of the Chief Officer on the Scrutiny Review			Report, other documents may also be submitted	Stuart McKeown 0173 481583
6 Jun 2017	Cabinet	Scrutiny Review of Superfast Broadband To consider a report from the Economy, Transport and Environment (ETE) Scrutiny Committee on the Scrutiny Review of Superfast Broadband in East Sussex, and the response to the report from the Chief Officer.			Report, other documents may also be submitted	Martin Jenks 01273 335138
19 Jun 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Approval to publish notices in relation to a proposal to lower the age range at Sandown Primary School		Staff Parents Key Stakeholders The Local Community	Report, other documents may also be submitted	Jane Spice 01323 747425
19 Jun 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	To consider the proposed Post 16 Transport Statement for the 2017-2018 Academic Year			Report, other documents may also be submitted	Ian Crudge 0300 3309472

19 Jun 2017	Lead Member for Transport and Environment	Fees and charges for the Planning and Environment Service To consider the new and revised fees and charges within the Planning and Environment Service	KD		Report, other documents may also be submitted	Edward Sheath 01273 481632
19 Jun 2017	Lead Member for Transport and Environment	Hailsham-Polegate-Eastbourne Movement and Access Corridor Scheme Approval to undertake a public consultation on the Hailsham-Polegate-Eastbourne Movement and Access Corridor Scheme	KD	Local Members	Report, other documents may also be submitted	Rupert Clubb 0173 482200
19 Jun 2017 Page 10	Lead Member for Transport and Environment	Review of the East Sussex Local Flood Risk Management Strategy's delivery plan 2017/18 To agree the delivery plan as the framework for the Local Flood Risk Management activities in East Sussex for 2017/18	KD		Report, other documents may also be submitted	Marie Nickalls 01273 482146
19 Jun 2017	Lead Member for Transport and Environment	Review of the East Sussex Preliminary Flood Risk Assessment (PFRA) To agree the reviewed PFRA for formal submission to the Environment Agency on 21 June 2017	KD		Report, other documents may also be submitted	Nick Claxton 01273 481407
19 Jun 2017	Lead Member for Transport and Environment	Sussex Energy Tariff To consider whether to support and promote West Sussex County Council's proposed Sussex Energy Tariff to residents in East Sussex	KD		Report, other documents may also be submitted	Andy Arnold 01273 481606

27 Jun 2017	Cabinet	Countryside Access Strategy - Rights of Way and Countryside Sites To consider the results of the public consultation, and to approve the draft Countryside Access Strategy for Rights of Way and Countryside Sites.	KD		Report, other documents may also be submitted	Andrew Le Gresley 0345 6080193
27 Jun 2017	Cabinet	Council Monitoring: Quarter 4 2016/17 end of year report. To consider the end of year (quarter 4) Council Monitoring report for 2016/17.			Report, other documents may also be submitted	Jane Mackney 01273 482146
27 Jun 2017	Cabinet	Reconciling Policy, Performance and Resources – State of the County. To consider an update for the Reconciling Policy, Performance and Resources (RPPR) process for 2018/19 and beyond			Report, other documents may also be submitted	Jane Mackney 01273 482146
27 Jun 2017	Cabinet	To consider proposals regarding the publication of statutory notices in relation to the proposed closure of Rodmell CE Primary School	KD		Report, other documents may also be submitted	Gary Langford 01273 481758
28 Jun 2017	Lead Member for Communities and Safety	Petition - provision of a lollipop person on Prince Edwards Road, Lewes Response to a petition submitted to the Chairman of the County Council		Local Members Lead Petitioner	Report, other documents may also be submitted	Brian Banks 01424 724558

28 Jun 2017	Lead Member for Communities and Safety	<p>Petition to support traffic calming measures in Etchingham</p> <p>To consider whether traffic calming measures in Etchingham would be a priority for the County Council</p>		<p>Local Members</p> <p>Lead Petitioner</p>	Report, other documents may also be submitted	Brian Banks 01424 724558
28 Jun 2017	Lead Member for Communities and Safety	<p>Proposal from General Register Office regarding charges for additional services</p> <p>To consider the waivable statutory fees proposed by the General Register Office</p>			Report, other documents may also be submitted	Lucy Corrie 01323 463421
28 Jun 2017 Page 12	Lead Member for Communities and Safety	<p>Traffic calming measures around Bourne School</p> <p>To consider a petition requesting traffic calming measures including additional parking restrictions and safer crossing points</p>		<p>Local Members</p> <p>Lead Petitioner</p>	Report, other documents may also be submitted	Brian Banks 01424 724558
17 Jul 2017	Lead Member for Transport and Environment	<p>Draft Statement of Community Involvement</p> <p>To consider approval to hold consultation on the Draft Statement of Community Involvement (SCI) 2017</p>	KD		Report, other documents may also be submitted	Sarah Iles 01273 481631
17 Jul 2017	Lead Member for Transport and Environment	<p>ESCC parking standards at residential developments 2017 update</p> <p>To seek approval for the updated parking standards which can then be used to advise local planning authorities and developers of the likely parking demand required at</p>			Report, other documents may also be submitted	David Weeks 01323 466230

		developments.				
17 Jul 2017	Lead Member for Transport and Environment	ESCC Safety Audit Policy for developments To seek approval for a policy for developers to ensure that the highway safety aspects of a development scheme have been properly and independently considered.			Report, other documents may also be submitted	Mark Weston 01273 482242
17 Jul 2017	Lead Member for Transport and Environment	New Council Order for the East Sussex Permit Scheme To consider approval of a new Council Order to be made in response to recent amendments to the East Sussex Permit Scheme	KD		Report, other documents may also be submitted	Rebecca Newby 01273 336434
17 Jul 2017	Lead Member for Transport and Environment	Parking Enforcement To consider options for the management of parking enforcement from the end of June 2018			Report, other documents may also be submitted	David Weeks 01323 466230
17 Jul 2017	Lead Member for Transport and Environment	To consider a petition to carry out new and joint traffic evaluation studies on the A259 South Coast Road between Newhaven and Brighton Marina		Local Members Lead Petitioner	Report, other documents may also be submitted	Jonathan Wheeler 01273 482212
17 Jul 2017	Lead Member for Transport and Environment	Statement of Common Ground (SoCG) on Soft Sand between the South East Mineral Planning Authorities			Report, other documents may also be submitted	Sarah Iles 01273 481631

		To respond and agree to the Statement of Common Ground which has been developed by the South East England Aggregates Working Party (SEEAWP) in order to set out an agreed position on the provision of soft sand as a minerals resource. The SoCG has implications for the East Sussex, South Downs and Brighton & Hove Waste and Local Minerals Plan and its imminent review.				
17 Jul 2017	Lead Member for Children and Families	Proposed de-designation of Old Town Children's Centre Eastbourne To seek the Lead Members approval to de-designate Old Town Children's Centre in Eastbourne following a consultation with local families about the ongoing provision of services currently based at the Centre		Local Members	Report, other documents may also be submitted	Celia Lamden 01323 463112
18 Jul 2017	Cabinet	Ashdown Forest Trust Fund To consider the Ashdown Forest Trust Fund Accounts for 2016/17	KD	Local Members	Report, other documents may also be submitted	Graham Friday 01323 463112
18 Jul 2017	Cabinet	East Sussex Better Together (ESBT) Alliance Accountable Care Model: Future Organisational Arrangements Agree the preferred option and roadmap for the structural form (organisational and contractual arrangements) of our future ESBT delivery vehicle	KD	Engagement will take place with a range of key stakeholders through a range of mechanisms	Report, other documents may also be submitted	Vicky Smith 01273 482036
18 Jul 2017	Cabinet	Internal Audit Annual Report and Opinion 2016/17			Report, other documents may	Russell Banks 01273 481447

		To consider the Internal Audit Services annual report and opinion for 2017/18, including the monitoring report for Quarter 4.			also be submitted	
26 Jul 2017	Lead Member for Communities and Safety	<p>Petition - Measures to reduce speed on Priory Street and Southover High Street, Lewes</p> <p>To consider a petition requesting additional measures to reduce traffic speeds in the existing 20mph zone including additional 20mph signs and the removal of an area of granite setts</p>		Local Members Lead Petitioner	Report, other documents may also be submitted	Ian Johnson 01273 482944
26 Jul 2017	Lead Member for Communities and Safety	To approve an updated Policy for Road Safety Audit on roads for with East Sussex County Council is the Highway Authority			Report, other documents may also be submitted	Ian Johnson 01273 482944
18 Sep 2017	Lead Member for Transport and Environment	<p>East Sussex County Council (Eastbourne 108A, 108B and 108C) Cycle Track Order 2017</p> <p>To seek authority to seal the Order to convert the existing public footpath alongside Horsey Sewer (between grip reference TQ62822/01243 and TQ62762/01508, and between grid reference TQ62713/01426 and TQ62705/01620) to cycle track pursuant to Section 3 of the Cycle Tracks Act 1984.</p>		Local Members	Report, other documents may also be submitted	Andrew Keer 01273 336682
19 Sep 2017	Cabinet	To consider the Council Monitoring report			Report, other	Jane Mackney

		for the first quarter of the financial year 2017/18.			documents may also be submitted	01273 482146
19 Sep 2017	Cabinet	To consider a report requesting Cabinet to note the draft Libraries Strategic Commissioning Strategy (SCS), and to agree that the draft Libraries Strategic Commissioning Strategy is publically consulted on for a twelve week period.			Report, other documents may also be submitted	Rupert Clubb 01273 482200
19 Sep 2017	Cabinet	To consider the final decision on the proposed closure of Rodmell School	KD			Gary Langford 01273 481758
26 Sep 2017 Page 16	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Proposed enlargement of Polegate School Approval to publish notices in relation to a proposal to enlarge Polegate School	KD	Parents, staff, key stakeholders and the local community will be consulted prior to the decision	Report, other documents may also be submitted	Gary Langford 01273 481758
26 Sep 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Final decision in relation to a proposal to lower the age range at Sandown Primary School		Staff Parents Key Stakeholders The Local Community	Report, other documents may also be submitted	Jane Spice 01323 747425

Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 22 June 2017

By: Director of Adult Social Care and Health

Title: Annual Review of Safer Communities Performance, Priorities and Issues

Purpose: To update the Committee on performance in relation to safer communities in 2016/17 and the priorities and issues highlighted in the Partnership Business Plan

RECOMMENDATIONS:

The Committee is recommended to:

- (1) consider and comment on performance in 2016/17 and the priorities and issues identified for 2017/18.
 - (2) identify any issues for inclusion in the committee's future work programme.
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1 Background Information

1.1 The County Council's priorities for community safety are informed by the East Sussex Safer Communities Partners Business Plan April 2017 to March 2020 which has been agreed by the partnership and is attached at **Appendix 1** of this report.

2 Supporting Information

2.1 There are no specific financial implications arising from this report. The Safer Communities budget position for 2016/17 showed £365,917 at end of year as an underspend but allocated for this financial year.

2.2 The Police and Crime Commissioner has indicated that the allocation of £236,000 from the Sussex Safer Community Fund will be maintained at this level for 2017/18.

Performance Summary

2.3 Over the past 10 years, reported crime in East Sussex has fallen by a third, and although at the end of 2016/17 the reporting levels increased (+3,662/ +13%), this is a trend that is mirrored elsewhere in the country, including West Sussex (+4,215 / +10%) and Brighton and Hove (+2,174 / +9%).

2.4 Although we have seen an increase in Violent Crime as a whole (+23%), we need to be mindful that these figures also include reports of Sexual Offences and Domestic Abuse, which we are actively asking people to report.

2.5 In relation to reports of Sexual Offences and Domestic Abuse, these have seen an increase, which is likely to reflect a number of trends. Firstly, the partnership is actively encouraging people to report. Secondly, this reflects a longer term national trend. Locally, in the last 12 months (to March 2017), Serious Sexual Offences have risen by 19% (+141) and reports of domestic abuse crimes have increased by 758 (+22%). The rise in the latter offences

continues to be seen as a positive step in that the public feel able to talk to the police about such matters, and they will be taken seriously and dealt with sympathetically and supportively.

2.6 In addition to this, the overall picture relating to domestic violence, the number of high risk cases referred to the Multi Agency Risk Assessment Conferences (MARACs) in the county has increased when compared to the previous year. A total of 628 cases were discussed at MARAC in East Sussex during 2016/17, an increase of 142 (+29%) on the same period in the previous year. Repeat referral rates have now increased to 29% and sit within the Safe Lives recommended range of 28% to 40%. There has been a great deal of work undertaken in raising awareness and specialist training has been undertaken and available on request from the Safer East Sussex Team to ensure that all professionals are aware of the MARAC process. The Joint Unit has also enabled East Sussex and Brighton & Hove to coordinate activity to review and develop training and awareness activity.

2.7 In line with the Police and Crime Plan target, hate crime has also seen a rise in reporting of 23% (+99) during the 12 month period. This has been partially triggered by the EU Referendum and Article 50. However, the increase in East Sussex has been lower than the national average.

2.8 The total numbers of police recorded reports of anti-social behaviour (ASB) in East Sussex continue to fall. Sussex Police recorded a total of 13,072 reports during 2016/17, a reduction of 353 on the previous year, it is important to note that alongside this work we have made great headway in the areas of prevention and enforcement. We are confident that this reduction is a direct result of partnership working and dealing with ASB through prompt, robust and effective interventions thus preventing initial and repeat incidents.

Partnership Priorities April 2017 to March 2020

2.9 The Modern Crime Prevention Strategy was published by the Home Office in March 2016 and updates the way in which we think about crime prevention, aiming to build upon the successes of the past while making the most of new research, techniques and technology. To ensure the Safer East Sussex Partnership is embracing the new strategy, the Strategic Assessment of Community Safety 2016 was produced using MoRiLE (Management of Risk in Law Enforcement); a UK-wide project that is used by law enforcement agencies to assess and prioritise risk. It allows a consistent approach to the identification of strategic priorities across all law enforcement and community safety agendas and provides a sound evidence base for selecting partnership priorities.

2.10 This has led to a fundamental shift in the way we have undertaken our strategic assessment and business planning processes. We held an engagement event in May and talked to 140 people, from directors to service users, who work, live and support various people in East Sussex, about what they feel the main community concerns are in the county, and used their thoughts and responses to form an insightful qualitative background to the Strategic Assessment. Once completed, we held another engagement event with partners with a focus on business planning for the year ahead. The event was an opportunity for partners to be involved in developing the partnership plan for the future. All discussions were captured by facilitators and, along with the information taken from the strategic assessment, have helped shape the partnership priorities below:

Serious Organised Crime:

- identify vulnerable adults at risk of fraud and rogue trading and develop targeted work;
- begin to explore cyber-crime with a focus on cyber bullying and online safety;
- explore further opportunities for partners to engage in early preventative work in relation to organised crime and the exploitation of young people, including links to County Lines;
- gain a better understanding of the risk of modern slavery

2.11 In addition to the priorities adopted by the partnership, work will be undertaken in relation to the areas outlined below

- Preventing Violent Extremism
- Drug and Alcohol Misuse
- Offending
- Domestic and Sexual Violence and Abuse

2.12 For those areas that have not been agreed as priorities, such as street communities, road safety and elder abuse, it is important to note that these are being dealt with through other partnership structures. It is also important to note that the partnership remains interested and involved in these areas of work and provide support where appropriate. The full descriptions of the priorities are set out in the attached Business Plan.

Community Safety Developments in East Sussex 2017/18

2.13 The Partnership continues to work closely with other partnership structures that also have a role to play in community safety. In 2016 these working relationship led to the development of a protocol which assists in clarifying roles, expectations, joint working arrangements and shared priorities between the Local Safeguarding Children Board (LSCB), Safeguarding Adults board (SAB), Safer Communities Partnership, Children and Young People's Trust, and the Health and Wellbeing Board.

2.14 Domestic Violence & Abuse, Stalking and Rape, Sexual Violence and Abuse are existing work packages that are included in the Safer Communities Partnership Business Plan. The number of domestic violence and abuse crimes and incidents and sexual offences have increased. While it is positive that more cases are being reported, this has an impact across all service areas. Tragically between August 2015 and March 2016 there have been three domestic homicides in East Sussex. These deaths have triggered a corresponding Domestic Homicide Review (DHR). There are a range of partnership activities underway, including a planned review of the Domestic Abuse Strategy reflecting recent legislative and policy changes and to extend it to address Sexual Violence and other forms of Violence against Women and Girls. The work that is being undertaken is described in the attached **Scrutiny Information Pack (Appendix 2)**.

2.15 The Modern Slavery Act 2015 came into force on 31 July 2015. This is intended to give this crime type a far higher profile and includes new statutory duties. However, modern slavery remains a hidden issue and available data and information is a considerable weakness, both locally and nationally. This is the first year that Modern Slavery has been adopted by the partnership and the work that is being undertaken is described in the attached **In Focus Newsletter (Appendix 3)**.

2.16 During 2016 the five Districts and Boroughs looked at reviewing their existing arrangements in line with the revised policing models. This has led to the development of Strategic partnerships with all 5 Districts retaining their locally focused Joint Action Groups. There are at present three District and Borough based Community Safety Partnerships within East Sussex. Those being

- Eastbourne and Lewes Community Safety Partnership
- Safer Wealden Partnership

- Safer Hastings and Safer Rother Partnerships are trialling a joint Community Safety Partnership

2.17 The partnership will continue to evolve as the Local Policing Model develops across Sussex.

3. Conclusion and Reasons for Recommendations

3.1 The Modern Crime Prevention Strategy has developed the community safety agenda to consider the broader threat of exploitation. The introduction of a new style of strategic assessment has identified priorities concerning vulnerable individuals who are being exploited by others for personal, commercial or financial gain. A common theme of the work of the partnership continues to be people with complex needs, which would relate to any one or a combination of substance misuse, accommodation and mental and physical health.

3.2 The Committee is asked to consider and comment on the performance and achievements of the Partnership and their plans for 2017 to 2020.

KEITH HINKLEY
Director of Adult Social Care and Health

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Email: Justine.armstrong@eastsussex.gov.uk

LOCAL MEMBERS

All

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Foreword

Successful and innovative partnership working to ensure we make the most effective and efficient use of resources in the field of community safety

Welcome to our East Sussex Safer Communities Business Plan for 2017/18 to 2019/20.

Community Safety remains a key priority within East Sussex. The Safer Communities Partnership, which involves a range of agencies, is the key strategic partnership in overseeing the community safety agenda and is committed to ensuring East Sussex remains a safe place for residents and visitors.

However, it is evident that as we move forwards, the broader threat of exploitation is something that should be considered within the field of community safety. Many of the threats identified through our engagement with a range of individuals, from directors to services users, who work, live and support various people in East Sussex, crossover into the sphere of exploitation of both vulnerable adults and young people, and it is clear that these should therefore not be considered in isolation. There are commonalities between all of these areas, with vulnerable individuals within our communities being targeted and exploited by others for personal, commercial or financial gain.

Also of note, is that much like the previous year, a common theme throughout our work is vulnerable people with complex needs, which would relate to any one or a combination of substance misuse, accommodation and mental and physical health.

It is therefore essential that we continue to ensure we are making the most efficient and effective use of resources across the East Sussex Safer Communities Partnership. Sustaining existing work within the partnership, such as the Safe Place Scheme, and developing new and existing relationships with partners is of particular importance to ensure that we are supporting vulnerable individuals within the community and helping them feel safe and confident in their everyday lives.

During 2017/18, we will once again hold a partnership engagement event to ensure more focused activity around our work streams, and provide further opportunities for the wider partnership to contribute to activity. It will also ensure we continue with the broader engagement of stakeholders including practitioners, young people, equalities representative and the third sector.

The process we adopted during 2016/17 brought some new areas of work to the forefront on the community safety agenda, and we will be working with partners to develop our knowledge and intelligence around these, and ensure it is shared in an efficient and timely manner in order to better inform local work.

This is a three year business plan, which will be refreshed annually, and sets out how partners will work together to deliver our community safety priorities. It also highlights what we have achieved during 2016/17 and what we are planning to do to improve the services to support local people for the future.

I am once again looking forward to working with all our partners to deliver the community safety priorities. I welcome the new challenges and opportunities that lie ahead. This plan will inevitably develop further as we progress, and the overall aim will be to make East Sussex an even safer place to live, work and visit.



Councillor Bill Bentley

Lead Member for Adult Social Care and

Chair of the East Sussex Safer Communities Board

About This Plan

The Modern Crime Prevention Strategy was published by the Home Office in March 2016. It updates the way we think about crime prevention, aiming to build on the successes of the past while making the most of new research, techniques and technology. The actions within the strategy represent the start of a shift in the way all partners work together to prevent crime. It is hoped that the impact of the new approach will not just be seen in crime rates themselves, but also in public perceptions of crime, the Plans of the Police and Crime Commissioner and member of organisations like Neighbourhood Watch.

The East Sussex Safer Communities Partnership undertakes a strategic assessment of community safety in order to select work streams and plan activity for the year ahead. To ensure the partnership is embracing the new government strategy, the Strategic Assessment of Community Safety 2016 was produced using MoRiLE (Management of Risk in Law Enforcement), which helps us to look at the threat, risk and harm of an issue and the impact it has. It provides an evidence base for selecting partnership priorities.

This year, there has therefore been a shift in the way we have undertaken our strategic assessment and business planning processes which can be seen in the [next section](#).

When selecting their work streams, the partnership takes into account those of the Police and Crime Commissioner, Sussex Police and District and Borough Community Safety partnerships (CSPs). The assessment also assists the District and Borough CSPs in selecting their local priorities.

This plan describes the work streams for the partnership, achievements and what needs to happen next. Following production of the plan, we will develop more detailed action plans, setting out how these work streams will be delivered with associated outcomes.

This plan also details both county and district and borough level community safety work streams. There are a number of shared local and countywide areas of work, in addition to work streams which relate to specific district and borough areas. However, to echo the trial merging of CSPs across the county, CSPs are looking to agree areas of joint focus where appropriate. The delivery mechanism for this business plan will also be designed to ensure both local and countywide issues and objectives are being considered, therefore maximising the use of our collective resources.

The Resources and Performance Group within the East Sussex Safer Communities Partnership has responsibility for monitoring performance and delivery against this plan, and is accountable to the East Sussex Safer Communities Board.

The East Sussex community safety partnership priorities are cross cutting and so we will continue to work closely with the Sussex Police and Crime Commissioner, Local Safeguarding Children's Board and Safeguarding Adults Board on shared work streams, particularly those that involve working with local communities and partners to keep Sussex safe.



Partnership Business Planning Process 2017/18

STEP ONE

We involved as many people as possible in identifying local threats to community safety



Safer People, Safer Places Engagement Event
17th May 2016

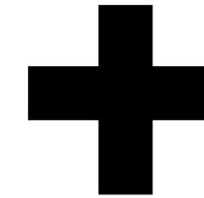
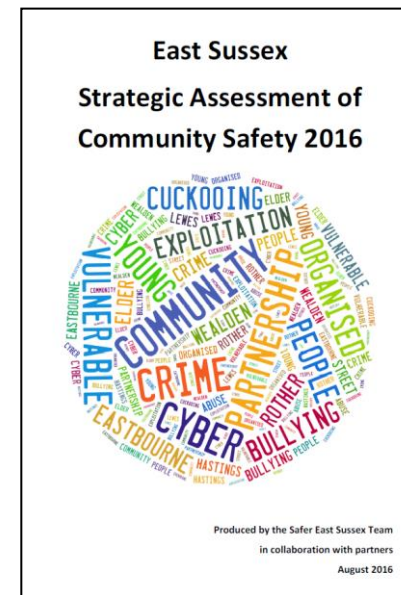
140 attendees from directors to services users, who work, live and support various people in East Sussex, discussed what they feel the main community concerns are in the county

Page 25

What people told us was very valuable and helped us inform our work...

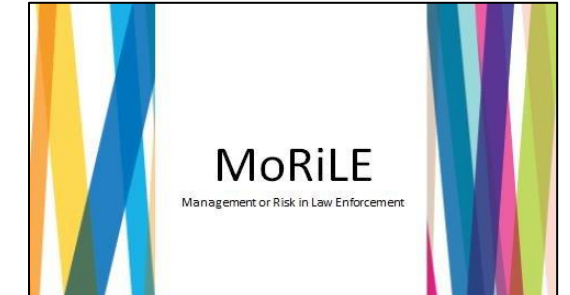
STEP TWO

We found out more information about these areas and other areas we know about



STEP THREE

We assessed the risk for these areas



MoRiLE helps us to look at the threat, risk and harm of an issue and the impact it has. It provides an evidence base for selecting partnership priorities



STEP FOUR

People talked about what was happening in these areas and what more can be done



Safer People, Safer Places Business Planning Event
27th September 2016

Partners looked at the Strategic Assessment of Community Safety 2016 and talked about the partnership plan for the future. The key question that was asked was 'what more can the partnership do to address the concerns raised?'

Feedback and discussions from this event helped decide what to do next...

PARTNERSHIP PRIORITIES

Identified through our annual business planning process as posing the most threat, risk and harm to communities in East Sussex

Serious Organised Crime: Identify vulnerable adults at risk of fraud and rogue trading and develop targeted preventative support

Serious Organised Crime: Begin to explore cyber-crime with a focus on cyber bullying and online safety

Serious Organised Crime: Explore further opportunities for partners to engage in early preventative work in relation to organised crime and the exploitation of young people, including links to County Lines

Serious Organised Crime: Gain a better understanding of the risk of modern slavery

WORK STREAMS IDENTIFIED THROUGH OTHER PARTNERSHIP PROCESSES

Require further work for the countywide partnership

Prevent

Hate Crime

Confidential Inquiry into Drug Related Deaths

Drug and Alcohol Strategy

Recommissioning of the East Sussex Drug and Alcohol Service

Development of a partnership offending plan

Domestic Abuse Strategy

Continued delivery of MARAC

Piloting Women's Aid 'Ask Me' scheme

Ensuring consistent care pathways in relation to violence and abuse

WORK STREAMS OVERSEEN BY OTHER PARTNERSHIP STRUCTURES

East Sussex Better Together Housing and Health Sub Group

- Working with partners across Sussex to develop a Homeless Prevention bid for the DCLG Homelessness Prevention Fund

East Sussex Safeguarding Adults Board

- Oversee adult safeguarding including elder abuse

Multi-Agency Child Sexual Exploitation (MACSE) Operational and Strategic Groups

- Accountable to the LSCB and oversees CSE agenda which is to be broadened out to include drugs exploitation of children and young people

Road Safety

- The Sussex Safer Roads Partnership (SSRP) works to create a safer environment for all road users across Sussex
- The East Sussex Road Safety Co-ordination Group co-ordinates road safety across the county
- Collisions resulting in KSIs will be included in the 3 year public health funded Safer Streets project

Engagement and Communication

Central to planning community safety activity in East Sussex is how we engage and listen to the concerns of our communities.

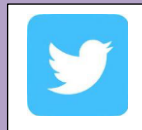
The East Sussex Reputation Tracker Survey, which is carried out annually, gathers information from a cross section of approximately 1,000 residents to find out about their perceptions on key issues. This year, the community safety questions will focus on crime and anti-social behaviour. This will hopefully give us a better insight as to what residents feel are the biggest issues in their community. This information will assist us in planning and informing our preventative work with partners in this area.



The new model of partnership working incorporates a wider partnership engagement event each year to engage partners in the process. This new model will ensure more focused activity around our work streams, and provide more opportunities for the wider partnership to contribute to activity. It will also enable broader engagement with stakeholders including practitioners, equalities representatives, businesses and the third sector.

Communications play a crucial role in building public confidence in the work all partnership agencies carry out, and we use various avenues of communication to ensure community safety messages are widely received. Last year, we reviewed our current communication methods by surveying recipients, and the majority of people who responded felt the content was relevant and accessible.

A monthly e-bulletin provides a snapshot of recent work that has been undertaken in the partnership and our bi-monthly newsletter features an in-depth focus on one of our priority areas. This includes looking at initiatives across the districts and boroughs which are in place to deal with community safety concerns.



Our Twitter account continues to grow, and increased by 184 in 2016 to over 1,300 followers.

Our website is being updated in line with our new priorities and we are looking at ways of ensuring the community can have their say on what's important to them.



It is our intention during 2017/18 to continue to increase the communication on the work the partnership does. This includes increasing our subscribers of the e-bulletin and continuing to reach a wider audience on Twitter. We will be looking at using Hootsuite analytics and functionality to understand peak viewing times and schedule our tweets accordingly. In addition, we have increased the number of team members with access to our social media accounts, which should increase our tweet volume and in return, raise the profile of the partnership.

Partnership Priorities

Serious Organised Crime: Vulnerable victims of fraud and rogue trading associated with serious organised crime

Identify vulnerable adults at risk of fraud and rogue trading and develop targeted preventative support.

Why is it a priority?



Increasingly, fraud is becoming more complex and deceptive, much of which is targeted at vulnerable and elderly people. Technology is enabling fraudsters to carry out attacks more quickly and employ more complex behaviours to remain undetected. The nature of fraud victimisation is not only financial. The emotional impact is significant and includes guilt, misplaced trust and diminished confidence, resulting in detrimental effects on physical and mental health and increased social isolation.

Victims are often, although not exclusively vulnerable through age, and with an aging population in East Sussex, this is something that we need to be mindful of.

There also appears to be correlation between the amount of money sent and the victims having poor mental and physical health, with those most vulnerable sending the most money. Some chronic victims even struggle to identify themselves as victims, as responding to mail gives them a sense of purpose and helps with feelings of loneliness.

Achievements so far...



Locally, we have effective links between Trading Standards, Sussex Police, National Scams Team, East Sussex Fire and Rescue Service and Adult Social Care. The direction of this work has been cemented by the establishment of the Scams Working Group, which brings together individuals from statutory agencies with responsibility for protecting vulnerable victims of fraud. The group are currently working together to develop a shared understanding of the profile of victims and locations to collectively target preventative activities in relation to scams in areas identified as having a high risk population. Working collectively with the voluntary, community and housing sectors, the group will look to build on existing work to support victims of scams and help build resilience in the community.

Friends Against Scams is a National Trading Standards (NTS) Scams Team initiative. NTS Scams Team works across England & Wales and engage with partner agencies to identify and support victims of scams. As part of this, the East Sussex Against Scams Partnership (ESASP) has been established, which is a partnership of organisations committed to taking a stand against scams and aims to make East Sussex a scam-free county. A charter has been developed and partners have joined together to commit to the East Sussex Against Scams Partnership Charter and its three key aims:

Raising awareness and de-stigmatising scams

Prevention and protection that everyone should have against scams

Identification of victims and consistent recording of scams



ESASP have implemented a Scamnesty campaign aimed to reach people in vulnerable circumstances, especially those who are the most socially isolated, and protect them from being targeted by criminals. The Scamnesty campaign encourages East Sussex residents to anonymously deposit unwanted scam mail which is then disposed of confidentially. Friends Against Scams have also been running free scams awareness sessions in East Sussex libraries designed to protect and prevent people from becoming victims of scams by empowering communities to 'Take a Stand Against Scams'.

Over the next 12 months we will...

- Continue to work together to develop a shared understanding of the profile of victims and their location. We will work collectively in line with safeguarding adults principles to prevent adults vulnerable to abuse and neglect from falling victim to scams and fraud.
- Establish a collaborative research group involving the Office of the Police and Crime Commissioner, Adult Social Care, Trading Standards and National Scams Team to learn more about the victims of fraud in order to better understand how we can work together to build the resilience of vulnerable groups.
- Explore additional risk indicators that could prevent further victims of scams and fraud.

Serious Organised Crime: Cyber crime

Begin to explore cyber crime with a focus on cyber bullying and online safety.

Why is it a priority?

Crime as we know it is changing. As we've embraced technology and moved online, it has too, and people are now more likely to be a victim of an online crime than a traditional crime. The internet means that for cyber crime in particular, criminals can now target many thousands of potential victims with a single keystroke. Recent preliminary estimates published by ONS suggest there could be as many as 5.1m fraud offences per year in this country, and 2.5m cyber crimes¹.

Cyber bullying is rife on the internet and most young people will experience it or see it at some time. Due to advancements in technology, cyber bullying can happen 24 hours a day, 7 days a week and it can go viral

very fast. For many cyber bullying affects their everyday lives and is a constant source of distress and worry. With mobile technology being so freely available it is an ongoing issue and one that is relentless. It has been well documented that cyber bullying has resulted in tragic events including suicide, and self-harm and clearly, more needs to be done in order to protect vulnerable children and adults from online bullying².

Cyber bullying is also part of the much wider issue of exploiting the vulnerabilities of young people, which also includes threats such as grooming and even radicalisation and extremism.



3

Achievements so far...

East Sussex's Safer Communities Partnership has launched a ground-breaking new resource to support schools and youth settings safeguard children and young people from radicalisation and extremism. The resource entitled Think: Protect: Connect comprise of six carefully scripted workshops to increase children and young people's critical thinking skills, together with their awareness, knowledge and understanding of radicalisation, extremism and online propaganda techniques used by extremist groups. The resource is being delivered in Primary Schools across the County.



¹ Modern Crime Prevention Strategy:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/509831/6.1770_Modern_Crime_Prevention_Strategy_final_WEB_version.pdf

² <http://www.bullying.co.uk/cyberbullying/>

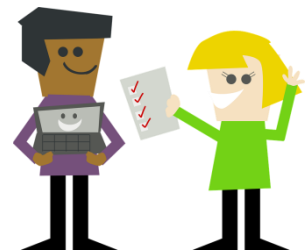
³ 10 things you need to know about cyber bullying: <https://www.internetmatters.org/issues/cyberbullying/learn-about-it/>



Cyber bullying and Hate Crime Awareness training has been offered to all primary schools in East Sussex. Between April and September 2016 a total of 51 sessions were undertaken, primarily with pupils although a small number were aimed at parents and governing bodies. Subjects covered in these sessions include equality and diversity, cyber bullying and criminal responsibilities

Over the next 12 months we will...

- Undertake further research and scoping to gain a better understanding of this area. Working in partnership, we will explore different sources of information and attempt to build a more robust picture of cyber crime in East Sussex.
- We will include and develop cyberbullying and online safety programmes within the wider Prevention Programme being developed for Schools with partner organisations. This programme will involve collaboration with partners on the wider Community Safety Education and Awareness work in relation to risk, harm and threat to vulnerable young people. It will offer a current, modern and creative programme to young people on personal safety and community safety which is well planned and co-ordinated which provides up to date information and provides clear and factual advice and support on relevant and topical areas.
- Explore the options of collaborating with relevant partners to deliver a regional event which promotes awareness of the trends in cyber- crime affecting young people and to provide an all-round grasp of the principal dangers, and equip professionals with the understanding, skills and confidence to enable children and young people to stay safe.



Serious Organised Crime: Vulnerable young people being exploited and recruited by organised crime groups

Explore further opportunities for partners to engage in early preventative work in relation to County Lines, organised crime and the exploitation of young people.

Why is it a priority?

Young people (under 18) continue to be exploited by county lines gangs. Children from urban areas are recruited by gangs to courier drugs and money to county locations. Since initial reporting, there has been an increase in awareness of the use of local and urban children to convey drugs into and supply them throughout county lines markets. This poses many risks to young people, not least violence, intimidation, unhygienic and unsafe practices, falling into Class A drug use and in some cases child sexual exploitation.

Although awareness has increased, both nationally and locally it is difficult to ascertain accurate figures, which means we do not know the true scale of child exploitation by gangs. It is therefore likely that many children fail to be safeguarded. County lines gang activity generates considerable harm at both the urban core and within the county market location, generating a need for multi-agency responses, with safeguarding at the very fore of priorities.⁴



Achievements so far...

We have been working with partners to understand more about the exploitation and recruitment of young people in connection with organised crime. We have been identifying and developing ways in which we can spot risks and identify when young people need support, and started to scope a multi-agency response to a wider prevention programme.

The partnership have seen some acute cases come to light in the last 6 months where positive joint working by Police, Under 19's Substance Misuse Service, Youth Offending and Children's Social Care has appropriately identified children who are being exploited in this manner as victims rather than perpetrators. This approach has allowed us to put in place packages of support for these children whilst at the same time allowing the police to disrupt the criminal behaviour that has been led by adults either based locally or out of area.

Case Study

A 14 year old child was identified by Sussex Police during a planned drugs operation in Eastbourne. He was identified as a child from a London Borough who had been missing for 2 weeks and was arrested along with an adult male in Eastbourne in possession of significant amounts of illicit drugs. He was returned to London and accommodated by them. Sussex Police are treating him as a victim not a perpetrator.

Research undertaken locally by the manager of the U19s Substance Misuse Service looked at the correlation between CSE, safeguarding referral and substance misuse treatment. This work identified a clearly shared client group and an adult exploitation connection. The outcome of this report has resulted in the decision to broaden the strategic and operational agenda of the Multi Agency Child Sexual Exploitation

⁴ NCA: County Line Gang Violence, Exploitation & Drug Supply 2016
<http://www.nationalcrimeagency.gov.uk/news/958-county-lines-drug-networks-now-a-nation-wide-issue>

(MACSE) groups to also address the wider threat of exploitation to include drugs and the “county lines” threat as it is reported. For more information about the work of the MACSE groups please see [Work Streams Overseen by Other Partnership Structures](#).



We have been working with Early Help Services, local borough councils and Sussex Police to deliver assertive outreach via mobile and detached projects. This outreach work is targeting young people who are causing ASB issues in identified parts of Eastbourne and Hastings but who also have their own specific needs including homelessness and other vulnerability factors including indicators associated with CSE and exploitation. Partners have identified specific cohorts of young people to target and will look to develop bespoke projects, some of which will coincide with the February Half Term and Easter Holidays.

We have been undertaking a mapping process to identify children / young people in or at risk of being involved in SOC in East Sussex. This has involved gathering a variety of data from the youth offending team on drug offences and missing person data for example in order to pull the indicators together we know contribute towards the risk of a young person being more susceptible to exploitation by criminal groups/gangs. Once complete we will share this ‘profile’ with Schools and other agencies who work with and support young people in order to offer interventions at a much earlier stage.

Over the next 12 months we will...

- Incorporate the Serious Organised Crime Toolkit into a Wider Prevention Programme for Schools and ensure professionals working with young people at risk are aware of this resource.
- Develop support packages and awareness of organised crime to an identified cohort of young people who can be targeted with suitable diversion and intervention activities. This will include supporting the outreach work being developed by Early Help Teams.
- Inform and engage with relevant agencies to ensure young people at risk of exploitation from organised crime groups are seen very much as victims than perpetrators and look to inform local procedures to this effect. We will work with the LSCB and relevant partners to ensure organised crime groups are looked at as a safeguarding risk to young people and that local guidance reflects this.



Serious Organised Crime: Modern Slavery

Gain a better understanding of the risk of modern slavery

Why is it a priority?

The scale of modern slavery in the UK is significant. Modern slavery crimes are being committed across the country and there have been year on year increases in the number of victims identified. A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators. HM Government's Modern Slavery Strategy⁵ estimates the current number of potential victims of trafficking in the UK to be between 10,000 and 13,000. This includes both victims trafficked into the UK, as well as British adults and children.

Within the Sussex Police Force Strategic Assessment, Modern Slavery was assessed as high risk due to the severe and long-term impact that it has upon the vulnerable, the high level of public expectation and the need for a multi-agency response to tackling it effectively. Modern Slavery has therefore remained on the Sussex Police Control Strategy to ensure a focus on enhancing understanding and improving the multi-agency response to the issue, as has been achieved with other high risk issues such as Child Sexual Exploitation.

Other drivers are the inclusion of Modern Slavery as a type of abuse within the Care Act 2014 that provides the statutory footing for adult safeguarding responses.

Achievements so far...

In March 2016, the Safeguarding Adults Board (SAB), in partnership with the Local Safeguarding Children's Board (LSCB) 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'¹ and 'A21'¹. Over 130 delegates attended, representing a broad range of agencies supporting vulnerable adults and children.



Continuing the work to raise awareness, and ensuring staff have the right skills and knowledge, the Local Safeguarding Children Board and the Safeguarding Adults Board have jointly commissioned 'Human Trafficking prevention and identification' training, with this being delivered by A21. This training is designed to educate frontline professionals about the issue of human trafficking, how to identify victims and how to respond and communicate appropriately with them.

⁵ Modern Slavery Strategy:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383764/Modern_Slavery_Strategy_FINAL_DEC2015.pdf

Over the next 12 months we will...

Undertake further research and development of knowledge to gain a better understanding of this area. Working in partnership with the LSCB and the SAB, we will explore different sources of information and attempt to build a more robust picture of modern slavery in East Sussex. This will include:

- Drawing on work by Sussex Police Force to understand the threat posed by Modern Slavery, from a Sussex perspective, as well as the national picture of Modern Slavery which is being developed in the National Crime Agency
- Holding an East Sussex focused event to develop a local picture of the scale of Modern Slavery, as well as vulnerabilities as a result of the county's geography, infrastructure and communities.

Our focus locally will be to:

- Developing information and resources to promote general awareness raising
- Delivering targeted awareness raising activities for specific groups – in February 2017 a series of free training sessions will be held for licensed traders (such as Taxi Drivers) on a range of crime types, including CSE, Rape and Sexual Offences and also Modern Slavery and Trafficking
- Review the existing training for staff
- Learning from activity at a Borough and District level e.g. the Hastings Anti-Trafficking Hub.

We will also establish local strategic oversight and accountability of the Modern Slavery agenda. The East Sussex Safer Communities Partnership, along with the LSCB and SAB, will need to ensure that leadership and accountability for Modern Slavery is clear and that information is effectively shared in order to protect vulnerable adults and children from harm. The Boards/Partnerships will work together and take a pragmatic approach to achieve the best outcomes for people and ensure there is no duplication of effort.

As Modern Slavery is a complex crime, with victims and perpetrators moving across local authority boundaries, we will take a wider regional focus to identify opportunities to work collaboratively with other statutory and voluntary partners across Sussex. Following an initial Pan-Sussex meeting in December 2016, we will hold a Pan-Sussex event in the New Year to explore options on Sussex wide level on how best to respond to Modern Slavery, support victims and delivery share priorities.

Our focus regionally will be to:

- Ensure robust policy and practice including referral pathways. One of our aims will be to incorporate any updated policy and practice information for Modern Slavery within the updated Sussex Safeguarding Policy and Procedures
- Establish strategic oversight and accountability of Modern Slavery agenda
- Develop models for provision of victims including work with the National Referral Mechanism (NRM), as well as other options for a local response for both individual victims and larger groups e.g. reception centres.

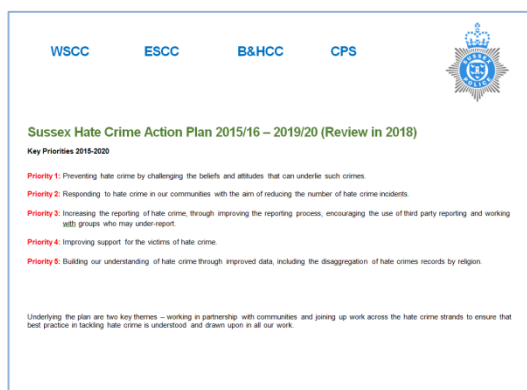
Work Streams Identified Through Other Partnership Processes

Hate Crime

Hate crime is defined as ‘any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice towards someone based on a personal characteristic.’ This common definition was agreed in 2007 by the police, Crown Prosecution Service, Prison Service (now the National Offender Management Service) and other agencies that make up the criminal justice system⁶. However, according to the Independent Crime Survey for England and Wales the difference between police figures and the crime survey show that hate crimes continue to be significantly under reported.

Achievements so far...

A Hate Crime Action Plan has been developed by Sussex Police in line with Action Against Hate, which is the UK Government’s plan for tackling hate crime (July 2016). Underpinning the plan are two key themes; working in partnership with communities and joining up work across the hate crime strands to ensure that best practice in tackling hate crime is understood and drawn upon in all our work.



Over the next 12 months we will...

Be contributing to the Sussex Police Hate Crime Action Plan by:

- Increasing the reporting of hate crime, through improving the reporting process, encouraging the use of third party reporting and working with groups who may under-report.
- Preventing hate crime by challenging the beliefs and attitudes that can underlie such crimes.
- Responding to hate crime in our communities with the aim of reducing the number of hate crime incidents.
- Improving support for the victims of hate crime.
- Building our understanding of hate crime through improved data, including the disaggregation of hate crimes records by religion.



⁶ Hate Crime, England and Wales, 2015/16:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559319/hate-crime-1516-hosb1116.pdf

Prevent

The Counter Terrorism and Security Act 2015 introduced a number of new duties for local authorities and the Safer East Sussex Team has taken the lead in implementing these duties and ensuring compliance with the legislation on behalf of East Sussex County Council. The East Sussex Prevent Board assesses the countywide risk of people being drawn into terrorism and coordinates Prevent partnership activity according to section 29 of the Counter-Terrorism and Security Act 2015.

It is expected that in 2017/18 local authorities will adopt the lead position in the assessment and support of vulnerable persons, with the support of the function and with the assistance of Police Prevent Officers.

Achievements so far...

East Sussex Safer Communities Partnership has launched a ground-breaking new resource to support schools and young settings to safeguard children and young people from radicalisation and extremism. The resource entitled Think: Protect: Connect comprise of six carefully scripted workshops to increase children and young people's critical thinking skills, together with their awareness, knowledge and understanding of radicalisation, extremism and online propaganda techniques used by extremist groups.



We have also been successful in being awarded funding from Innovate UK – Prevent Home Office Funding to develop a range of innovative 'autism friendly' resources aimed at safeguarding young people with autism from online radicalisation and extremism, by building their personal and online digital resilience and critical thinking skills. To enable their parents and carers to understand more about extremism they will be offered direct support in the form of a series of workshops that will run alongside those for young people.

Over the next 12 months we will...

- Continue to roll out the Think, Protect, Connect programme to East Sussex Schools and to use the programme as a low level intervention for young people referred to Prevent. This toolkit aims to provide schools other youth settings with a range of innovative resources to safeguard children and young people from online radicalisation and extremism
- Keep abreast of changes to the National Counter Terrorism Strategy (CONTEST) and in particular the Prevent Strategy. The Home Office have carried out internal reviews of both these strategies and we await the outcomes.
- Monitor the way Channel is coordinated. During 2016 a number of local authorities have been trialling a new model of coordinating Channel outside the current framework and we will wait to see how this will affect existing referral pathways.
- Publish and disseminate our new Autism friendly version of Think; Protect; Connect under our contract with the Home Office.



Reducing Alcohol Related Harm

Alcohol misuse is a sizeable problem in the UK, costing the NHS £3.5 billion a year⁷ and costing the economy over £17 billion per year when accounting for alcohol-related crime and lost productivity costs. Whilst the majority of people who consume alcohol do so within safe levels, more than 10 million people consume more than the recommended daily limits.⁸ And though alcohol consumption has been declining in recent years, alcohol-related harm is still at record levels. In England, alcohol misuse is the biggest risk factor attributable to early mortality, ill-health and disability for those aged 15 to 49 years, and the fifth most important for all ages.⁹

Achievements so far...

In order to involve the public in developing solutions for tackling alcohol-related harm, Public Health, with the support of the Hastings Community Alcohol Partnership, commissioned an alcohol inquiry. An Inquiry Group was established in the summer to explore the question 'what can we all do to make it easier for people to have a healthier relationship with alcohol?' They considered a number of areas and various local experts were called upon to give evidence to help them consider the issue. The Inquiry group have now made their recommendations and are working in partnership with local agencies to develop action plans for implementation.



Two social marketing projects, focusing on alcohol, have been commissioned by Hastings and Rother CCG. One aims to reduce alcohol experimentation and consumption in 11-15 year olds and the other aims to reduce alcohol-related A&E attendances and ambulance callouts, while contributing to reducing alcohol related harm in 17-25 year olds. Both projects are on-going and involve collaborative work across a number of organisations.

A report entitled *Alcohol Harm in East Sussex* focuses on the health aspects of alcohol and pulls together information on alcohol-related behaviours and health outcomes in East Sussex. It is being used to inform local work with a focus on those areas where the harms are highest.

Over the next 12 months we will...

- Participate in a Regional alcohol sector-led improvement initiative, which involves partners completing a self-assessment as well as having the opportunity to be peer assessed by another area. Based on the findings, we will identify future priorities both in terms of how we work and what we prioritise to work on together.
- Up-date the alcohol harm report in 2017
- Work with the Hastings Alcohol Inquiry Panel to ensure local people play an on-going and active role in shaping solutions to reduce alcohol related harm.
- Continue working on the social marketing projects with young people.

⁷ Local Government Organisation (January 2013), Public health and alcohol licensing in England: LGA and Alcohol Research UK briefing.

⁸ Office for National Statistics (February 2015), Alcohol-related Deaths in the United Kingdom.

⁹ Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review. Crown copyright 2016.

Domestic Violence & Abuse, Stalking and Rape & Sexual Violence and Abuse

Domestic Violence & Abuse, Stalking and Rape, Sexual Violence and Abuse are existing work packages that will continue to be progressed. The overarching aim is that local residents and communities are free from these forms of violence and abuse by delivering the following outcomes:



Achievements so far...

The Portal¹⁰ continues to provide a single point of access and helps victim/survivors of domestic and sexual violence and abuse to find advice and support in East Sussex and Brighton & Hove. Other commissioned services also provide support to victims of domestic violence and abuse across the county, including Refuge (which operates five refuges in East Sussex) and Home Works (which provides flexible and tailored support to prevent homelessness). Interventions with perpetrators of domestic violence and abuse are delivered through a joint Children's Social Care and the Kent Community Rehabilitation Company 'Building Better Relationships' (BBR) programme. During 2016 new service offers have been funded or tested, including:

- Work in health care setting, with domestic violence and abuse specialists located in a local hospital and in Primary Care (funded by the Hastings & Rother Clinical Commissioning Group)
- Piloting joint work with Adult Social Care through co-location of specialist worker from The Portal in Health and Social Care Connect (funded by the Office of the Police and Crime Commissioner)
- Co-locating a post in the MASH to coordinate the responses to children at level 3 and 4 of the Continuum of Need exposed to domestic violence and abuse. This replicates an existing model of work developed for child victims of sexual abuse (funded by Public Health and NHS England)
- Developing a children and adult safeguarding service response for vulnerable young people and adults who have been identified as suspected victims of exploitation, coercion and control (funded by Public Health)

We have continued to work to raise awareness, and ensuring staff have the right skills and knowledge, by:

- Reviewing Domestic Abuse Training and launching a new course for practitioners from Children's Services and Adult Social Care and other professionals. This is delivered in partnership by the Local Safeguarding Children's Board (LSCB), Safeguarding Adults Board (SAB) and Safer Communities Partnership to reflect the need to adopt the 'Whole Family' approach
- Launching a Champions Network¹¹, to bring together practitioners from a range of agencies and to further strengthen community and agency responses across the County
- Marking the 16 Days of Action and secured White Ribbon Status,



¹⁰ The Portal is a partnership of leading Sussex Domestic and Sexual Abuse Charities including RISE, Survivors' Network and CGL. www.theportal.org.uk

¹¹ <http://www.safeineastsussex.org.uk/get-involved.html>

alongside a range of events and activities hosted by District and Borough Community Safety Partnerships. Locally, Eastbourne, Lewes, Wealden and Hastings have all secured White Ribbon status.

We have also continued to deliver the Multi-Agency Risk Assessment Conference (MARAC) for the highest risk victims of domestic violence and abuse, with a focus on continuous improvement and ensuring that professionals can access training with the roll out of courses on risk identification and referral¹².



Sadly, in 2015 and 2016, there were three homicides in the county where the victim's death was due to, or suspected to have been caused by, domestic violence and abuse. Each is subject of a 'Domestic Homicide Review' which aims identify how local professionals and organisations can improve the way they work together – the partnership will develop action plans to respond to any findings, with the reviews published once approved by the Home Office and events for professionals to be held to disseminate learning.

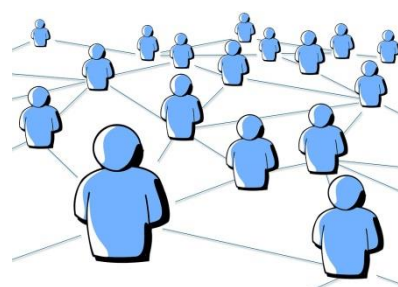
The East Sussex Safer Communities Partnership has also continued to work closely with the LSCB, which has identified domestic violence and abuse as a priority for 2015-18, and the SAB, to ensure that responses to violence and abuse – including policy, procedures and pathways – are robust. We will also continue to delivery targeted awareness raising activities for specific groups. In February 2017 there are a range of free training sessions for licensed traders (such as Taxi Drivers) focused on Child Sexual Exploitation, Rape and Sexual Offences and also Modern Slavery and Trafficking, as well as a Coercive Control Conference

Over the next 12 months we will...

Review the existing Domestic Abuse Strategy and develop a shared strategy for Domestic Violence & Abuse, Sexual Violence and other forms of Violence against Women and Girls with Brighton & Hove. This strategy will set out our shared strategic aims, as well as identifying priorities specific to East Sussex including how we will work with District and Boroughs. Our work will be built around the key themes from HM Government's strategy to end violence against women and girls¹³ and will include delivering or commissioning the following:

Prevention:

- Continuing to raise awareness of what constitutes violence and abuse, in particular focusing reaching different communities or addressing emerging risks like stalking and harassment
- Supporting the LSCB's work with children and young people, such as the promotion protocol for the recognition and working with DVA in schools
- Piloting the Women's Aid 'Ask Me' Scheme to create safe spaces in the local community to increase public awareness and promote opportunities for disclosures.



Provision of service

- Continue to support The Portal, Refuge and Home Works and other accommodation services
- Work with specialist services and other commissioners to generate added value and test different models of delivery
- Develop proposals to further develop support for victim/survivors with a focus on Private Law Family Proceedings, those experiencing Stalking and Harassment, and a trauma pathway to improve access to talking therapies.

¹² <http://www.safeineastsussex.org.uk/MARAC-help.html>

¹³ <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

Partnership working

- Ensure frontline practitioners have the confidence and skills to identify and respond to violence and abuse including further developing multi-agency training around forced marriage, honour based violence and sexual violence
- Develop resources for professionals including guidance to improve 'safety netting' and to support step down from specialist or commissioned services
- Review the finding from the review of the MARAC to ensure that MARACs are better able to manage volume, address complex or repeat cases and integrate into Child and Adult 'front doors'

Pursing perpetrators

- Review interventions to challenge perpetrators, in particular repeat offenders and perpetrators of stalking and harassment.

Reducing Re-Offending

The Home Office estimates that nationally 0.5% of offenders commit 10% of offences; in addition 10% of offenders commit 50% of offences. A significant proportion of crime is committed by a relatively small group of persistent or prolific offenders who cause harm and distress to individuals and to our communities.



Integrated Offender Management (IOM) brings a cross-agency response to this cohort. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together. The primary objectives are to; reduce the negative impact of crime and reoffending, reduce the number of people who become victims of crime and to help improve the public's confidence in the criminal justice system.

However, we also need to be mindful that this cohort is also vulnerable and requires support from partners, especially in terms of employment, education and training, accommodation, substance misuse, and physical and mental health issues.

The East Sussex Youth Offending Team (YOT) aims to prevent offending by children and young people mainly aged 10-17 who have offended and received a caution from the police or who have been sentenced by the court to a community or custodial penalty. The YOT consists of staff recruited from the Police, Probation, Children's Services (including Education), Health and the voluntary sector).

Young people involved in the Youth Justice System identified as presenting a high risk of harm or likelihood of committing further offences have transferred directly from the Youth Offending Team to the National probation Service or the Kent Surrey and Sussex Community Rehabilitation Company under IOM.

Achievements so far...

- Reformed East Sussex is funded through a variety of grants. Reformed East Sussex improves the employability of those in recovery, those affected by the criminal justice system and those clients also managed by the IOM scheme. Since the Eastbourne IOM Client project work started in July 2016, 8 clients have engaged with the service. 6 of these are studying for the CSCS card, 3 are working or have worked in a voluntary placement and a further 3 have secured permanent employment. The project will run until July 2018.



Reformed **Eastbourne**
CIC Services

- Inspire also received funding from the East Sussex Safer Communities Partnership and the Police Crime Commissioner to allow co-located Women's Support Workers (WSW) to meet women in police custody centres and continue support in the community. The aim is to divert women at the first point of contact with the criminal justice system through the use of the Women's Conditional Caution (WCC) or voluntary engagement. The Kent Surrey and Sussex Community Rehabilitation Company have dedicated a full time responsible officer to the Inspire hub who specialises in working with female service users.
- We have developed an infographic which looks at figures and statistics in relation to female offenders, and Education, Employment and Training (ETE) needs with offenders in the county. It also identifies gaps in services for women offenders in East Sussex and gaps in relation to education, training and employment opportunities. This will be used to inform the multi-agency offending plan that will be developed over the next 12 months.



Over the next 12 months we will...

Participate in the work being undertaken across Sussex around the three priority areas identified by the Joint Strategic Reducing Re-Offending Group as follows;

- **Continuity of Healthcare from Prison to community:** Successful re-integration to the community requires consideration of the offender's health and how their health will affect their families and communities. We will improve compliance of offenders with treatment plans for when they return to the community. We will work with key partners; NHS England, Health, Mental Health providers and Kent, Surrey and Sussex Community Rehabilitation Company (KSSCRC) to improve joint working processes.
- **Transforming Women's Justice:** Participate in the evaluation of women's custody pilots in East Sussex, West Sussex, Brighton and Hove. Evaluation of the pilots will be undertaken by the University of Surrey. We will also look to develop spaces where women only services can be delivered.
- **Strategic Integrated Offender Management:** We will establish an IOM delivery group and develop an offending plan. Service users are RAGGED according to their risk and need so that resources are allocated according to those who commit the most crime in East Sussex. The IOM is delivered through joint working with Sussex Police, the Kent Surrey and Sussex Community Rehabilitation Company, the National Probation Service and representatives from key partner agencies. The progress of service users is then monitored through monthly meetings co-chaired by the CRC and Sussex Police.

The offending plan developed by the IOM delivery group will concentrate on the following key areas identified by the partnership:

Accommodation: We will participate in the development of the Housing First Pilot and support all bids for accommodation support for offenders and people with complex needs.

Employment, Training and Education (ETE): These are essential pathways to reducing offending, and lack of current work experience, qualifications, poorly paid work and employer prejudice contributes to high unemployment rates amongst former offenders. Specialist services are needed in order to gain experience and qualifications, and we will therefore look at those offenders in East Sussex with an ETE need and the services that are available.

Improving processes: We will look to develop the Integrated Offender Management (IOM) Scheme to include a wider range of offences and improve IOM processes by introducing an East Sussex IOM Delivery Group.

Serious organised crime: Serious Organised Crime Prevention Orders are obtained and enforced by the Serious Organised Crime Unit (SOCU) and monitoring carried out by local IOM teams. We will look at how specialist knowledge and training around serious organised crime groups can be incorporated into existing models. We will work with the Sussex Police Divisional Intelligence Unit (DIU) to better share intelligence.

Armed Forces Community

At the beginning of 2016 structures for work around veterans and their families included the Sussex Armed Forces Network (SAFN) which was established in 2011 by NHS Sussex. The SAFN is managed and supported by the 7 Clinical Commissioning Groups (CCGs) through the Sussex Strategic Clinical Commissioning Executive Committee. Unlike other County Councils there was no Civil Military Partnership Board in East Sussex. Therefore, in August of that year the Safer Communities Partnership subsumed the community safety aspects for veterans and their families and now performs the functions of a Civil Military Partnership Board.

In order to implement this change the lead officer from the SAFN became a member of the Resources and Performance Group and the Safer Communities Board. In addition, the partnership ensures that two other key contacts from the Ministry of Defence and Royal British Legion are invited to our engagement events.



Over the next 12 months we will...

- Work with our local service providers to identify people who have been in the armed forces, and continue to support those local providers working with the Sussex Armed Forces Network (SAFN) to raise awareness and undertake training to provide support to veterans. This will also include work with our drug and alcohol service.

Work Streams Overseen by Other Partnership Structures

East Sussex Better Together Health and Housing Sub-Group

East Sussex Better Together (ESBT) is our 150-week programme to transform health and social care services. It's about making sure we use our combined £850million annual budget to achieve the best possible services for local people. The programme started in August 2014 and is led by two local NHS clinical commissioning groups, East Sussex County Council, East Sussex Healthcare NHS Trust and Sussex Partnership NHS Foundation Trust.

The Health and Housing Sub Group is a strategic forum which feeds into the ESBT and Connecting For You programs. One of their key priorities is homelessness which covers those with complex and multiple needs and rough sleepers.



Hastings Borough Council as the lead authority bid, and was successful, at gaining funding from the Department for Communities and Local Government (DCLG) for the Prevention of Rough Sleepers programme. The funding, for a two year project, will be used to fund new roles for staff to evaluate assessment processes across health, housing and social care in East Sussex with the intention of realigning services to what is the 'front line' identifying those at the highest risk of rough sleeping.

Secondly Eastbourne and Hastings joined a bid to the DCLG with Brighton, Worthing and Adur to access Social Impact Bonds (SIB) for a new service targeted at entrenched rough sleepers. Across all areas 150 individuals will be identified and a 'Housing First' service commissioned on a payment by results basis. The SIB is worth £1m over the period of the project and we will work closely with statutory services and existing providers on the development of this project. The progress of both of these projects will be governed through the Health & Housing Subgroup with updates for the Community Safety Partnership on a regular basis.

East Sussex Safeguarding Adults Board

The Care Act 2014 sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and those with whom they work, to protect adults who may be at risk of abuse or neglect. One of these responsibilities requires the local authority to establish a Safeguarding Adults Board (SAB) in their area.

The SAB has three core duties:

Publish a strategic plan setting out how it will meet its main objectives and what members will do to achieve this

Publish an annual report detailing what the SAB has done during the year as well as detailing the findings of any Safeguarding Adult Reviews (SARs)

Conduct any Safeguarding Adult Review in accordance with section 44 of the Care Act

In terms of community safety and the threats identified within the Strategic Assessment of Community Safety 2016 that are not outlined elsewhere in the Business Plan, it is important to note the Safeguarding Adults Board oversees adult safeguarding practice that includes the threat of elder abuse with appropriate partners. In light of a recent multi-agency review, e-learning and face to face training is being reviewed and will look at the need for more focus on domestic abuse within the older population. The Falls Toolkit has been reviewed and updated by the Safeguarding Development Team in Adult Social Care and Self-neglect multi-agency training has been developed by the Safeguarding Adults Board Training and Workforce Development subgroup. The Client and Carer Safeguarding Advisory Network (CCSAN), has made links with Age UK East Sussex, raising awareness of elder abuse, the role of carers and sharing knowledge.

Multi-Agency Child Sexual Exploitation (MACSE) Operational and Strategic Groups

The Multi Agency Child Sexual Exploitation (MACSE) operational and strategic groups are now well established in East Sussex. Accountability for the agenda is to the Local Safeguarding Children's Board (LSCB) with membership and reporting links to the Youth Offending Team Chief Executive Group and the Safer Communities Board. The East and West operational "bronze" groups are co -chaired by Social Care and Sussex Police operational leads and provide the multi-agency oversight of risks and safety planning for individual children and groups of children, identified as being vulnerable or involved in CSE within East Sussex.



All Youth Offending Team practitioners are aware of linkage between serious organised crime and child exploitation. Practitioners look for signs throughout their assessment process and will refer into the MACSE operational meetings where appropriate. The Youth Offending Team (YOT) is represented at all levels of the MACSE meetings. Where issues are identified with a number of YOT young people, the YOT will host multi-agency mapping meetings and feed any significant information into the MASCE meetings. The YOT PC will also attend these meetings and ensure relevant intelligence is fed back to the police.

Over the last few months LSCB partners have made specific attempts to widen the remit of the 2 Bronze operational MACSE panels to include children identified at risk of wider criminal exploitation as well as sexual exploitation. There are now cases active at both MACSE panels where wider criminal exploitation (i.e. suspected involvement in drug supply) is the dominant risk factor. Information has been shared with all of the Duty and Assessment Team Practice Managers and specific awareness raising work is ongoing with the Multi Agency Safeguarding Hub (MASH) and Single Point of Advice (SPOA) multi agency teams.

Road Safety

The Sussex Safer Roads Partnership (SSRP) comprises Sussex Police, East and West Sussex County Councils, East and West Sussex Fire and Rescue Services, Brighton and Hove City Council and Highways England, and believes that together, we can create a safer environment for all road users, significantly reduce life-changing injuries and eliminate fatalities.

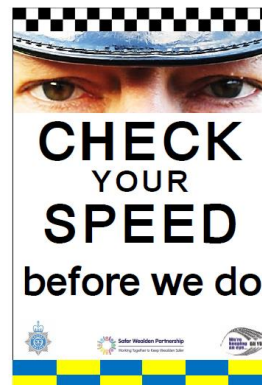
Locally, the East Sussex Road Safety Co-ordination Group co-ordinates road safety across the County. This is a multi-agency group that comprises Sussex Safer Roads Partnership (SSRP), Sussex Police, ESFRS, all five District and Borough Community Safety Partnerships, East Sussex Highways and Public Health and the Institute of Advanced Motorists.



Data relating to casualties and from Operation Crackdown (an anti-social driving reporting portal) is provided to District and Boroughs in order that current risks and trends can be addressed. In addition SSRP analysts provide bespoke analysis where appropriate.

The use of data is vital in understanding risk and how to mitigate it. For example a perceived risk associated with aging drivers was explored within the Strategic Assessment of Community Safety 2016 but the conclusion was that there is not enough information to suggest this issue needed to be monitored. The basic analysis that has been undertaken did not support a re-profiling of work already prioritised in relation to road safety.

East Sussex County Council has undertaken a three year Safer Roads project aimed at reducing the numbers of people killed or seriously injured in East Sussex. Utilising funding from Public Health the project will identify education and behaviour change programmes including those that have been piloted elsewhere, such as Wealden's 'We're Keeping an Eye on You'. The project will look nationally at best practice and at what initiatives other authorities / road safety partners have undertaken as it develops a behaviour change programme to reduce the number of people killed and seriously injured in East Sussex.



Water Safety

Over the last three year period 48 people have drowned in East Sussex. If the number of people who were recorded as having drowned as a result of a fall from Beachy Head is included that number increases to 121. Nationally over 400 people drown each year making drowning the third most common cause of death amongst young people aged 10-18.

The risks associated with water are not confined to the coast. Nationally more people drown in inland water than the sea in flooded quarries, lakes, canals and rivers.

Whilst accurate data on the number of people left with life changing injuries as a result of a water related incident is not at present recorded expert views are that for every drowning there are 8 life changing injuries (such as paralysis, brain damage due to lack of oxygen etc.)



Locally drowning incidents hit the headlines during the summer of 2016 with the tragic deaths of 7 people in two incidents at Camber Sands which have resulted in a significantly higher profile for drowning prevention. District & Borough Councils are very much involved in water safety and it is likely that incidents will continue to be scrutinised. The tragedy prompted an evidence session held by the Transport Committee in Parliament on 5 December 2016 to scrutinise the structure and coordination of organisations that work to prevent and respond to emergency incidents around the coastline.

In 2016 the National Water Safety Forum published the first UK Drowning Prevention Strategy with an aim to reduce accidental drowning fatalities by 50% by 2026. East Sussex Fire & Rescue Service has its own Water Safety Strategy and is working collaboratively with the Royal Life Saving Society, Royal National Lifeboat Institution and a number of District and Boroughs.

Police and Crime Plan

The Police & Crime Commissioner (PCC) has a statutory duty to set the policing and crime objectives for their area through a Police & Crime Plan.

A new Police & Crime Plan for 2017/21 has been developed which sets out the strategic policing objectives for how policing services will be delivered in Sussex across 2017/21. An Operational Delivery Plan sets out how the Chief Constable will deliver policing services to achieve the strategic policing objectives of the Police & Crime Plan.

The PCC has confirmed the following four policing and crime objectives, each containing three underpinning aims, for 2017/21 as follows

Strengthen local policing

- Ensure local policing services are accessible
- Provide effective specialist capabilities to support local policing
- Maintain engagement in the delivery of local policing services to improve public confidence

Work with local communities and partners to keep Sussex safe

- Encourage and support local communities to prevent crime and disorder
- Work with partners to reduce offending and reoffending
- Catch criminals and prevent serious and organised crime and terrorism

Protect our vulnerable and help victims cope and recover from crime and abuse

- Commission high-quality services which support victims
- Prioritise access to services for vulnerable victims
- Enhance our understanding and meet the needs of victims in Sussex

Improve access to justice for victims and witnesses

- Ensure victims and witnesses have the most positive experience of the criminal justice system
- Support vulnerable victims and witnesses
- Maximise the use of technology to improve access to justice for all

Also of note, the PCC has supported the Chief Constable in the development of a new Local Policing Model (LPM). The Local Policing Programme (LPP) is charged with implementing the LPM and encompasses crime prevention, response and investigation based on threat, risk and harm. Now that implementation has begun, the PCC continues to hold the Chief Constable to account for the delivery of the LPP, including monitoring progress and challenging, where appropriate, on behalf of the public.

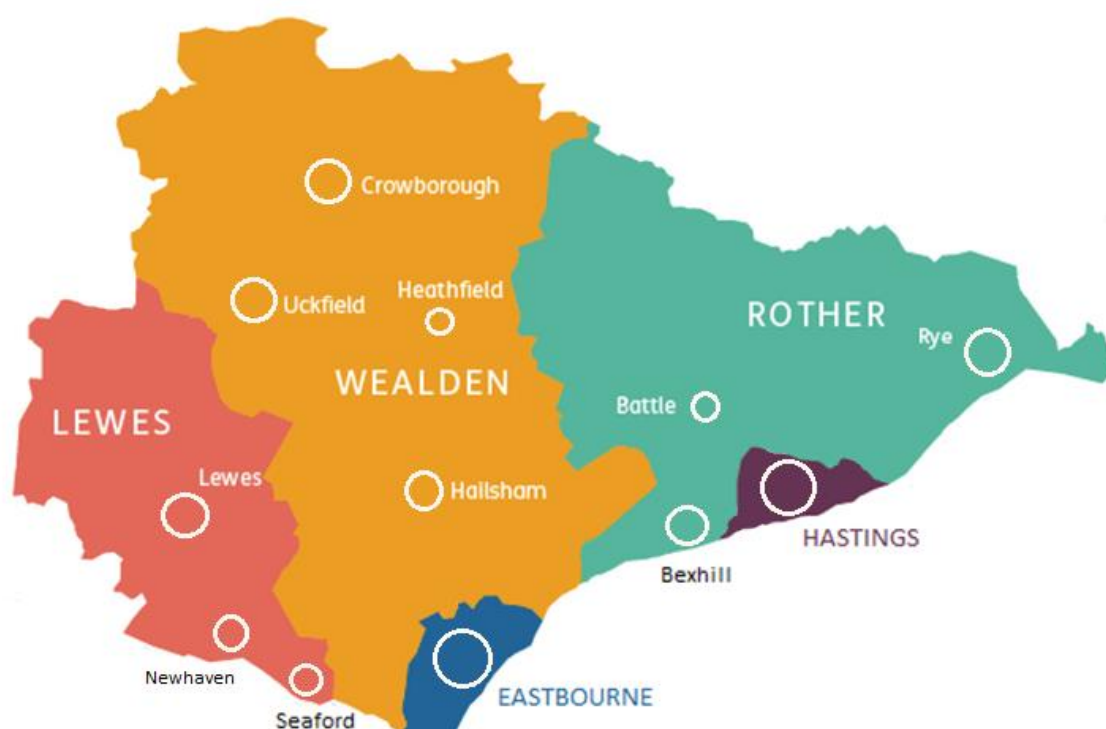
District and Borough Overviews

There are three local Community Safety Partnerships (CSPs) in East Sussex:

- Eastbourne and Lewes Community Safety Partnership
- Safer Wealden Partnership
- Safer Hastings Partnership and Safer Rother Partnership are trialling a joint Community Safety Partnership

The Community Safety Partnerships looked at reviewing their existing arrangements in line with the revised policing models.

The local partnership priorities follow, to deliver the priorities each partnership has a separate action plan.



Eastbourne Community Safety Partnership

“Our vision is to improve people’s lives in Eastbourne’s Communities by working in partnership to reduce the levels of crime and anti-social behaviour and to manage the fear of crime”.



What are the priorities and why?

- **Community Engagement and Public Reassurance** – To continue to engage with the communities we serve and meet their needs in relation to community safety and public reassurance.
- **Environmental and Anti-Social Behaviour** – Reducing graffiti, fly-tipping, litter and dog fouling contributes to an improvement in the quality of life for the residents of Eastbourne.
- **Road Safety** – Anti-Social driving, including speeding, is a major concern of our communities.
- **Volume Crime** – The continued reduction of offences such as burglary, robbery and vehicle crime, makes Eastbourne a better place to live, work and visit.
- **Anti-Social Behaviour (ASB) and Hate Crime** – To support the Police and other agencies in their work to give effective support to vulnerable and high risk victims of hate crime and ASB, as well as bringing offenders to justice .
- **Alcohol Related Crime and Disorder** – To reduce the negative impacts of the night-time economy on the town centre.
- **Domestic Abuse and Sexual Offences** – To support the Police and other agencies in increasing the reporting of such offences, working with victims and bringing offenders to justice.
- **Prevent Strategy** – To prevent the radicalisation of vulnerable members of our communities, thereby contributing to a reduction in extremism.
- **Street Communities** – Not only do street drinkers and rough sleepers cause a major nuisance to residents and visitors, they are amongst the highest levels of victims of crime and are amongst the most vulnerable in our community.
- **Substance Misuse and Psychoactive Substances** – Causal links to crime, anti-social behaviour and health.
- **Cybercrime, Scams & Rogue Trading** – To market prevention advice and support agencies such as the Police and Trading Standards in working with victims and bringing offenders to justice.

What the community thinks...

Environmental ASB is a major concern of residents in our communities.

Street drinkers in the town centre and on the seafront result in a large number of complaints which highlights the concerns of businesses and residents.

Achievements so far...

Since 2005 crime has reduced in Eastbourne by over

40%

Neighbourhood management projects such as North Street and Shackleton Close have empowered communities with an effective response to crime and anti-social behaviour.

Since 2009 the Eastbourne's 'Cumulative Impact Policy' to limit the growth of licensed premises in the town centre has positively impacted on the level crime & ASB associated with the night time economy.



2016 has seen a reduction in shop lifting due to the effective delivery of the Business Warden pilot.

The partnership continues to support long term initiatives to help members of the street community and was the first in East Sussex to set up a 'Multiple and Complex Needs' group.

Over the next 12 months, we will...

The Eastbourne Community Safety Partnership will continue to:

- Implement the Community Safety Partnership's 39 point action plan;
- Continue to deliver successful Neighbourhood Management projects by engaging with and empowering communities to take action against crime and anti-social behaviour.
- Support and invest in youth initiatives and projects to divert from crime and ASB.
- Encourage and support communities to take positive action against speeding and anti-social driving by establishing community initiatives and engaging with local schools.
- Review the changes made to our strategic structure whilst continuing to improve how we work at an operational level – promoting efficient partnership work and encouraging greater agency involvement.
- Support voluntary organisations which can have a major impact on improving community safety and public perception, including Neighbourhood Watch and the Eastbourne Street Pastors.
- Develop an effective and consistent prevention message to tackle cybercrime, scams & rogue trading – supporting the work of the Police and Trading Standards.

Safer Hastings Partnership

“The Safer Hastings Partnership supports the most vulnerable victims of crime & antisocial behaviour and works to reduce the levels of crime and fear”.



What are the priorities and why?

- **Street & community related anti-social behaviour** – Addressing antisocial behaviour in all its forms impacting on residents, local businesses and visitors
- **Alcohol related violent crime** – Reducing the likelihood of people living, studying or visiting the town becoming the victim of alcohol related violence and ASB
- **Youth crime** – Ensuring vulnerable young people are treated fairly, supported and punished appropriately
- **Domestic abuse and sexual violence** – Encouraging the reporting of incidents and being directed to effective help and support
- **Tackling hate crime** – Encouraging reporting and supporting vulnerable victims.
- **Environmental crime** – Tackling those issues that make the Borough seem unattractive, like drug paraphernalia, litter and removing graffiti.
- **Road safety** – improving the safety of all highway and byway users.

What the community thinks...

In Hastings and St Leonards dealing with ASB remains the highest priority for residents

Recent research interviewing local young people showed ongoing underage drinking. This has led to community based antisocial behaviour

Public place drinking and alcohol fuelled disorder remains high in the two town centres

Inconsiderate driving and antisocial parking & careless / inconsiderate driving are important issues to local people

Complex multi-partnership issues; dog fouling, rough sleeping issues were dealt with in partnership, in a difficult seafront location.



The Safer Hastings Partnership have used Community Protection Notices to deal anti-social behaviour where it is having a big impact on the local community

The Community Police Hub remains open in Central St Leonards addressing local issues

Funding has been provided to secure several vulnerable locations across the Borough

The Safer Hastings Partnership further extended the town's 'Reduce the Strength' scheme, increasing the number of Off Licences not selling 'super strength' beer, lager and cider.

Over the next 12 months, we will...

Work with Sussex Police in seeking to reduce the impact of their restructuring and reduction in numbers of police officers, police community support officers and police staff

- Support development of a multi-agency taskforce to address local community safety priorities in Hastings & St Leonards-on-Sea, aiming to reduce the impact they have on residents businesses and visitors to the Borough
- Promote, through the White Ribbon campaign, encouragement of reporting of domestic abuse incidents and offences, ensuring appropriate support and advice is available to victims
- Introduce new restrictions on drinking alcohol and associated ASB in some public areas across the Borough supported by businesses and the wider community
- Work in partnership to reduce opportunities for vulnerable people to be exploited by those engaged in drug trafficking or other criminal activity
- Develop the Safer Hastings & Rother Road Safety Group to address local anti-social driving and inappropriate highway and footway use

Lewes District Community Safety Partnership

“Our vision is to improve people’s lives in Lewes District’s communities by working in partnership to reduce the levels of crime and anti-social behaviour and to manage the fear of crime.”



What are the priorities and why?

- **Community Engagement & Public Reassurance** – To continue to engage with the communities we serve and meet their needs in relation to community safety and public reassurance.
- **Environmental Anti-Social Behaviour** – Reducing arson, graffiti, fly-tipping, litter and dog fouling contributes to an improvement in the quality of life for the residents of Lewes District.
- **Road Safety** – To reduce the number of killed & seriously injured on Lewes District’s roads and to tackle anti-social driving.
- **Volume Crime** – The continued reduction of offences such as burglary, robbery and vehicle crime, makes Lewes District a better place to live, work and visit.
- **Anti-Social Behaviour (ASB) and Hate Crime** – To support the Police and other agencies in their work to give effective support to vulnerable and high risk victims of hate crime and ASB, as well as bringing offenders to justice.
- **Domestic Abuse and Sexual Offences** – To support the Police and other agencies in increasing the reporting of such offences as well as their work with victims and bringing offenders to justice.
- **Reduce the number of Dwelling Fires** – To support East Sussex Fire & Rescue Service and other agencies in their work to identify those most vulnerable from fire so that prevention support can be delivered.
- **Prevent Strategy** – To prevent the radicalisation of vulnerable members of our communities, thereby contributing to a reduction in extremism.
- **Substance Misuse and Psychoactive Substances** – Causal links to crime, anti-social behaviour and health.
- **Cybercrime, Scams & Rogue Trading** – To market prevention advice and support agencies such as the Police and Trading Standards in working with victims and bringing offenders to justice.

What the community thinks...

Begging in the Lewes high-street and youth ASB is becoming a major concern for residents' of Lewes District

The top types of ASB that residents' said were the most important to tackle were:
Careless / inconsiderate driving
Illegal parking
Dog fouling
Drinking in public places

Achievements so far...

Nomad CCTV cameras have been purchased to help tackle Criminal Damage and wider ASB within the District

Paws on Watch has been effectively launched across Lewes District

The 'Fly-tipping Reduction Campaign' has fully prevented further offences at four out of six sites

The joint Sussex Police and ESF&RS safety visit initiative has been launched to help increase reporting of Domestic Abuse

The Peacehaven Task Force has begun addressing crime & anti-social behaviour in the town



We have achieved our White Ribbon reaccreditation in partnership with Eastbourne.

Over the next 12 months, we will...

- Develop an effective and consistent prevention message to tackle cybercrime, scams & rogue trading - supporting the work of the Police and Trading Standards.
- Continue to extend the Paws on Watch initiative across Lewes District.
- Review the changes made to our strategic structure whilst continuing to improve how we work at an operational level – promoting efficient partnership work and encouraging greater agency involvement.
- Support the Peacehaven Task Force in addressing the issues within the Town – empowering communities to take action against crime and anti-social behaviour.
- Continue our work to raise awareness, particularly in rural communities, of the domestic abuse support which is available.
- Launch the Lewes District Road Safety Action Group to reduce the number of people killed and seriously injured on the district's roads.
- Continue to reduce the number of Dwelling Fires by promoting Home Safety Visits and investigate all suspicious fires.
- Further develop Neighbourhood Watch and support other voluntary organisations which have a major impact on improving community safety and public perception.

Safer Rother Partnership

“We aim to ensure that Rother remains a safe place to live, work and visit by working in partnership to reduce the levels of crime and anti-social behaviour and managing the fear of crime.”



What are the priorities and why?

- **Anti-Social Behaviour (ASB) and Hate Crime** – To continue to develop partnership interventions around ASB and Hate Crime which impact on victims and the local Rother community and to carry out targeted work in problem areas.
- **Road Safety** – Road safety, reducing the number of people killed and seriously injured on roads in Rother and reducing the impact of anti-social driving on our community continue to be priorities.
- **Reducing Offending and Re-offending** – A small number of people commit crime and anti-social behaviour, but they have a significant impact on Rother communities. We will be continuing work across partner agencies to reduce the impact of these offenders and support rehabilitation.
- **Historical and Emerging Crimes that impact on the community** – Historically, Rother has suffered from sudden increase in crime, often caused by criminals travelling across Districts, Boroughs, Counties and Police Forces. These crimes impact on Rother. The Partnership will also focus on emerging issues when they impact on Rother residents.
- **Violent Crime including violence within a domestic setting** – To respond to the move from public place violence to an increase in domestic setting violence, including intergenerational, young people and rural residents.

What the community thinks...

The top Anti-social Behaviour issues were careless/inconsiderate driving (35.8%) and Illegal Parking (27.9%)

Residents expressed concern about homelessness and rough sleeping in 2016-17

There were 4,257 crimes reported to Sussex Police in Rother in the 12 months ending December 2016

Killed and Seriously Injured and all casualty risk is still one of the highest concerns on roads in Rother

Residents surveyed are most concerned about Anti-Social Behaviour; 34.3% compared to 23.9% the year before

Achievements so far...

Reduce the significant impact of anti-social neighbours on vulnerable and high risk victims. This has been accomplished through effective and innovative partnership working.

Developing multi-agency interventions to promote recognition of and increase reporting of controlling and coercive behaviour.

We are trialling a Joint Partnership Board with the Safer Hastings Partnership.

A review is due in 2017/18.



Joint Partnership work on Road Safety education interventions through the Safer Hastings & Rother Road Safety Group

Over the next 12 months we will...

- Continue to work in partnership to reduce crime and the impact of crime committed by those already convicted of offences. We do this through officer work in Offender Management and Public Protection schemes, and neighbourhood interventions. We also provide support with housing and access to services to assist offender's rehabilitation.
- Anti-Social Behaviour (ASB) and Hate Crime work in 2017-18 will focus on developing new responses, and continue the review and implementation of the tools and powers within the Anti-Social Behaviour, Crime and Policing Act 2014. Further work will be delivered to address youth related ASB.
- Continue to work with Rother District Council to deliver the PREVENT agenda requirements within Rother. In addition this year the Partnership will also work with Rother District Council and to monitor and address concerns through community tension initiatives around hate crime, human trafficking and refugees as they present within the community.
- The Safer Rother and the Safer Hastings Partnership will refocus their work together to deliver a range of interventions to address KSI's, speeding, anti-social driving and road safety issues through the joint Road Safety Group.
- Police and Partnership interventions with neighbouring areas and shared information and operations will continue to be a priority when Rother experiences an increase in shoplifting, burglary, begging, and cross border crime such as thefts from rural and farm buildings, caravan break-in's, oil and fuel. Additional work will be carried out on Rough Sleeping and displacement of the Street Community from Hastings.
- Engage with partners to identify interventions required with vulnerable adults and serious organised crime such as scams and Operation Signature.
- Continue its day to day work with all agencies to reduce the risk of crime, anti-social behaviour and prevent offending.
- Review and evaluate the trial of the Safer Hastings and Safer Rother Joint Partnership Board.

Safer Wealden Partnership

“Improving people’s lives in Wealden by working in partnership to reduce the levels of crime and anti-social behaviour and to manage the fear of crime.”



Safer Wealden Partnership

Working Together to Keep Wealden Safer

What are the priorities and why?

- **Reduce the amount of anti-social behaviour experienced by residents in Wealden** – anti-social behaviour can blight the lives of local residents and although not a large problem in Wealden, agencies work together to tackle it when it occurs. There are also many preventative projects in place organised and run by partners.
- **Reduce the number of people killed or seriously injured on Wealden’s roads** – safety on the roads and the prevention of anti-social driving is vitally important to communities in Wealden. The district also has one of the worst records for serious crashes in the county. The rural nature of the area and most roads being single carriageway compounds the problem.
- **Reduce the amount of household burglary and burglary from sheds, outbuildings and commercial premises** – this crime can be devastating for people affected by it. The nature of the district, with many properties being isolated can make them more vulnerable.
- **Take steps to protect vulnerable residents from rogue traders** – there has been a marked increase in these occurrences over the last year. Older people seem to be particularly targeted by these doorstep tradespeople, who will cause worry and stress about an issue, usually relating to the victim’s property or garden and then demand cash to put it right.
- **Raise awareness and promote the help and support services available for victims of domestic abuse** – the number of reported cases of domestic abuse has risen in recent years as has domestic abuse crime.
- **The Safer Wealden Partnership will be proactive in response to emerging threats and priorities such as the ‘Prevent’ and ‘Serious Organised Crime’ agendas and will also deliver a number of projects to improve general community safety, including increased community engagement** – the partnership and its constituent agencies offer a number of projects to improve community safety. In addition the partnership is alive to increased threats and is playing its part in the Prevent and Serious Organised Crime agendas.

What the community thinks

A survey undertaken by Ipsos Mori for the Public Health Team at East Sussex County Council between November 2015 and February 2016 revealed that 88% of Wealden’s residents are either ‘very’ or ‘fairly strongly’ satisfied with their local area as a place to live. The majority of residents felt quite happy about leaving their home when they wanted or needed to, only 4% cited fear of crime as a reason that would make them feel less willing to go out.

Achievements so far...

The 'Paws on Watch' project has seen nearly 300 dog walkers recruited from across the district to keep their eyes open and to report anything suspicious or out of the ordinary to the Police whilst out on dog walks. Members of the scheme receive a badge and tag for their dog's collar (wearing them is optional) they also provide their email address and post code to the police who hold these details on a secure database. Members can then be contacted, so if there is particular spate of crime in an area 'Paws on Watch' members can be particularly vigilant.



Wealden remains the area in East Sussex with the lowest crime rate per 10,000 population.

The number of reports of anti-social behaviour continues to fall, which is excellent news for local residents. The 'Friday Night Project' run by Hailsham Town Council and partly funded by the Safer Wealden Partnership continues to flourish and sees young people given the opportunity to try out a variety of activities and acts a diversion, thereby reducing levels of anti-social behaviour.



Roadside signs designed using insights from the behavioural sciences have proved to be having an effect on drivers' behaviour. Signs aimed at reducing speed have been pilot tested in monitored areas, where there has been a history of the speed limits being exceeded. The use of the signs reduced the average speeds in those areas. In addition results from an on-line questionnaire revealed that the signs would have an effect on 92% of respondent's behaviour, and the most common reaction would be for them to check their speed. We are now as sure as we can be that the design is right and plan to roll out the signs to areas in the district where speed is an issue. Work has already begun on other messages, using the same background design, about other road safety issues such as the use of mobile phones, non-wearing of seat-belts and drink/drug driving.

Over the next 12 months, we will...

- Continue to work together as a Safer Wealden Partnership to tackle crime and reduce the fear of crime.
- Continue to be intelligence led and focus on crimes which affect communities the most.
- Where possible, use insights from the behavioural sciences to inform our approach to preventing crime and improving road safety.

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Safer Communities Scrutiny Information Pack

June 2017

This pack contains information on Domestic Violence and Abuse, Sexual Violence and Preventing Violent Extremism. Information on Modern Slavery is provided in the 'Safe In East Sussex In Focus Newsletter on Modern Slavery' at **appendix 3**.

Domestic Violence and Abuse, Sexual Violence

Domestic Violence & Abuse, Stalking and Rape, Sexual Violence and Abuse are existing work packages that are included in the Safer Communities Partnership Business Plan. The overarching aim is that local residents and communities are free from these forms of violence and abuse by delivering the following outcomes:

- Increased social intolerance and reduced acceptance
- People have safe, equal and abuse free relationships
- Increased survivor safety and well being
- Perpetrators are held to account and are required to change their behaviour

As noted in the 'Annual Review of Safer Communities Performance, Priorities and Issues' the number of domestic violence and abuse crimes and incidents and sexual offences have increased. While it is positive that more cases are being reported, this has an impact across all service areas.

The Portal continues to provide a single point of access and helps victim/survivors of domestic and sexual violence and abuse to find advice and support in East Sussex and Brighton & Hove. Other commissioned services also provide support to victims of domestic violence and abuse across the county, including Refuge (which operates five refuges in East Sussex) and Home Works (which provides flexible and tailored support to prevent homelessness). East Sussex County Council was successful in securing funding from the Department of Communities and Local Government (DCLG) in a joint bid with Brighton & Hove City Council. A one year pilot will develop support for victims in refuge with multiple, complex needs. This joins a number of other projects, including in Hasting and St Leonards, where a pilot is underway between specialist domestic abuse services and health professionals.

There are a range of activities locally that involve and encourage the community and individuals by raising awareness or promoting specific issues like understanding healthy and respectful relationships, consent or and where to seek help and support:

- In 2016, the Safer East Sussex Team worked with district and boroughs and local services to mark the '16 Days of Action' and 'White Ribbon Campaign'
- In February 2017 a coercive control conference was jointly hosted between the Local Safeguarding Children Board, Safeguarding Adults Board and Safer East Sussex Team
- The 'Ask Me' scheme has been rolled out, with the aim of creating safe spaces in local business and community settings in Brighton & Hove and East Sussex where people experiencing coercive control and other forms of domestic abuse can talk to someone and get help they need quickly.

Training continues to be delivered, including a revised domestic violence and abuse training package for staff which was launched in autumn 2016. A Champions Network has also been established to bring together practitioners from a range of agencies and to further strengthen community and agency responses across the County. Further work is underway to identify gaps in current training provision in response to emerging issues, including stalking and harassment, coercive control and (historical and recent) sexual offences.

The Council's Domestic Violence Policy for staff is being reviewed, with this due to be concluded in summer 2017. It will also be extended to address sexual violence.

A pan Sussex review of the Multi-Agency Risk Assessment Conference (MARAC) process, which is designed to share information and develop multi-agency action plans in relation to the highest risk cases of domestic violence, was completed in April 2017. This was broadly positive; identifying strengths in the local MARAC process but making some recommendations to further develop working practice. Activity is ongoing to review and implement the recommendations.

There is a planned review of the Domestic Abuse Strategy, to reflect recent legislative and policy changes, and to extend it to address Sexual Violence and other forms of Violence against Women and Girls. This will commence in in summer 2017.

Domestic Homicide Reviews

Tragically between August 2015 and March 2016 there have been three domestic homicides in East Sussex. These deaths have triggered a corresponding Domestic Homicide Review (DHR), which is a statutory requirement where an individual's death has, or appears to have, resulted from violence, abuse or neglect by someone with whom they had an intimate personal relationship or who was a member of the same household¹.

The purpose of a DHR is to examine what happened prior to an incident which led to an individual's death where this has, or appears to have, resulted from violence, abuse or neglect by someone with whom they had an intimate personal relationship or who was a member of the same household. Specifically, the purpose of a DHR is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;
- Apply these lessons to service responses including changes to policies and procedures as appropriate; and
- Prevent domestic violence and abuse homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.

The East Sussex Safer Communities Partnership has responsibility for commissioning a review and appointing an independent chair to lead the review panel. The partnership is also responsible for signing off the Review Report and Action Plan, after which the review must be submitted to the Home Office Quality Review Group for approval. Thereafter the

¹ DHRs were established on a statutory basis under s9 of the Domestic Violence, Crime and Victims Act (2004) and came into force on 13th April 2011. The statutory guidance for the conduct of reviews was revised in December 2016 and is available at www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews

partnership is responsible for monitoring the implementation of any single or multi-agency actions, and the publication of an anonymised report. Completed reports are also shared with the Local Safeguarding Children (LSCB) or Safeguarding Adults Board (SAB) to ensure that practice issues can be addressed and learning is disseminated as widely as possible. A series of dissemination events are planned for later in the year, to share learning across professional networks.

A summary of these homicides, and the progress of the DHRs, is as follows:

Review	Borough / District	Incident summary	Criminal justice outcome	Domestic Homicide Review
Adult E (Henrietta)	Rother	In August 2015 the victim was stabbed numerous times at her home.	Perpetrator found guilty of murder; sentenced to a minimum of 24 years in prison.	Complete and submitted to the Home Office for approval
Adult F (Pamela)²	Wealden	In March 2016 the victim suffered stab wounds to her neck, back and body at her home.	Perpetrator found guilty of murder; sentenced to a minimum of 22 years in prison.	Action plan(s) developed and being monitored
Adult G	Hastings	An incident occurred in December 2015 which resulted in the death of an adult male.	Suspects charged with murder. Re-trial ordered, with this scheduled for Jun 17.	Panel convened and review underway (delayed due to re-trial)

While this 'cluster' of domestic homicides between August 2015 and March 2016 may appear to be a cause for concern, there is no indication that there is any underlying trend (e.g. of increased number of homicides). While each domestic homicide is a tragedy in its own right, based on a review of police data relating to murders and attempted murders between 2008/09 and 2015/16, the number of domestic homicides is within the expected range.

² Pseudonyms are used in each DHR and, where possible, are chosen with the agreement of the victim's family.

Preventing Violent Extremism



The Safer East Sussex Team continued to deliver the six session Think, Protect, Connect workshops for young people. These workshops aim to create a safe space for discussion of Prevent related issues and explore identity, group belonging, terrorism, British Values, stereotyping, propaganda and grooming on the internet.

We have been invited to submit an application to the PSHE (Personal, Social and Health Education) Association to gain accreditation for Think Protect Connect as part of their Building a Stronger Britain Together Project and this is currently in progress. We envisage that the resource will be accredited by Autumn 2017 and will then be available nationally as a resource for Schools to use.

An Innovation Small Business Research Initiative Application was submitted to the Home Office (October 2016) which involved re-designing Think Protect Connect into an 'Autism Friendly' resource and incorporated parent 'prevent' workshops with Autism Sussex. The application was successful and we developed and delivered the project from January to March 2017. Schools and organisations who took part in this project were:

- St Johns Special School Brighton and Hove/Seaford
- Bowden House Special School Seaford
- Bexhill Academy ASD Unit
- Sussex Coast College Hastings
- Framfield Children's Home
- Autism Sussex

In March we held an Xtreme e-safety Workshop for Parents - The consensus of parents/carers who attended the workshop was a need for greater support around their own lack of e-safety knowledge, with a number asking for further information and the possibility of attending e-safety classes. One parent mentioned that both her children were taking part in Think Protect Connect workshops and was extremely keen to talk in more detail about the need to keep her children safe online. Parent feedback about what they would do differently included:

- Look at monitoring and restricting access to the internet
- Be more aware and act rather than just think about it
- Sit down and have a discussion with our two boys about online safety
- Cascade the information with others
- Find out more about internet safety

The East Sussex Prevent Board assesses the countywide risk of people being drawn into terrorism and coordinates Prevent activity according to section 29 of the Counter-Terrorism and Security Act 2015. The Prevent Action Plan 2017/8 has identified a number of areas partners agreed to prioritise for the forthcoming year to work on together. In addition to these the East Sussex Prevent board will be collaborating on some key areas with West Sussex Prevent Board as many issues raised within the Counter Terrorism Local Profile for Sussex are cross border.

They include:

- To review contacts at a strategic level with local communities of interest to the National Community Tensions Team.
- Partners to continue to explore opportunities with IAG (Independent Advisory Groups) and local faith groups in order to seek possible opportunities for avoiding immoderate voices in future messaging.
- To continue to explore existing pathways and emerging trends in mental health referrals in order to provide appropriate support.
- To consider undertaking a peer review of Prevent working practices before December 2017.
- To review the level of understanding of Prevent duty within other statutory agencies and where development and understanding of vulnerabilities is needed.

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Safe in East Sussex

In Focus – Modern Slavery

May 2017

In this edition:

What is Modern Slavery?

Different forms of Modern Slavery

Duty to Notify

National Referral NRM

Salvation Army Support

SAB/LSCB Training

The Care Act 2014

Human Trafficking Foundation

Lack of support for Modern Slavery victims

Exposing Modern Slavery

Hastings Anti-Trafficking Hub

Pan-Sussex Modern Slavery Group

Modern Slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Children (those aged under 18) are considered victims of trafficking, whether or not they have been coerced, deceived or paid to secure their compliance.

They need only have been recruited, transported, received or harboured for the purpose of exploitation. It is an international crime, affecting an estimated 29.8 million people around the world. It is a global problem that transcends age, gender and ethnicity. It is not an issue confined to history or an issue that only exists in certain countries. It is something that is still happening today, and it happens here in the UK.



The East Sussex Safer Communities Partnership is supported by the Safer East Sussex Team, made up from Community Safety staff from Sussex Police, East Sussex Fire & Rescue Service and East Sussex County Council

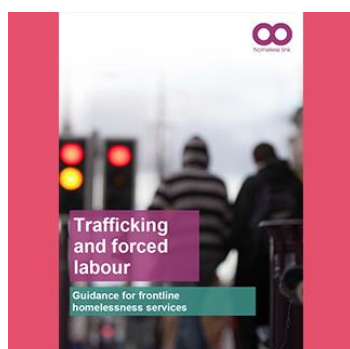
Different Forms of Modern Slavery

Sexual Exploitation

Sexual exploitation is the most common form of modern slavery reported by potential victims in the UK. Victims are often forced into prostitution, escort work or pornography. Albania, Romania, Nigeria and the UK are the most common countries of origin of potential victims of sexual exploitation. Many foreign national victims report being brought to the UK expecting legitimate work, often recruited by boyfriends, spouses or close associates, only to find out they will be sexually exploited after they arrive. Victims are coerced, often under the threat of violence to them or their family, and can end up debt bonded and under the control of those who exploit them. Criminals also use the UK as a transit point to traffic victims, particularly women from Nigeria, to other countries across Europe.



Labour Exploitation



Labour exploitation is the second most common form of modern slavery exploitation in the UK. Victims are forced to work against their will, often working very long hours for little or no pay in dire conditions and under verbal or physical threats of violence to them or their families. Traffickers and slave drivers are known to target vulnerable men, such as those with drug and alcohol dependency, or with learning or mental health difficulties.

They frequent homeless shelters, soup kitchens and rough sleeping areas to recruit 'workers'. Labour exploitation takes place in many sectors of our economy, from mining to tarmacking, hospitality and food packaging.

Some victims are kept in 'debt bondage' (also known as bonded labour), an arrangement where a person is forced to pay off a loan with direct labour in place of currency over an agreed or often obscure period of time.

Criminal Exploitation

Victims are also forced to commit crime, such as pick-pocketing, benefit fraud, shop-lifting, cannabis cultivation and drug trafficking. In 2013, around one-third of potential victims of criminal exploitation identified by the Strategic Assessment reported they had been forced to commit benefit or financial fraud, while around one-fifth had been forced to work on cannabis farms.

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County Council

Domestic Servitude

Domestic servitude involves trafficking individuals for the purpose of working as a household servant and it is often perpetrated by individuals or families. Victims are forced to carry out housework and domestic chores in private households with little or no pay and often restricted movement, very limited or no free time and minimal privacy, in addition to often being forced to sleep where they work. As it takes place in private households it is a deeply hidden form of exploitation.

Child Victims of Modern Slavery

We know that perpetrators deliberately target children, preying on their vulnerability, and as a result children account for a large proportion of victims. and the abuse of children for the production of child abuse images/videos. Almost one-third (32%) of all potential child victims referred to the National Referral Mechanism (NRM) in 2013 reported having been subjected to sexual exploitation and there has been an increase in the number of child victims from the UK since 2009. Thirty-nine per cent of all child potential victims of sexual exploitation referred to the NRM in 2013 were UK nationals.

This increase in referrals may reflect the increased awareness of child sexual exploitation that has come to light in the wake of the Operation Yewtree investigations and more recent cases of organised child sexual exploitation in Rotherham, Oxford and Rochdale.

Other forms of Modern Slavery

Include forced begging; forced benefit fraud; forced marriage, illegal adoption and organ removal. The World Health Organization estimates that as many as 7,000 kidneys are illegally obtained by traffickers every year as demand outstrips the supply of organs legally available for transplant. Several International standards are in place on trafficking for organ trade.



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Duty to Notify the Home Office of Potential Victims of Modern Slavery

From 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.

It is estimated that there were 10,000-13,000 victims of modern slavery in the UK in 2013, but only 1,746 potential victims were referred to the National Referral Mechanism (NRM) in the same period. In 2015, this figure rose to 3,266 potential victims.

**DO YOU THINK YOU HAVE
COME INTO CONTACT WITH A
VICTIM OF MODERN SLAVERY?**

**It is important to notify the Government
to help build a clearer picture of this
hidden crime.**

This duty is intended to gather statistics and help build a more comprehensive picture of the nature and scale of modern slavery.

The 'duty to notify' provision is set out in Section 52 of the Modern Slavery Act 2015, and applies to the following public authorities in England and Wales at the time of publication (additional public authorities can be added through regulations):

- a chief officer of police for a police area,
- the chief constable of the British Transport Police Force,
- the National Crime Agency,
- a county council,
- a county borough council,
- a district council,
- a London borough council,
- the Greater London Authority,
- the Common Council of the City of London,
- the Council of the Isles of Scilly
- the Gangmasters Licensing Authority.

For further information:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508817/Duty_to_Notify_Guidance_Version_2.0_.pdf

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National Referral Mechanism

The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support. The NRM is also the mechanism through which the Modern Slavery Human Trafficking Unit (MSHTU) collect data about victims. This information contributes to building a clearer picture about the scope of human trafficking and modern slavery in the UK.

The NRM was introduced in 2009 to meet the UK’s obligations under the Council of European Convention on Action against Trafficking in Human Beings. At the core of every country’s NRM is the process of locating and identifying “potential victims of trafficking”.

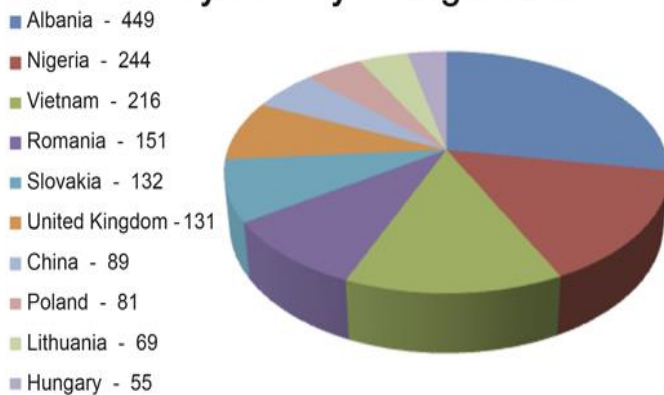
From 31 July 2015 the NRM was extended to all victims of modern slavery in England and Wales following the implementation of the Modern Slavery Act 2015.

Modern Slavery encompasses:

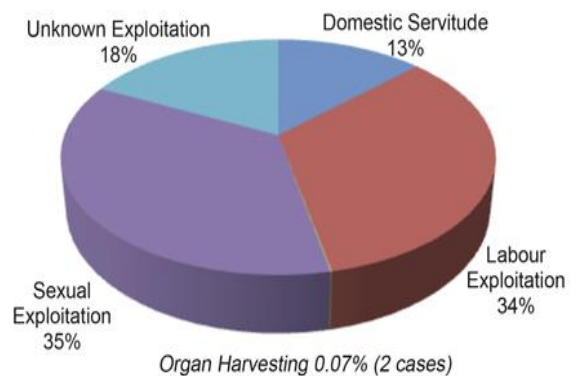
- Human trafficking
- Slavery, servitude and forced or compulsory labour

From 31 July 2015, in all UK referrals, the Competent Authority (trained decision makers) must consider whether the person is a victim of human trafficking. In England and Wales, if someone is found not to be a victim of trafficking, the Competent Authority must go on to consider whether they are the victim of another form of modern slavery, which includes slavery, servitude and forced or compulsory labour.

Number of NRM referrals by country of origin 2014*



Types of exploitation of NRM referrals 2014*



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The NRM grants a minimum 45-day reflection and recovery period for victims of human trafficking or modern slavery. Trained decision makers decide whether individuals referred to them should be considered to be victims of trafficking according to the definition in the Council of Europe Convention. In England and Wales, further consideration is made to those who do not meet the definition of trafficking. Their cases are then considered against the definitions of slavery, servitude and forced or compulsory labour.



The Salvation Army Specialist Support Programme is designed to preserve the dignity of victims, protect, and care for them in safe accommodation, and provide access to confidential client-based support services to give victims the space to reflect, recover and rebuild their lives. Those who don't need accommodation but still need support have the same entitlements as someone living in a safe house. The Salvation Army will therefore provide victims of modern slavery with access to confidential client-based support services, including:

- Material assistance
- Access to psychological support
- Access to legal advice and assistance
- Counselling
- Emergency medical treatment
- Translation and interpretation services when appropriate
- Education for children

Salvation Army case workers are in regular contact and only a phone call away. They often accompany victims to important meetings and work alongside other key professionals such as solicitors and local authorities. They work with victims to develop supportive links within the community and help them have access to training opportunities and secure employment.



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What do the Salvation Army provide?

Support and a listening ear to victims and the emergency services

“We are often asked to attend reception centres for victims of modern slavery, mostly following police raids”.

“We will primarily be called upon to assess the victims’ welfare needs and their suitability for the service, but are also asked to provide additional direct support at the centre. We may offer people something to eat and drink and essential things like toiletries and clothing. We offer a listening ear and support to victims as well as law enforcement staff who have been working on the operation. Sometimes Salvation Army buildings are used as reception centres”.

“Through our networks across the UK we provide teams of people on standby to transport victims from reception centres or wherever they have been rescued and bring them to a place of safety. They are often taken to a safe house in another part of the country to remove them from the area where their traffickers operate or to find the most appropriate support service for their particular needs”.

Call their helpline if you suspect someone is

- a victim of modern slavery and are in need of assistance, or
- you are nominated to make referrals to Government services for victims of modern slavery, or simply a concerned individual, who comes into contact with some-one you suspect may be a victim of modern slavery and in need of assistance

Please call the 24-hour confidential Referral Helpline on 0300 3038151 available 24 hours a day, seven days a week.



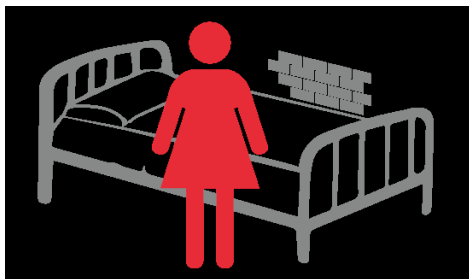
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Update on the 5th year of The Salvation Army's Victim and Care Coordination Contract

Supporting adult victims of Modern Slavery

In July 2011 The Salvation Army was awarded the Adult Human Trafficking Victim Care and Coordination contract. Through this it has been responsible for the oversight of delivery of specialist support services to adult victims of human trafficking identified in England and Wales.

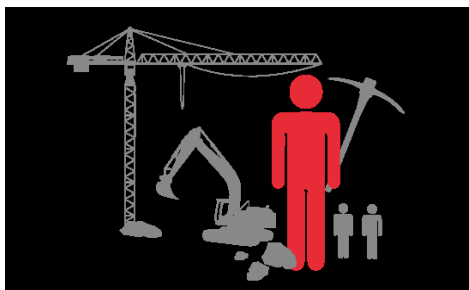
The contract, jointly funded by the Home Office and The Ministry of Justice, was initially awarded for a period of two years. It was subsequently when it was announced that The Salvation Army had been successful in its bid to retain the management of support of victims of modern slavery on behalf of the Government through a new Victim Care and Coordination Contract for adult victims of modern slavery.



The Victim Care & Coordination Contract can provide transport to a place of safety, accommodation in safe houses where required, and a full range of specialist services to meet the needs of each individual.



Data in this report refers to victims of modern slavery who entered The Salvation Army's care in Year 5 of the contract, the period between July 2015 and June 2016. A total of 4,314 clients have been supported by The Salvation Army and partner organisations during this time.



The 20 page report can be found here:
https://www.salvationarmy.org.uk/sites/default/files/media/year_5_report_1.pdf

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Human Trafficking Prevention and Identification and the East Sussex Response

6th July 9.30 – 12.30

Lansdowne Hotel, King Edward's Parade, Eastbourne

This training aims to educate front line professionals about the issue of human trafficking, how to identify victims and how to respond and communicate appropriately with them.

After attending the 3 hour training participants will:

- Have a good understanding of the issue and the different types of exploitation
- Know what signs/indicators to look out for
- Know how to respond and communicate appropriately and effectively with victims of trafficking
- An understanding of what is 'Missing' and 'absent'

This training is being jointly commissioned by the LSCB and East Sussex Safeguarding Adults Board (SAB). It can be accessed via the East Sussex Learning Portal. <https://www.eastsussexlearning.org.uk/cpd/portal.asp>

The Care Act 2014 is a major step forward in safeguarding adults who are experiencing or are at risk of abuse or neglect, and are unable to protect themselves. Modern Slavery is a type of abuse within the Care Act 2014.

In illustrating the types of abuse the Sussex Safeguarding Adults Policy and Procedures include additional categories of abuse: organisational, modern slavery, and domestic abuse.

<http://sussexsafeguardingadults.procedures.org.uk/>

To report suspected abuse of an adult at risk contact East Sussex Health and Social Care Connect on 0345 60 80 191

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Last year 3,266 people were identified in the UK as potentially trafficked. These figures have increased annually in the UK since records began. Yet it remains that the UK has no reliable information as to what exactly happens to victims beyond the statutory 45 days recovery and reflection period and no system to make sure that survivors from slavery don't fall back into exploitation.

The UK has done much to improve its response to the dreadful crime of Modern Day Slavery - one of the great Human Rights issues of our time. The Prime Minister's recent pledge to put Britain at the forefront of defeating this evil is an important step forward.



The UK spends millions each year to provide housing and support to victims of modern day slavery during a 45 day "National Referral Mechanism (NRM) recovery and reflection period – the period when the Home Office makes a decision on whether a person is trafficked or not. After that decision, Home Office support ends.

A new report from the Human Trafficking Foundation exposes how victims of modern slavery and human trafficking rescued in the UK are abandoned after 45 days.

You can read it here:

<http://www.humantraffickingfoundation.org/sites/default/files/Human%20Trafficking%20Foundation%20Report%202016%20Day%2046.PDF>

The recommendations from this report:

1. **Sustained access to suitable accommodation-** ensure survivors of trafficking are prioritised
2. **Continued provision of specialist support and advocacy** as is the case in Scotland
3. **Continuity of care** as recommended in the Home Office's 2014 'Review of the National Referral Mechanism for Victims of Human Trafficking'.
4. **Provision of leave to remain-** recognition as a refugee through the asylum system grants an initial five years of leave to remain in the UK, followed by the opportunity to apply for Indefinite Leave to Remain. Yet recognition of a victim of trafficking through the NRM, by contrast, carries no right to remain for even a month.

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The Work and Pensions Committee published its report on Victims of modern slavery last month. In this report the Committee says failures in the UK's system for dealing with modern slavery are allowing the "inexcusable" scenario of victims reduced to destitution while their abusers go free because they are not adequately supported to testify against them.

Front line support is weak and uncoordinated and instances where a person is re-trafficked are not even recorded. This helps to explain the country's appalling conviction record.

It is estimated there are between 10,000 and 13,000 slaves - victims of modern slavery - in the UK, but the current mechanism for identifying and supporting them out of slavery means that victims, once identified, have no automatic formal immigration status or rights and are often faced with a total lack of understanding or even recognition of their situation.

Key Findings

- The lack of awareness, training and understanding, and lack of proper support for victims is having a negative impact on the number of successful prosecutions of slave masters.
- No data is collected on victims once they leave the NRM and the collection and recording of data is "generally substandard".
- All confirmed victims of modern slavery should be given at least one year's leave to remain with a personal plan for their recovery

The aim of the report is to begin the development of stage two of the UK's counter-slavery policy that builds on the 2015 legislative framework. This report is concerned with the creation of a world-leading structure of services that cares for and protects, as effectively as we can, the victims who have escaped from slavery.

Report summary and further information can be found here:

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/news-parliament-2015/report-victims-modern-slavery-16-17/>

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'Victims of modern slavery do not wear a label'

Modern slavery is an appalling crime. It can affect men, women and children – many of whom are British. It is happening right now, often under our noses, and it impacts across every level of society. The Telegraph has teamed up with the Home Office to raise awareness of the UK's hidden shame

The well-dressed couple at Sheffield railway station decline to take a leaflet from The Salvation Army volunteer raising awareness about modern slavery. *“No thank you,”* they say. *“Slavery doesn’t happen here. Not where we live.”*



The truth is different. Slavery is everywhere – today, across modern Britain, in backstreets and upmarket suburbs alike. It is likely that the same couple encounter the victims of this appalling crime every day, without realising it. Slaves are working in nail bars, car washes, as domestic help, in factories, in the catering industry – and all too often remain invisible to those whose attitude is: “not where we live”.

That couple might be dining out at a smart restaurant where the potatoes on their plates were picked by men who earn little or nothing, often bound by a “debt” to their trafficker, and sleep in groups in freezing shipping containers. The debt that slavers impose on victims is often excessive and impossible to pay when the worker’s wage is pitiful or even non-existent.



Our couple’s glasses may have been washed by a vulnerable young woman whose manager gives her leftovers from customers’ plates but no money. Their taxi home may have just dropped off men at an upmarket brothel offering British girls for sale.



More about this awareness raising article in The Telegraph:

<http://www.telegraph.co.uk/sponsored/lifestyle/modern-slavery-britain/11196766/modern-day-slavery-britain-cases-on-rise.html>



This film, produced by the Home Office tells you how to spot potential victims of slavery in Britain: <http://www.telegraph.co.uk/sponsored/lifestyle/modern-slavery-britain/11096711/Victims-of-modern-slavery-do-not-wear-a-label.html>

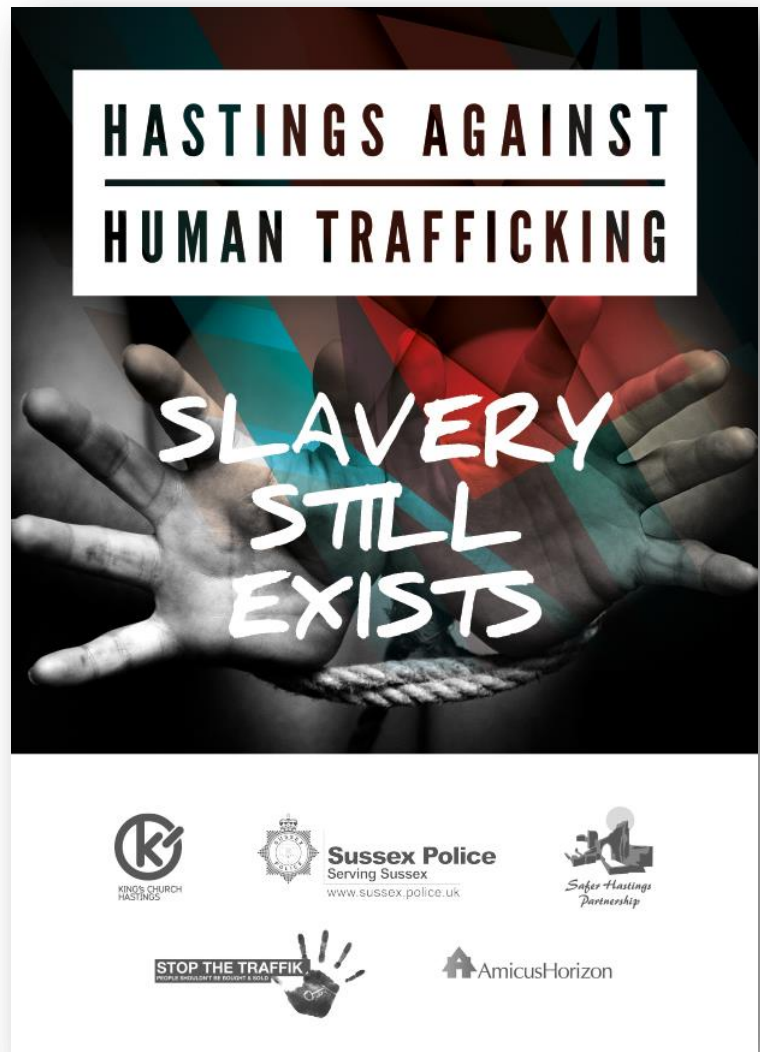
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Hastings Anti Trafficking Hub

The Hastings Anti-Trafficking Hub (HATH) was borne out of one of East Sussex resident's passion to see victims of modern slavery rescued and restored. HATH, as it is known, has been running for two years and is now a thriving partnership between Sussex Police, Hastings Borough Council, AmicusHorizon, East Sussex Fire & Rescue Service, King's Church Hastings, and an increasing number of organisations from across the county.

It was started by Anna Wilson, a member of King's Church in Hastings, who founded **Stop the Traffik Hastings** in partnership with the national charity of the same name. Back then, statutory agencies were beginning to grapple with their responsibilities under the Modern Slavery Act 2015 and we were keen to support them in any way we could.

King's offered to provide training for frontline staff to raise awareness of the issue. Working with police and partners in Hastings, we initially set out to train around 20 police officers, but demand was so high that 94 people signed up for it! That first round of training, delivered by **Stop the Traffik**, attracted delegates from not only Sussex Police, but also every district and borough council in East Sussex, East Sussex Fire & Rescue Service and over a dozen officers from AmicusHorizon. When the training was repeated in January this year, a further 103 people came along.



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The next step after the first training event in February 2015 was to set up the Hastings Anti-Trafficking Hub, which meets quarterly to discuss how to keep raising awareness and what we can do to support victims and apprehend perpetrators. From this we have delivered 'train the trainer' events, where senior staff from statutory agencies receive training that they can cascade down through their organisations. We've also held a big public awareness



raising event in Priory Meadow, where members of HATH spoke with hundreds of shoppers, giving out flexi-cards about how to spot the signs of trafficking. Two firm pieces of intelligence came from that event that local police were able to act upon.

One of the highlights for HATH over the last two years has been hearing about how its work has had a tangible impact on the way the police tackle slavery and respond to victims. For example, two police officers who attended the training we delivered at the start of the year soon realised just how equipped they had been when two victims of labour trafficking came to Eastbourne Police Station asking for help. The officers said they were able to put into practice what they had learned and that it made a difference to how they handled the situation.

The HATH continues to work behind the scenes gathering information about the scale of the problem locally. We're developing posters in different languages to inform victims that help is available and have been approached by several organisations across Sussex and the south-east about how we can help them to set up similar partnerships. We will be delivering more training later this year, both awareness-raising and train the trainers, and welcome contact from other organisations that would like to join us or find out more about what we are doing.

Natalie Williams (HATH Chair)

For further information please contact Anna at antitrafficking@kingshastings.org.

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The scale of modern slavery in the UK is significant. Modern slavery crimes are being committed across the country and there have been year on year increases in the number of victims identified. A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators. HM Government's Modern Slavery Strategy estimates the current number of potential victims of trafficking in the UK to be between 10,000 and 13,000. This includes both victims trafficked into the UK, as well as British adults and children.

The [National Referral Mechanism](#) (NRM) is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support.

The Key Points from the End of Year Summary 2016 are:

- 3805 potential victims were submitted to the NRM in 2016; a 17% increase on 2015.
- Reporting showed potential victims of trafficking from 108 different nationalities in 2016.
- Albanian, UK and Vietnamese nationals are the most commonly reported potential victims.
- The most common exploitation type recorded for potential victims exploited as an adult was labour exploitation, which also includes criminal exploitation.
- The most prominent exploitation type recorded for potential victims first exploited as a minor was labour exploitation, which includes the sub category of criminal exploitation, such as cannabis cultivation.
- Of the 3805 potential victims referred to the NRM in 2016, 150 were from Scotland, 123 from Wales and 33 from Northern Ireland. The remaining 3499 were referred from England.
- Minor exploitation referrals in the UK increase 30% to 1278 in 2016, compared to 982 in 2015.
- To put this into context for Sussex the NRM report also includes referring agency totals. However the only figure that is broken down into Sussex data is that for Sussex Police. In 2016 11 referrals were made, of these 10 were adults.



Modern Slavery is a priority for the East Sussex Safer Communities Partnership as one of the areas as high risk due to the severe and long-term impact that it has upon the vulnerable, the high level of public expectation and the need for a multi-agency response to tackling it effectively.

Modern Slavery is a type of abuse within the Care Act 2014 that provides the statutory footing for adult safeguarding responses. The Partnership is working in collaboration with the East Sussex Safeguarding Adults Board and

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Local Safeguarding Children's Board to ensure that information is effectively shared in order to protect vulnerable adults and children from harm.

As Modern Slavery is a complex crime, with victims and perpetrators moving across local authority boundaries a Pan Sussex Modern Slavery Network has been established.

The Sussex Modern Slavery Network is a framework for bringing together all the organisations across Sussex that are committed towards tackling modern slavery, prosecuting perpetrators and assisting the victims. East and West Sussex County Councils, Brighton and Hove City Council, Sussex Police, East and West Sussex Fire and Rescue Service, Clinical Commissioning Groups, the Office of the Police and Crime Commissioner, SEECAM, the Gang masters and Labour Abuse Authority and Immigration Enforcement are represented within the network.

An action plan is being developed the objectives of which are to:

- **Prevent** - *'Prevent people from engaging in slavery'*
- **Prepare** - *'Reduce the harm caused by slavery through improved victim identification and enhanced support'*
- **Pursue** - *'Prosecute and disrupt individuals and groups responsible for slavery'*
- **Protect** - *'Strengthen safeguards against slavery by protecting vulnerable people from exploitation and increasing awareness of and resilience against this crime'*



Actions to implement these objectives will include:

- Understanding the picture of Modern Slavery across Sussex
- Improving awareness and availability of information on slavery
- Developing a Sussex Care Response Pathway
- Developing and delivering a consistent anti-slavery training programme for Sussex
- Learning from activity at a local level e.g. the Hastings Anti-Trafficking Hub

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There have been a number of Partnership Achievements in this area:

In March 2016, the Safeguarding Adults Board (SAB), in partnership with the Local Safeguarding Children's Board (LSCB) 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 People1' and 'A211'. Over 130 delegates attended, representing a broad range of agencies supporting vulnerable adults and children.

Materials from the event can be downloaded here:

<http://www.eastsussexsab.org.uk/wp-content/uploads/2016/04/Modern-slavery-human-trafficking-and-missing-people-presentation-2-March-2016.pdf>

In February 2017, four **workshop sessions** were hosted and delivered in partnership with the Local Safeguarding Children's Board, East Sussex Safer Communities, East Sussex Safeguarding Adults Board and the Borough and District licensing teams. These events were open to all **licensees** across East Sussex.

The training sessions provided a valuable opportunity for licensee's, including taxi drivers and B&Bs, to increase their awareness of a number of forms of vulnerability. These included signs and indicators of child sexual exploitation, the identification and prevention of serious sexual assault in the night time economy and an introduction to the signs and indicators of modern slavery. Delegates were provided with information about how to report their concerns.

The partnership will continue to build upon these links to ensure the local license trade feel confident to identify and respond to children and vulnerable people

Our next Newsletter will be published in July and will focus on Offending

If you have any articles or information you wish to share please email lucy.spencer@eastsussex.gov.uk by Friday 21st July

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Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 22 June 2017

By: Director of Adult Social Care and Health

Title: East Sussex Better Together Accountable Care Model

Purpose: To consider an update on the East Sussex Better Together (ESBT) Accountable Care Model, with particular focus on its implications for adult social care.

RECOMMENDATIONS

The committee is recommended to:

- 1) note the progress made with finalising the Alliance Agreement, the new integrated governance structure, and our integrated 2017/18 Strategic Investment Plan to support delivery of improvements to our health and care system in 2017/18;
 - 2) note the proposed integrated outcomes framework (Appendix 1) and suggested measures that we will pilot in the 2017/18 transitional year to monitor progress;
 - 3) note the appraisal criteria for the appraisal of options for the delivery vehicle for the future ESBT Alliance model (Appendix 2);
 - 4) consider the plans to develop a roadmap for the key next steps and phasing for implementation
-

1. Background

1.1 The 150 week ESBT programme was set up in August 2014 to galvanise the transformation of health and social care services. Much of our initial transformation work is now core business as usual, and as we transition to the new ESBT Alliance arrangement we are ensuring a keen focus on delivering in-year improvements as a system and developing the governance to identify the best legal vehicle for the delivery of ESBT into the future.

1.2 By working together with our partners: Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG); Hastings and Rother Clinical Commissioning Group (HR CCG); East Sussex Healthcare NHS Trust (ESHT); and Sussex Partnership NHS Foundation Trust (SPFT) we have already made significant improvements in care pathways across health and social care.

1.3 As previous reports to Cabinet and Scrutiny have however highlighted, care pathway redesign is not, in itself, enough to ensure the required transformation and secure a sustainable health and care system. We are now focusing on building a new model of care, accountable care, that integrates our whole system: primary prevention; primary and community care; social care; mental health; acute and specialist care, so that we can demonstrably make the best use of the £860m collective resource we spend every year to meet the health and care needs of the people of East Sussex.

1.4 In line with this, in November 2016, Cabinet recommended work to develop a local fully integrated Accountable Care Model (ACM) across the ESBT footprint, involving a transitional year in 2017/18, and to establish a commissioner-provider alliance as the most effective way to develop the evidence base further in East Sussex. Cabinet delegated authority to the Chief Executive, in consultation with the Leader, to finalise the Alliance Agreement and other arrangements for the 2017/18 year.

1.5 The 2017/18 test-bed year is helping us ensure oversight of the whole health and care system from both a commissioning and delivery perspective, supporting us to act collectively in a way that delivers improvements for our local population. In addition it also creates a collaborative learning environment in which we can progress the work to develop our final proposed ESBT alliance system of accountable care.

1.6 This paper consolidates the progress made since the November Cabinet decision in the following areas:

- the adoption of an Alliance Agreement and a new integrated governance structure to underpin the arrangements;
- the establishment of a new Strategic Commissioning Board with EHS and HR CCGs;
- agreement of the 2017/18 Strategic Investment Plan (SIP) and an integrated financial reporting framework;
- the finalisation of a pilot integrated Outcomes Framework to inform our stakeholders about progress made on delivering improvements to population health and wellbeing, experience, quality and system sustainability – including the per capita cost of care, and;
- the finalisation of the proposed process and criteria for appraising the options to identify the most appropriate delivery vehicle for our ESBT new model of care in the future

2 Supporting information

2.1 The report to Cabinet in November 2016 detailed the development of the ESBT Alliance model, involving a transitional year in 2017/18, to establish a commissioner-provider alliance that will manage the health and social care system collectively with our ESBT partners. Cabinet delegated authority to the Chief Executive, in consultation with the Leader, to finalise the Alliance Agreement and other arrangements for the 2017/18 year.

2.2 The Alliance Agreement and underpinning governance structure provide the framework to enable us to rapidly develop our capacity to manage the health and social care system collectively as an Alliance partnership, operating 'as if' we are an accountable care system, in order to test ways of working, configure resources more flexibly, and improve services for the population in 2017/18 and in the longer-term.

2.3 The Agreement, drafted with appropriate legal advice, provides the framework to operate as an ESBT Alliance, in order for us to act as if we are an ACM in 2017/18, by bringing together the following elements:

- An integrated Alliance governance structure;
- Single system leadership with the ability to deploy resources against a common platform for delivery;
- An alignment of our budgets to test an ACM operating model;
- A mechanism for opportunity and risk share;
- A potential to test appropriate levels of delegation;
- A shared approach to the management of conflicts of interest;
- Arrangements for patient / citizen integration into the governance framework; and
- A framework for the Alliance arrangement itself, detailing which organisations are involved and in what capacity, and how it will relate to the other parts of our health and care system.

2.4 In March Cabinet agreed to set up a Strategic Commissioning Board with EHS CCG and HR CCG. This will enable the CCGs and East Sussex County Council (ESCC) to jointly undertake responsibilities for population needs assessment and commissioning health and social care

through oversight of the SIP, as well as overseeing and assuring the delivery of health and social care services in the 2017/18 test bed year. A pilot integrated Outcomes Framework has been developed to support the role of the Board in the 2017/18 test-bed year. Section 4 below provides an update on the measures that will be piloted in the 2017/18 test bed year.

2.5 The integrated SIP was agreed for 2017/18 on 7 April 2017 by the Leader and Lead Cabinet Member for Strategic Management and Economic Development. The SIP will enable the Council and EHS and H&R CCGs to align health and social care investment to deliver the transformation in how care is provided across the ESBT footprint and establish a clinically and financially sustainable system. The SIP will also enable the planning and control of ESBT resources through regular monitoring of expenditure against the plan through an integrated financial reporting system, with corrective action to be taken in year, if required, by the Strategic Commissioning Board.

2.6 The recent learning from the Kings Fund^{1 2} based on the UK NHS Five Year Forward View Vanguards and international examples of best practice indicates that forming a commissioner-provider alliance for the transitional phase puts us in a strong position to make significant progress within the current regulatory framework. We are now moving into a phase of undertaking the necessary learning and development, with support from NHS Improvement (NHSI) and NHS England (NHSE) as the system regulators, to design our future ESBT Alliance ACM, which in the longer-term would be structured around a single organisation, alliance or partnership holding the capitated budget to make sure we have integrated delivery of high quality services for our population.

2.7 This entails carrying out an appraisal of the options for the delivery vehicle of our future model with our ESBT partners, alongside developing proposals for how the strategic commissioning function of the Council and the CCGs will be best carried out within this context. Section 5 below provides key information on the process and criteria for appraising the options to identify the most appropriate delivery vehicle for our ESBT new model of care in the future. This supports the required progress in order that recommendations on the preferred option can come to Cabinet in July 2017.

3. Next steps in 2017/18

3.1 In addition to working collectively as an Alliance, and operating as an accountable care system, the following areas continue to be taken forward:

- Celebrating the conclusion of the ESBT 150 week programme, and the transition of the transformation work programme to business as usual processes of the ESBT Alliance partners;
- Ensuring a robust process that enables us to make recommendations on the preferred legal vehicle to meet the ESBT ambitions of a fully integrated and sustainable health and care system, so that ESBT Alliance constituent organisations' sovereign bodies are able to make a formal decision in July;
- Setting out our future approach to integrated strategic commissioning with EHS CCG and HR CCG for our ESBT 'place';
- Beginning to test out the ESBT Outcomes Framework to help us understand how well our ESBT Alliance is delivering quality services and driving improvements.

3.2 A roadmap is being developed to support this and further understand the phasing of our plans post July 2017; this will emerge in much greater detail once the preferred direction has been agreed and comprehensive plans will be established to ensure robust implementation. In summary our high level milestones are as follows:

¹ New care models – emerging innovations in governance and organisational form (Kings Fund, 2016)

² The Quest for Integrated Health and Social care, A case Study in Canterbury New Zealand (Kings Fund, 2013)

	High level milestone	Complete by
1	Launch ESBT Alliance transitional year	April 2017
3	Report on legal vehicle recommendations to ESBT Alliance Governing Board	June 2017
4	Recommendations to the sovereign bodies of ESBT Alliance Organisations	July 2017
5	Implementation (<i>plans to be confirmed and further milestones to be set in line with agreed recommendation</i>)	August 2017
6	New ESBT Alliance model arrangements (<i>commencement date to be confirmed in line with agreed recommendation and outline roadmap at milestone 4</i>)	April 2018

3.3 The prioritisation of our work is informed by the findings of independent research into the readiness of our system for Accountable Care by Optimity Advisors, a leading global advisory firm that has developed an evidenced-based Accountable Care System Health Check. Commissioned in February 2017 by the (then) Shadow ESBT Alliance Governing Board, the evidenced-based Health Check tool covers the known features of successful accountable care delivery across ten domains, to summarise a profile of strengths and areas of risk for our system at the current time. The findings from this research were reported this month.

3.4 The findings commended the maturity of our partnerships, our evident shared ambition and vision, and our approach to deep and wide stakeholder engagement, recognising the specific continued engagement that will be needed across primary care in particular.

3.5 The report also benchmarked our system against two other systems that Optimity are working with; an advanced Sustainability and Transformation Plan-wide system and an urban authority designated with New Models of Care 'fast follower' status. The findings found us to be ahead of these other systems in the primary areas of Purpose and Understanding, Scope and Care Coordination, as well as their view on our governance, therefore positioning us well to take forward more complex areas of Finance and Contracting, Workforce and Health Information Technology (areas where we were benchmarked as equal to the other systems).

3.6 In line with the comparatively advanced state of our ESBT Alliance ACM we have submitted an expression of interest to NHS England to become a candidate for Accountable Care System status under the *Next Steps on the Five Year Forward View*³. If we are successful in this application we may benefit from increased levels of flexibility to support our local plans.

4. Pilot ESBT Integrated Outcomes Framework

4.1 Previous discussions at Cabinet and Scrutiny have highlighted the need for an integrated ESBT Outcomes Framework for the transitional year. Building on our initial set of ESBT population health and health inequalities outcomes, and informed by our *Data Review of What Matters to Local People about their health and care services*, and local engagement last autumn we have brought together a pilot framework that covers:

- Population health and wellbeing
- The experience of local people

³ Next Steps on the Five Year Forward View (NHSE, March 2017)

- Transformed services for sustainability
- Quality care and support.

4.2 Further engagement has taken place with local people, via the Shaping Health and Care events and with the Patient Participation Group Forums, to test the proposed outcomes and measures. This has enabled us to finalise a small group of shared system-wide priority outcomes and measures which we can work towards and further test and refine during 2017/18. This was agreed by the ESBT Strategic Commissioning Board at its first meeting on 6 June, and is included in Appendix 1.

4.3 Whilst this shared Outcomes Framework will not replace the existing performance requirements that each Alliance organisation currently works to, it will enable commissioners, providers and staff working in the system to recognise and use the same outcomes framework to guide their work with patients, clients and carers, and see how their activity or part of the care pathway contributes to delivering the outcomes that are meaningful for local people. It is intended that the public-facing Outcomes Framework will complement the way the Alliance uses our collective business intelligence to understand the performance of the health and care system as a whole.

4.4 We will continue our engagement with local people following implementation of the Outcomes Framework to make sure we really test out that these are the right measures. We propose to do this through a range of different targeted engagement activities including exploration of ways to capture real-time feedback from patients and clients in the test-bed year, and an online survey exercise that is accessible to the wider public and staff, using social media to target specific groups.

5 Options appraisal of the future ESBT delivery vehicle

5.1 An Accountable Care Development Group, set up by the Alliance Governing Board on a 'task and finish' basis, has been meeting since February 2017. This group is charged with exploring the options for our future ESBT alliance ACM, post the 2017/18 transitional year⁴, and making recommendations in July 2017 for the most appropriate vehicle to deliver high quality, effective care for the population covered by the ESBT footprint. This group is also overseeing the work to consider how best to integrate the health and care strategic commissioning functions. The Accountable Care Development Group brings together key stakeholders such as the Local Medical Committee (LMC) and Healthwatch, with leads from each partner in the ESBT Alliance.

5.2 A set of draft evaluation criteria for the options appraisal have been shared with key stakeholders, and have been discussed at the Shaping Health and Care events in May. This takes into account feedback received to date and is included in Appendix 2.

5.3 This is about the way the ESBT partner organisations arrange themselves in the future to deliver our aims and objectives in the most effective way i.e. it is a potential change to the way we structure our organisations in order to deliver better services, rather than a change to services themselves. We have widely discussed ESBT service improvements with local populations and will continue to involve local people and others in improvements to specific care pathways and services.

5.4 The vehicle for our future model must provide the right platform to enable us to improve the quality of services, improve health outcomes and reduce inequalities across the ESBT footprint offering integrated, person-centred care in a clinically and financially sustainable way. In particular the future organisational form must enable us to deliver the following benefits:

- a reduction in variation and improved outcomes for local people;
- improved population health and wellbeing;
- improved experience of health and care services;

⁴ It should be noted that this timeline may be extended once full appraisal of the options has taken place

- achievement of our ESBT objective of system balance by 2020/21, and;
- improved connections with other elements of service delivery where working on a larger population basis within the context of the Sussex and East Surrey Sustainability and Transformation Plan.

5.5 As signalled in previous reports, and indicated in the latest learning from the Kings Fund and NHS Vanguard⁵ there are a small number of clear options for organisational form to explore that would support delivery of our future ESBT model, and these are summarised below:

- **Prime Provider/Prime Contractor** - where one provider holds the contract and acts as an ‘integrator’ of the services through a subcontracting model.
- **Provider Collaboration/Contractual Joint Venture or Corporate Vehicle (Special Purpose Vehicle)** – where parties agree to form a limited company or limited liability partnership e.g. a forming a new corporate joint venture or special purpose vehicle to deliver a single contract for the whole population, or parts of it.
- **Alliancing: Commissioners and Providers** – a virtual arrangement where parties agree to work together in an Alliance without forming separate legal entity or physically changing existing organisational structures.
- **Forms of organisational merger or new organisation** – for example this could mean building on the NHS Trust legal framework to establish a new East Sussex ‘Health and Care’ NHS Trust, that would take a lead role across the system, providing the majority of services in the ESBT area.

5.6 These models will be tested in an options appraisal exercise as detailed in Appendix 2. The exercise has been designed to build consensus locally about the legal vehicle that will best meet the needs of our local population.

6 Conclusion and reasons for recommendations

6.1 Cabinet has previously agreed that moving to a fully integrated model of accountable care offers the best opportunity to achieve the full benefits of an integrated health and social care system, and that a transition year of accountable care, under an alliance arrangement, would allow for the collaborative learning and evaluation to take place between the ESBT programme partners and other stakeholders.

6.2 In March 2017 Cabinet also agreed to establish an ESBT Strategic Commissioning Board between the County Council, EHS CCG and HR CCG, to enable commissioner members of the ESBT Alliance to jointly undertake responsibilities for addressing population health need, and for commissioning health and social care on a system-wide basis through oversight of the SIP in 2017/18.

6.3 Previous discussions and reports have highlighted the need for a clear outcomes framework with which to measure improvements on a system-wide basis during the 2017/18 test-bed year. The pilot ESBT Outcomes Framework and suggested outcome measures have been tested with key stakeholders and the final framework has been endorsed by the new ESBT SCB at its inaugural meeting for piloting in 2017/18.

6.4 Undertaking an appraisal of the options for organisational form will help us to identify the best legal vehicle to deliver our ESBT objectives of a fully integrated and sustainable health and social care system for our local population in the long term. Discussion about the criteria and sub criteria, and their proposed weighting, to test the different options available will contribute to and strengthen our decision-making process to reach a preferred option.

⁵ *New Care models: Emerging innovations in governance and organisation form (Kings Fund, October 2016)*

6.5 The scrutiny committee is recommended to:

- note the progress made with finalising the Alliance Agreement, the new integrated governance structure, and our integrated 2017/18 SIP to support delivery of improvements to our health and care system in 2017/18;
- note the proposed integrated outcomes framework and suggested measures that we will pilot in the 2017/18 transitional year;
- note the appraisal criteria for the appraisal of options for the delivery vehicle for the future ESBT Alliance model;
- consider the plans to develop a roadmap for the key next steps and phasing for implementation.

KEITH HINKLEY

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LOCAL MEMBERS

County Council Members whose electoral divisions are in the EHS CCG and HR CCG areas

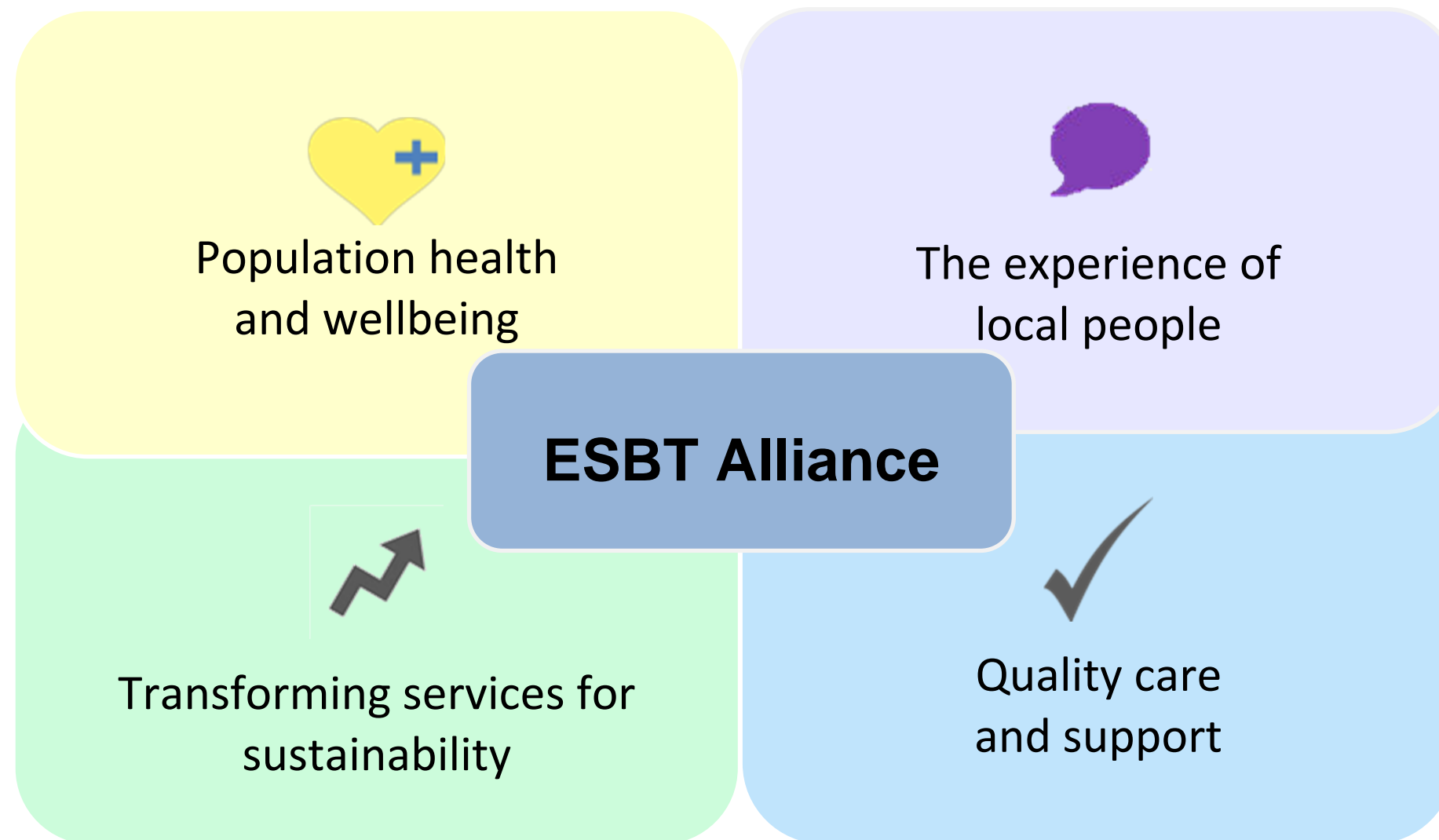
BACKGROUND DOCUMENTS

None

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The ESBT Alliance Outcomes Framework shows our commitment to measuring our progress against the health and care priorities that matter to you. For local people using our services in the new ESBT Alliance, that means a way to measure whether the services they receive (activities) will improve their health, well-being and experience of care and support (outcomes). Overall we want to improve the health and wellbeing of our population, the quality and experience of health and care services, and keep this affordable.

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Appendix 1

The measures and key indicators in this document have been chosen because they are what people have told us is important to them, and will give us a good indication of overall system performance. The ESBT Alliance Outcomes Framework complements the existing Outcomes and Performance Frameworks that the individual ESBT organisations work to for Adult Social Care, Public Health and the NHS, and is designed to provide an overview of how well we are performing together as a system.



Population health and wellbeing

We want to improve health and wellbeing for local people

Outcomes	These indicators and measures will tell us how we are doing...	
Children are supported to have a healthy start in life	The proportion of babies who were fully or partially breastfed	⇒ Increase in percentage of babies aged 6-8 weeks who were fully or partially breastfed
	The rate of obesity among children	⇒ Reduction in excess weight in children aged 4-5 years Reduction in excess weight in children aged 10-11 years
	The proportion of mothers known to be smokers at the time of delivery	⇒ Reduction in percentage of mother known to be smokers at the time of delivery
People are supported to have a good quality of life	The proportion of people reporting a good quality of life	⇒ Improve health-related quality of life for older people Improve social-care-related quality of life for adults Increase in number of people who feel they have enough social contact
	The rate of overall mental wellbeing	⇒ Increase in proportion of people who say they are not anxious or depressed Decrease in attendances at A&E for self-harm per 100,000 of local population
People are supported to live in good health	The average number of years a person would expect to live in good health	⇒ Healthy life expectancy at birth for men Healthy life expectancy at birth for women
	The rate of preventable deaths	⇒ Reduction in preventable mortality Reduction in mortality amenable to healthcare

We want to reduce health inequalities for local people

Inequalities in healthy life expectancy are reduced	The gap in rates of obesity in children between the most and least deprived areas	⇒ Reduction in the gap in excess weight of 4-5 year olds between the most and least deprived areas Reduction in the gap in excess weight of 10-11 year olds between the most and least deprived areas
	The gap in health related quality of life for older people between the most and least deprived areas	⇒ Reduction in the gap in health-related quality of life for older people between the most and least deprived areas
	The gap in rates of preventable deaths between the most and least deprived areas	⇒ Reduction in the gap in preventable mortality between the most and least deprived areas Reduction in the gap in mortality amenable to healthcare between the most and least deprived areas



The experience of local people

We want to put people in control of their health and care

Outcomes

These indicators and measures will tell us how we are doing...

People and their carers feel respected and able to make informed choices about services

The proportion of people using services who feel they have been involved in making decisions about their support



Ensure people using services receive self-directed support
People receiving services feel they have enough choice over their care and support services
People receiving services feel they have as much control as they want over their daily life

The proportion of carers who feel they have been involved in decisions about services



Carers feel they have been involved or consulted as much as they wanted to be, in discussions about the support or services provided to the person they care for
Carers feel that their needs as a carer were taken into account in planning their support

People and their carers have choice and control over services and how they are delivered

The number of people in receipt of direct payments for their carer or personal health budgets



Increase in the number of people using services who receive direct payments for their care
Increase the number of people in receipt of personal health budgets

The number of carers in receipt of direct payments



Increase in the number of carers using services who receive direct payments

We want good communication and access to information for local people

People can find jargon free health and care information in a range of locations and formats

The proportion of people and carers reporting they find it easy to access and use information about services



People find it easy to find information and advice about support, services or benefits.
Carers find it easy to find information and advice about support, services or benefits

Health and care services talk to each other so that people receive seamless services

The proportion of people and carers reporting they have only had to tell their story once



People who contact us about their support have not had to keep repeating their story
Carers who contact us about support have not had to keep repeating their story

We want to deliver services that meet people's needs and support their independence

People are supported to be as independent as possible

The number of people living at home and accessing support in their communities



Increase in people accessing the support available to them in their local communities
Fewer people are permanently admitted to residential and nursing care homes

The proportion of people with support needs who are in paid employment



Increase in the proportion of adults with learning disabilities in paid employment
Increase in proportion of adults in contact with secondary mental health services in paid employment

The proportion of people who regain their independence after using services



Proportion of people 65+ who are still at home three months after a period of rehabilitation
Proportion of people needing less acute, or no ongoing, support after using short-term services

People are supported to feel safe

The proportion of people and carers who report feeling safe








People feel as safe as they want
People feel care and support services help them feel safe
Carers feel safe and have no worries about their personal safety




Transforming services for sustainability



We want to demonstrate financial and system sustainability

Outcomes	These indicators and measures will tell us how we are doing...	
People have access to timely and responsive care	The waiting times for primary care GP services and community support and care services	 Waiting time to get a GP appointment Waiting time to initiation for home care packages
	The referral times for health treatment	 Constitutional NHS standards are met
	The length of stay in hospital	 Reduction in length of stay in hospital for identified cohort Reduction in delayed transfer of care out of hospital
People access acute hospital services only when they need to	The number of people accessing hospital in an unplanned way	 Reduction in number of A&E attendances Reduction in number of non-elective admissions Reduction in emergency admissions for chronic ambulatory care sensitive conditions
Financial balance is achieved across the system	The average Year of Care Costs	 Reduction in average Year of Care Costs

We want to deliver joined up information technology

People and staff working within the system have access to shared and integrated electronic information	The proportion of staff in all health and care settings able to retrieve relevant information about an individual's care from their local system	 Increase in proportion of staff able to retrieve relevant information about an individual's care from their local system using the NHS number Increase in number of settings across which relevant health and care information is currently being shared (through open APIs or interim solution) Implementation of Digital Integrated Care Records has started
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We want to prioritise prevention, early intervention, self care and self management

Interventions take place early to tackle emerging problems, or to support people in the local population who are most at risk	The flow of investment from acute hospital services to preventative, primary GP, and community health and care services	 Increase the proportion of funding invested in preventative, primary and community provision
	The proportion of services developed to intervene proactively to support people before their needs increase	 Activation levels of people receiving services Number of people being screened for frailty Increase early interventions for people with psychosis Number of people who have a care plan from a proactive service Proportion of people accessing services through case finding Proportion of identified cohort who have access to active care coordination



Quality care and support

We want to provide safe, effective and high quality care and support

Outcomes

These indicators and measures will tell us how we are doing...

People are supported by high quality care and support

The proportion of people reporting satisfaction with the services they have received



Increase in number of people who report they are satisfied with the care and support they receive
Increase in number of carers who report they are satisfied with the care and support they receive
Increase in number of people reporting being treated with care, kindness and compassion
Increase in proportion of bereaved carers reporting good quality of care in the last three months of life

The effectiveness of the health and care intervention the person has received



Improve the health gain people experience after elective procedures
Increase in number of older people still at home 91 days after discharge from hospital

People are kept safe and free from avoidable harm

The number of healthcare-related infections and serious incidents



Reduction in healthcare-related infections
Reduction in number of serious incidents in healthcare

The effectiveness of the safeguarding enquiry



Increase in the number of adults who were asked what their desired outcomes of the safeguarding enquiry are, and of those how many were fully/partially achieved

The number of falls in the population of local people



Reduction in the number of falls in East Sussex

We want to deliver person centred care through integrated and skilled service provision

People and their families are engaged in the settings of their outcomes and the management of their care

The proportion of people involved in setting the outcomes they want to achieve from their health and care services



Increase in proportion of people using services who are involved in determining the outcomes that are most important to them
Increase in percentage of patients self-reporting improved outcomes in their general health following the elective procedure

People are supported by skilled staff, delivering person-centred care

The levels of staff satisfaction



Increase in staff satisfaction levels
Reduction in staff turnover

The proportion of staff who have received training in person-centred care



Increase in percentage of staff who have completed at least 80% of their mandated training
Increase in proportion of staff who have the Care Certificate
Increase in staff who have completed person-centred care and support planning training

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The Future ESBT Model Options Appraisal Exercise

1 Introduction

East Sussex Better Together (ESBT) is our whole system (£860million) health and care transformation programme, which was formally launched in August 2014, to fully integrate health and social care across the ESBT footprint in order to deliver high quality and sustainable services to the local population.

The first 150-week phase focussed on galvanising the cultural shift to enable us to establish excellent whole system partnerships, scoping the issues and solutions, and agreeing the necessary framework for the delivery of whole system care pathways. Having made very significant progress in all these aspects, it is clear that this is not enough in itself to deliver long term sustainable and high quality services for the population we serve. Our next phase is to ensure we fully exploit the opportunities of accountable care. ESBT is now business as usual

We are a partnership comprising Eastbourne Hailsham and Seaford (EHS) Clinical Commissioning Group (CCG), Hastings and Rother (HR) CCG and East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT) and Sussex Partnership NHS Foundation Trust (SPFT). The programme covers a population base of approximately 370,000.

We have a combined resource of £860million, the majority of which is used to commission primary, community, acute, mental health and social care services from East Sussex NHS Trust (ESHT), Sussex Partnership Foundation Trust (SPFT), GP Practices and providers in the independent care sector and voluntary sector.

Our shared vision is that by 2019, there will be a fully integrated health and social care economy in East Sussex that ensures people receive proactive, joined up care, supporting them to live as independently as possible and achieving the best outcomes. This includes strengthening community resilience, through an asset-based approach that enables local people to take ownership of their own health and well-being through proactive partnerships. Ultimately by working together we aim to achieve high quality and affordable care now and for future generations and improve the safety and quality of all the services we commission and deliver.

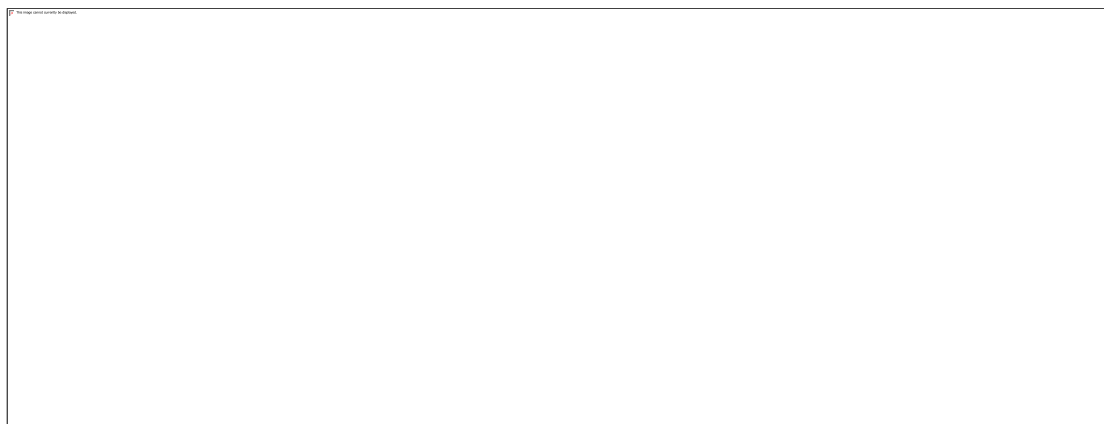
2 Background

- Having been formally designated a Challenged Health Economy back in 2012/13, an economic analysis conducted by PricewaterhouseCoopers (PwC) concluded that the long standing financial difficulties in the county needed significant transformation. This analysis showed that reconfiguration of our hospitals, in and of itself, would not help; and to achieve long-term sustainability we would require a whole system transformation to tackle the underlying causes.
- Our response was to set up the ESBT whole system transformation programme covering 100% of everything we do in order to spend our total available resources wisely rather than cut discrete services badly. All services are covered; acute, community, primary care, mental health and social care, and all parts of the care pathway, for both children and adults i.e. 100% of what we do and 100% of what we say.

- We developed a plan (support by financial and activity analysis and activity planning and intervention modelling by PwC) that set out our case for change.

3 What have we achieved so far

- We developed a single framework to bring together the entire spectrum of services people need to be fully supported at every stage of their health and care needs; this is called the 6+2 model.
- The first six boxes bring together our aspirations to focus on proactive care in order to meet people's needs, make sure services are joined-up and prioritise services that help people be more independent.
- The remaining two focus on 'prescribing' and 'elective care' (e.g. surgery and other planned care) where we believe we can make big improvements in value and service quality
- The framework makes sure we think about all of our populations, whatever their needs, in a way that focuses on the individual.
- This approach and methodology is firmly embedded in our local processes for Health Overview and Scrutiny, and Health and Wellbeing Board, including an ESBT specific scrutiny board within the Council, where members are all sighted on programme progress and developments as well as planned moves for new models of care.
- We have matured our partnership over three years and have robust relationships across our health and social care commissioners and providers that have ensured the foundations for success.



As we conclude our galvanising 150 week first phase of ESBT, we can demonstrate positive, mature relationships across our system-wide partnership that have enabled an integrated approach to achieving system-wide financial balance through our shared integrated 5 year Strategic Investment Plan (SIP) to deliver an increase in primary and community based services, reduce over-reliance on the acute element of our system, deliver in-year constitutional targets and integrate health and care.

We have made significant improvements in care pathways across health and social care. We have established:

- Health and Social Care Connect: an integrated adult health and care access and triage point that ensures that patients and clients, whether self-referred or referred by social care and clinical professionals, receive the right package of health and social care support quickly. In 2016/17 HSCC supported 119,488 people: c53,000 received

information, advice and signposting; and c66,000 received community health and care services; a 14% increase on the previous year of establishment.

- Our nurse-led Crisis Response Teams, which take referrals from general practice and help prevent unnecessary hospital admissions by arranging the right care, in the right place, at the right time for people whose long term conditions are deteriorating or who are suffering early signs of illness. This newly established service supported c.550 people in the community during its start-up year, with plans to increase this to over 1,500 in 2017/18.
- Our integrated health and care locality teams which bring together social and health community staff into integrated teams such as the Joint Community Rehabilitation and Reablement teams, and the multidisciplinary Frailty Teams. The area is divided into six such localities; three led by managers from social services and three led by managers from health. The locality teams are growing in strength and will be the focus through which we develop local alliances across the health, social, and voluntary sectors to identify service priorities and develop joint responses to them.
- We have seen a 4.3% reduction in our emergency admissions during 2016/17 compared with the previous year.

More information about improvements already made can be seen on the ESBT website <https://news.eastsussex.gov.uk/east-sussex-better-together/>, in addition to our key performance indicators demonstrating reductions in emergency hospital admissions and improvements in population health.

We have built on the widespread formal public consultations for significant service improvements and reconfigurations regarding maternity and paediatrics and orthopaedics, general surgery and stroke. Since 2013 we have ensured an ongoing programme of extensive public and stakeholder engagement that informs everything we do. This has included engagement to inform the establishment of ESBT, engagement in programme design, co-design of pathways and services; co-design of how we engage, citizen engagement in our governance, and improvements made based on people's experiences.

This engagement is the cornerstone of our approach and underpins our commitment to move beyond care pathway redesign as our original ESBT programme moves into business as usual, to focus on securing fully the triple aims of improved health and well-being, improved experience, and financial sustainability through integrating commissioning and delivery of our health and social care system.

4 Our move to accountable care

Care pathway redesign is not, in itself, enough to ensure the transformation required to secure a sustainable health and care system. We need to build a new model of care – 'an accountable care system' – that integrates our whole system: primary prevention, primary and community care, social care, mental health, acute and specialist care, so that we can demonstrably make the best use of the £1 billion we spend every year to meet the health and care needs of the people of East Sussex.

The key elements in such a system are:

- Pooled budget and shared management and risk in managing that budget to meet the health and social care needs of the population
- Ability to offset investment in one part of the system by benefits arising in another part (e.g. investment in social care relieving costs of hospital stays)

- Ability to spread investment and benefit across a five year timescale rather than single year budgeting.

We have now launched our ESBT Alliance to test the most effective ways of working as a system to provide the best and most sustainable services for local people. This is a formal commissioner – provider alliance arrangement for 2017/18 as a transition year to operate ‘as if’ we are an accountable care system, while currently remaining separate organisations.

To support this we have an Agreement, together with an integrated 5 year whole system strategic investment plan which describes the Year of Care costs over the five years, and the shifts between care settings that we need to see.

Alongside an integrated governance structure¹, this now gives us increased flexibility in the way we use our resources as a system, to test new ways of working and improve services for our local population in 2017/18 and in the longer term. This paves the way for a future model that integrates our whole system, and by July 2017 we will also have completed the work to agree the legal vehicle for our future model.

Detailed development work is now underway to determine what the best vehicle will be to deliver our aims in the future. This includes exploring the available legal forms and contractual models, and developing the menu of options for primary care to engage with our Accountable Care system with GPs in order to enable the stability of a continued GMS model, alongside testing flexibilities of salaried GP options, shared functions, primary care extended delivery at scale, and outcome based local schemes that align with the objectives of ESBT. This work includes developing options for an integrated health and care strategic commissioning function and resource at our place-based level that can operate in a sufficiently agile way to ensure whole population, outcomes based local commissioning with delegation as appropriate up to STP level commissioning and down to our ACS and localities in order to plan and deliver care at the lowest effective level.

5 High level milestones

	High level milestone plan	Complete by
1	Launch ESBT Alliance transitional year	April 2017
3	Report on legal vehicle recommendations to Alliance Governing Board	June 2017
4	Recommendations to sovereign bodies of ESBT Alliance Organisations	July 2017
5	Implementation (<i>plans to be confirmed and further milestones to be set in line with agreed recommendation</i>)	August 2017
6	New ESBT Alliance model arrangements (<i>commencement date to be confirmed in line with agreed recommendation and outline implementation plan at milestone 5</i>)	April 2018

¹ (item 35/17 <http://www.eastbournehailshamandseafordccg.nhs.uk/about-us/publications/?categoryesctl10153982=19060&assetdet8760137=448030&categoryesctl10288306=20694>)

6 The future ESBT model

East Sussex Better Together (ESBT) has created the partnership conditions to enable the testing in 2017/18 of an ambitious, whole system model of care that has drawn from the best national and international exemplars to build an evolving model that is right for East Sussex.

Our model has a strong emphasis on population health promotion, prevention, early intervention and self-care and self-management to reduce demand for services, allowing care to be delivered increasingly out of hospital and at the lowest level of effective care.

We know that accountable care models (ACM) are now under active development in a number of areas across the country as a response to growing financial and services pressures; they are considered to be the best structure for delivering transformation. We are at the forefront of this change.

The organisational form for our future model must provide the right platform to enable us to improve the quality of services, improve health outcomes and reduce inequalities across the ESBT footprint offering integrated, person-centred care in a clinically and financially sustainable way. Our engagement to date has created the following key principles and characteristics for the model:

Key principles and characteristics of a local Accountable Care model	
1	Our evidence-driven, place-based model will firmly embed the first principle of a prevention-led approach across ESBT as our 'place' that contributes to the Sussex and East Surrey Sustainable Transformation Plan (STP). The model will have a strong emphasis on population health promotion, prevention, early intervention and self-care and self-management to reduce demand for services and allow care to be delivered increasingly out of hospital and at the lowest level of effective care.
2	All health and social care services should be in scope – primary, local acute DGH, community, mental health, social care and public health services for children and adults. Those that are ruled out will be by exception.
3	'Whole person' care needs to be supported by a whole population approach rather than segmenting or subdividing the population by conditions or age, and thus although delivery will normally be based around localities with populations of circa 50,000, accessing health and care should support individual choice and be consistently simple for people regardless of where they access it.
4	The model will have a positive impact and deliver outcomes that are important to local people – both health outcomes and experiential outcomes. This includes involving local people in designing, commissioning and delivering outcomes, as well as communicating about them.
5	The outcomes based contract and capitated budget will be sufficiently large to achieve the economies of scale needed to close the total funding gap, and establish an ongoing in-year budget balance.
6	There will be a focus on reducing the costs of commissioning and transacting the business,

	as well as avoiding the pathway fragmentation that undermines integration and adds in transaction costs through operating parallel models. We will seek to achieve our aims through collaboration in the way that we procure new models.
7	There will be a strong culture of whole system working on the ground that actively empowers staff to be able to ‘do the right thing’, putting patients’ and clients’ and carers’ needs first within a single health and social care system covering primary, community, local DGH, mental health, social care, public health services, and independent and voluntary services where appropriate.
8	Our model will align incentives in order to inspire and attract health and social care professionals and offer maximum levels of clinical and staff engagement and leadership, embed system-wide organisational development.
9	The organisational form in the ESBT area will require collective leadership and have governance and operational mechanisms that enable learning and development to take place in stages to share and manage risks between commissioners and providers. This will lead to delivery of full Accountable Care models, as per the ambitions of the FYFV, i.e. the fullest possible levels of integration and maximum ability to achieve the long term vision and benefit of a sustainable and affordable health and social care system.

These agreed principles have been built upon to shape proposals and describe a model which is being discussed and tested across the system with professionals delivering services, commissioners, stakeholders, patients, clients and carers. This has contributed to shaping our proposals so far, and is based on the possibilities outlined in the NHS Five Year Forward View and its March 2017 update², and published guidance about new models of care. The likely future organisational form of this has yet to be agreed, and will be subject to an options appraisal exercise to inform decision-making. To date this describes a future model that proposes the following:

- The commissioning and provision of services across East Sussex should be ‘single and simple’.
- There will be a single overarching system that is responsible for directly and indirectly (by sub contract) delivering health and care services to the population.
- There will be a uniformly high standard of the management of long term conditions by integrated primary care, specialist, and community service teams such that people with those conditions have an optimal standard of health. People with multiple conditions will have a personalised care programme.
- Through this model of care, we will also aim to empower and enable people to manage their own health and care whenever that’s possible. This means ensuring individuals understand how to access services that can assist them, as users of services or as part of a family or wider community, to improve their own health and wellbeing. This is at the same time also being able to access appropriate care and

² <https://www.england.nhs.uk/five-year-forward-view/>

treatment from professionals when they need it, in the best place and at the right time.

- The model will work under a long term and rolling (potentially five year) contract from the County Council and Clinical Commissioning Groups representing NHS England (NHSE). There will be an annual review of this contract with a revised annual mandate for the services that is based on the democratic accountabilities of those commissioning bodies.
- The model will be informed by the commonly owned whole system single 5 year Strategic Investment Plan; we anticipate that approximately 50% of the accountable care model's services would be directly delivered, and approximately 50% would be commissioned by the accountable care system. The 50% commissioned by the ACM would incorporate both voluntary and independent sector providers locally, as well as specialist commissioning for the 'hotter' end of acute care pathways.
- The management of risk would therefore sit within the system to manage demand and capacity across the system and to incentivise delivery of quality outcomes within cost.
- Approximately 80% of the current transactional commissioning functions across health and social care would sit within the ACM, with the remainder retained to ensure strong, whole population needs assessment, strategic intent to meet these needs and accountability for the outcomes-based contract with the ACM.
- The arrangement will ensure we can develop a menu of employment and remuneration options for key professionals, e.g. GPs (including federations): we might expect that most GPs will be contracted from within the accountable care system and retain continuity of GMS based contract. We also know that some GPs are expressing a preference to become employees of the model, and there are also a range of enhanced services that might be invested in differently for example through a federated model.
- Both organisational and individual incentives will be aligned around outcomes-based commissioning principles. The regular review of how the ACM is performing against objectives, the management of risk and agreement of variations to Service Level Agreements (SLAs) will be undertaken collectively and transparently in whole-system workshops. The core measures of ACM success will be based on analysis of the impact of upstream investment of the £2,300 per person Year of Care cost.
- There will be one integrated care record and one system of data management and reporting.

The options for the legal delivery vehicle (organisational form) will each be subject to assessment as to how well they deliver the above model. The nature of this exercise is about the way the ESBT partner organisations arrange themselves in the future to deliver the ESBT aims and objectives in the most effective way i.e. it is a change to the way we structure our organisations in order to deliver better services, rather than a change to services themselves. We have widely discussed ESBT with local populations and will continue to involve local people and others in improvements to care pathways and services.

7 Organisational form options

The learning from the Vanguard and the Kings Fund³ indicates that there are a number of clear options to explore for new models of accountable care organisational form. These can be summarised as follows:

1. **Prime Provider/Prime Contractor** – for example where one provider holds the contract and acts as an ‘integrator’ of the services through a subcontracting model
2. **Provider Collaboration/Contractual Joint Venture or Corporate Vehicle (Special Purpose Vehicle)** - for example ESBT Alliance partners forming a limited company or limited liability partnership (LLP) e.g. a forming a new corporate joint venture or special purpose vehicle to deliver a single contract for the whole population, or parts of it. Parties to the joint venture may be share-holders or members and would need clear decision-making rights over the running of the future model and its budgets. A joint venture company would need to be sufficiently robust to hold a contract as a single legal entity with the commissioner
3. **Alliancing: Commissioners and Providers** - a virtual arrangement where parties agree to work together in an Alliance without forming separate legal entity or physically changing existing organisational structures
4. **Forms of organisational merger or new organisation** - for example this could mean building on the legal framework provided by an existing NHS Trust to establish a new East Sussex ‘Health and Care’ NHS Trust, that would take a lead role across the system

It is also possible to choose a hybrid model based on combination of the above options. A critical step is to understand how these organisational forms would work and add value in the ESBT context, including how the relationship with primary care could be structured. So that we can appraise these options fully we are also exploring NHS Vanguard and Integrated Care Pioneer sites such as South Somerset, Mid-Notts and Torbay, as well as the possibility of arranging fact-finding visits for representatives from across our health and care system.

8 Contractual form options for new models of care

Once we have reached agreement about the preferred legal form out of the four options above, we will then be in a position to consider the shape of the type of contracting model we choose. The current guidance published by NHSE⁴ suggests there are three contractual available approaches emerging for new models of care that can be used to bring together services delivered by a range of providers, and these are can be described as virtual, partial or fully integrated. They can be summarised as follows:

- **Virtual arrangement:** commissioners and providers are bound together by an alliance agreement
- **Partially integrated:** a contract is let for the vast majority of health and care services with a single budget

³ *New Care models: Emerging innovations in governance and organisation form (Kings Fund, October 2016)*

⁴ *New Care Models: Integrated primary and acute care systems (PACS) – describing the care model and the business model (NHSE 2016)*

- **Fully integrated:** single contract for all health and care services (children's and adults) operating under a single whole-population budget.

The guidance states that all three of these options for contracting are voluntary, and decisions will be based on the degree of formal integration that each local area wants to achieve, the appetite for change and the pace and scale at which they wish and are able to proceed. It also notes that developing a new model of care is an organic process, such that a single national contracting solution will not work everywhere. A summary of the emerging contractual options taken from the NHSE Guidance⁵ is set out in the table below.

Model	Advantages	Disadvantages
Virtual arrangement: commissioners and providers are bound together by an alliance agreement	Establishes a shared vision, ways of working and the role of each provider in the Accountable Care system. Represents a pragmatic step forward with least disruption especially if GPs have already come together to operate at scale	Overlays rather than replaces traditional commissioning contracts, adding an extra layer to an already complex set of arrangements and can be weak in terms of deploying resources flexibly
Partially integrated: a contract is let for the vast majority of health and care services with a single budget	The contract can include social care and services delivered by the voluntary and independent care sector. It could also include aspects of local enhanced primary care services in the contract and by agreement QOF and directed enhanced services.	A procurement process would need to be undertaken to identify a contract holder potentially resulting in collaborative working relationships being undermined. The contract holder would have to integrate directly with primary medical services delivered under general medical services, personal medical services and alternative provider medical services contracts, and integration would not follow a whole population funding model impacting on benefits
Fully integrated: single contract for all health and care services (children's and adults) operating under a single whole-population budget <i>NB This wouldn't necessarily mean discontinuation of the GMS contract, as it could mean the ACS/ACM could continue to contract for GP services using the</i>	This could include primary medical services as part of the full range of services in scope, under a contract held by the Accountable Care delivery system or organisation. Best reflects the logic of the new accountable care model with the greatest freedom to secure the benefits of a fully integrated health and care system.	Most complicated route to take as this is furthest away from the status quo

⁵ *New Care Models: Integrated primary and acute care systems (PACS) – describing the care model and the business model (NHSE 2016)*

<i>existing GMS contract and held by the CCGs within the current existing delegated arrangements.</i>		
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9 Options appraisal criteria

Using the latest learning from the UK NHS New Models of Care Vanguard and the Kings Fund as well as local perspectives, a set of design criteria is being finalised to use to assess the options for the organisational form. This will be used in conjunction with our original agreed principles and characteristics for our ESBT Accountable Care model and the description of the future model of care we want to deliver.

In order to inform the ESBT partners' decisions about the delivery vehicle for the future model, we will establish an options appraisal panel that will review all the available evidence and score the organisational form options against a set of suggested key criteria. These scores will then form part of the material the ESBT partners will use to inform their decision-making processes to identify the best vehicle to deliver the ESBT objectives. The Alliance Governing Board agree the shape and composition of the options appraisal panel, which is planned to take place on 22nd June, as well as proposals to involve a range of key stakeholders, including the Local Medical Committee and Healthwatch, to support the discussions.

These criteria are standard measures which have been chosen because they are already well known and understood. They have been previously developed with input from stakeholders for use in relation to previous local options appraisal exercises to assess different delivery options for health and care services and have since been further tested. The criteria are as follows:

- Quality and safety - 15
- Clinical and professional sustainability - 20
- Access and choice - 15
- Deliverability - 10
- Financial sustainability - 10

To reflect the nature and ambition of this whole system options appraisal, two additional key criteria have been added to this appraisal exercise to reflect the need to make judgements about the right organisational form to provide the framework for a transformed health and care system:

- Transformation - 20
- Governance and accountability - 10

The weighting of the criteria was tested in discussions with stakeholders, where Access and Choice was felt to be of high importance followed equally by Transformation, Financial Sustainability and Quality and Safety. The approach taken to weightings reflects the nature of the options appraisal exercise which is aimed at ensuring long term sustainability for all health and care services in the ESBT area, through identifying the best delivery vehicle for achieving this. All options will be expected to demonstrate ability to deliver high quality safe services that are accessible and support choice, however, the final preferred option would

also be expected to demonstrate to a high level the ability to effect the system transformation needed to deliver workforce and financial sustainability within an appropriate timescale.

All options for organisational form will also need to demonstrate that they can meet the system regulatory frameworks for example CQC compliance, and Local Government standards.

10 Sub criteria

Within each of the seven criteria, there is a list of sub criteria against which each organisational form option will be scored. The sub criteria will draw out in more detail the outcomes we are seeking to achieve with the proposed future model, focussing on the benefits that the organisational form would be expected to bring to the ability to deliver those outcomes. The sub criteria have also been cross-referenced with the original principles and characteristics of our proposed model, and sense-checked against the updated NHS Five Year Forward View⁶ and the NHS Integrated Support and Assurance Process (ISAP)⁷.

Once the initial list of sub criteria have been agreed the intention is to test this further with key stakeholders to refine them ahead of using them in the options appraisal exercise.

The table below sets out the criteria, and sub criteria, against which the options for organisational form of the future model will be considered and scored.

Principles and characteristics	1	Appraisal Criteria	Weighting 20	Option X	
		Transformation		Score	Weighted Score
1, 2, 7, 8, 9	1(a)	How well will the option help deliver sustainability with particular reference to primary care?			
3, 5, 6	1(b)	Does the option create the best configuration for the scope and scale of services to significantly reduce intra-system transactional costs?			
2, 7, 8	1(c)	Does this option make it easy for delivery partners outside the core service provision to work together for the benefit of our local population, including approaches to market development in localities?			
4, 7, 8	1(d)	What is the impact of the option on the delivery of an integrated IT system for staff, patients and clients?			
3, 7, 8, 9	1(e)	How well does the option create a 'system-wide' leadership and management culture?			
1, 2, 7	1(f)	How well does this option deliver a vertically integrated care system, as we as strong integration across			

⁶ <https://www.england.nhs.uk/five-year-forward-view/>

⁷ <https://improvement.nhs.uk/news-alerts/working-nhs-england-provide-support-complex-contracts/>

		primary, community and other statutory and non-statutory partners to deliver flexible locality based services?			
6, 9	1(g)	Does this option enable good acute networks across the wider STP delivery platform			
1, 5, 9	1(h)	Can the option create the conditions to shift the investment profile in order to increase investment in prevention primary and community care (including self-care and self-management) and be consistent with the ESBT Alliance Strategic Investment Plan?			
1, 5, 9	1(i)	How well does the option enable investment in prevention and early intervention and reducing the average per capita Year of Care cost			
1,2, 5, 9	1(j)	Does the option create the right conditions for year on year delivery of the ESBT Strategic Investment Plan?			
1,2, 3, 4, 6, 7, 9	1(k)	How well does the option enable improvements in the key deliverables set out in the next steps of the updated NHS Five Year Forward View?			
1, 3	1(l)	How well does the model deliver primary, secondary and tertiary prevention and embed self-care and self-management to improve health and wellbeing and reduce health inequalities?			
Principles and characteristics	2	Governance and Accountability	Weighting 10	Score	Weighted Score
4	2(a)	Will the option support optimum levels of citizen leadership and governance?			
5, 6, 8, 9	2(b)	How well does the option enable a phased and assured transfer of risk that can be managed within the model/system?			
9	2(c)	How well does the option enable existing CCG and Local Authority statutory functions to be discharged?			
9	2(d)	How well does the option provide a collective decision-making and governance structure that can align with the ongoing and continuing individual statutory accountabilities of the constituent bodies?			
7, 8	2(e)	How well will the option support			

		clinical and professional governance?			
4, 7, 8, 9	2(f)	How easily will the option be able to create a trusted health and care brand that inspires patient and client confidence?			
6, 9	2(g)	How easy is it to deliver the option within the current regulatory framework?			
Principles and characteristics	3	Quality and Safety	Weighting 15	Score	Weighted Score
1, 2, 4, 7	3(a)	Will the option enable uniformly high standards in the management of frailty and LTCs (for example Diabetes, Heart Disease) by integrated primary care, specialist, and community teams?			
1	3(b)	How well does the option provide a framework that enables the provision of care increasingly out of hospital and at the lowest level of safe and effective care?			
6, 8, 9	3(c)	How well will the option enable delivery of constitutional operational standards (A&E, RTT etc.)			
4, 6, 7, 8	3(d)	How well does the option enable a reduction in variation across all services?			
4, 7, 8	3(e)	How well does the option promote a safety culture			
3, 4, 7, 8	3(f)	Does the option enable continuity of primary care practitioner where this exists?			
1, 3, 4	3(g)	How well will the option make use of population health management capabilities (i.e. improved prevention, enhanced patient and client activation) and manage avoidable demand			
	4	Clinical and Professional Sustainability	Weighting 20	Score	Weighted Score
7, 8	4(a)	How well will the option create the right conditions for innovation now and into the future?			
1, 7, 8, 9	4(b)	How well will the option provide an effective framework to deliver clinically effective care services at the lowest level of effective care and clinical and care excellence?			
7, 8	4(c)	How well will the option provide a system-wide framework for workforce flexibility and the recruitment, retention and development of excellent staff across all sectors?			

Principles and characteristics	5	Access and Choice	Weighting 15	Score	Weighted Score
3, 4	5(a)	How well will the option provide a framework to support choice and personalised programmes of care for children and adults with LTCs, disabilities and long term care and support needs?			
1, 3, 4	5(b)	How well will the option enable access to timely care that includes all sections of the community?			
1, 3, 4, 8	5(c)	How well will the option help deliver evening and weekend access to GPs (target: 100% of the population covered by March 2019)			
1, 2, 3, 4, 7	5(d)	How well will the option enable access to community based services to enable people to remain in their own homes			
3, 4	5(e)	How will the option deliver patient choice for people with elective (planned) care needs, and increase the use of Personal Budgets and Direct Payments, and Personal Health Budgets (PHBs) where these are coming on line.			
Principles and characteristics	6	Deliverability	Weighting 10	Score	Weighted Score
5, 6, 9	6(a)	Is the cost to implement this option (system costs including capital costs) reasonable and viable?			
5, 9	6(b)	Can the option be delivered within a reasonable timescale and no later than 2020/21?			
5, 6, 9	6(c)	Are the transition costs understood and of reasonable value?			
5, 6, 9	6(d)	Are the tax, VAT, insurance, procurement of care packages and charging implications understood and affordable and are they in line with statutory frameworks?			
2, 6, 7, 8, 9	6(e)	Is the impact on the health and social care workforce understood and manageable (terms and conditions and pensions)?			
6, 9	6(f)	Does the option give rise to additional legal risks that will have a significant impact?			
1, 5, 9	6(g)	Does the option have the potential to impact on the viability of commissioners and providers outside of the ESBT system?			
Principles and characteristics	7	Financial Sustainability	Weighting 10	Score	Weighted Score

5, 9	7(a)	How well does the option improve the efficient working of the system and thereby reduce operating costs (including transactional commissioning costs)?			
1, 3, 5, 9	7(b)	How well does the option enable the service transformation required to assist with the achievement of financial sustainability			
3, 5, 6, 9	7(c)	How well does the option enable financial risk to be managed effectively			
9	7(d)	How well does the option provide the flexibility to respond to changes in future health and care financial regimes?			
3, 4, 6, 7, 8, 9	7(e)	How well does the option enable the organisation/vehicle to operate as a going concern and meet the financial requirements of regulators and statutory bodies such as HMRC?			
2, 7, 8	7(f)	What impact does the option have on provider productivity and reducing variation?			
4, 7, 8, 9	7(g)	How well does the option enable a framework to incentivise outcomes and performance improvement			

11 Options appraisal panel

The sovereign governing bodies of the constituent ESBT Alliance organisations will ultimately be responsible for making decisions about the delivery vehicle for the future ESBT model, and these organisations will be represented on the options appraisal panel by senior clinicians and managers. In order to make fully informed decisions about scoring the options appraisal, the panel process will be undertaken and supported by three categories of representative:

- 1) Clinical and managerial leaders from each of the constituent ESBT Alliance organisations who will be responsible for making decisions about scoring the options against the criteria
- 2) Representatives from other organisations that are integral to understanding how the system operates, and that have a key stake in determining the preferred vehicle to deliver the ESBT objectives, for example the LMC, GP Federations, the STP and Healthwatch. These representatives will contribute views and help agree the scoring but are likely not to be involved in the final decision or vote on the scores.
- 3) Subject matter experts, for example pensions and VAT, IT and workforce. These are likely to be members of the Accountable Care Development Group, Finance Subgroup, Workforce Group and IT Board plus others (for example the Principle Social Workers and Chief Nurses), who will be invited to advise the panel representatives on the advantages and disadvantages of specific options.

We have tested particular areas of the evaluation criteria with key stakeholders and to enable the widest possible thinking and consensus to develop regarding the right vehicle to deliver our ESBT objectives, we have planned in specific engagement events with staff to support and inform the panel process. This will enable the key areas of the evaluation to be tested as well as growing understanding and testing the options for organisational form, to inform how we reach a preferred option.

It should be emphasised that there is no definitive evidence base for the options over and above what we have learned and recorded from international best practice and the emerging vanguards in the UK in making our case for change. Our learning must be iterative and the recommendation following this options appraisal will be at a relatively high level, demonstrating our direction of travel to best meet our ambition and needs. There will then be an implementation period where much greater detail will emerge and a comprehensive engagement plan for this phase will be implemented.

Final Draft

Authors V Smith / J Britton

Date 23/05/17

Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 22 June 2017

By: Assistant Chief Executive

Title: Scrutiny Committee Work Programme

Purpose: To consider the Committee's future work programme

RECOMMENDATIONS

- 1) to consider and comment on the Committee's work programme;**
 - 2) to nominate three Committee Members to join the East Sussex Better Together and Connecting 4 You Scrutiny Board.**
-

1. Background

1.1 The Committee's future work programme is included on each meeting agenda in order to review items scheduled for future meetings and to agree any amendments or additions. The current work programme is attached at appendix 1.

2. Supporting information

2.1 As noted on the work programme, the Committee has ongoing representation on the joint Scrutiny Board for East Sussex Better Together, the transformation programme for health and social care led by the County Council, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG) and Hastings and Rother CCG. The Board also undertakes scrutiny of the parallel programme in the High Weald Lewes Havens CCG area, Connecting 4 You.

2.2 The Scrutiny Board is made up of representatives from this Committee, Children's Services Scrutiny Committee and Audit, Best Value and Community Services Scrutiny Committee. In light of the formation of the new Council, the three Scrutiny Committees are recommended to re-nominate representatives to the Scrutiny Board. Following review by the Scrutiny Chairs, this Committee now has three places on the Board, reflecting the importance of the transformation programmes to Adult Social Care, with each of the other committees being allocated two places.

3. Conclusion and reasons for recommendations

3.1 The Committee is invited to consider and comment on the work programme and specifically to nominate three representatives to the East Sussex Better Together/Connecting 4 You Scrutiny Board.

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Work Programme for Adult Social Care and Community Safety Scrutiny Committee



Future work at a glance

Updated: **June 2017**

This list is updated after each meeting of the scrutiny committee.

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
14 September 2017		
Safeguarding Adults Board Annual Report and Strategic Plan	<p>The Safeguarding Adults Board (SAB) Annual Report outlines the safeguarding activity and performance in East Sussex during the previous financial year, as well as some of the main developments in place to prevent abuse from occurring.</p> <p>The Strategic Plan sets out the aims and objectives of the SAB for 2015-18 and is refreshed each year.</p>	Angie Turner, Head of Adult Safeguarding
Reconciling Policy, Performance and Resources (RPPR) 2018/19 - September	The Committee will start the process of examining the Departmental Portfolio Plans and budget for the 2018/19 financial year.	Becky Shaw, Chief Executive
16 November 2017		
Reconciling Policy, Performance and Resources (RPPR) 2018/19 – 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 2018/19 financial year.	Becky Shaw, Chief Executive
15 March 2018		
Reconciling Policy, Performance and Resources (RPPR) 2018/19 – March	To provide the Committee with an opportunity to review its input into the RPPR process for 2018/19 and suggest improvements to the process.	Becky Shaw, Chief Executive

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 last met in February 2017 Next meeting 13 July 2017
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 last met in December 2016

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

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