



ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

THURSDAY, 14 SEPTEMBER 2017

10.00 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 22 June 2017 (*Pages 3 - 8*)
- 2 Apologies for absence
- 3 Disclosures of interests
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
- 4 Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
- 5 Forward Plan (*Pages 9 - 18*)
The latest edition of the Forward Plan. The Committee is asked to make comments or request further information.
- 6 Safeguarding Vulnerable Adults Annual Report 2016-17 (*Pages 19 - 88*)
- 7 Market capacity report - home care and nursing care homes (*Pages 89 - 96*)
- 8 Reconciling Policy, Performance and Resources (RPPR) 2018/19 (*Pages 97 - 128*)
- 9 Scrutiny committee future work programme (*Pages 129 - 132*)
- 10 Any other items previously notified under agenda item 4

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
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6 September 2017

Contact Claire Lee, 01273 335517,

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Agenda Item 1

ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

MINUTES of a meeting of the Adult Social Care and Community Safety Scrutiny Committee held at County Hall, Lewes on 22 June 2017.

PRESENT Councillors Angharad Davies (Chair) Councillors Trevor Webb (Vice Chair), Colin Belsey, Charles Clark, Martin Clarke and John Ungar

LEAD MEMBERS Councillors Bill Bentley and Carl Maynard

ALSO PRESENT Councillor Colin Swansborough
Keith Hinkley, Director of Adult Social Care and Health
Samantha Williams, Assistant Director, Planning, Performance and Engagement
Justine Armstrong, Safer Communities Manager
Claire Lee, Senior Democratic Services Adviser

1 MINUTES OF THE MEETING HELD ON 9 MARCH 2017

1.1 The minutes were agreed as a correct record.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were received from Cllr Sheppard (Cllr Belsey substituted) and Cllr Enever.

3 DISCLOSURES OF INTERESTS

3.1 Cllr Ungar declared a personal, non-prejudicial interest as Joint Chair of the Eastbourne and Lewes Community Safety Partnership.

3.2 Cllr Webb declared a personal, non-prejudicial interest as Chair of a Community Safety Panel in central St Leonards.

3.3 Cllr Clarke declared a personal, non-prejudicial interest as Trustee and Director of the Hastings Centre which hosted a community safety event mentioned in a report to the committee.

4 URGENT ITEMS

4.1 There were no urgent items.

5 FORWARD PLAN

5.1 The Committee RESOLVED to note the forward plan.

6 ANNUAL REVIEW OF SAFER COMMUNITIES PERFORMANCE, PRIORITIES AND ISSUES

6.1 The Head of Safer Communities introduced the report which provided an overview of community safety performance in 2016-17 and partnership priorities for 2017-18. She advised that a partnership event was planned for later in June to review and refresh priorities for future years.

6.2 The following points were made in response to questions from the committee:

Crime reporting

- Sussex Police has advised that upward trends in some categories of crime reflect an increase in reporting, rather than being indicative of an increase in crime. The accuracy of figures is a question which can be taken up by the Police and Crime Panel which will be receiving a report on changes to reporting arrangements.

Prevent programme

- The effectiveness of the Prevent programme is considered by the Prevent Board. Evidence seen by the Board suggests that interventions across schools and colleges have been very successful and these have been subject to independent evaluation.
- The partnership secured Home Office funding for the 'Think, Protect, Prevent' programme (particularly focused on children with autism) which will be fully evaluated by the end of June but has been successful in terms of people completing the programme. A small number of referrals (fewer than five in the last 12 months) have been made to the national Channel intervention programme where there were specific concerns.
- Partners are confident in the ability to identify concerns about young people through work in schools and colleges, and to make appropriate referrals to Channel.
- The Prevent programme has been reviewed in light of the Sussex Counter Terrorism Local Profile and has had positive feedback. There is an ongoing focus on vulnerable young people who may be subject to influence rather than people from a particular background or faith.
- There has been no specific new guidance on Prevent in light of recent terrorist attacks but the temporary increase of the threat level to critical affected the local authority response. After the Manchester attack the partnership proactively provided a presentation to local schools to help them talk about the issues as they felt appropriate.

Drug and alcohol misuse

- There has been a positive impact from introducing community detox as an alternative to the residential service. There is no cap on the number of people able to access the service. As there is a very low level of representation once people complete the programme (80% stay clean) most are new attenders. There is an increasing need but also the capacity to manage it.
- A reduction in drug paraphernalia left in public places is expected following a meeting with the pharmacy council which has now agreed to supply single needles rather than larger packs which lead to surplus needles being left unopened and abandoned.

Domestic abuse

- The increase in referrals to Multi-agency Risk Assessment Conferences (MARACs) is linked to increased staff training and they are under pressure. Work is being undertaken in conjunction with the Police and Crime Commissioner (PCC) to review the capacity of MARACs across Sussex and officers are confident that changes will be introduced from September which may include extending meetings or changing their frequency and identification of potential repeat cases at an earlier stage.

Modern slavery

- Officers attended a regional PCC event on modern slavery and how the issue is being addressed locally. East Sussex initiated a pan-Sussex network with Police and other key partners to look at issues including raising awareness. This will draw on resources developed by other parts of the country, particularly in terms of training staff at the frontline to recognise the signs. Further thought will be needed on how best to inform the public about risks and signs.
- There are specific requirements on organisations who turnover £30m or more to make a statement on how they employ staff and modern slavery, but businesses of concern may have a turnover below this scale. There are a number of 'days of action' set up for partners to go into premises to undertake environmental checks and Sussex Police is sharing quarterly data on the number of referrals to the national programme.
- It is difficult to get a clear picture of the scale of the issue in East Sussex. There is a range of different categories and there are links to serious organised crime. However, a clearer picture is beginning to emerge and referral figures are starting to increase as awareness rises. Local data is provided at Sussex Police level.
- It is recognised that sometimes people are relatively content with their situation compared to what they experienced in a country of origin. It is therefore necessary to think about supporting people over the medium to long term to avoid worsening their overall situation. This involves partnership work to look at all the action needed across a range of fronts to support people such as on housing or benefits.

Partnership priorities

- The partnership has avoided focusing on areas already being led successfully by partners and has now prioritised four key areas where the East Sussex Safer Communities Partnership is best placed to take leadership. These priorities have been based on a considerable amount of consultation and use of a new tool to identify the issues causing the most 'threat', 'harm' and 'risk'. Other work is reviewed through the partnership and themed groups to ensure there is ongoing oversight beyond the four key partnership priorities.

Hate crime

- There have been a number of spikes in hate crime related to Brexit and national incidents. The information recorded in relation to hate crimes has not changed. There is a national plan looking at how to encourage reporting and the accuracy of data has improved.

Fire Safety

- Existing plans will be reviewed in the light of the Grenfell Tower fire, identifying any additional steps and associated communications needed. This work sits within existing emergency planning and business continuity work. Emergency plans set out how agencies use available intelligence to identify vulnerable people.

6.3 The Committee RESOLVED to note the report and request a further annual update in June 2018.

7 EAST SUSSEX BETTER TOGETHER ACCOUNTABLE CARE MODEL

7.1 The Director of Adult Social Care and Health introduced the report. The following points were made in response to questions from the committee:

- The East Sussex Better Together (ESBT) outcomes framework was developed based on the key statutory requirements of each organisation and what local people have said is important in their lives. These elements have been drawn together into the key areas ESBT is looking to address. The pilot framework has been shared with stakeholders and a single performance system is being developed to manage and monitor it.

- The intention is to develop more detailed performance indicators against each of the outcomes to measure delivery. The framework is made up of a mix of indicators based on actual data about the delivery of services and perception indicators, which reflect requirements in the national NHS and Adult Social Care Outcomes Frameworks to ask people about felt experience. Some other measures will be subject to multi-agency case audit.
- The options appraisal process reflects the principles agreed by Cabinet which have been converted to a scoring framework. Representatives of all ESBT Alliance organisations will form part of a panel which will score options, aiming to achieve a consensus view. Sovereign bodies will ultimately decide on the way forward based on the panel's recommendation.
- The NHS wants and needs to transform services in a similar way to social care. Health services are also experiencing pressures and need to reduce demand by focusing on prevention. Spending more on social care can reduce demand on acute care and there are benefits to all by working as a whole system and looking at how the collective health and social care budget is spent.
- There is a need to retain democratic accountability and management of performance in any new governance structure. ESBT Alliance governance is currently complex due to the mix of old and new, but ultimately the aim is to simplify how health and social care are commissioned and delivered. NHS regulation also needs to adapt to new ways of working.
- Staff have been engaged through the normal engagement processes within individual organisations but additional mechanisms have been added specifically in relation to ESBT issues such as the changes to service models.
- Staff are aware of potentially large scale change and if there is organisational change the usual policies will apply. Staff have already experienced significant change due to the service changes implemented to date through ESBT.
- Following the options appraisal process there will be a public report to Cabinet in July setting out the proposed way forward. This will be followed by a further round of staff engagement to explain the next steps.
- The ESBT Scrutiny Board has enabled scrutiny at each stage of the process and this will continue. Further thought would be needed as to how scrutiny would operate in a full accountable care system.

7.2 RESOLVED to note the report.

8 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

8.1 RESOLVED:

1. To nominate Cllrs Davies, Webb and Clarke as the committee's representatives on the East Sussex Better Together and Connecting 4 You Scrutiny Boards.
2. To add the following items to the work programme:

14 September:

- Safeguarding report – to include the issue of paid carers and safeguarding
- Market capacity report – home care and nursing care homes

16 November:

- Mental health – overview of community services (covering support to the homeless)
- Services to prisons (post Care Act)

15 March:

- Health and Social Care Connect update report

The meeting ended at 12.45 pm.

Councillor Angharad Davies
Chair

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EAST SUSSEX COUNTY COUNCIL'S FORWARD PLAN

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

- (a) expenditure which is, or the making of savings which are, significant having regard to the expenditure of the County Council's budget, namely above £500,000 per annum; or
- (b) is significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions.

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

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

- Page 9 -
- the name of the individual or body that is to make the decision and the date of the meeting
 - the title of the report and decision to be considered
 - groups that will be consulted prior to the decision being taken
 - a list of other appropriate documents
 - the name and telephone number of the contact officer for each item.

The Plan is updated and published every month on the Council's website 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 website 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 1UE, 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 335274.

FORWARD PLAN – EXECUTIVE DECISIONS (including Key Decisions) –1 September 2017 TO 31 December 2017

Additional notices in relation to Key Decisions and/or private decisions are available on the [Council's website](#).

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
19 Sep 2017	Cabinet	Authorised banking arrangements To agree revisions to the list of authorised signatures			Report, other documents may also be submitted	Ian Gutsell 01273 481399
19 Sep 2017	Cabinet	Council Monitoring: Quarter 1 2017/18 To consider the Council Monitoring report for the first quarter of the financial year 2017/18.			Report, other documents may also be submitted	Jane Mackney 01273 482146
19 Sep 2017	Cabinet	Draft Libraries Strategic Commissioning Strategy			Report, other documents may	Matthew Wragg 01273 335165

		To consider the draft Libraries Strategic Commissioning Strategy (SCS), and to agree that the draft Strategy is publically consulted on for a twelve week period.	KD		also be submitted	
19 Sep 2017	Cabinet	Final decision on the proposed closure of Rodmell CE School To consider the final decision on the proposed closure of Rodmell School	KD	Local Members	Report, other documents may also be submitted	Gary Langford 01273 48758
25 Sep 2017	Lead Member for Transport and Environment	East Sussex County Council (Eastbourne 108A, 108B and 108C) Cycle Track Order 2017 To seek authority to seal the Order to convert the existing public footpath alongside Horsey Sewer, to cycle track pursuant to Section 3 of the Cycle Tracks Act 1984.		Local Members	Report, other documents may also be submitted	Andrew Keer 01273 336682
25 Sep 2017	Lead Member for Transport and Environment	Petition in relation to the Traffic Calming at Brisbane Quay, Eastbourne To consider the response to the petition calling for a review of the traffic calming at 10 Brisbane Quay, Sovereign Harbour North, Eastbourne.		Lead Petitioner Local Members	Report, other documents may also be submitted	Dale Poore 01273 481916
25 Sep 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		Lead Petitioner Local Members	Report, other documents may also be submitted	Jonathan Wheeler 01273 482212
26 Sep 2017	Lead Member for	Approval to publish notices in relation to a		Parents	Report, other	Jane Spice

	Education and Inclusion, Special Educational Needs and Disability	proposal to enlarge Polegate School	KD	School Staff Key Stakeholders The Local Community	documents may also be submitted	01323 747425
26 Sep 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Final decision on a proposal to lower the age range at Sandown Primary School To consider the final decision on 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
27 Sep 2017	Lead Member for Communities and Safety	Business Advice & Support Partnership (BAASP) To endorse entering into a partnership with 4 other local authorities in order to offer a single branded business advice service and to endorse the reduction of the fee for chargeable business advice to ensure fees are uniform across the partnership			Report, other documents may also be submitted	Richard Stawson 01323 466804
27 Sep 2017	Lead Member for Communities and Safety	Petition concerning Ashgate Road, Eastbourne To consider a petition calling for a one way system, 20mph speed limit and additional parking provisions in Ashgate Road, Eastbourne		Lead Petitioner Local Members	Report, other documents may also be submitted	Victoria Bartholomew 01424 724284

27 Sep 2017	Lead Member for Communities and Safety	<p>Provision of an on-street advisory disabled parking bay in Manor End, Uckfield</p> <p>To consider an objection received to the provision of an on-street advisory disabled parking bay.</p>		Local Members	Report, other documents may also be submitted	Paul Ward 01273 482294
27 Sep 2017	Lead Member for Communities and Safety	<p>Registration Service Income Generation</p> <p>For the Lead Member to note the breadth of income generation schemes currently being progressed within the Registration Service and consider proposals to:</p> <p>1) refer customers who are getting married to an approved Will writer, in return for a referral fee (predicated on the fact that marriage annuls all former wills).</p> <p>2) refer customers to an approved insurance broker to organise Ceremony insurance for them in return for a fee from the insurance broker.</p> <p>3) hold funeral services and wakes at Southover Grange.</p> <p>4) offer a fee reduction of up to 25% for non-statutory optional ceremonies if they are booked at the same time as the customer transacting other business with the service.</p>			Report, other documents may also be submitted	Steve Quayle 01273 337148
10 Oct 2017	Cabinet	To consider a report regarding the Forest Row Recreation Ground	KD	Local Members	Report, other documents may also be submitted	Ralph Smart 01273 336999

10 Oct 2017	Cabinet	Reconciling Policy, Performance and Resources (RPPR) 2018/19 To consider a service narrative and financial plan update.			Report, other documents may also be submitted	Jane Mackney 01273 482146
10 Oct 2017	Cabinet	Whole Life Disability Service To consider proposals to develop Whole Life Disability plans and to agree the next phase of development	KD		Report, other documents may also be submitted	Kerry Madden 01273 481615
16 Oct 2017 Page 14	Lead Member for Transport and Environment	Highway Policy Review A review of the highway service policies has been carried out to ensure that they comply with: <ul style="list-style-type: none"> • Current national legislation, guidance and best practice; • Corporate priorities and the local transport policy; and • The current Highways and Infrastructure Services Contract. The proposed changes are presented to the Lead Member for approval.			Report, other documents may also be submitted	
16 Oct 2017	Lead Member for Transport and Environment	ESCC parking standards at residential developments 2017 update		Local Members	Report, other documents may also be submitted	Alex Jack 01273 482563

		To seek approval for updated parking standards which can then be used to advise local planning authorities and developers of the likely parking demand required at developments.				
16 Oct 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
16 Oct 2017 Page 15	Lead Member for Transport and Environment	Traffic calming scheme in Ghyll Road, Heathfield To consider the results of a local consultation exercise and recommendation on whether the scheme should progress to detailed design and construction.	KD	Local Members	Report, other documents may also be submitted	Chris Tree 01273 482247
30 Oct 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Admission Arrangements 2019/20 To seek approval to consult on proposed Admission Arrangements for 2019/20	KD		Report, other documents may also be submitted	Jo Miles 01273 481911
30 Oct 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Enlargement of Willingdon Community School Approval to publish notices in relation to a proposal to enlarge Willingdon Community School from 1 Sept 2020		Local Members	Report, other documents may also be submitted	Gary Langford 01273 481758

20 Nov 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Education Commissioning Plan 2017-2021 To seek approval for the publication of the Education Commissioning Plan 2017-2021	KD		Report, other documents may also be submitted	Gary Langford 01273 481758
23 Nov 2017	Lead Member for Adult Social Care and Health	Older People's Day Opportunities Strategy To consider a New Model of delivering "Day Care Services" for Older People in the context of broader transformational programmes	KD		Report, other documents may also be submitted	Deb Cole 01273 336889
29 Nov 2017	Lead Member for Communities and Safety	Road Safety Policies Update To consider and approve the revised road safety policy documents			Report, other documents may also be submitted	Claire Scriven 01424 726347
11 Dec 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Enlargement of Polegate School - Final decision To consider the final decision regarding the enlargement of Polegate School - Final decision			Report, other documents may also be submitted	Gary Langford 01273 481758
11 Dec 2017	Lead Member for Education and Inclusion, Special Educational Needs and Disability	Final decision on proposed enlargement of Polegate School To consider the final decision on proposed enlargement of Polegate School	KD	Parents of children at Polegate School Key stakeholders The Local Community Local Members	Report, other documents may also be submitted	Gary Langford 01273 481758

12 Dec 2017	Cabinet	Annual Audit Letter 2016/17 To consider the Annual Audit letter and fee update from the External Auditor.	KD		Report, other documents may also be submitted	Ola Owolabi 01273 482017
12 Dec 2017	Cabinet	Council Monitoring: Quarter 2 2017/18 The consider a Reconciling Policy, Performance and Resources (RPPR) update and the Council Monitoring report for Quarter 2, 2017/18.			Report, other documents may also be submitted	Jane Mackney 01273 482146
12 Dec 2017	Cabinet	Treasury Management Annual Report 2016/17 and mid year report 2017/18 To consider a report on the review of Treasury Management performance for 2016/17 and for outturn for the first six months of 2017/18, including the economic factors affecting performance, the Prudential Indicators and compliance with the limits set within the Treasury Management Strategy.	KD		Report, other documents may also be submitted	Ola Owolabi 01273 482017

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Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 14 September 2017

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

Title: Safeguarding Vulnerable Adults Annual Report 2016-17

Purpose: To present the SAB Annual Report as required by the Care Act 2014

RECOMMENDATIONS

The Committee is recommended to consider and comment on the report

1 Background

1.1 The SAB Annual Report (Appendix 1) outlines the multi-agency safeguarding activity for vulnerable adults in East Sussex between April 2016 and March 2017, the key elements of this are highlighted in the following paragraphs.

1.2 Appendix 2 outlines how safeguarding involving paid home carers is managed.

2 Supporting information

2.1 Highlights contained within the report are as follows:

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

- This year saw the launch of the SAB website, for increased accessibility and transparency of the work of the Board. <http://www.eastsussexsab.org.uk/>
- Learning - A quarterly multi-agency forum has been established during 2016-17 focussing on the use and application of the Mental Capacity Act 2005, using case studies in order for learning and practice development to be achieved.

Priority 2.1: Ensure Section 42 safeguarding arrangements are in place under the Care Act 2014, with appropriate feedback and review arrangements

- A multi-agency safeguarding case audit was undertaken by several representatives of the SAB, with the main focus on Domestic Abuse (DA). Good practice included engagement with the adult in several cases and referrals and involvement of specialist DA services was evident in the majority of cases. Development areas included the need to find creative ways of seeing the victim of DA by themselves, and sufficient information sharing to make robust decisions within the MARAC process.
- Three Safeguarding Adult Review (SAR) referrals were made in 2016-17. Of these referrals, one met the criteria for a SAR and findings from this are due to be published within the next two months. Of the other two referrals, one case was taken forward as part of the safeguarding quality audit. Actions are being taken forward in the remaining case via the Operational Practice subgroup in respect of coordinating activity and knowledge of a range of professionals in contact with difficult to reach vulnerable adult groups.

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

- The number of recorded safeguarding enquiries has increased by 126% since 2015/16 (increasing from 1,868 to 4,222). This is, in part, because of a change in the way safeguarding activity was recorded following the introduction of a new client activity database. In effect, all safeguarding concerns were recorded as enquiries and these enquiries were managed in proportion with the degree of risk associated with each concern raised. Moving forward, recording will capture the number of safeguarding concerns raised, and those that are subsequently taking into a safeguarding enquiry.
- Neglect and physical abuse remain the highest types of abuse investigated. Emotional/Psychological abuse is now the third most common form of abuse, whereas financial abuse was the third most common in 2015-16. This change is likely due to increased awareness that abuse such as physical and financial often involve elements of emotional and psychological abuse as well.

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

- In 90% of cases where there was action under safeguarding arrangements, risk was reduced or removed. This is an increase from 86% in 2015-16. The proportion of people receiving support from an advocate, family member or friend where they lacked capacity in this period was 96%. This is an increase from 92% in the previous year, and compares favourably to the national average of 62%.

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

- In partnership with the Local Safeguarding Children's Board (LSCB) and the East Sussex Safer Communities Partnership, the SAB hosted a conference on 'Coercive Control and Domestic Abuse: Impact within the Family'. Approximately 170 delegates attended, representing a broad range of agencies.

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

- Key training figures from partner agencies included in the report evidence the fact that there has been a particular focus on Domestic Abuse training this year.

Priority 5.2: Ensure clear links exist between Partnership Boards with accountability arrangements documented and understood to avoid duplication of work-streams

- A protocol for safeguarding relationships, including the SAB, LSCB, Safer Communities, Children's Trust Board and the Health and Wellbeing Board, was developed and agreed in 2016-17. It clarifies priorities, accountabilities, and joint working opportunities and can be accessed on the SAB website.

3. Conclusion and reasons for recommendations

3.1 This report has shown the continued effort of the County Council and partner agencies to work together to safeguard adults. The SAB will ensure learning from the first SAR conducted under the Care Act 2014 is shared and embedded into practice appropriately in the coming year.

GRAHAM BARTLETT
Independent Chair

Background documents:

None

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East Sussex Safeguarding Adults Board

Annual Report

April 2016 to March 2017



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

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Foreword



Welcome to the East Sussex Safeguarding Adults Board Annual Report 2016 – 17.

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

This year has seen the introduction of monthly panels to consider safeguarding adult review (SAR) referrals, one of the statutory duties of SABs under the Care Act. One referral has been progressed to a SAR and findings from this are due in the summer this year.

The SAB has continued to implement its strategic plan to ensure the best outcome for adults in East Sussex can be realised, and I would like to thank all partner agencies of the SAB for their continued commitment to this important agenda.

We hope you find this report interesting and are reassured of the commitment of the East Sussex SAB to continual improvement and decisive action when things go wrong.

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

Graham Bartlett

Independent Chair, East Sussex Safeguarding Adults Board

Comments from Healthwatch East Sussex



As Chair of the Clients and Carers Safeguarding Advisory Network, which provides a key mechanism to consult with the local community, I am pleased to report on the progress made in 2016 – 17 in listening and responding to the views of adults with care and support needs as we have welcomed new members to the network.

I have been involved again this year in the recruitment process for a Lay member for the SAB, and am encouraged by the commitment of the SAB to seek the views of adults, carers and partner agencies when implementing its strategic plan.

In the coming year, Healthwatch will continue to seek the views of those who use care and support services, assist in raising awareness of the safeguarding agenda, and ensure appropriate challenges can be made to hold partner agencies to account where required.

Elizabeth Mackie

Volunteer & Community Liaison Manager, Healthwatch East Sussex

Executive summary

This annual report outlines safeguarding activity and performance in East Sussex between April 2016 and March 2017, as well as some of the main developments that have taken place to prevent abuse from occurring.

Highlights contained in the report are as follows:

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

- The [Safeguarding Adults Board \(SAB\) website](#) was launched this year to increase the accessibility and transparency of the work of the Board. The website contains information relating to the work, structure and priorities of the SAB, what adult safeguarding is and how people can raise a concern.
- A monthly panel has been set up to consider Safeguarding Adult Review (SAR) referrals, and to establish an effective decision making framework.
- Links continue to be maintained with the SABs of Brighton & Hove and West Sussex, in the form of the Sussex Policy and Procedures Review Group.
- A multi-agency forum focussing on the use and application of the Mental Capacity Act has been established. This forum meets quarterly, and is centred on case studies that partner agencies identify in order for learning and practice development to be achieved.
- Following on from learning events held in 2015 – 16 regarding the experience of domestic abuse among older people, SAB member agencies completed an assurance tool on their safeguarding arrangements specifically in relation to domestic violence and abuse, and a subsequent action plan for improvements is being overseen by the Performance, Quality and Audit Sub-group.

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

- A multi-agency safeguarding case audit was undertaken again this year by several representatives of the SAB, with the main focus on domestic abuse and the implementation of the Section 42 Care Act safeguarding duties. Good practice included engagement, or attempts to engage, with the adult in several cases, the needs of alleged perpetrators were considered in all cases, and referrals and involvement of specialist domestic abuse services was evident in the majority of cases. Development areas included the need

to find creative ways of seeing the victim by themselves, identifying and recording indicators of domestic abuse, and sufficient information sharing to make robust decisions within the MARAC process.

- Three safeguarding adult review (SAR) referrals were made in 2016 – 17. Of these referrals, one met the criteria and a SAR is currently underway with findings due to be reported to the SAB in July 2017. Of the two other referrals, one case was taken forward as part of the multi-agency safeguarding audit as described above. Actions will be taken forward in the remaining case via the Operational Practice Sub-group in terms of a preventive strategy to co-ordinate the activity and knowledge of a range of professionals and agencies in contact with difficult to reach vulnerable adult groups.

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

- A review of the Adult Social Care (ASC) Quality Monitoring Team has taken place to ensure safeguarding concerns are appropriately responded to.
- The Clinical Commissioning Groups have established an information sharing group of health and social care professionals to develop networks for information sharing and to ensure quality concerns regarding providers can be addressed by early intervention.

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

- The number of safeguarding enquiries has increased significantly since 2015 – 16 (increasing from 1,868 to 4,222). This is, in part, because of a change in the way safeguarding activity was recorded following the introduction of a new client database. In effect, all safeguarding concerns were recorded as enquiries, and these enquiries were managed in proportion with the degree of risk associated with the concern raised. The recording of safeguarding activity moving forward will capture the number of safeguarding concerns raised, and those that are subsequently taken into a safeguarding enquiry.
- Neglect and physical abuse remain the types of abuse most frequently investigated. Emotional or psychological abuse is now the third most common form of abuse investigated, whereas financial abuse was the third most common in 2015 – 16. This change is likely due to increased awareness that physical and financial abuse often involve elements of emotional and psychological abuse as well. Proportionately, there has been little change in the number of financial abuse investigations, which account for 18% of all enquiries compared with 19.5% in 2015 – 16.

- The most significant differences to 2015 – 16 are domestic abuse increasing from 2% of completed enquiries to 9%; neglect reducing from 49% of completed enquiries to 44%; and emotional or psychological abuse increasing from 16% of completed enquiries to 20%. The increase in the number of domestic abuse enquiries is thought to be due to increased awareness of this type of abuse following the refreshed training programme and conferences that have been held, together with media coverage and campaigns to raise awareness amongst the public.
- The most common location of abuse is in care home settings (both residential and nursing), with the adult at risk's own home being the second most frequent location, continuing the trend for the last four years.

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

- In 90% of cases where action was taken under our safeguarding arrangements, risk was reduced or removed. This is an increase from 86% in 2015 – 16. It is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk.
- The proportion of people receiving support from an advocate, family member or friend where they lacked capacity was 96%. This is an increase from 92% in the previous year, and compares favourably to the national average of 62% for 2015 – 16, but a target of 100% remains in place.

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

- In February 2017, in partnership with the Local Safeguarding Children's Board and the East Sussex Safer Communities Partnership, the SAB hosted a conference on 'Coercive Control and Domestic Abuse: Impact within the Family'. Approximately 170 delegates attended representing a broad range of agencies supporting vulnerable adults and children. The keynote speech was delivered by Jane Monckton-Smith, a former police officer who lectures on criminology at the University of Gloucestershire.
- A focus to increase safeguarding awareness and training within primary care has continued in 2016 – 17. There have been 150 attendees over 10 sessions. Recruitment of a named GP for safeguarding is planned in 2017 – 18, and has already been achieved for two of the three CCGs within the county.

Priority 4.3: Ensure transition arrangements from children’s to adult services, for those at risk of child sexual exploitation, are addressed in a multi-agency context

- Online training to increase awareness of child sexual exploitation was circulated again in 2016 – 17 and, following an audit of cases involving transition arrangements from Children’s Services to ASC, a new post has been created and situated within Children’s Services.

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

- Internal processes within Sussex Police in relation to Domestic Violence Protection Orders (DVPO) and Domestic Violence Protection Notices (DVPN) have been streamlined. These changes aim to increase the number of DVPNs and DVPOs, helping to safeguard victims of domestic abuse.
- Key training figures from partner agencies are included in this annual report, and there has been a particular focus on domestic abuse training.
- The National Competency Framework for Safeguarding Adults was updated by Bournemouth University in association with Learn to Care to include the implications of the Care Act 2014. SAB member agencies have been encouraged to adopt this framework and use supervision arrangements to ensure competency is evidenced. The health Intercollegiate Document is anticipated in 2017 – 18 to guide standards for health staff.

Priority 5.2: Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams

- A partnership protocol between the SAB, LSCB, Safer Communities Partnership, Children’s and Young People’s Trust and the Health and Wellbeing Board, was developed and agreed in 2016 – 17. This protocol clarifies priorities, accountabilities, and joint working opportunities for areas such as child sexual exploitation, domestic abuse, and modern slavery.

Conclusion

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2016 – 17, and has shown the continued effort of the county council and partner agencies to work together to safeguard adults from abuse and neglect. The SAB will ensure learning from the first Safeguarding Adult Review conducted under the Care Act 2014 is shared and embedded into practice appropriately in the coming year. The Board also looks forward to its first peer challenge event in partnership with the Brighton & Hove and West Sussex SABs to ensure safeguarding arrangements within partner agencies across Sussex are robust and that support can be offered where required.

Progress on 2016 – 17 priorities

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

SAB budget

The SAB budget for 2016 – 17 consisted of financial contributions from the core partners of the SAB, namely Adult Social Care (ASC), Sussex Police and the Clinical Commissioning Groups (CCGs). East Sussex Healthcare NHS Trust (ESHT) and East Sussex Fire and Rescue Service (ESFRS) also contributed financially to the working of the Board.

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

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

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

SAB website

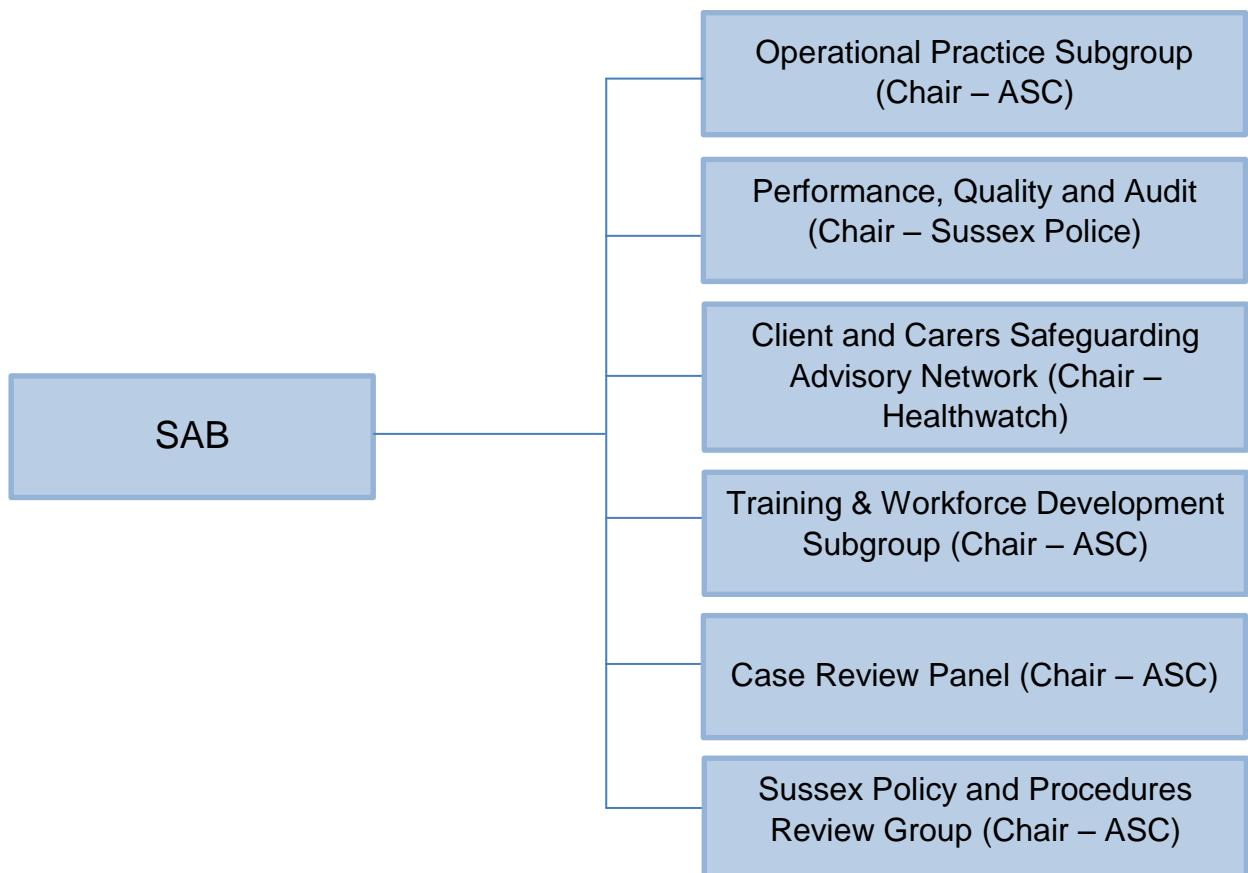
The [Safeguarding Adults Board \(SAB\) website](#) was launched this year to increase the accessibility and transparency of the work of the Board. The website contains information relating to the work, structure and priorities of the SAB, what adult safeguarding is and how people can raise a concern.

Governance and structure of the SAB

The governance and structure of the SAB is kept under regular review to ensure continued effectiveness. During 2016 – 2017, a monthly panel was set up to consider safeguarding adult review (SAR) referrals, and to establish an effective decision making framework.

Links continue to be maintained with the SABs of Brighton & Hove and West Sussex, in the form of the Sussex Policy and Procedures Review Group.

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



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

Performance, Quality & Audit Sub-group This group establishes effective systems for monitoring, reporting and evaluating performance across agencies,

and links annual reporting to improvement planning. The group highlights staffing groups or service areas that require further awareness or training.

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

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

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

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

Case Review Panel This consists of the statutory partners of the East Sussex SAB, and meets monthly with the purpose of considering cases that may require a safeguarding adult review, and makes a recommendation to the SAB Chair.

Learning

A quarterly multi-agency forum has been established during 2016 – 17, focussing on the use and application of the Mental Capacity Act. This forum is centred on case studies that partner agencies have identified in order for learning and practice development to be achieved. An example of practice development shared within this forum has been an updated mental capacity assessment form to be used by South East Coast Ambulance NHS Foundation Trust staff, to ensure issues of mental capacity are better captured by frontline paramedics.

Following on from learning events held in 2015 – 16 regarding the experience of domestic abuse among older people, SAB member agencies completed an assurance tool on their safeguarding arrangements specifically in relation to domestic violence and abuse, and a subsequent action plan for improvements is being overseen by the Performance, Quality and Audit Sub-group.

Future plans

- Recruitment of a Quality Assurance & Learning Development Officer, shared between East Sussex and Brighton & Hove SABs, to focus on implementation of learning and action plan improvements.
- Learning briefings following any safeguarding adult review or multi-agency review to continue, and consideration to be made of academic research and evaluation that could be utilised.
- A business development day will be held to update the SAB strategic plan for 2018.
- A peer challenge event will be held in July 2017 for accountability, support and improvements to be enabled with partner agency safeguarding arrangements.

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

Care Act 2014 duties

Edition 3 of the [Sussex Safeguarding Adults Policy and Procedures](#) is available online.

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

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

These three criteria are referred to as the 'three key tests'.

The Care Act places statutory duties on SABs as follows:

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

Fire safety and prevention

Multi-agency activity to reduce the risk of fire-related harm in the community is closely monitored. A data sharing agreement between East Sussex Fire and Rescue Service and ASC was implemented in October 2014 to support the strategy to reduce the number of fire deaths, fire injuries and fires in domestic dwellings. The effectiveness of this agreement continues to be monitored. Since April 2016, approximately 900 clients have received, or have a confirmed appointment to receive, a home safety visit as a specific result of the agreement.

Multi-agency safeguarding audit 2016 – 2017

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

This year's audit focussed on domestic abuse and the implementation of the Section 42 Care Act safeguarding duties. The audit was undertaken by representatives from Adult Social Care, Clinical Commissioning Groups, East Sussex Healthcare NHS Trust, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust, Sussex Police, Partnership Community Safety Team, and specialist domestic abuse services (Change, Grow, Live (CGL) / The Portal).

The key findings were as follows:

Strengths

- The value of the Health Independent Domestic Violence Advocate (IDVA) was highlighted by recognition of possible domestic abuse before this was explicitly reported.
- When clear disclosure of alleged abuse was given in a particular case, agencies worked swiftly to ensure the safety of the victim, the alleged perpetrator was arrested, and the case was heard at the Multi-agency Risk Assessment Conference (MARAC).
- Engagement with the adult or attempts to engage by a range of professionals.
- The desired outcomes of the adult were sought by professionals and reviewed where possible in the majority of cases.
- The needs of alleged perpetrators were considered in all cases.
- Referrals to and involvement, or attempted involvement, of specialist domestic abuse services in the majority of cases (although this involvement could have been considered sooner in two of the cases – see below).

Areas for development and learning

- The need to find creative ways of seeing the victim of domestic abuse by themselves, separate from the alleged perpetrator. This is to provide an opportunity for thorough risk or threat assessment, and consideration of desired outcomes away from coercion and control factors, and fear factors.
- Indicators of domestic abuse were not always identified or recorded.

- Information not always sufficient at MARACs to make robust decisions regarding outcomes.
- Ongoing communication channels between the police and other agencies where there are criminal and Section 42 safeguarding processes running in parallel.
- Information sharing with primary care regarding risk and safeguarding concerns did not always occur.
- Timely completion of the DASH RIC and referral to specialist domestic abuse services.

In light of these development areas, the SAB has agreed the following actions will be implemented in 2017 – 18:

- Coercion and control awareness training for relevant staff, and implementation of actions or assessments when these factors are identified.
- Support in working with complex family units, for example in the form of reflective practice sessions to develop professional curiosity.
- Ensure frontline staff have access to training on the DASH RIC and referral to the MARAC.
- Agencies to nominate a domestic abuse champion or lead for their agency (or teams within their agency) to ensure further support can be given to professionals working with complex cases.

Safeguarding adult reviews

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

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

Three referrals were made in 2016 – 17. Of these referrals, one met the criteria and a SAR is currently underway with findings due to be reported to the SAB in July 2017.

Of the two other referrals, one case was taken forward as part of the multi-agency safeguarding audit as described above.

Actions will be taken forward in the remaining case via the Operational Practice Sub-group in terms of a preventive strategy to co-ordinate the activity and knowledge of a range of professionals and agencies in contact with difficult to reach vulnerable adult groups.

An updated SAR protocol, shared between the East Sussex, Brighton & Hove and West Sussex Safeguarding Adults Boards, will be launched in 2017 – 18. This will coincide with raising awareness of the SAR referral process. These measures aim to address low referral rates, and to try to achieve more consistency in referral rates across Sussex.

Managing allegations against people in a position of trust

In line with Care Act 2014 requirements, a framework and process has been established for how allegations against people in positions of trust, working with adults with care and support needs, should be responded to, in order to promote an individual's suitability to work with adults. Responsibility for this lies with the ASC Local Authority Designated Officer (LADO).

The concerns managed have related to individuals who:

- Work with adults with care and support needs.
- Have behaved in ways that have harmed an adult or child.
- Have committed criminal offences against adults or children.
- Have behaved towards adults or children with conduct that indicates they may pose a risk of harm.

The key behaviours that have required the LADO's involvement, at times working in partnership with the Children's Services LADO, are:

- Allegations and incidents of sexual assault or offences.
- Allegations and incidents of domestic violence.

- Allegations and incidents of inappropriate conduct outside of the workplace that may pose a risk to adults with care and support needs, and potential to bring their employer or their profession into disrepute.
- Involvement of Children's Services relating to the child(ren) of a person employed or volunteering with adults with care and support needs.
- Misuse or inappropriate use of social media including WhatsApp, Twitter and KiK and, where appropriate, involvement from POLIT (Paedophile On-Line Investigation Team).

Key outcomes of the LADO's activity include:

- Staff who are unsuitable to work in health and social care settings have been removed from their professional role and referred to their professional body, where appropriate. Thereby, the risk of abuse or misconduct has been reduced or eliminated.
- Proportionate information has been shared consistently by the LADO with employers, student bodies and voluntary organisations to enable personnel procedures to be invoked, or risk assessments and effective risk management to be undertaken.
- The LADO has ensured employers have clear safeguarding and personnel procedures in place, and are carrying out investigations accordingly. The ASC LADO and Children's Services LADO have worked jointly in collaboration with key partners to review and support the Sussex safeguarding adults policy and procedures.
- A protocol for managing allegations in respect of people in positions of trust has been developed for ESCC Adult Social Care staff.
- Strong links have been made with Children's Services colleagues, and regular meetings take place between both departments' LADOs. Links have also been forged with Brighton & Hove City Council ASC & Children's LADO to support cases involving geographical boundaries, and this is proving effective in practice.

The SAB will continue to monitor the LADO's activity in 2017 – 18, and ensure there is clarity on the guidance and response to managing allegations about people in a position of trust.

2.2 Develop clear mechanisms for responding to and monitoring quality concerns

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

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

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

A review of the ASC Quality Monitoring Team has taken place to ensure safeguarding concerns are responded to appropriately, as well as a developmental approach to support providers.

In addition, the Clinical Commissioning Groups have established an information sharing group of health and social care professionals to develop networks for information sharing and to ensure quality concerns regarding providers can be addressed by early intervention.

Sussex Clinical Commissioning Groups safeguarding standards assurance tool

A safeguarding standards assurance tool was jointly developed by adult and child CCG safeguarding professionals across Sussex in 2015 – 16. This was reviewed in 2016 – 17, and continues to be used to seek assurance about safeguarding standards from providers in East Sussex.

In addition, visits to providers to monitor quality and safeguarding arrangements have been rolled out.

Transforming Care Programme

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

All learning disability transforming care work across Sussex is now co-ordinated and overseen by the Sussex Transforming Care Partnership. The Partnership is responsible for meeting national requirements, and reporting on progress to NHS England.

There are a number of workstreams being implemented, including the roll-out of LEDER (learning disability mortality programme) and improving uptake of learning disability annual health checks to address health inequalities.

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

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

Future plans

- Edition 4 of the Sussex Safeguarding Adults Policy and Procedures will be launched.
- An updated Safeguarding Adult Review protocol will be launched outlining the purpose, criteria and procedure for making a SAR referral. This will be a shared protocol between the East Sussex, Brighton & Hove and West Sussex Safeguarding Adults Boards.
- The SAB Information Sharing Protocol will be updated in light of upcoming changes to the Data Protection Act.

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

Domestic violence and abuse

The Portal continues to provide a single point of access, and helps victims and 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).

During 2016 new service offers have been funded or tested, including:

- Work in health care settings, with domestic violence and abuse specialists located in a local hospital and primary care settings (funded by the Hastings & Rother Clinical Commissioning Group).
- Piloting joint work with Adult Social Care through co-location of a specialist worker from The Portal in Health and Social Care Connect (funded by the Office of the Police and Crime Commissioner).
- Developing a children and adult safeguarding 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 ensure 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 Network, 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 securing White Ribbon Status, alongside a range of events and activities hosted by district and borough Community Safety Partnerships. Locally, the Eastbourne, Lewes, Wealden and

Hastings district and borough councils 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 referral.

Financial abuse and scams

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

The Safer East Sussex Team has built effective links between Trading Standards, Sussex Police, National Scams Team, East Sussex Fire and Rescue Service, Adult Social Care and the voluntary, community and housing sectors to bring together individuals responsible for protecting vulnerable victims of fraud.

This work has been cemented by the establishment of the Scams Working Group, which has been successful in promoting partnership working and assisting in targeting and focusing the use of partners' resources. The group has been working together to develop a shared understanding of the profile of victims and their location to focus preventative activities in areas identified as having a high risk population.

Going forward, the Scams Working Group will evolve into the 'Scams Network and Engagement Event' – a bi-annual event which will provide a platform for continued networking and information sharing in East Sussex. The group will continue to work together to develop a shared understanding of the profile of victims and their location, and work collectively in line with safeguarding adults principles to prevent adults vulnerable to abuse and neglect from falling victim to scams and fraud.

As part of a National Trading Standards Scams Team initiative, Friends Against Scams, the East Sussex Against Scams Partnership (ESASP) has been established. This 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.

ESASP has 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 has 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'.

Network meeting pilot and evaluation

Network meetings can be held to respond to safeguarding and other situations in an adult's life that appear to be complex and involve family members within an adult's network. The aim of a network meeting is to work towards resolving difficulties and to develop a plan to safeguard the adult from harm and support them in their life choices. Network meetings can be helpful in a wide range of scenarios, including disagreements between an adult and their support network, tensions within relationships and issues concerning choices and risk.

A low referral rate for network meetings was seen in 2016 – 17 during the pilot of this model. Nine formal referrals for network meetings were made alongside several informal enquiries about the approach. Other referrals which did not meet the criteria for a network meeting were responded to in an appropriate way.

Evaluation of the network meeting pilot identified the benefits of flexible response approaches to safeguarding meetings, and as a result models involving mediation, alongside planned projects on resilience, will be explored in 2017 – 18.

Deprivation of liberty safeguards (DoLS)

In March 2014, the Supreme Court passed a judgement that widened the criteria for people's circumstances that required assessment under DoLS legislation. The figures below show the impact of this decision on referral rates for East Sussex. This level of increase is reflected across the country. National figures are not yet available for 2016 – 17.

Year	East Sussex referrals	East Sussex referrals assessed in that year	National referrals	National referrals assessed in that year
2013/14	166	100%	13,715	95%
2014/15	1,493	42%	137,861	50%
2015/16	2,643	42%	195,840	53%
2016/17	2,504	46%	Not available	Not available

The impact of DoLS has varied across counties depending on factors such as demographics and care home numbers. In 2015 – 16, East Sussex had the twenty-first highest number of DoLS referrals of all 152 local authorities. For

counties such as East Sussex that receive a comparatively high number of referrals, the challenge to assess them all will be greater than counties with less referrals.

The Association of Directors of Social Services (ADASS) developed a risk assessment tool to assist in the management of unassessed referrals. This tool has been used by East Sussex County Council for the last two years. The tool is applied to each referral and results in a priority classification for assessment. The East Sussex DoLS Service has refined this tool further to identify those cases where an assessment is most urgent, effectively producing an 'urgent' classification; this group of referrals is allocated on a weekly basis.

This approach has safeguarded those people whose situations were most likely to raise concerns about their rights to liberty and their physical safety. ASC has not identified any cases where people have been harmed due to delays in authorising DoLS, eg. by letting someone clearly at risk leave a care home. Neither have any safeguarding concerns directly attributable to delays in assessment been identified.

Although to date the application of risk assessment processes has helped to manage the risks associated with unassessed referrals, it remains a concern that of the 6,684 referrals received by ESCC in the last three years, 37% remained unassessed at the end of March 2017. East Sussex recognises the importance of increasing its assessment rate to further reduce the risks of harm and safeguard this group of clients. In the last year East Sussex has taken the measures below to achieve this:

- Continued to raise the profile of Best Interests Assessor (BIA) work amongst the department's teams so that more people train to become BIAs which will allow more assessments to be completed. East Sussex is now working to a position where all its social workers are trained as BIAs.
- 17 people completed the DoLS BIA training in 2016 – 17. The department now has 41 BIAs which is the highest number of BIAs it has had since DoLS was introduced.
- The DoLS Service instigated a project in March 2017 to increase the productivity of the DoLS assessment process in order that more assessments can be completed in a shorter period of time. Learning from the project will be disseminated throughout the DoLS Service to increase assessment productivity amongst all BIAs.
- East Sussex has maintained the level of DoLS authorisers necessary to authorise assessments once they are completed in order that there is no delay in this part of the process. East Sussex has 18 authorisers spread across the department's teams, all of whom are of LMG 2 seniority or above.

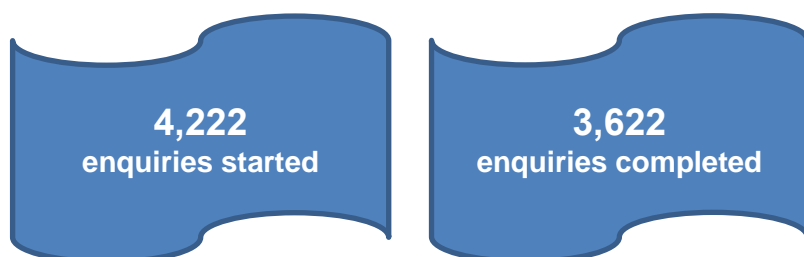
National developments

The Law Commission has reviewed DoLS and submitted proposals to the Government for significant change. Their proposals are for a new system called the Liberty Protection Safeguards. This aims to reduce the bureaucracy of the current system while ensuring that safeguarding is provided to people who lack mental capacity in a wider range of accommodation and care settings.

If the Government accepts these proposals, then safeguarding people deprived of their liberty will become a much greater part of frontline casework rather than the specialist role of BIAs. The proposals envisage a role for some specialists in this area of work, to be called Approved Mental Capacity Professionals (AMCPs), but the majority of the work will be completed by our generic case workers as part of their general duties. A thorough understanding of the Mental Capacity Act, best interests' decision making and deprivation of liberty will become a requirement of the entire department's frontline staff.

Even if the Government accepts the Law Commission's proposals, it is unlikely that a new system will be in place in the near future. For the time being, training more BIAs and looking for the most efficient way to conduct our present DoLS work continues to provide the greatest assurance that we are safeguarding clients who lack mental capacity and may be deprived of their liberty as a result of their accommodation and care arrangements.

Analysing safeguarding activity

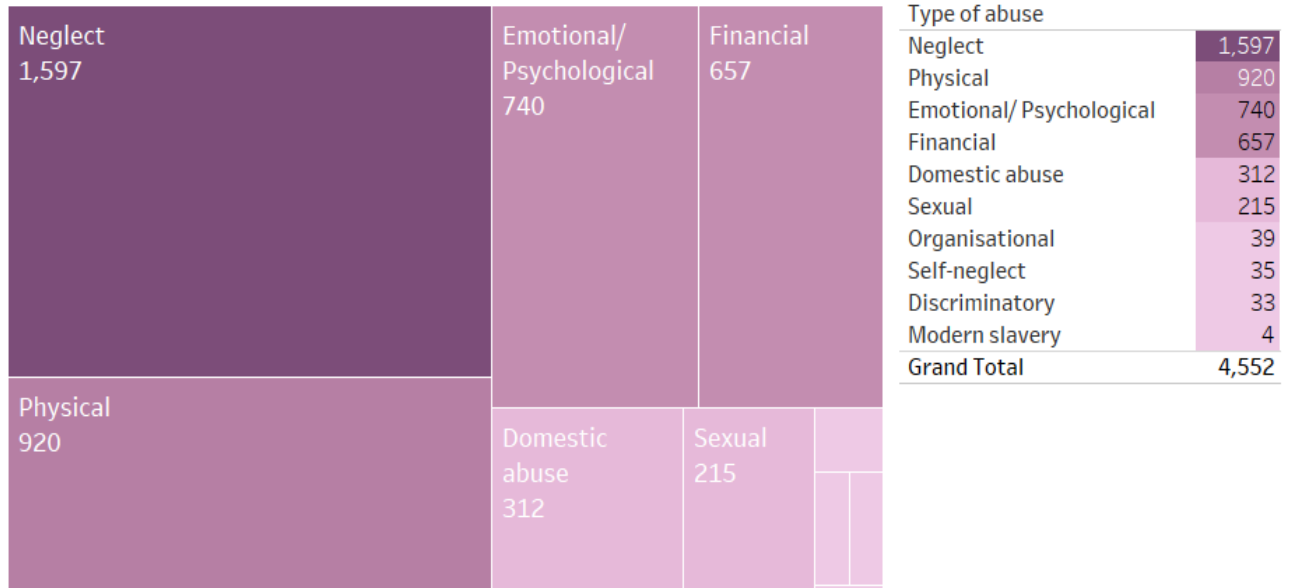


Note The number of completed enquiries includes some concerns received prior to April 2016, and correspondingly some enquiries started in 2016 – 17 will still be ongoing at the end of the financial year.

The number of safeguarding enquiries appears to have increased significantly since 2015 – 16 (increasing from **1,868** to **4,222**). This is, in part, because of a change in the way safeguarding activity has been recorded following the introduction of a new client database. In effect, all safeguarding concerns were recorded as enquiries and these enquiries were managed in proportion with the degree of risk associated with the concern raised. The recording of safeguarding activity moving forward will capture the number of safeguarding concerns raised, and those that are subsequently taken into a safeguarding enquiry.

The increase in enquiries is also likely to be due to greater professional and public awareness of adult safeguarding as the Care Act 2014 becomes further established within social care practice.

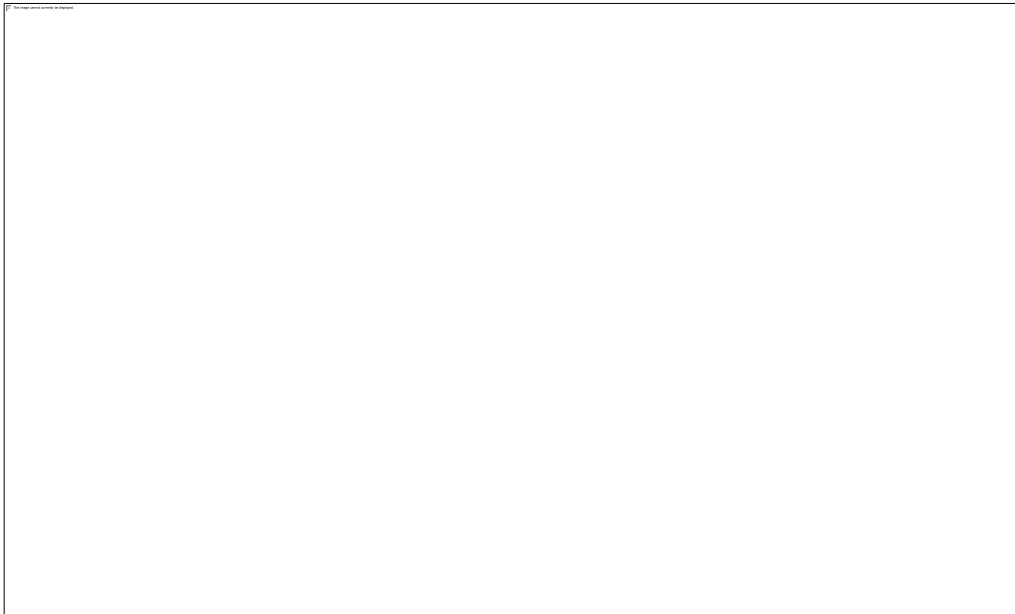
Types of abuse investigated in 2016 – 17



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

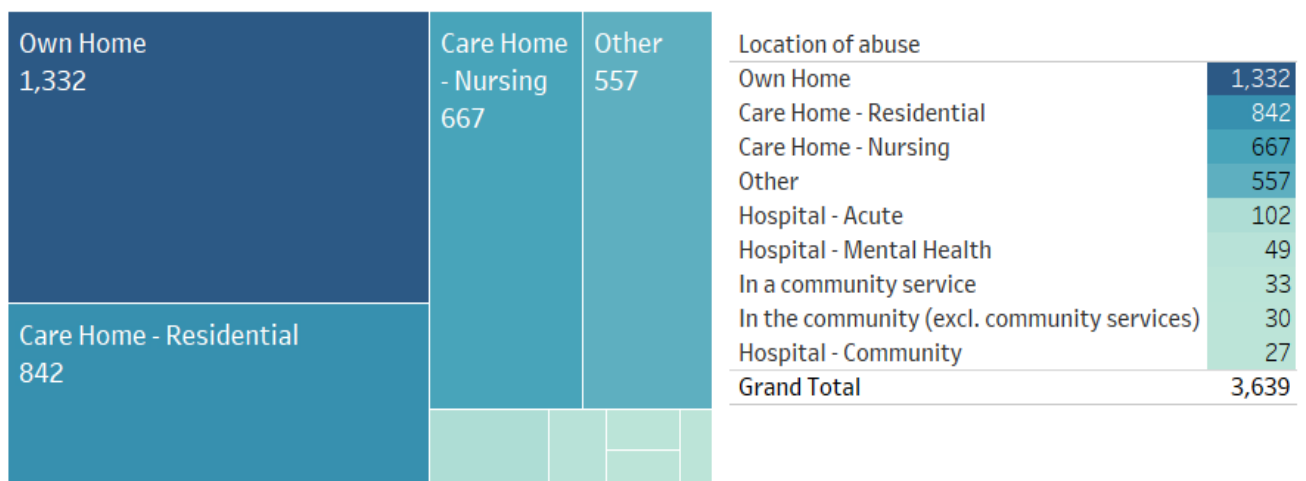
In 2015 – 16, the most common form of abuse investigated was neglect followed by physical and then financial abuse. In 2016 – 17, neglect is still the most common type of abuse with **44%** of all enquiries undertaken comprising, at least in part, neglect. Physical abuse is still the second most commonly reported type of abuse. However, emotional or psychological abuse is now the third most common. This change is likely to be due to increased awareness that abuse such as physical and financial often involve elements of emotional and psychological abuse as well.

Financial abuse is now the fourth most commonly reported type of abuse. Proportionately, there has been little change in the number of financial abuse enquiries, which have accounted for **18%** of all enquiries compared with **19.5%** in 2015 – 16.



The increase in domestic abuse enquiries is thought to be due to increased awareness of this type of abuse as a result of the refreshed training programme and conferences that have been held, together with media coverage and campaigns to raise awareness amongst the public.

Locations of abuse



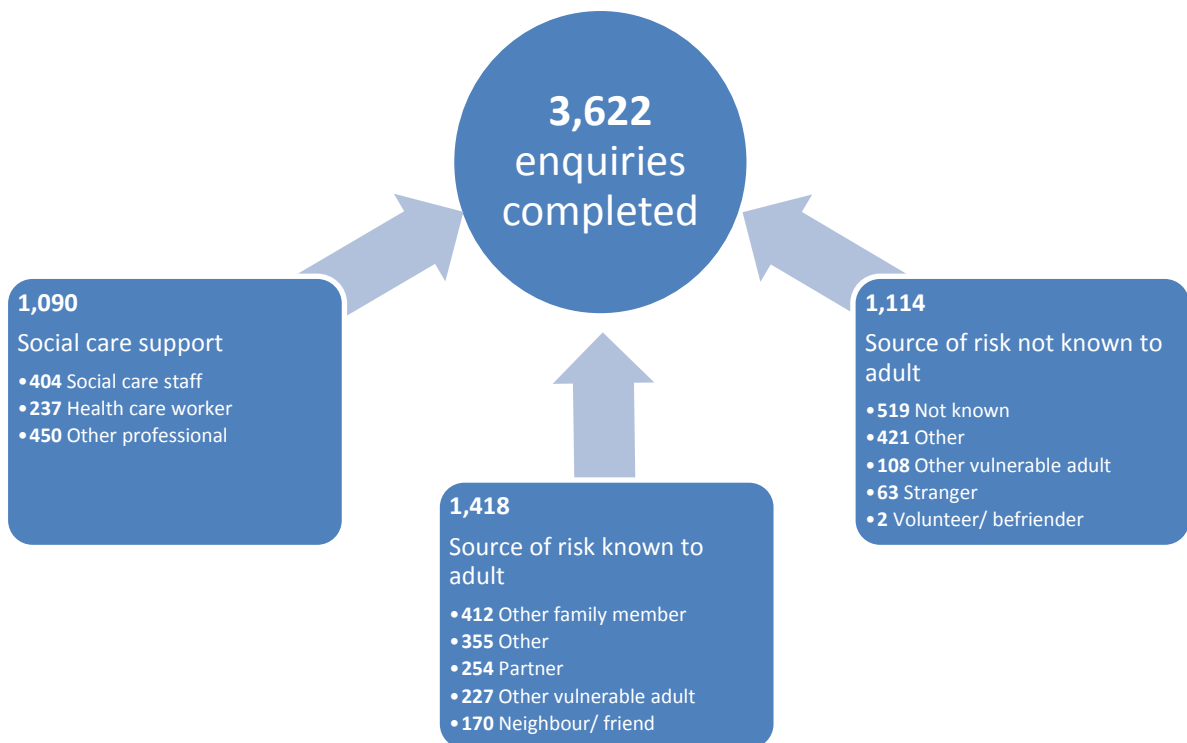
The statistics show that the most common location of abuse is in care home settings (both residential and nursing), with the adult at risk's own home being the second most frequent location, continuing the trend for the last four years.

Abuse in care homes accounts for **41%** of completed enquiries, the same proportion as in 2015 – 16. Abuse in the adult at risk's own home now accounts for **37%** of completed enquiries whereas it previously accounted for **33%**.

The number of enquiries where the location of abuse has been reported as ‘other’ has significantly increased. This is due to a change in the national reporting requirements which have shifted from looking at individual settings to the groups as presented in the accompanying chart. Further investigation into a sample of 44 cases recorded as ‘other’ has found that in just over half of the sample, these cases could have been included in one of the available categories. Work has been undertaken to ensure that the location of abuse is more accurately recorded moving forward.

For those cases that have been appropriately recorded as ‘other’, in the majority of cases the alleged abuse took place in a public place or the home of the person thought to be the cause of risk. Changes to the national reporting requirements mean that abuse in these settings will in future be recorded as occurring ‘in the community’.

Source of risk



In **39%** of the enquiries completed, the source of risk was known to the adult. In **31%** of cases, the source of risk was not known to the adult, and in the remaining **30%** of cases the source of risk was care staff.

Future plans

- Roadshow in July facilitated by Healthwatch for increased awareness of safeguarding among the public.
- Resilience project to be piloted to support people's resilience following abuse.
- Data will be kept under review to inform future planning alongside integration as part of the Accountable Care Model, relating to where resources are best located for initial safeguarding decisions and responses.
- The existing Domestic Abuse Strategy will be reviewed and a strategy for domestic violence and abuse, sexual violence and other forms of violence against women and girls will be developed 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 borough councils.

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

Quality assurance activity in Adult Social Care

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

Between April 2016 and March 2017, the Safeguarding Development Team (SDT):

- Completed approximately **28** in-depth audits, consisting of full case audits and responsive audits which included some transition cases from children's to adult services.
- Received feedback from **12** stakeholders from questionnaires and interviews.

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

Strengths

- Multi-agency partnership working fully embedded within practice.
- Wellbeing principle evidenced within a Making Safeguarding Personal approach which included gaining views from adults and their representatives.
- Risks identified and protective measures implemented with the welfare and safety of adults central to enquiry activity.

Key areas for development

- To improve provision of more detailed evidence of mental capacity decisions.
- To continue to improve consistency of safeguarding documentation.
- To increase identification of adult's, or their representative's, desired outcomes from the outset of each safeguarding enquiry.

Emma's story

Emma has care and support needs around her diabetes and physical needs. She lives in supported accommodation and employs a personal assistant.

Her daughter raised a safeguarding concern as Emma had disclosed that her personal assistant had been verbally abusive towards her over the past 18 months.

Emma identified her desired outcomes as:

- Wanting her personal assistant to “stop being horrible about her”.
- That she should be “sacked “and wanted another “nicer personal assistant”.

Emma was consulted throughout the enquiry, and her desired outcomes resulted in the following safeguarding measures being put in place:

- The personal assistant was dismissed and referred to the Disclosure and Barring Service.
- Emma was helped to recruit a new personal assistant, who she felt safe and secure with.
- Emma was supported to build up her resilience to empower her to raise any future concerns at an earlier stage.

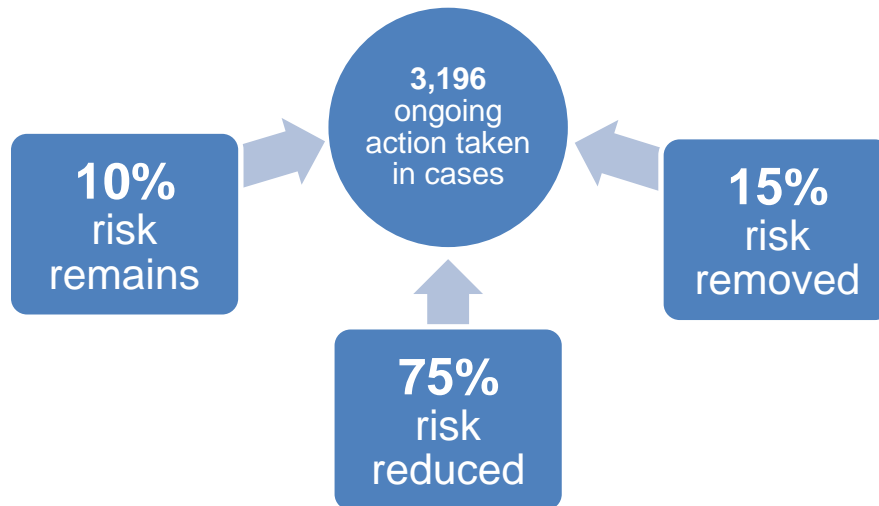
Making Safeguarding Personal (MSP) audit in Sussex Community Foundation Trust (SCFT)

To establish whether Making Safeguarding Personal (MSP) principles are being considered, and that the wishes and outcomes of patients and family or carers are being met, the Adult Safeguarding Team completed an audit of all requests to enquiry from the Local authority within 2016 – 17. 68% of enquiries evidenced MSP principles being appropriately considered, an increase from 44% in 2015 – 16.

MSP will be included in the Quality Account in 2017 – 18 and will be reported on quarterly, using 2016 – 17 data as a baseline measurement of success.

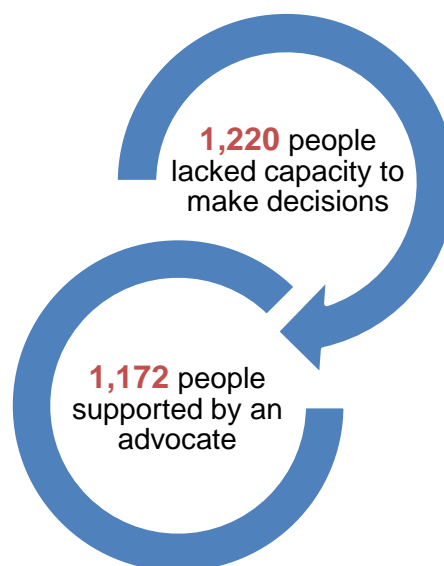
Analysis of outcome data

Impact on risk



In **90%** of cases where action was taken under our safeguarding arrangements, risk was reduced or removed. This is an increase from **86%** in 2015 – 16. It is unlikely that risk will be reduced or removed in 100% of cases, as individuals may exercise choice and control over the steps taken by authorities to mitigate the risk.

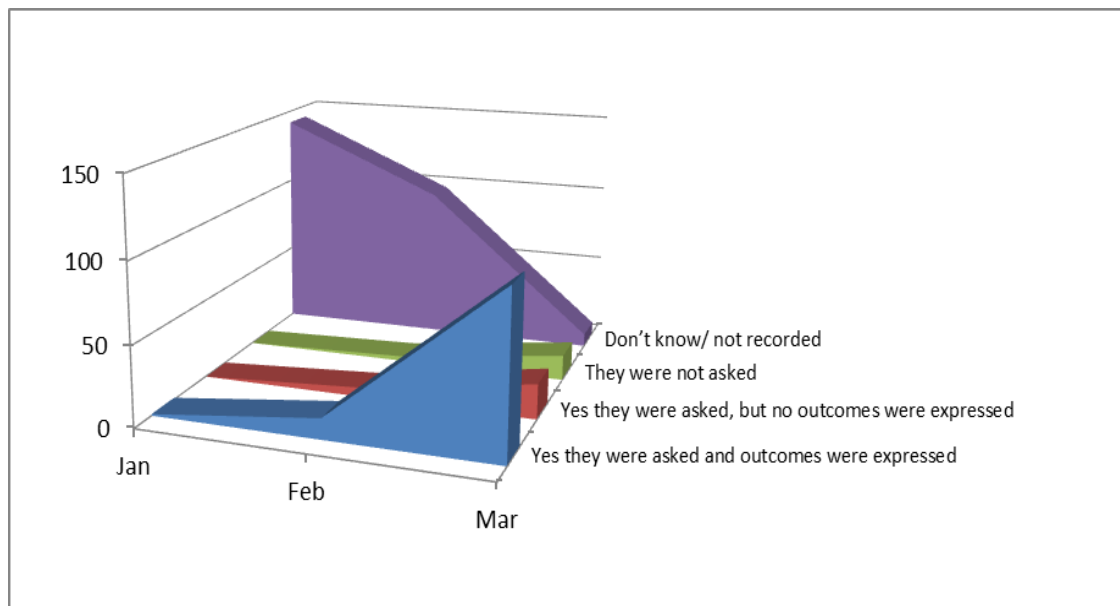
Support for adults at risk who lack capacity to make informed decisions



Nationally, **62%** of adults who lack capacity to make informed decisions about the enquiry receive support. In East Sussex, **96%** receive support. This is an increase on the **92%** achieved last year, but a target of 100% remains in place.

Outcomes achieved through safeguarding

Number of adults who were asked for their desired outcomes:

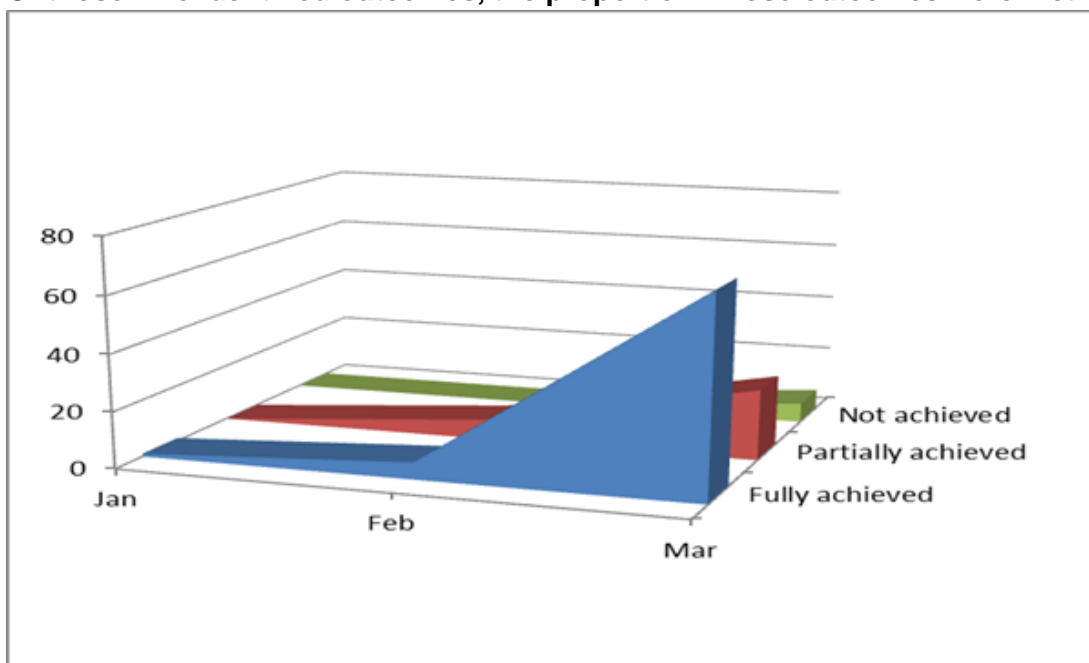


Changes have been made to the recording of people's desired outcomes. It is encouraging to see that in the last quarter of 2016 – 17, outcomes were asked for and expressed in the vast majority of cases.

The increase in the number of cases where outcomes have been expressed, and corresponding drop in cases with no desired outcomes recorded, is due to information on client outcomes only recently being made available.

A review of cases where outcomes were not asked for found that these were all cases where the adult lacked capacity to make decisions during the enquiry.

Of those who identified outcomes, the proportion whose outcomes were met:



In the majority of enquiries that have been completed, the adult’s desired outcomes have been achieved or partially achieved (**93%**). It is acknowledged that there will always be cases where outcomes will not be achieved, for example, where desired outcomes are beyond the remit of the enquiry, when a person changes their mind about the initial outcomes identified, or when other circumstances have changed.

Learning from complaints

The total number of complaints recorded for Adult Social Care for 2016 – 17 was 425. Of these 18 related to safeguarding, this is **4.25%** of the total complaints received.

In addition to these 18 complaints, four MP / councillor enquiries were received. This represents **4%** of the total number of MP / councillor enquiries received in 2016 – 17, which was 101 enquiries.

This compares to 19 complaints and four MP / councillor enquiries in 2015 – 16.

The 18 complaints received can be broken down as follows:

Complaint outcome	
Not upheld	9
Partially upheld	4
Upheld	1

Other	3
1. Taken forward by Legal Services – no input required from ASC Complaints and Feedback Team	
2. Advice and information given	
3. Resolved by a meeting	
No outcome recorded – enquiry is ongoing	1
Total	18

Complaint category	
Damage	1
Decision	4
Delay	1
Dispute outcome	2
Quality	3
Appropriateness	4
Decision	1
Responsiveness	1
Policy	1
Total	18

Key themes

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

- Six complaints were querying decisions not to take concerns into safeguarding enquiries.
- Two complaints were about outcomes of safeguarding enquiries.
- Four complaints were about communication during safeguarding enquiries.

Three complaints were received from owners / directors / managers of care providers.

- Two complaints were about lack of support and / or response when raising a safeguarding concern.

- One complaint raised concerns about the minutes of a safeguarding meeting.

Three complaints were received from persons thought to be the cause of risk. These complaints all raised concerns about the allegations and outcomes.

Learning and actions

- Worker advised to clarify the mutual understanding of the way forward if issues arise again in the future.
- Review of the client's social care needs arranged.
- Apology given and the manager of the care provider contacted the complainant to discuss their concerns.
- Worker reminded of the importance of giving feedback about the safeguarding enquiry to families.
- Meeting took place to agree the way forward with regard to managing relationships and sharing information.
- Practice Manager to look at the issues of communication to ensure a more joined up approach when dealing with safeguarding issues.
- Practice Manager to liaise with commissioners regarding Mental Capacity Act advocacy services and best interest meetings and decisions.
- Discussion with worker and team about the inclusion of safeguarding information in assessment documentation.

Local Government Ombudsman (LGO) cases

The LGO asked Adult Social Care to look at two complaints about safeguarding in 2016 – 2017. Both these complaints were querying our decision not take a concern into a safeguarding enquiry. Both complaints were not upheld.

In 2015 – 2016 the LGO did not ask the department to look at any safeguarding-related complaints.

All complaints about safeguarding processes are taken seriously, and can help us to learn and improve how we do things in the future.

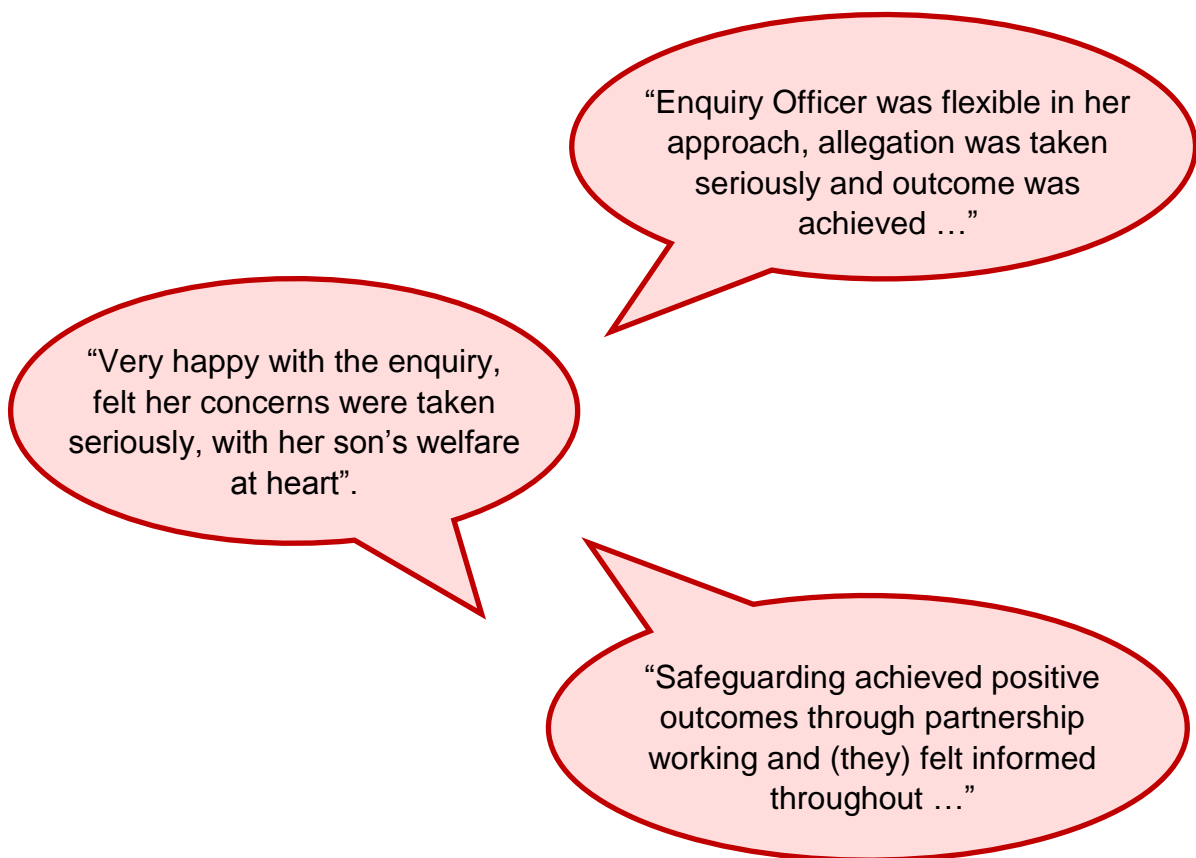
We aim to work with complainants in a mutually respectful way and respond to their concerns fairly and openly. Managers will look into the concerns when the safeguarding enquiry has finished. Findings are informed by looking at whether

we have followed our processes in the way that we would expect. This is done through discussions with complainants and practitioners, and looking at records. When things have gone wrong we want to put things right to avoid someone else having the same experience in the future.

Because of the nature of safeguarding we can expect that some people will not agree with the decisions or the outcomes of the enquiry. We will, however, always try to explain the actions we have taken and resolve any ongoing issues, wherever possible.

Compliments

The Safeguarding Development Team received the following feedback from adults and their representatives:



Lay members

The role of lay members is to enable effective ties to be developed between the SAB and the local community, and to ensure the work of the SAB is transparent and accessible.

Lay members support the work of the Board by:

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

“Having joined the Safeguarding Adults Board as a lay member in the summer of 2016 I have had the opportunity to participate in various board meetings, and meetings of the Board’s sub-committees which operate with the joint responsibility of ensuring vulnerable adults are protected in the community. I have been impressed by the structure, commitment and broad oversight taken by the SAB in effectively fulfilling its remit to develop an ethos and culture of working across the community, with rigorous professional standards and appropriate challenge to ensure safeguarding is a top priority across the county.

It is evident that systems are in place to continuously monitor, appraise and challenge safeguarding practice and to ensure client voices are heard in striving to ensure vulnerable people are safeguarded from harm.”

Board lay member, 2017

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

Healthwatch roadshow

In July 2016, Healthwatch East Sussex organised a ‘red bus roadshow’ across different locations in the county, engaging with the public on health and social care matters, including adult safeguarding.

During these events, **29** surveys were completed with members of the public to gauge people’s awareness and understanding of adult safeguarding, and whether people knew where to go if they had concerns. Results indicated that **66%** had

heard of the term 'safeguarding'; **83%** would know of somewhere they would go if they had a concern (including police, social services, GP, and care agency); **90%** believed more information was required for the public and in a variety of formats.

In addition to the survey, **163** contacts (conversations and information giving) were achieved over the five day bus tour period.

The SAB continues to make information available to the public in a variety of formats, and now has an [easy read safeguarding information leaflet](#) and plans to use radio coverage for upcoming financial abuse campaigns.

Safeguarding conference

The poster features logos for SAB East Sussex Safeguarding Adults Board, LSC, and East Sussex Safer Communities Partnership. A teal circle contains the text 'Spot the signs and take action 14th February 2017'. The main title is 'Coercive Control & Domestic Abuse: Impact within the family'. The background has a red-to-white gradient with faint text 'financial abuse' and 'maintain digital safety'.

Coercive control is largely invisible. It can happen gradually, forming a pattern of behaviour which can be difficult to spot.

Controlling and coercive behaviour in an intimate/family relationship is now a criminal offence.

Come along and find out how to recognise the signs and risks associated with coercive control.

This whole day event includes:

- Keynote speaker Jane Monckton-Smith on coercive control and recognising risk
- A powerful drama production 'Behind closed doors'

On 14th February 2017 the SAB, in partnership with the Local Safeguarding Children's Board and the East Sussex Safer Communities Partnership, hosted a conference that was open to any professional working with children and / or adults. Approximately 170 delegates attended.

The conference focussed on coercive control and domestic abuse, and its impact within the family. Legislation has recently been passed to make coercive control a 'course of conduct' criminal offence, like stalking. The conference aimed to highlight the importance of being aware of coercive control, how to manage the risks and how to help victims escape from it.



Graham Bartlett; Jane Monckton-Smith; Reg Hooke

The keynote speech was delivered by Jane Monckton-Smith, a former police officer who lectures on criminology at the University of Gloucestershire. Jane's expertise is in the area of homicide and violence, particularly when linked to domestic abuse.

After a lively question and answer session, delegates moved on to a series of workshops and had the opportunity to network and visit information stands. Representatives of Sussex Police, Safer Communities, Refuge, Victim Support, the Safeguarding Development Team and The Portal were on hand to offer advice, information and guidance.

In the afternoon, delegates watched a powerful drama production 'Behind Closed Doors' which involved an adult couple with a baby, and covered risk factors within domestic abuse and coercion and control.

Feedback from attendees was overwhelmingly positive. All those who completed evaluation forms (109 attendees) rated the event as 'Excellent' or 'Good' overall, and commitment was shown to share and embed the learning and practice developments throughout organisations represented.



Staff representing the Adult Social Care Safeguarding Development Team and East Sussex Healthcare NHS Trust

National Safeguarding Day awareness campaign

Staff members from the Adult Social Care Safeguarding Development Team visited five NHS hospital settings across East Sussex on National Safeguarding Day on 28th February 2017.

Information leaflets and posters were handed out to patients, family members and the public.

Representatives from East Sussex Healthcare NHS Trust also attended and were involved in the discussions.

The tagline 'Don't turn your back on abuse' was used for the posters and also on social media. The posters were shared with colleagues in Sussex Police, South East Coast Ambulance NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, Refuge and many more. Posters were also disseminated to all GP surgeries in the three CCG areas to display in their waiting rooms.

A slight increase was seen in concerns being reported to Adult Social Care in the week surrounding this, where Twitter was used to promote safeguarding awareness.

Primary care safeguarding awareness

A focus on increasing safeguarding awareness and training within primary care has continued in 2016 – 17. There have been 150 attendees over 10 sessions, including:

- 83 GPs
- 3 advanced nurse practitioners
- 35 practice nurses
- 12 health care assistants
- 1 paramedic practitioner
- 10 practice managers
- 6 admin. staff

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

Recruitment of a named GP for safeguarding is planned in 2017 – 18.

4.3 Ensure transition arrangements from children's to adult services, for those at risk of child exploitation, are addressed in a multi-agency context

Online training to increase awareness of child sexual exploitation was circulated again in 2016 – 17.

Following an audit of cases involving transition arrangements from Children's Services to ASC, a new post has been created situated within Children's Services.

Future plans

- Social media to be developed for use by the SAB for further community engagement.
- Recruitment of a named GP for safeguarding.
- Develop and implement a financial abuse strategy to have an informed and uniform approach to all aspects of financial abuse.
- Undertake campaign to raise awareness of financial abuse.
- Roll-out of 'Scams Awareness Month' in July 2017 with the planning of local events and the raising of awareness regarding this form of financial abuse.
- Trading Standards will support the Banking Protocol which sees all banks, building societies and post offices trained to identify customers who are subject of fraud and financial abuse, to ensure a response to support that individual.

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

Key training figures and initiatives

Adult Social Care training

April 2016 – March 2017

Course title	No. of courses	No. of attendees
Safeguarding Adults: Basic Awareness	16	321
Safeguarding Adults and the Law	1	20
Safeguarding and the Care Act	4	90
Safeguarding Adults: Refresher	17	326
Making Safeguarding Enquiries for Enquiry Managers / Officers	8	131
Safeguarding Adults – Train the Trainer / Train the Trainer Forum	4	54
Reflective Practice for Enquiry Managers / Officers	2	19
Mental Capacity Act 2005	22	479
Deprivation of Liberty Safeguards	17	409
Bespoke courses (safeguarding, MCA / DoLS)	17	221
Domestic Abuse and DASH	20	195

KWANGO safeguarding adults e-learning

April 2016 – March 2017

Organisation	Number of learners
ESCC	4,155
Hospitals and Clinical Commissioning Groups	1,032
Independent care sector	5,990

Sussex Police

During 2016 – 17, there has continued to be a particular focus on training staff and officers in relation to domestic abuse and stalking. All new police officers and staff undertook comprehensive training during their induction period, and this training covers public protection and adult safeguarding.

Adult safeguarding activity / initiatives

- A new safeguarding plan template has been created to supplement the initial investigation template. The safeguarding plan has been developed to support officers to understand vulnerability and risk, and ensure consistency across the force.
- Internal processes in relation to Domestic Violence Protection Orders (DVPO) and Domestic Violence Protection Notices (DVPN) have been streamlined. These changes aim to increase the number of DVPNs and DVPOs, helping to safeguard victims of domestic abuse.
- Internal communications have increased within the force surrounding modern slavery which has helped to promote awareness. Additional training in modern slavery has been provided and has been completed by just over 80% of the force.
- An internal assessment was carried out in order to understand the scope of harmful practices in Sussex, and has been sent to the Harmful Practice Management Board. Sussex Police awaits a response from the executive board.
- Operation Signature (scam mail fraud) and Operation Edisto (courier fraud) has continued to identify and support vulnerable, and often elderly, victims of these types of fraud within Sussex. The force continues to raise awareness internally and externally to ensure the public are aware of the support available for these victims.

Priorities for 2017 – 18

- Domestic abuse will remain a focus, with an increased emphasis on stalking in line with new legislation. Training will be hosted by Safe Lives (Domestic Abuse Matters Training) to support officers dealing with incidents of domestic abuse.
- Vulnerable elderly missing persons: Sussex Police is looking into creating a process which informs local authorities if a vulnerable adult is missing. This process will aim to improve information sharing and partnership working across agencies.

- Raising awareness in relation to dementia (Dementia Friends Champions): Sussex Police is currently offering the opportunity for five staff and officers per division to become Dementia Friends Champions, a scheme run by the Alzheimer's Society. This will help to gain an understanding of dementia, and become a named point of contact for the division.

East Sussex Fire and Rescue Service (ESFRS)

Adult safeguarding activity / initiatives

- ESFRS has worked collaboratively with ASC, Trading Standards, Sussex Police and the National Scams Team in scams prevention.
- ESFRS became a member of the mental capacity multi-agency forum set up in 2016 – 17, and will be developing training requirements for its workforce and volunteers in 2017 – 18.

Priorities for 2017 – 18

- Develop our safeguarding audit process to provide improved internal reporting.
- Embed modern slavery training.
- Embed training on the identification and classification of hoarding, and implement a multi-agency hoarding framework.

South East Coast Ambulance Service NHS Foundation Trust (SECAMB)

Extra support from external designated nurses was provided in 2016 – 17 to progress the safeguarding agenda, and a review was completed of all policies and procedures to ensure proportionality of all referrals and concerns raised and to increase awareness of SECAMB's role in protecting individuals.

Adult safeguarding activity / initiatives

- Development of safeguarding pocket-book guidance for staff.
- Development of mental capacity and best interests forms.
- Face-to-face Prevent training was delivered, with 83.3% of staff receiving this training.

- Level 2 e-learning safeguarding training is mandatory for frontline staff, and a 90.9% compliance rate was achieved in 2016 – 17.

Priorities for 2017 – 18

- Increase capacity in the safeguarding team to ensure safeguarding requirements are met
- Delivery of Level 3 safeguarding training

East Sussex Healthcare NHS Trust (ESHT)

This period has seen the publication of the NHS England Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, and mandatory reporting of female genital mutilation. ESHT’s safeguarding responsibilities include embedding such national legislation into policy and practice.

Internal quality assurance work has continued alongside participation in LSCB and SAB audit programmes.

ESHT underwent a CQC inspection in September 2016, which included a review of adult and child safeguarding within ESHT. This reported reasonable assurance other than inconsistencies in the documentation and understanding of mental capacity assessments.

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

Monthly trend	Safeguarding Level 2	Mental Capacity Act	Deprivation of Liberty Safeguards
May 2016		93.37%	95.4%
June 2016		94.1%	95%
July 2016		94.09%	95.68%
August 2016		93.8%	95.6%
September 2016		94.45%	95.64%
October 2016		94.7%	96%
November 2016	86%	94.7%	96%
December 2016	87%	95%	96.9%
January 2017	87%	95%	97%
February 2017	87%	95%	98%
March 2017	88%	96%	98%

Adult safeguarding activity / initiatives

- Introduction of a Head of Safeguarding post that aims to provide assurance to key stakeholders, and to progress the local safeguarding strategy and the national safeguarding agenda at a local level.
- Development of Key Performance Indicators for safeguarding.
- ESHT's involvement in case reviews has led to recommendations that impact upon ESHT services, and the development of action plans, training and the annual work plan.
- Supported the introduction of the externally-funded Independent Domestic Violence Advocate (IDVA) role. Working within our most vulnerable areas such as the Emergency Department, Special Care Baby Unit and Maternity Unit, this has raised awareness of domestic violence at the Conquest Hospital site.
- The delivery of safeguarding training has been reviewed, and a training pool established resulting in significantly improved compliance.
- A thorough review of mental capacity assessments has been undertaken through an audit and a training review. Modern accessible means of information gathering such as apps and podcasts are being promoted.
- Identified that Mental Health Act assessments are not fully understood and implemented, and as a result a programme of training is planned for 2017 – 18 with the support of SPFT.

Priorities for 2017 – 18

- Improve consistency in recording mental capacity by reviewing documentation, training and encouraging staff to access advocacy where appropriate.
- Take steps to ensure that information is available to adults and their families about safeguarding adults and who to contact if they have a concern, including access to the SAB website.
- A review of the information available to ensure it is in a variety of formats for those with specific communication needs.

Sussex Partnership NHS Foundation Trust (SPFT)

SPFT has continued to be actively involved in the work of the SAB and its sub-groups, and has supported multi-agency audit processes.

Training figures for 2016 – 17 are as follows:

Safeguarding adults e-learning	Completions	Overall compliance
Safeguarding Adults Level 1	1,137	84%
Safeguarding Adults Level 2	691	85%

Staff have also accessed face-to-face training run by ESCC aimed at staff who are going to undertake the enquiry officer role. Seconded social work staff in the Forensic Service have also completed a safeguarding competency assessment.

Adult safeguarding activities / initiatives

- A review of adult and children's safeguarding taking into account the NHS England guidance was undertaken, and it was recognised that both functions were under-resourced. Funding for new posts was identified and it is anticipated that the new team will be in place during 2017 – 18.
- Approximately one third of all clinical staff have undertaken the Prevent WRAP training, and basic awareness of Prevent forms part of the induction for all staff.

Priorities for 2017 – 18

- Improvements to the clinical record system (Carenotes) with regard to the recording of safeguarding activity including the development of a specific safeguarding flag.
- Improvements to data collection and reporting to ensure data is both more accessible and more accurate.
- Introduction of a new safeguarding team enabling greater emphasis on advice, scrutiny and training for staff.
- Ensuring learning from safeguarding adult reviews and other reviews is prioritised and undertaken.
- Review of Safeguarding Adults Policy, and development of a specific Prevent Strategy.

- Identify safeguarding leads in all care groups and areas.
- Develop consistent face-to-face training to meet Level 3 competency requirements.

Care for the Carers

97% of the workforce completed safeguarding e-learning training or a more in-depth face-to-face course in 2016 – 17. The remaining 3% of the workforce are scheduled to complete training in 2017 – 18. Additionally, several staff have also attended MCA, DoLS, and mental health first aid training.

Adult safeguarding activity / initiatives

- Our Safeguarding Policy and Procedures were revised in 2016 – 17 and staff training was delivered on the revised documents, with a particular focus on recognising indicators of abuse and the safeguarding process.
- The Operations Manager jointly facilitated a workshop with ASC on informal carers and domestic abuse at the SAB coercive control and domestic abuse conference in February 2017.

Priorities for 2017 – 18

- Ongoing training and reflective practice with frontline staff.

Sussex Community Foundation Trust (SCFT)

SCFT commenced delivery of community nursing services in the High Wealds, Lewes and Havens area of East Sussex in November 2015.

SCFT has designed Level 2 and Level 3 adult safeguarding training packages. 97.1% of staff have completed Level 2 safeguarding training and 88.2% have completed Level 3.

Adult safeguarding activity / initiatives

- Ongoing support to staff involved in safeguarding processes via the SCFT Adult Safeguarding Line. This provides frontline staff with live supervision to facilitate support to adults receiving SCFT care who are involved in a safeguarding enquiry.

- Designing and embedding a mental capacity assessment tool and best interest decision tool into a ratified document accessible to all nursing and allied health professional staff.
- Partnership working with the Quality and Improvement Patient Safety Leads within the NHS Serious Incident process to support an enquiry response that is proportionate, relevant, and pertinent to the safeguarding concern.

Priorities for 2017 – 18

- Ongoing audit of Making Safeguarding Personal.
- Continue to monitor and develop advice line processes.
- Develop further assurance and governance processes for Section 42 safeguarding enquiries and Individual Management Reviews.

Clinical Commissioning Groups (CCGs)

Safeguarding training has continued on an upwards trajectory with an e-learning programme rolled out to staff groups requiring Level 1 training. Level 3 training has been delivered by the Designated Nurse to clinical facing staff.

Clinical Commissioning Group	Percentage of staff undertaking training	
	Level 1	Level 3
High Weald Lewes and Havens	89%	100%
Eastbourne, Hailsham and Seaford / Hastings and Rother	75%	89%

The CCGs have worked with ASC in 2016 – 17 to promote access to adult safeguarding training across primary care to enable primary care practices to establish appropriate safeguarding arrangements. A total of 150 members of the primary care workforce have attended sessions.

Adult safeguarding activity / initiatives

- A stand-alone Domestic Abuse Policy has been introduced, as well as a Domestic Abuse Toolkit for employers.
- The MCA / DoLS policy has been ratified and rolled out across the CCGs, and made available to primary care colleagues.

- Increased awareness of domestic abuse has been achieved with the appointment of a MARAC primary care representative. This representative ensures the appropriate flow of information between the MARAC and primary care. They also attend surgeries to offer domestic abuse awareness training and signposting to local support services. The representative also acts as clinical lead for the IRIS programme in Hastings and St. Leonards GP surgeries.

Priorities for 2017 – 18

- Continue to increase awareness of MCA / DoLS and its application in practice.
- Continue to work with primary care colleagues to promote understanding of safeguarding issues including MCA, domestic violence and abuse, modern slavery, Prevent and self-neglect.
- Continue partnership working to improve the health and wellbeing of adults who may be at risk across East Sussex.
- Continue with the Transforming Care Programme.
- Ensure learning from safeguarding adult reviews and domestic homicide reviews are disseminated across health and social care.

National Probation Service

All operational frontline staff and their line managers across Sussex completed mandatory Ministry of Justice (MoJ) e-learning on safeguarding adults in 2016 – 17.

In 2017 – 18, all frontline practitioners will be expected to attend either a local SAB training event or the MoJ face-to-face training programme.

Kent, Surrey, Sussex Community Rehabilitation Company (KSS CRC)

Seventy-five CRC staff are based in Sussex, and 100% of the workforce has been trained to an appropriate safeguarding standard over the last three years. This training included:

- Child sexual exploitation
- Domestic violence and abuse
- Female genital mutilation

- Safeguarding adults

Adult safeguarding activity / initiatives

- The safeguarding accountability structure within the organisation has been revised to ensure clear lines of responsibility and a known escalation pathway.
- A safeguarding week to enhance staff awareness and confidence in identifying and managing safeguarding concerns was facilitated.
- Safeguarding policies have been read by all operational staff in supervision and team meetings.

Priorities for 2017 – 18

- Ensure frontline staff have access to SAB training to consolidate prior learning and experience.
- Embed the updated Sussex Safeguarding Adults Policy and Procedures to ensure staff feel confident in managing safeguarding concerns.
- Our Strategic Lead to review how serious case review, safeguarding adult review and serious further offence learning is shared across the organisation and incorporated at local team level.

Multi-agency training

Self-neglect

It has long been recognised that self-neglect can pose significant challenges to staff. As such, a multi-agency self-neglect training programme was rolled out in 2016 – 17.

Based on recent research which reinforced the need for agencies to work together to support clients, the workshops aim to support staff involved in planning and delivery of interventions. In addition to the benefits to clients, these sessions have highlighted the importance of improved communication and co-operation between services when working with challenging and complex situations.

Five multi-agency workshops were held, with 85 professionals attending from agencies including Adult Social Care, South East Coast Ambulance Service NHS Foundation Trust, probation, housing services, East Sussex Healthcare NHS Trust, and Sussex Police.

Human trafficking and modern slavery

The Local Safeguarding Children Board (LSCB) and the Safeguarding Adults Board (SAB) 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.

There were 14 evaluations of the course (from 26 attendees), and of those, 11 rated the course overall as 'excellent' and three gave an overall rating as 'good'. Twelve said that they had a 'good' level of confidence in applying knowledge / using skills following the course and two rated their level of confidence as 'excellent'. All 14 attendees rated the trainer's knowledge as 'excellent' and all 14 took the time to write comments in the dialogue boxes.

As victims and perpetrators of modern slavery move across local authority boundaries, the Safer East Sussex Team will be identifying opportunities to work collaboratively with other statutory and voluntary partners across Sussex. The focus regionally will be to ensure robust policy and practice including referral pathways. One of the SAB's aims will be to incorporate any updated policy and practice information within the Sussex Safeguarding Policy and Procedures.

The Safer East Sussex Team will be undertaking research to gain a better understanding of this area. Working in partnership with the LSCB and the SAB, the team will explore different sources of information and attempt to build a more robust picture of modern slavery in East Sussex. The focus of this work will be developing information and resources to promote general awareness, and delivering targeted awareness raising activities for specific groups.

In February 2017 there was a range of free training sessions for licensed traders (such as taxi drivers) focussing on child sexual exploitation, rape and sexual offences, and also modern slavery and human trafficking.

National Competency Framework for Safeguarding Adults

This framework was updated by Bournemouth University in association with Learn to Care to include the implications of the Care Act 2014. It is a national framework to be used across a range of organisations and staff groups. SAB member agencies have been encouraged to adopt this framework and use supervision arrangements to ensure competency is evidenced.

The health Intercollegiate Document is anticipated in 2017 – 18 to guide standards for health staff.

5.2 Ensure clear links exist between partnership boards with accountability arrangements documented and understood to avoid duplication of workstreams

A partnership protocol between the SAB, LSCB, Safer Communities Partnership, Children's and Young People's Trust and the Health and Wellbeing Board, was developed and agreed in 2016 – 17. This protocol clarifies priorities, accountabilities, and joint working opportunities, for areas such as child sexual exploitation, domestic abuse, and modern slavery.

The protocol can be accessed from the [SAB website](#), and it will be reviewed in 2017 – 18.

Future plans

- Further development of multi-agency training opportunities including Making Safeguarding Personal and coaching skills, and implementation of the SAB training strategy
- Establish local strategic oversight of, and accountability for, the modern slavery agenda. The East Sussex Safer Communities Partnership, along with the LSCB and SAB, will 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.

Conclusion

This annual report has presented the progress of the Safeguarding Adults Board (SAB) against its key priorities for 2016 – 17, and has shown the continued effort of the County Council and partner agencies to work together to safeguard adults from abuse and neglect.

As with last year, the SAB had a particular focus on ensuring adults who lacked capacity, or had substantial difficulty in understanding the safeguarding process, had appropriate advocacy arrangements in place. This is important to ensure the voice and wishes of adults are central to the safeguarding process even where they may lack mental capacity, and became a duty under the Care Act. The number of adults being supported by an advocate continued to increase in 2016 – 17, with 96% of those lacking capacity being supported by an advocate, compared with 92% in 2015 – 16.

A particular focus for the coming year will be to ensure all adults are asked for their desired outcomes and that these are achieved, wherever possible. The department's client database has been updated so that this data can be captured robustly. Ensuring a high level of compliance relating to outcomes in line with the Making Safeguarding Personal approach (MSP) will be a priority for 2017 – 18.

The SAB was pleased to again have joined with the Local Safeguarding Children's Board and Safer Communities Partnership to host an event for professionals: 'Coercive Control and Domestic Abuse: Impact within the Family'. The crossover between these Boards and the Partnership in safeguarding matters affecting both children and adults continues to be recognised, and the development and implementation of a partnership protocol is evidence of the commitment to work collaboratively to safeguard adults and their families.

The SAB will ensure learning from the first safeguarding adult review conducted under the Care Act 2014 is shared and embedded into practice appropriately in the coming year. The Board also looks forward to its first peer challenge event in partnership with the Brighton & Hove and West Sussex SABs to ensure safeguarding arrangements within partner agencies across Sussex are robust and that support can be offered where required. This will assist in driving forward the SAB's key objectives, and supporting the vision for the adults of East Sussex to live a life free from abuse and neglect.

Appendix 1 – SAB Budget 2016 – 17

Income		Expenditure (excluding VAT)	
East Sussex County Council	£66,000	SAB Development Manager	£58,402
Sussex Police	£10,000	SAB Administrator	£10,804
East Sussex Healthcare NHS Trust (ESHT)	£10,000	Independent Chair	£7,275
NHS Hastings and Rother Clinical Commissioning Group (CCG)	£5,000	Training programme (inc. admin. and safeguarding promotional materials)	£12,274
NHS Eastbourne, Hailsham and Seaford CCG	£5,000	Safeguarding Network (venue / reward and recognition payments)	£410
NHS High Weald Lewes Havens CCG	£5,000	Policy and procedures	£2,183
		SAB website	£2,499
		SARs / Multi-Agency Reviews (facilitator and venue costs)	£3,317
East Sussex Fire and Rescue Service (ESFRS)	5,000		
East Sussex Local Safeguarding Children Board (LSCB)	500		
Totals	£106,500		£97,164

Appendix 2 – Work plan 2017 – 18

Strategic Aim 1 – Accountability and leadership

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

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

Action / Measure	Lead	Timescale	Progress	RAG
Oversee and lead on adult safeguarding activities that contribute to prevention of abuse, regularly reviewing priorities and SAB membership. This will be evidenced by participation, challenge and transparency in SAB meetings and by holding annual Business planning day	SAB	Ongoing	Business Planning day planned for February 18 to ensure priorities and membership can be reviewed Peer challenge event following completion of safeguarding self-audit tool planned for July 2017.	G
Ensure SAB budget plan reflects fair and appropriate partner contributions, evidenced by a report on budget spend given annually.	SAB	July 2017	Review and negotiation of contributions for 2017 - 18 underway.	G
Work of the SAB to be fully informed, owned and driven by a Multi-agency approach, and client experience and voice. This is by way of multi-agency chairing of subgroups, and evidenced by the TOR for each subgroup including 6 and 12 month milestones, with regular feedback to the SAB on progress.	PQA / CCS AN / Ops	October 2017	PQA chaired by Police, CCSAN by Healthwatch, Ops subgroup by ASC. SAB to review effectiveness of current chairing arrangements and progress made in October 2017.	G
Peer review to be undertaken to reflect	SAB/	March 18	Scoping underway	G

<p>commitment to continual improvement and transparency. The proposed focus would be wider than the remit of the SAB, covering all section 42 arrangements and how partnership arrangements are working.</p> <p>Success criteria for this action will reflect a focus on development needs within this review and a clear plan of how improvements will be made by all agencies.</p>	Ops			
<p>Develop strategic learning across agencies, boards and borders, learning from national best practice and Safeguarding Adults Reviews (SAR). Learning from recent Multi-agency review to be carried forward by way of learning events.</p> <p>This will be evidenced by an open and honest culture, and attendance at learning sessions.</p>	Ops / PQA / Training	Ongoing	<p>Topic based multi-agency workshops have commenced.</p> <p>Learning briefings to continue following any SAR or Multi-agency review, and consideration to be made of academic research and evaluation that could be utilised.</p> <p>Recruitment of Quality Assurance and Learning Development Officer being planned, shared between East Sussex, and B&H SABs, to focus on implementation of learning and action plan improvements</p>	A

Strategic Aim 2 – Policies, procedures and Care Act implementation

Action / Measure	Lead	Timescale	Progress	RAG
<p>Ensure SAB members are aware of and carrying out their responsibilities under the Care Act to Safeguard Adults.</p>	Ops / PQA	October 2017	<p>Sussex wide Self-audit tool agreed by PQA group in April.</p> <p>Peer challenge event being</p>	G

<p>This will be demonstrated by ensuring the self - audit tool to be completed by members is up to date and consistent across Sussex, and an action plan will be monitored by the SAB to ensure compliance and improvement.</p> <p>Multi-agency case audits will be undertaken regularly to address and monitor areas identified as requiring improvement.</p>			<p>planned for July 2017 following completion of safeguarding self-audit tool.</p> <p>Learning from the Multi-agency safeguarding case audit has been taken forward through the PQA, subgroup.</p>	
<p>Review the SAB Information sharing agreement and ensure all agencies sign up to this and embed its use in multi-agency safeguarding. This will be evidenced by way of audit returns, case audits and successful development of a multi-agency data set.</p>	PQA	October 2017	<p>Review of agreement underway</p>	G
<p>Sussex Safeguarding Adults Policy and Procedures to reflect up to date guidance, case law and legislation and enable staff to undertake Care Act safeguarding duties effectively. This will be evidenced by feedback gained from professionals and clients.</p>	SAB	Autumn 2017	<p>Edition 4 of the procedures is underway, planned launch Autumn 17, and will involve a consultation process with professionals and clients/carers subgroup.</p>	A
<p>Embed and raise awareness of the Safeguarding Adult Review (SAR) referral and panel process, to ensure increased awareness, accountability and transparency in referral and decision making processes are achieved. This will be in line with regional development work, by maintaining contact with regional networks.</p>	PQA	July 2017	<p>Monthly East Sussex SAR Panel now in place to consider all SAR referrals.</p> <p>Launch of updated SAR protocol planned for April/May 2017.</p>	G

Ensure the voice and views of clients within safeguarding enquiries are heard, including when client's lack capacity, by way of appropriate Advocacy and support arrangements being in place. This will be regularly monitored via Ops subgroup, which includes the advocacy commissioner, provider, and practitioners where required.	Ops	Ongoing	Commissioning and provider arrangements for advocacy in place. Referral rates to continue to be monitored via Operational practice subgroup.	G
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Strategic Aim 3 – Performance, Quality and Audit

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

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

Action / Measure	Lead	Timescale	Progress	RAG
<p>Embed outcomes focused engagement with clients through the Making Safeguarding Personal (MSP) roll-out.</p> <p>This will be achieved by reflecting the 'story' behind the outcomes in reporting arrangements, such as case audits, and client feedback.</p>	Ops / PQA / CCSAN/TWD	Ongoing	<p>Workshops and training emphasise MSP approach with case study learning.</p> <p>Multi-agency MSP workshops being developed by TWD subgroup MSP Leaflets for adults and carers being developed through the CCSAN</p>	G
Develop model of resilience to support people post section 42 safeguarding enquiry, promoting opportunities for self-protection.	Ops	October 2017		G
Consider and keep under review opportunities to promote effective risk assessment and decision making at initial concern stage.	Ops	January 2018	Data over the past year for referrals to and from Children's Single Point of	G

Peer review being planned will also consider current arrangements and opportunities			Advice (SPOA) and Health and Social Care Connect (HSCC) has been collated. At this point, there is not enough activity to warrant moving resources from Adult services in the Children's Multi-Agency Safeguarding Hub (MASH). This will be kept under review with further data collated to inform future planning alongside integration opportunities as part of the Accountable Care Model.	
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Strategic Aim 4 – Prevention and engagement

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

Desired outcome for clients: Influence over service delivery

Action / Measure	Lead	Timescale	Progress	RAG
Clients and Carers to be involved in the work of the SAB, by way of attendance and contribution in the CCSAN.	CCSAN	Ongoing	Healthwatch continue to chair the CCSAN. Carer representation now in place. Client representation to be increased with involvement in MSP leaflet development	G

Client feedback to be obtained and presented to SAB, by way of regular updates from the CCSAN, and Healthwatch attendance at SAB meetings.	CCSAN / PQA	Ongoing	Updates to SAB and Healthwatch attendance in place.	G
Feedback from CCSAN members to be incorporated into SAB annual report	CCSAN	July 2017	Feedback to be sought	G
Promote use of website and social media to increase engagement with public and accessibility of the SAB. Success criteria will reflect an accessible and interactive website, and social media linked with all partners for consistent safeguarding message.	SAB	October 2017	Website in place – requires further promotion. Social media to be developed for further community engagement.	G

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

Action / Measure	Lead	Timescale	Progress	RAG
Continue safeguarding training and awareness for primary care, and evaluate impact by way of monitoring safeguarding referral rates. Success criteria would reflect an increase in referrals from primary care from April 2017 compared with previous year.	PQA/TWD/Ops	October 2017	To date, there have been 150 primary care attendees over 10 sessions. CCG Lead nurse for safeguarding will be visiting GP surgeries to support and monitor training and awareness. Recruitment process of named GP recently completed by CCG.	G
Develop and implement a financial abuse strategy to have an informed and uniformed approach to all	SAB/Ops	July 2017	Campaign to be carried out in May 17.	G

aspects of financial abuse. Undertake financial abuse campaign to raise awareness. Evaluate impact of campaign by monitoring safeguarding referral rates, and the number of questions and queries raised by the public and professionals.				
SAB to take part in roadshow planned by Healthwatch in Summer 2017, as another mechanism to raise public awareness of Safeguarding.	CCSAN	July 2017		G

Strategic Aim 5 – Integration/Training and workforce development

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

Desired outcome for clients: Consistency received in safeguarding responses

Action / Measure	Lead	Timescale	Progress	
SAB members to consider adopting National Safeguarding Competency framework and/or Health Intercollegiate document, within induction and ongoing supervision arrangements, as evidenced by audit returns.	Ops/TWD	October 2017	SAB members have received the competency framework and encouraged to adopt with staff. Health Intercollegiate document still awaiting publication.	A
SAB members to consider adopting National MCA Competency Framework.	Ops/TWD	October 2017		A
Refresh Training and Workforce development strategy to be in line with developments in policy, and findings from safeguarding case audits.	TWD	October 2017		G

<p>SAB to take forward recommendations from the recent Multi-agency safeguarding audit with a focus on Domestic Abuse. Individual agencies to implement actions on training, awareness and practice. This will be evidenced via future audit activity.</p> <p>SAB to feed audit recommendations into the review of the refreshed DA training programme, in partnership with LSCB and Safer Communities Partnership.</p>	SAB/Training subgroup/PQA	October 2017	To be discussed in April 17 SAB meeting.	G
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SAB Priority 5.2 Ensure clear links exist between Partnership Boards with accountability arrangements documented and understood to avoid duplication of work-streams

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Action / Measure	Lead	Timescale	Progress	RAG
<p>Embed and review the effectiveness of the Partnership Protocol for safeguarding relationships, including the SAB, LSCB, Safer Communities, Children’s Trust and the Health and Wellbeing Board.</p> <p>This is to clarify priorities, accountabilities, and joint working opportunities, such as with CSE, Domestic Abuse, Modern Slavery and online safety.</p>	PQA	April 18	Partnership protocol now in place. To be reviewed 2018.	G

Key: SAB Safeguarding Adults Board; PQA Performance, Quality & Audit Sub-group
 Ops Operational Practice Sub-group; CCSAN Client & Carer Safeguarding Advisory Network
 TWD Training & Workforce Development subgroup

Appendix 3 – Partners of the East Sussex SAB

Partners of the East Sussex Safeguarding Adults Board are:

- East Sussex Adult Social Care
- Sussex Police
- Sussex Partnership NHS Foundation Trust
- East Sussex Healthcare NHS Trust
- Sussex Community Foundation Trust
- Trading Standards
- East Sussex Fire & Rescue Service
- South East Coast Ambulance Service NHS Foundation Trust
- Eastbourne, Hailsham & Seaford Clinical Commissioning Group
- Hastings & Rother Clinical Commissioning Group
- High Weald Lewes Havens Clinical Commissioning Group
- Residential Care Association
- Lewes Prison
- National Probation Service
- Kent, Surrey, Sussex Community Rehabilitation Company
- Homecare representatives
- District and borough council representation
- Plumpton College
- Local Safeguarding Children's Board
- Care for the Carers
- Healthwatch
- NHS England
- Change, Grow, Live (CGL)

Paid Home Carers and Safeguarding

- 1.1 Paid Home Carers are often alone in the home with an adult with care and support needs, so there is an inherent risk with regards to safeguarding concerns. To mitigate this risk, homecare agencies are subject to regulatory frameworks and inspections from the Care Quality Commission (CQC), and work is ongoing with the Quality Monitoring Team within the County Council to ensure high standards of care from homecare providers can be achieved.
- 1.2 There is an established system within the County Council of raising a safeguarding concern and of responding appropriately to these concerns, through Health and Social Care Connect. Police and other agencies are alerted wherever this is required for appropriate joint action and enquiry, to safeguard vulnerable adults.
- 1.3 The Safeguarding Adults Board (SAB) has undertaken safeguarding awareness campaigns for professionals and the public alike, with relevant information of where to contact if people have a safeguarding concern, including those where paid home carers are an alleged perpetrator or source of risk, to try to ensure such concerns are detected, referred and appropriately responded to.
- 1.4 For the six month period from February to July 2017, 8.5% of all safeguarding concerns raised for alleged abuse of an adult in their own home identified a paid home carer as the perpetrator or source of risk; this figure is 14.7% for concerns that led to a full safeguarding enquiry. This is considered to be a proportionate level for safeguarding enquiries, given the inherent risk described above for home carers.
- 1.5 The SAB will be able to review data regarding paid home carer activity over a full twelve month period within next year's report and will plan further training and awareness where required.
- 1.6 Homecare representation continues to be in place on the SAB, to allow specific areas of concern or action to be addressed.

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Report to:	Adult Social Care and Community Safety Scrutiny Committee
Date of meeting:	14 September 2017
By:	Director of Adult Social Care and Health
Title:	Market Capacity Report – Home Care and Nursing Care Homes
Purpose:	To provide an update on capacity of home care providers and nursing care homes within East Sussex

RECOMMENDATIONS

The committee is recommended to:

- 1. Consider and comment on the capacity issues within the independent home care and nursing home sectors in East Sussex**
 - 2. Consider and comment on the Department's plan to mitigate the pressures caused by the capacity issues**
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1. Background

1.1. Nursing and Residential Care

- 1.1.1. There are 6,402 care home beds in East Sussex: 3,441 residential care and 2,961 nursing care. The existing market provision in East Sussex is running at occupancy levels of over 90%. High percentage occupancy can cause inflexibility, and the inability or unwillingness of market provision to manage more complex and staff-intensive cases. Higher levels of occupancy in areas where the level of supply is comparatively low, such as High Weald, Lewes and Havens (HWLH) exacerbates existing market inadequacy.
- 1.1.2. Market capacity issues increase pressure across the whole health and social care system and impacts on our ability to facilitate timely discharge from hospital. There is particular concern around nursing and dementia care beds, where demand continues to increase and the cost pressures facing the market continue. In addition, when care homes are suspended as a result of CQC warning notices, the number of beds available reduces. Land values are generally high across the county, which militates against easy development of new residential and nursing care facilities.
- 1.1.3. In 2016/17 the market experienced a number of home closures which adversely affected capacity; four Nursing Homes and six Residential Homes closed in the period resulting in a loss of 129 and 111 beds respectively.
- 1.1.4. Of the full quota of vacant beds in East Sussex in June 2017, about 40% (180 out of 432) are with providers that do not accept placements from ESCC due to cost, or will only accept ESCC funding where substantial top ups are paid by residents or their families. Details of existing residential and nursing care capacity in East Sussex are included in Appendix 1.

1.2. Home Care

- 1.2.1. The council purchases in the region of 18,500 hours of home care across the county per week. The requirement is split across 65 providers (two Lead Providers and 63 Approved Providers). It became clear during 2016 that significant issues existed within the home care marketplace in East Sussex, which reflects the national position. There is a particular challenge with capacity and responsiveness in the Eastbourne, Seaford and Havens and Lewes areas, which were having a significant impact on the wider health and social care system. Capacity to provide sufficient service levels at weekends, during holiday periods and in geographically remote areas proves to be a continuing issue.

2. Impact on Delivery

- 2.1. The capacity issues across both the nursing and dementia bed market, and the domiciliary care market, are resulting in on-going delays in discharge from acute services and from other services, such as community hospitals and Joint Community Rehabilitation. The need to ensure client choice will also impact on delays as available capacity may not be in the preferred areas for individuals or their relatives. The market's appetite to accept more complex care packages has also been diluted as providers will rather choose clients with lower levels of need as these are easier to service and more profitable. Whilst the council has been able to maintain an adherence to published rates, the ability to leverage access to increased capacity is challenging.

3. Market Management

3.1. Nursing Care

- 3.1.1. Local Authority fees for Nursing Home beds were, following a number of years of small increases, raised by 8% from April 2017 in response to reported cost pressures from the market, which is part of a national trend. A significant risk of reduced capacity was identified but as a result of the increase capacity levels have remained consistent in the Local Authority's access to nursing beds.
- 3.1.2. A project, Care Home Plus, has been launched with the purpose to procure a number of block contracted beds within residential establishments. The intention is for clients with no nursing requirement but with significant mobility issues, who would otherwise go to a Nursing Home due to their high levels of need, are placed in residential units at enhanced rates. The additional funding enables higher staffing levels to meet the additional need. This will contribute to alleviating demand for nursing beds.
- 3.1.3. The Department has also procured a further 20 block contracted nursing beds to be used as interim placements for hospital discharge. This enables the client's longer term care requirements to be arranged whilst reducing discharge delays at hospital. The beds are funded at an enhanced rate and this has resulted in the market releasing this capacity from stock usually reserved for self-funding clients.

3.2. Home Care

- 3.2.1. A Supplier Relationship Programme has been implemented with the primary purpose of improving working relationships, understanding the factors contributing to capacity issues and adopting a collaborative approach to resolving issues.
- 3.2.2. It was identified that capacity issues, due to an inability to recruit and retain, were caused by predominantly:

- Levels of pay and terms and conditions for carers
- Poor perception of the domiciliary care industry in the national press
- Perception of zero hour contracts
- Increased responsibilities of carers
- Competition from private only agencies able to pay carers higher hourly rates
- Lack of career structure and progression
- Travel making the carer role unattractive

3.3. Supplier Management Programme: Home Care

3.3.1. The Supplier Management Programme identified three immediate areas of remedial action aimed at improving the offer to providers:

- An increase to hourly rates to better reward carers and make the role more attractive in a competitive marketplace
- A move from a minimum call time
- Payment against planned hours to enable a more consistent salary payment to care staff.

3.3.2. Following a number of years of small uplifts, substantial increases (up to 16.99%) to hourly rates took effect from April 2017. The starting point for hourly rates was to attempt to meet the UK Home Care Association recommended minimum hourly rate (£16.50 per hour). Additionally the fee structure was rationalised to three rates across the county to reduce back office costs for the council and providers and details are included in Appendix 2.

3.3.3. Agreement was also reached to pay a minimum call time of 24 minutes enabling improved remuneration for carers delivering short calls and following national guidance with regards to 15 minute calls.

3.3.4. The recommendation to pay providers on a planned hours basis was eventually rejected on the basis that 95% of planned care is delivered and therefore the impact of paying against planned care would have limited impact.

3.3.5. The key providers have passed the majority of the fee increase awarded on to staff base salary which now stands between £9.00 and £10.00 per hour, making the public sector more competitive when compared to private-only agencies and supermarkets.

3.3.6. With a safer financial position, a wider variety of employment contracts are being offered by the majority of the providers with guaranteed hours. Some providers are currently investigating the possibility of paying on a shift basis, potentially making the role more attractive.

3.3.7. Since the fee increases in April 2017, and an improved employment offer, all providers are stating a net gain in terms of staff numbers available hours. From March to June this year the shortfall in home care capacity fell from 908 hours to 304 hours.

4. Next Steps

4.1. Nursing and Residential

- 4.1.1. Although there will continue to be a significant requirement for residential and nursing home care, given the needs of the local population, work continues through East Sussex Better Together (ESBT) to develop alternatives to bedded care. This will focus on enhancing the offer which supports people in their own homes, including Disabled Facilities Grants, Integrated Community Equipment Services, Technology Enabled Care Services and increased community and primary health care services.
- 4.1.2. Work is also being undertaken through ESBT on the establishment of an accommodation and bedded care strategy which will model the future level of care required across the whole system, from acute care to supported accommodation. This will then be aligned to work being undertaken through SPACES and the councils estates strategy to increase capacity, where required. This work incorporates the development of longer term plans, in partnership with Borough and District Councils, on general needs housing for older people, alongside increased extra care and supported housing models.
- 4.1.3. From November 2017, a new Market Support Team will be established, from existing resources, to support providers to improve the quality and business sustainability of their service in order to improve outcomes for adults receiving care and support in East Sussex.

4.2. Home Care

- 4.2.1. Further joint work is planned with key suppliers within the home care market. This will focus on finding solutions to the remaining challenges:
 - where clients require two carers to provide support
 - where services are required urgently and this is a particular challenge for providers at weekends
 - where capacity issues remain in remote and rural areas.

5. Conclusion and reasons for recommendations

- 5.1 The Scrutiny Committee is recommended to consider the challenges posed by the capacity issues in these two key areas of care provision, and comment on the plans to mitigate these.

KEITH HINKLEY

Director of Adult Social Care and Health

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LOCAL MEMBERS

All

BACKGROUND DOCUMENTS

None

Existing residential and nursing care capacity in East Sussex (June 2017 figures)

CCG area		Number of services	Total number of beds	Vacant beds (LA)	Vacant beds (private)	Total vacancies
Eastbourne Hailsham Seaford	Residential	59	1,412	91	51	142
	Nursing	25	1,217	25	19	44
	Total	84	2,629	116	70	186
Hastings +Rother	Residential	57	1,573	104	49	153
	Nursing	20	877	13	23	36
	Total	77	2,450	117	72	189
High Weald Lewes Havens	Residential	18	456	6	10	16
	Nursing	20	867	13	28	41
	Total	38	1,323	19	38	57
East Sussex	Residential	134	3,441	201	110	311
	Nursing	65	2,961	51	70	121
	Total	199	6,402	252	180	432

Domiciliary Fee (effective April 2017)

Area	Rate (per hour)
Coast East (Bexhill to Rye)	£16.40
Coast West (Saltdean to Eastbourne)	£17.52
Rural (All areas off the coastal strip)	£18.64

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

Date: **14 September 2017**

By: **Chief Executive**

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

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

RECOMMENDATIONS:

The Scrutiny Committee is recommended to:

- (1) agree key areas of interest/lines of enquiry for scrutiny and to ensure these are reflected in the Committee's future work programme;**
 - (2) establish a scrutiny review board to consider the developing portfolio plans and savings proposals as they emerge in December and to submit scrutiny's final comments on them to Cabinet in January 2018.**
-

1. Background

1.1 The *State of the County* report was agreed by Cabinet on 27 June 2017. The report is an important annual milestone in the Council's ongoing business and financial planning process known as *Reconciling Policy, Performance and Resources* (RPPR). It updated the national and local policy, financial and performance context and provides the background for the development of the updated business and financial plans that will eventually be agreed by the County Council early in 2018. It is available at [State of the County](#).

1.2 Chief Officers are continuing to develop plans for activity and finances including savings of £21.9m (6% of the net revenue budget) in 2018/19, in line with the allocations agreed by Council in February. Consideration is also being given to high level savings proposals for the further £33m savings required across the subsequent two years, 2019/20 and 2020/21.

1.3 The proposals for activity and resources will need to be considered in the context of the prolonged period over which savings have been required across all services and the demand for services continued which to grow due to demographic change, particularly for older people.

1.4 In developing plans for saving and spending Chief Officers will continue to have regard to the Council's four priority areas:

- Driving sustainable economic growth
- Keeping vulnerable people safe
- Helping people help themselves
- Making best use of resources

and its operating principles:

- One Council
- Commissioning
- Partnership

2. Scrutiny engagement in RPPR

2.1 Scrutiny's contribution to the RPPR process is vitally important and is threaded through all scrutiny work. Each scrutiny committee, through its regular work programme and specific scrutiny

projects, has the opportunity to review the services within its remit on an ongoing basis to identify opportunities for improved performance, efficiency or alternative delivery options. Committees also gain an insight, through all their work, into relative priorities within portfolios, taking into account the Council's overall priority outcomes.

2.2 The insight and evidence gathered through this ongoing work is drawn together and enhanced in specific RPPR sessions which will, ultimately, enable each scrutiny committee to provide commentary and recommendations to be taken into account by Cabinet and Council before a final decision is taken on the updated budget and business plan early in 2018.

2.3 The **September 2017 scrutiny committees** have a particular focus on reviewing current portfolio plans, budget information and existing savings plans to ensure a full understanding of the current context and future pressures.

2.4 The following attachments are provided to support the committee in these tasks:

- **Appendix 1** contains extracts from the Financial Budget Summary 2017/18 for the areas within the remit of this committee, including East Sussex Better Together, to provide the 'big budget picture' (both revenue and capital); the full document is at [Financial Budget Summary](#).
- **Appendix 2** contains the **current portfolio plan(s)** for the functions within the committee's remit.
- **Appendix 3** sets out the initial **savings proposals** for 2018/19 across the relevant service areas, including East Sussex Better Together, agreed by Council in February 2017.

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

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

2.7 The **November 2017 scrutiny committees** can explore the more detailed refined savings proposals which will have been considered by Cabinet in October and consider any additional information which was requested in September. Further additions or refinements to the Committee's ongoing work programme can be considered

2.8 The **RPPR scrutiny review boards** meet in December 2017 to agree detailed comments and any recommendations on the emerging portfolio plans and savings proposals to be put to Cabinet on behalf of their parent scrutiny committees. The Chairs of all the scrutiny committees are invited to attend all the scrutiny review boards.

2.9 The **March 2018 scrutiny committees** review the process and their input into the RPPR process and receive feedback on how scrutiny input has been reflected in final plans. Any issues arising can be reflected in the future committee work programme.

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

BECKY SHAW
Chief Executive
Contact Officer: Claire Lee
Tel: 01273 335517 Email: Claire.lee@eastsussex.gov.uk

Revenue Budgets - Adult Social Care

2016/17 Rebased Net Budget	Employees	Premises	Transport	Supplies & Services	Transfers & Third Party Payments	Financing & Transfers to Reserves	Total Expenditure	Government Grants	Other Grants & Contributions	Fees, Charges & Receipts	Planned use of Reserves	Total Income	Internal Recharges (exp & inc)	Net Service Expenditure	
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Physical Support, Sensory Support and Support for Memory & Cognition															
33,786	Residential & Nursing	3,302	301	113	487	64,008	-	68,211	-	(7,110)	(18,717)	-	(25,827)	41	42,425
3,682	Supported & Other Accommodation	-	-	-	-	4,337	-	4,337	-	(459)	-	-	(459)	-	3,878
16,722	Home Care	5,457	2	327	80	16,909	-	22,775	-	(2,621)	-	-	(2,621)	65	20,219
1,852	Day Care	319	150	1	27	2,086	-	2,583	-	(228)	(645)	-	(873)	294	2,004
9,549	Direct Payments	-	-	-	-	14,563	-	14,563	(819)	(1,538)	-	-	(2,357)	-	12,206
4,804	Other Services	1,473	20	59	203	2,562	-	4,317	(98)	(1,873)	(70)	-	(2,041)	(718)	1,558
(6,565)	Fairer Charging *	-	-	-	-	-	-	-	-	-	(7,706)	-	(7,706)	-	(7,706)
484	Meals in the Community	-	-	-	464	-	-	464	-	-	-	-	-	-	464
64,314	Subtotal	10,551	473	500	1,261	104,465	-	117,250	(917)	(13,829)	(27,138)	-	(41,884)	(318)	75,048
Learning Disability Support															
30,832	Residential & Nursing	2,565	158	12	143	32,627	-	35,505	-	(820)	(2,746)	-	(3,566)	49	31,988
8,165	Supported & Other Accommodation	618	-	20	20	8,706	-	9,364	-	(215)	-	-	(215)	(246)	8,903
650	Home Care	-	-	-	-	748	-	748	-	(16)	-	-	(16)	-	732
3,666	Day Care	2,355	135	16	46	1,281	4	3,837	-	(144)	(316)	-	(460)	324	3,701
3,226	Direct Payments	-	-	-	-	3,716	-	3,716	(163)	(79)	-	-	(242)	-	3,474
2,222	Other Services	1,917	2	79	58	555	-	2,611	-	(45)	(182)	-	(227)	11	2,395
(1,089)	Fairer Charging *	-	-	-	-	-	-	-	-	-	(1,172)	-	(1,172)	-	(1,172)
47,672	Subtotal	7,455	295	127	267	47,633	4	55,781	(163)	(1,319)	(4,416)	-	(5,898)	138	50,021
Mental Health Support															
2,899	Residential & Nursing	-	-	-	-	4,229	-	4,229	-	(236)	(693)	-	(929)	-	3,300
1,979	Supported & Other Accommodation	-	-	-	-	2,273	-	2,273	-	(126)	-	-	(126)	-	2,147
348	Home Care	-	-	-	-	416	-	416	-	(23)	-	-	(23)	-	393
(183)	Day Care	-	3	-	1	978	-	982	-	(714)	(6)	(250)	(970)	-	12
786	Direct Payments	-	-	-	-	1,001	-	1,001	(37)	(56)	-	-	(93)	-	908
153	Other Services	-	-	-	-	541	-	541	-	(501)	-	-	(501)	-	40
(495)	Fairer Charging *	-	-	-	-	-	-	-	-	-	(548)	-	(548)	-	(548)
5,487	Subtotal	-	3	-	1	9,438	-	9,442	(37)	(1,656)	(1,247)	(250)	(3,190)	-	6,252

Appendix 1

Revenue Budgets - Adult Social Care

2016/17 Rebased Net Budget	Employees	Premises	Transport	Supplies & Services	Transfers & Third Party Payments	Financing & Transfers to Reserves	Total Expenditure	Government Grants	Other Grants & Contributions	Fees, Charges & Receipts	Planned use of Reserves	Total Income	Internal Recharges (exp & inc)	Net Service Expenditure
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Substance Misuse Support														
476 Other Services	-	-	-	-	589	-	589	-	(133)	-	-	(133)	-	456
476 Subtotal	-	-	-	-	589	-	589	-	(133)	-	-	(133)	-	456
Other Adult Services														
2,379 Other Services	791	5	11	1,418	2,221	-	4,446	-	(2,365)	-	(6)	(2,371)	76	2,151
50 AIDS/HIV	-	-	-	-	50	-	50	-	-	-	-	-	-	50
2,429 Subtotal	791	5	11	1,418	2,271	-	4,496	-	(2,365)	-	(6)	(2,371)	76	2,201
2,885 Equipment & Assistive Technology	50	-	-	2,712	3,787	-	6,549	-	(3,120)	(544)	-	(3,664)	-	2,885
8,192 Supporting People	166	13	4	7	7,160	-	7,350	-	-	-	-	-	642	7,992
386 Safer Communities	332	-	3	278	491	-	1,104	-	(416)	-	(306)	(722)	4	386
4,211 Assessment & Care Management	24,249	65	422	476	759	-	25,971	(52)	(1,550)	(257)	-	(1,859)	136	24,248
7,520 Management & Support	5,770	332	58	3,251	138	-	9,549	(662)	(533)	(120)	-	(1,315)	215	8,449
- Investment from East Sussex Better Together	-	-	-	-	-	-	-	-	(9,227)	-	-	(9,227)	-	(9,227)
- Adult Social Care Support Grant and Improved Better care Fund (to be allocated)	-	-	-	-	2,220	-	2,220	(2,220)	-	-	-	(2,220)	-	-
163,572 Total	49,364	1,186	1,125	9,671	178,951	4	240,301	(4,051)	(34,147)	(33,722)	(562)	(72,483)	893	168,711
* Fairer Charging is income from clients for non residential/nursing services. This represents contributions towards packages of care that may include a combination of Supported Accommodation, Home Care, Day Care, Direct Payments or Other Services.														
ESBT included above	37,521	892	798	6,779	140,819	4	186,813	(2,923)	(28,129)	(26,566)	(204)	(57,822)	500	129,491

Main changes between years	£'000
Rebased Net Budget 2016/17	163,572
Growth & Demography	9,619
Inflation	6,429
Pay award	533
Funding from ASCSG & IBCF	(2,883)

Revenue Budgets - Adult Social Care

2016/17 Rebased Net Budget	Employees	Premises	Transport	Supplies & Services	Transfers & Third Party Payments	Financing & Transfers to Reserves	Total Expenditure	Government Grants	Other Grants & Contributions	Fees, Charges & Receipts	Planned use of Reserves	Total Income	Internal Recharges (exp & inc)	Net Service Expenditure
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Savings - original target		(13,893)												
Funding from ASCSG & IBCF used to reduce savings target		2,883												
Funding from additional ASC Precept used to reduce savings target		2,451												
Savings - revised target		(8,559)												
Transfers between Departments		-												
Departmental Estimate 2017/18		168,711												

Revenue Budgets - East Sussex Better Together

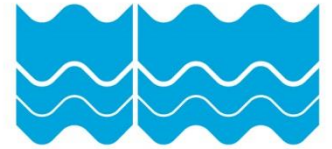
2016/17 Rebased Net Budget	Employees	Premises	Transport	Supplies & Services	Transfers & Third Party Payments	Financing & Transfers to Reserves	Total Expenditure	Government Grants	Other Grants & Contributions	Fees, Charges & Receipts	Planned use of Reserves	Total Income	Internal Recharges (exp & inc)	Net Service Expenditure
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Adult Social Care														
- Physical Support, Sensory Support and Support for Memory & Cognition	8,229	400	346	1,012	81,951	-	91,938	(502)	(10,911)	(21,403)	-	(32,816)	(284)	58,838
- Learning Disability Support	5,043	196	82	192	38,239	4	43,756	(130)	(1,000)	(3,443)	-	(4,573)	9	39,192
- Mental Health Support	-	2	-	1	7,541	-	7,544	(29)	(1,310)	(996)	(200)	(2,535)	-	5,009
- Substance Misuse Support	-	-	-	-	487	-	487	-	(106)	-	-	(106)	-	381
- Other Adult Services Total	613	4	9	1,132	1,758	-	3,516	-	(1,753)	-	(4)	(1,757)	61	1,820
- Equipment & Assistive Technology	40	-	-	1,884	2,862	-	4,786	-	(2,254)	(435)	-	(2,689)	-	2,097
- Supporting People	115	9	3	5	5,077	-	5,209	-	-	-	-	-	443	5,652
- Safer Communities	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Assessment & Care Management	19,152	52	320	376	589	-	20,489	(42)	(1,240)	(206)	-	(1,488)	123	19,124
- Management & Support	4,329	229	38	2,177	95	-	6,868	-	(328)	(83)	-	(411)	148	6,605
- Investment from East Sussex Better Together	-	-	-	-	-	-	-	-	(9,227)	-	-	(9,227)	-	(9,227)
- Adult Social Care Support Grant and Improved Better care Fund (to be allocated)	-	-	-	-	2,220	-	2,220	(2,220)	-	-	-	(2,220)	-	-
- Total Adult Social Care	37,521	892	798	6,779	140,819	4	186,813	(2,923)	(28,129)	(26,566)	(204)	(57,822)	500	129,491

Revenue Budgets - East Sussex Better Together

2016/17 Rebased Net Budget	Employees	Premises	Transport	Supplies & Services	Transfers & Third Party Payments	Financing & Transfers to Reserves	Total Expenditure	Government Grants	Other Grants & Contributions	Fees, Charges & Receipts	Planned use of Reserves	Total Income	Internal Recharges (exp & inc)	Net Service Expenditure
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Children's Services														
- Early Help & Social Care - Policy Support &	100	-	2	137	576	-	815	(156)	(23)	-	-	(179)	172	808
- ISEND	1,654	50	32	702	2,857	-	5,295	-	-	-	-	-	(849)	4,444
- Admissions & Transport	-	-	-	-	-	-	-	-	-	-	-	-	120	120
- Management & Support	209	-	2	27	9	-	247	-	(11)	(4)	-	(15)	(57)	177
- Total Children's Services	1,963	50	36	866	3,442	-	6,357	(156)	(34)	(4)	-	(194)	(614)	5,549
Public Health														
- Health Improvement Services	-	-	-	22	2,433	-	2,455	-	-	-	-	-	-	2,455
- Drug & Alcohol Services	-	-	-	-	4,210	-	4,210	-	-	-	-	-	-	4,210
- Sexual Health Services	-	-	-	19	2,817	-	2,836	-	-	-	-	-	35	2,871
- Health Visiting and School Nursing	-	-	-	-	6,049	-	6,049	-	-	-	-	-	-	6,049
- NHS Health Checks	-	-	-	-	642	-	642	-	-	-	-	-	-	642
- Other programmes and Non-	1,515	-	10	64	2,588	-	4,177	(19,313)	-	-	(1,329)	(20,642)	238	(16,227)
- Total Public Health	1,515	-	10	105	18,739	-	20,369	(19,313)	-	-	(1,329)	(20,642)	273	-
- Total East Sussex Better Together	40,999	942	844	7,750	163,000	4	213,539	(22,392)	(28,163)	(26,570)	(1,533)	(78,658)	159	135,040

Capital programme - Adult Social Care

Adult Social Care	Total Budget	Total Previous Years Spend	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Remaining Budget Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Older People's Service Improvements	536	400	25	56	55					136
Greenwood, Bexhill-on-Sea	429	423	6							6
Extension to Warwick House	7,299	7,214	85							85
Extra Care Housing - Bexhill-on-Sea	877	807	70							70
Social Care Information Systems	4,257	4,126	131							131
LLS Service Opportunities	5,112	1,418	2,890	340	240	224				3,694
Refurbishment of Facilities to meet CQC Standards	2,373	2,346	27							27
House Adaptations	2,719	719	64	468	468	250	250	250	250	2,000
Gross Expenditure	23,602	17,453	3,298	864	763	474	250	250	250	6,149
Scheme Specific Income	(1,900)	(848)	(1,052)							(1,052)
Net Expenditure	21,702	16,605	2,246	864	763	474	250	250	250	5,097



Adult Social Care and Safer Communities

Portfolio Plan 2017/18 – 2019/20

July 2017

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Our Priorities and Operating Principles

Our Priorities

The Council has set four priority outcomes:

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

Operating Principles

The Council has agreed three operating principles:

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

Portfolio Policy

Policy Overview by Lead Member(s)

1.1 Across health and social care in England there is a requirement to provide services that centre on the needs of patients and service users, to meet the rising future demand within our financial resources.

1.2 In East Sussex the population is projected to rise steadily by 0.4% each year for the next five years but there will be disproportionate growth in our over-65 population, of 9% between 2015 and 2020. While life expectancy has increased and is higher than the national average, disability free life expectancy has not increased in line with this and there are both health and social inequalities across the county.

1.3 There is an increasing prevalence of long-term conditions (LTC) and in particular a significant older population living with multiple LTCs. In 2011, 20% of people in East Sussex had a long-term health problem or disability and by 2024 this is expected to increase to around 22% of the total population. National figures show that people with LTCs, such as diabetes, account for 50% of all GP appointments, 64% of outpatient appointments and 70% of all inpatient bed days and consume 70% of the total health and care spend.

1.4 Leaving the system 'as is' is not an option. Locally, across Health and Social Care we face an anticipated funding gap of over £200 million by 2020 if things remain unchanged.

1.5 As per our published medium term financial plan, the Adult Social Care and Health Department have to deliver £30m of savings between 2017/18 - 2018/19.

1.6 This Portfolio Plan describes our local response to the challenges outlined above. East Sussex Better Together (ESBT), our health and social care integration programme across the Eastbourne, Hailsham & Seaford (EHS) Clinical Commissioning Group (CCG) and Hastings & Rother (HR) CCG areas has made significant progress. In addition, this plan describes our work with Connecting 4 You (C4Y), the new partnership between the High Weald Lewes Haven (HWLH) CCG, East Sussex County Council and voluntary and community organisations. It aims to transform local health and care services in HWLH in order to overcome the challenges that prevent them from best meeting the needs of local people, and from being sustainable.

1.7 In November 2016 the Council's Cabinet agreed the proposals to develop a whole system model of Accountable Care (ACM) that incorporates primary prevention, primary and community care, social care, mental health, and acute and specialist care. In line with this, East Sussex Healthcare NHS Trust and Sussex Partnership NHS Foundation Trust formally joined the ESBT Programme Board in September 2016, enabling a full alliance between commissioners and providers.

1.8 The East Sussex Safer Communities Partnership continues to deliver positive outcomes for local people against a diverse and challenging agenda. New priority areas of work are being taken forward in response to our local strategic assessment and stakeholder engagement activity. Serious and Organised Crime will be a particular focus including the identification of vulnerable adults at risk of fraud and rogue trading and develop targeted preventative support; a focus on cyber bullying and online safety; early preventative work in relation to organised crime and the exploitation of young people; and gaining a better understanding of the risk of modern slavery.

1.9 We are working effectively in partnership to make the best use of resources and to access national funding opportunities. We are submitting a joint bid with Brighton & Hove City Council to the Department of Communities and Local Government (DCLG) for funding for specialist accommodation based support for domestic abuse services. We are also

submitting a Pan-Sussex bid for DCLG funding for focused work on homelessness and rough sleeping prevention.

1.10 We design and deliver our local health and social care services in the context of national policy developments. A significant part of the 2014 Care Act, which included a cap of £72,000 on care costs, was due to come into force in April 2016. In response to the concerns about timescales and costs by many stakeholders, this part of the Act has now been delayed until April 2020. At the time of writing it is not known whether this part of the Act will be introduced by Government and we will need to ensure we are ready to implement the changes if it does.

1.11 Overall, whilst the financial and service challenges across Adult Social Care and Community Safety continue to be significant, complex and challenging, I have confidence in our ability to work in partnership to continue to deliver and commission high quality services and support for our local population.



Councillor Bill Bentley

Lead Member for Adult Social Care and Community Safety

Delivering the Priority Outcomes

2.1 In 2014, we recognised the scale of the financial challenge facing the NHS, Adult Social Care, Public Health and Children's Services across the county required a fundamentally different approach to our joint work with Health and other partners. In response, across EHS and HR CCG's, we have been working collaboratively since 2014 to implement ESBT. The ESBT programme was initiated to deliver fully integrated health and social care services and a sustainable local health and social care economy for future generations.

2.2 Within the HWLH area the Council will continue working with the CCG to develop the jointly agreed C4Y programme. C4Y is the transformation programme being developed in partnership between the HWLH CCG and the Council.

2.3 As we continue to develop our partnership and integrated working arrangements with Health, we have to ensure that our practice, policies and procedures are compliant with the requirements of the 2014 Care Act. For example, we need to ensure we always have a person's wellbeing in mind when making decisions about them or planning services. All aspects of a person's wellbeing need to be given equal importance, including personal dignity, physical health, mental health and emotional wellbeing.

2.4 Our partnership and integrated working with Health and other partners enables us to deliver against the Council's priority outcomes. We are committed to collaborative working between agencies to safeguard adults from abuse and neglect and ensuring the views of people who use care and support services and their carers are taken into account when developing safeguarding policy and practice.

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

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

2.7 In terms of managing our resources, as part of the Reconciling Policy, Performance and Resources (RPPR) process, an integrated Strategic Investment Plan for the commissioning of health and social care has been developed with our ESBT partners. The Strategic Investment Plan was agreed by Cabinet and includes setting up a pooled budget for all ESBT Health and ASC resources, Public Health provision and elements of Children's Services (at this stage disability services and mental health). The work is being undertaken with partners, including the local NHS providers, senior District and Borough Council housing officers and the voluntary and community sector.

2.8 Beyond the Strategic Investment Plan, there is a requirement for Adult Social Care and Health to deliver savings in accordance with the Council's medium term financial plan. The savings proposals and their delivery will be managed through the council's RPPR process.

Keeping vulnerable people safe

2.9 ASC and the Safer Communities partnership play significant roles in ensuring vulnerable people are kept safe. With regards to safeguarding adults, the local authority plays a lead role in coordinating the safeguarding process. We, along with other members of the SAB will work together to develop a culture that does not tolerate abuse, neglect or

exploitation. We will seek to raise awareness about safeguarding adults and wherever possible will act to prevent abuse, neglect or exploitation from occurring in the first place.

2.10 Learning and development is a key part of the work of the SAB. Quality assurance activity in ASC includes analysis of audits and feedback from stakeholders. It is essential that we allow the voice of clients, carers and the local community to be heard in safeguarding policy and practice. The Safeguarding Development Team undertake regular reviews consisting of threshold audits (to ensure cases are appropriately taken forward into an enquiry where required), full case audits, deprivation of liberty safeguards (DoLS) audits, and safeguarding plan audits.

2.11 The Clients & Carers Safeguarding Advisory Network enables two-way communication and exchange of information between the SAB and clients and carers to improve safeguarding experiences and inform policy development. The network has expanded its membership to include organisations that support and represent people with disabilities, mental ill health and learning disabilities, together with older adults and carers.

2.12 It is evident that as we move forward, the broader threat of exploitation is something that should be considered within the field of community safety. Many of the threats identified within the Strategic Assessment of Community Safety 2016 crossover into the sphere of exploitation of both vulnerable adults and young people, and it is clear that these should 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.

2.13 Sustaining existing work within the partnership, such as the Safe Place Scheme, and developing new relationships with the voluntary sector is of particular importance to ensure that we are supporting vulnerable individuals in the community and helping them feel safe and confident when out and about.

Helping people help themselves

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

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

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

2.17 When self-care isn't an option and people need to contact us for support, we want to make sure this process is as smooth and as efficient as possible. To support this we are implementing an online portal that enables potential clients to complete assessments and referrals online. In 2016/17 we made the Appearance of Need Screening Tool (a tool that supports decision making as to whether an adult with presenting needs would benefit from further assessment when making contact with ASC) and full carer's assessment available and plan to develop this further in the coming year.

2.18 TeleCheck is a proactive, personal telephone service to ensure that adults are supported to live safely and securely in their own community and are provided with information to maintain their wellbeing. It offers a schedule of real time telephone calls, for up to six months, for eligible clients who need support to live independently. TeleCheck can also

help clients when there are concerns about self-neglect, anxiety, low level depression or loneliness, and can assist in establishing a routine for clients after a change in medication or discharge from hospital.

2.19 Strong communities are really important for good health and wellbeing. Research proves strong communities are not just a 'good thing' – they actually keep people active and well. To help build stronger communities, the Community Resilience programme focusses on the strengths of communities in East Sussex, and the energy of the people. One of the ways we are growing stronger and more resilient communities is through the introduction of Community Link Workers.

2.20 Locality Link Workers are key members of our integrated health and social care teams. They work alongside local voluntary and community organisations as a key point of contact and provide support to make sure that the links between community organisations and locality teams work well. They help to identify the assets in local communities (buildings, people and key businesses) and make sure that locality staff are aware of these.

Making best use of resources

2.21 The delivery of ESBT is heavily reliant on shifting resources away from hospital and into community based care and promoting prevention and health and wellbeing to reduce demand. The NHS introduced a new planning process in 2016/17 and there is a requirement to develop a Sustainability and Transformation Plan (STP) for Sussex and East Surrey. ESBT has been accepted within the STP as the agreed model for place based planning. There will be a need moving forward to ensure that ESBT continues to be recognised by the STP and NHS England as the most effective way to ensure clinical and financial sustainability across health and social care services.

2.22 To ensure that we make fully integrated decisions about the collective use of the available £846 million health and social care funding to deliver the best possible outcomes and return on investment, we have agreed a single strategic planning and commissioning process across the Council and the CCGs for investment in health and social care services in 2017/18. This is a significant step forward in planning collectively for our shared resources and reflects the need to make unified decisions about priorities to get best value.

2.23 Within the HWLH area the Council will continue working with the CCG to develop the jointly agreed C4Y programme. Consideration will be given in future years to how population based commissioning can be fully integrated, pooled budgets further developed and proposals for joint services drawn together within a communities of practice model. For 2017/18 we will continue to work with the CCG to align our plans as we have in previous years, but because this is not full integration, the service offer in this part of the county will be different.

Forward Plan

3.1 As already highlighted, the department has to make significant levels of savings between now and 2019 and these savings are simply not possible if we were to maintain the status quo. Because of this, we are working collaboratively with the CCG's in East Sussex to find ways of making the most of the resources we have available.

3.2 The increased emphasis on partnership working across ASC brings with it a number of new challenges. The department is no longer solely responsible for the delivery of many of the proposed work streams and as a result, we will have to change the way in which we performance manage these projects whilst maintaining our accountability for their delivery.

3.3 Due to the complex demographic and geographical variances that affect the delivery of health and social care support across the county, two programmes have been established to meet the differing demands of the population, ESBT and C4Y.

East Sussex Better Together

3.4 Within Eastbourne, Hailsham & Seaford CCG and Hastings & Rother CCG, we have been working collaboratively since 2014 to implement ESBT. This programme is delivering system change in the way health and social care is provided by developing integrated and sustainable services that prevent and manage diseases through proactive care, and developing community-based crisis response schemes that integrate services across organisational boundaries.

3.5 Examples of changes we have delivered include:

- Health and Social Care Connect (HSCC), the fully integrated point of contact for adult community health and social care services in East Sussex, has gone live. It has been commissioned through the ESBT and the C4Y programmes. The service is now open to professionals 7 days per week, from 8am until 10pm and the public access hub have extended their hours to 8am until 8pm.
- We have established a single front door for referrals for Children's social care and non-statutory early help, linked to Child and Adolescent Mental Health Services (CAMHS), so that referrals to CAMHS can be redirected, where possible without referrers needing to re-refer.
- A new urgent care service model has been designed that includes the provision of new urgent care hubs at the front of emergency departments and extends access to community-based seven-day urgent care services.
- We have launched a new crisis response service to prevent unnecessary hospital admission by providing urgent assessment and provision of community nursing care, in people's own homes. The service is made up of a team of Nurse Practitioners, Healthcare Assistants, Occupational Therapists, Physiotherapists and night sitters.

3.6 As mentioned above, Community Link Workers have been appointed as part of the community resilience work. The role of the Link Workers includes:

- creating strong links between community support and locality teams;
- identifying gaps and solutions in links within communities and with locality teams;
- Strengthening and supporting community groups and organisations to enable them to be inclusive to people who experience health inequalities and people with care and support needs; and
- developing community based services and support.

3.7 Operationally, one of the most significant changes is the introduction of six Integrated Locality Teams. These teams will include doctors, nurses, therapists and psychologists working alongside social workers and others to provide care and support that meets the specific needs of the local population. By bringing such a wide range of professions together we will be able to share knowledge, skills and expertise and provide holistic care without the duplication that currently occurs.

3.8 In addition to operational changes and developing new methods of service delivery, another significant development has been the creation of a Strategic Investment Plan. This plan defines the key developments that will take place through 2017/18 and beyond and highlights the benefits of having one pooled health and social care budget to meet the needs of our local population. More specifically, the plan:

- Sets out how we will spend the pooled health and social care budgets (currently £846m) and identifies a range of schemes which will mitigate increasing demands on services. These schemes will change the way care is delivered, leading to efficiencies in operational costs, reductions in admissions to hospital, improvements in triage and assessment capacity.
- Describes how we plan to invest in services to shift the balance of service provision from reactive hospital based care to proactive primary and community care. Further details on the benefits of being able to spend the combined budget are provided below.

Accountable Care

3.9 Across ESBT partners there is a clear consensus on the need to build a whole system ACM that incorporates primary prevention, primary and community care, social care, mental health, and acute and specialist care. In line with this, East Sussex Healthcare NHS Trust and Sussex Partnership NHS Foundation Trust formally joined the ESBT Programme Board in September 2016, enabling a full alliance between commissioners and providers.

3.10 The new model will involve changing the local system from one of separate organisations to managing the way we pay for and deliver health and social care on an integrated, system-wide basis, based on delivering the outcomes that matter to local people rather than, as currently, based on activity.

3.11 The ACM will mean evolving the working arrangements of commissioners and providers and other partners. This will be important to ensure the new integrated delivery vehicle has the freedom to define the detail of the service model and how providers would work together to deliver this, as well as the operating model and partnership arrangements. The freedom would however be dependent on delivery of the outcomes specified by the Council and CCGs.

3.12 In order to encourage more coordinated care between health and care providers, an ACM will have to bring together a range of services that currently sit across a number of different organisations. Local discussions have taken account of the need to develop and agree an organisational form, and also decide how the prospective ACM will relate to GP practices, other staff groups, and providers in the independent and voluntary sector, as well as the communities where they provide services. The 2017/18 transition year will allow us the opportunity to test and evaluate the options available to us on organisational form, in addition to undertaking more detailed work on governance and support arrangements. The options that will be explored are:

- using NHS legislation to establish a new NHS Trust Board, to include social care and Public Health Provision;
- partners on the ESBT Programme Board forming a limited company or Limited Liability Partnership (LLP) e.g. forming a corporate joint venture to deliver the single contract for the whole population; and

- other organisational models such as Community Interest Companies and Mutual Companies.

3.13 It is considered that the most effective way to develop the evidence base further in East Sussex is to have a transition year of Accountable Care through forming a commissioner provider alliance. This would be made explicit through an agreement that sets out the operating arrangements between the ESBT programme partners and allows us to test and develop:

- the optimum population base for capitation and the devolution of budgets to localities;
- the phasing of the introduction of a capitation payment mechanism;
- the methodologies for organisational and individual incentives to deliver the outcomes; and
- what the funding and contracting model should be with primary care, voluntary and community organisations and the independent care sector.

3.14 Part of moving to a whole system ACM involves developing an Outcomes Framework based on the outcomes that matter to local people. Because we will be working as one unified health and care system in the future, we will need a framework that enables us to measure outcomes and improvements being made across patient and client experience, service quality, population health and use of resources so that patients, clients, carers and the public can see how we are doing as a system. We have been developing a framework in consultation with the public, staff and partner organisations and we will use the transition year to test the framework. It must be accessible to all, and we aim to deliver regular public reports on how well the system is working in a clear and transparent way to incentivise improvements

Connecting 4 You

3.15 C4Y is a partnership between the NHS, the Council and voluntary and community organisations to transform local health and care services in the HWLH area. It aims to overcome the challenges preventing delivery of sustainable NHS and social care services that meet the needs of local people.

3.16 C4Y partners include:

- NHS HWLH CCG;
- East Sussex County Council;
- Sussex Community NHS Foundation Trust;
- Sussex Partnership NHS Foundation Trust; and
- Healthwatch East Sussex.
- **Geography** – HWLH is a large area without an acute hospital, meaning patients have to travel to one of three neighbouring acute hospitals. This complicated patient flow has not always been recognised by local services.
- **Local needs** – The population of HWLH is older than average, with an increasingly large proportion of frail people with complex needs. There are also health inequalities across the area due to pockets of poverty and associated ill-health within a generally prosperous area. No single organisation will be able to meet the needs of the population and improve health, wellbeing and independence. This must be achieved in partnership.

3.17 Often, patients struggle to understand their health and care services, as different organisations are responsible for different stages of their care. Better outcomes for the people of HWLH could be achieved through bringing together the range of services that meet their needs.

3.18 Services will be better coordinated and more flexible to meet local needs if they are planned and delivered across organisational boundaries. This is known as 'place-based

integrated care'. To achieve 'integrated care', C4Y will build on existing partnerships and develop new relationships to deliver Communities of Practice; local integrated teams, which will involve the range of people working in the community. These people will work together to meet individual needs, to help people who need services to navigate the complex system, and to coordinate services and support to make sure that they have the best chance of living independently in their own homes for as long as they can.

3.19 The programme also involves patients, carers, independent and voluntary sector organisations, and other NHS acute and community trusts that operate in HWLH.

3.20 Consideration will be given in future years to how population based commissioning can be fully integrated, pooled budgets further developed and proposals for joint services drawn together within a communities of practice model. For 2017/18 we will work with the CCG to align our plans, as we have in previous years, but because this is not full integration, the service offer in this part of the county will be different as will be the proposals for identifying savings.

Performance data and targets

Performance Measures CP = Council Plan HWS = Health & Wellbeing Strategy	2015/16 Outturn	2016/17 Target	2016/17 Outturn*	2017/18 Target	2018/19 Target	2019/20 Target
National outcome measure: Proportion of people whose transfer of care from all hospitals is delayed due to Adult Social Care, per 100,000 population	3.34	2.30	6.56	5.6	5.6	5.6
Number of hospital bed days lost due to delayed transfers from hospital care (monthly average) CP	New measure	New measure	3,136	To be set pending national targets	To be set pending national targets	To be set pending national targets
Number of hospital bed days lost due to delayed transfers from hospital care due to Council social services (monthly average) CP	New measure	New measure	1,064	To be set pending national targets	To be set pending national targets	To be set pending national targets
Number of hospital bed days lost due to delayed transfers from hospital care due to local NHS (monthly average) CP	New measure	New measure	2,022	To be set pending national targets	To be set pending national targets	To be set pending national targets
Increase the proportion of service users discharged from the Joint Community Rehabilitation Service that do not require on-going care	77%	65%	76%	65%	65%	65%
Increase the number of providers registered with Support With Confidence CP	146 providers	10% increase on 15/16 outturn	174	192 increase on 2016/17 outturn	10% increase on 2017/18 outturn	10% increase on 2018/19 outturn
National outcome measure: The proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey) CP	86.9%	87%	83.6%	≥83.6%	≥83.6%	≥83.6%
National outcome measure: Proportion of working age adults and older people receiving self-directed support CP	100%	100%	100%	100%	100%	100%
National outcome measure: Proportion of working age adults and older people receiving direct payments CP	35.6%	42%	33.3%	34%	34%	34%
The proportion of people who received short-term services during the year, where no further request was made for ongoing support CP	90.5%	>88%	97.6%	>90.5%	>90.5%	>90.5%
Increase the proportion of clients who find it easy to find information about services (Adult Social Care Survey)	76.2%	76.3%	79.4%	≥79.4%	≥79.4%	≥79.4%
Number of carers supported through short-term crisis intervention CP	New measure	675	688	750	750	750
National outcome measure: Proportion of people who use services, who reported that they had as much social contact as they would like (Adult Social Care and Carers Survey)	42.6%	45%	51.3%	≥51.3%	≥51.3%	≥51.3%
National outcome measure: Self-reported experience of social care users quality of life (Adult Social Care Survey)	19.5	19.5	19.9	≥19.9	≥19.9	≥19.9
National outcome measure: The proportion of people who use services who have control over their daily life (Adult Social Care Survey)	79.6%	79.6%	83.6%	≥83.6%	≥83.6%	≥83.6%
National outcome measure: Overall satisfaction of people who use services with their care and support (Adult Social Care Survey)	66.7%	66.8%	69.9%	≥69.9%	≥69.9%	≥69.9%

Performance Measures CP = Council Plan HWS = Health & Wellbeing Strategy	2015/16 Outturn	2016/17 Target	2016/17 Outturn*	2017/18 Target	2018/19 Target	2019/20 Target
Improve the experience for people with mental health conditions arising from NHS mental healthcare: satisfaction rates	80.3%	80% of respondents 'positive'	88%	80% of respondents 'positive'	80% of respondents 'positive'	80% of respondents 'positive'
Improve the experience for people with mental health conditions arising from NHS mental healthcare: proportion likely to recommend	52.2%	50% 'extremely likely' to recommend	62.8%	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend
Improve the outcomes for people with mental health conditions arising from NHS mental healthcare: number of people entering treatment	>7,500	7,500	8,216	7,500	7,500	7,500
Improve the outcomes for people with mental health conditions arising from NHS mental healthcare: percentage of people completing treatment	48%	50%	53.2%	50%	50%	50%
Improve the outcomes for people with mental health conditions arising from NHS mental healthcare: waiting times	60% within 6 weeks & 97% within 18 weeks	75% within 6 weeks & 95% within 18 weeks	91% within 6 weeks & 99% within 18 weeks	75% within 6 weeks & 95% within 18 weeks	75% within 6 weeks & 95% within 18 weeks	75% within 6 weeks & 95% within 18 weeks
% of referrals starting intervention within required timescales as per their priority level following discharge CP	New measure	Establish baseline	63.2% (Joint Community Rehabilitation) 87.9% (Nursing Service)	i) 65% interventions for Joint Community Rehabilitation started within their required timescales ii) 88% referrals for the Nursing Service met target against the 4 priority levels	i) 65% interventions for Joint Community Rehabilitation started within their required timescales ii) 88% referrals for the Nursing Service met target against the 4 priority levels	i) 65% interventions for Joint Community Rehabilitation started within their required timescales ii) 88% referrals for the Nursing Service met target against the 4 priority levels
Health and Social Care Connect - % of referrals triaged and progressed to required services within required timescales CP	New measure	95%	90.4%	95%	95%	95%
Health and Social Care Connect - % of contacts resolved at initial contact CP	New measure	Level 1 - >70% Level 2 - <2%	Go live date for referral system postponed	HSCC Access contacts - >70% HSCC Health contacts - <2%	HSCC Access contacts - >70% HSCC Health contacts - <2%	HSCC Access contacts - >70% HSCC Health contacts - <2%
Commission new service capacity to achieve diagnostic rate of 67% of the estimated local prevalence of dementia CP	59.8%	67%	62.3%	67%	67%	67%
Number of people receiving support through 'STEPS to stay independent' CP	2,813	3,500	3,521	3,500	3,500	3,500
National outcome measure: Achieve independence for older people through rehabilitation/ intermediate care	90.7%	>90%	90.5%	>90%	>90%	>90%
Number of adults with learning disabilities who live in their own home or with their family	869	871	946	950	955	960
The proportion of young people aged 16-25 in receipt of self-directed support	100%	80%	71%	80%	80%	80%
East Sussex Better Together: Develop and implement Care Home Plus to support hospital discharge CP	New measure	New measure	New measure	90 beds	To be set once 2017/18 outturn known	To be set once 2017/18 outturn known
East Sussex Better Together: Recruit Integrated Support Workers to support hospital admission avoidance and timely hospital discharge CP	New measure	New measure	New measure	68	To be set once 2017/18 outturn known	To be set once 2017/18 outturn known
East Sussex Better Together: Enhance the delivery of Technology Enabled Care Services (TECS) more rapidly and more widely across areas including falls; frailty; crisis response; medication management, to avoid hospital admissions or re-admissions. CP	New measure	New measure	New measure	Establish baseline	To be set once 2017/18 outturn known	To be set once 2017/18 outturn known

East Sussex Better Together

Revenue Budget £000			
Revenue Breakdown	2015/16	2016/17	2017/18
Gross Budget (A)	n/a	n/a	187,313
Government Grants (B)	n/a	n/a	(2,923)
Fees and Charges (C)	n/a	n/a	(26,566)
Other Income (D)	n/a	n/a	(28,333)
Net Budget (A-B-C-D)	n/a	n/a	129,491

Connecting for You

Revenue Budget £000			
Revenue Breakdown	2015/16	2016/17	2017/18
Gross Budget (A)	n/a	n/a	52,773
Government Grants (B)	n/a	n/a	(1,128)
Fees and Charges (C)	n/a	n/a	(7,156)
Other Income (D)	n/a	n/a	(5,654)
Net Budget (A-B-C-D)	n/a	n/a	38,835

ASC Summary

Revenue Budget £000			
Revenue Breakdown	2015/16	2016/17	2017/18
Gross Budget (A)	220,661	218,599	227,270
Government Grants (B)	(3,548)	(1,053)	(1,168)
Fees and Charges (C)	(32,253)	(28,963)	(33,547)
Other Income (D)	(27,566)	(25,397)	(24,229)
Net Budget (A-B-C-D)	157,294	163,186	168,326

* The figures above do not include the £11.0m additional funding for Adult Social Care announced in the Budget Statement on 8th March 2017.

Capital Programme £000							
Project	Description		Total for Scheme	Previous Years	2017/18	2018/19	2019/20
Older People's Service Improvements (formerly Opportunities)	Development of service improvements	Gross & Net*	536	425	56	55	-
LD Service Opportunities	Funding to support the review and development of LD accommodation and day services	Gross	5,112	4,308	340	240	224
		Net	2,408	2,408	-	-	-
House Adaptations	Continuing programme to fund over and above disabled facilities grant to adapt properties to enable people to stay in their own homes	Gross & Net*	2,719	783	468	468	250**

*Fully funded by ESCC. ** Project extends beyond 2019/20.

Safer Communities

4.1 The Modern Crime Prevention Strategy was published by the Home Office in March 2016 and 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 outlined within the strategy represent the start of a fundamental 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 members of organisations like Neighbourhood Watch.

4.2 To ensure the Safer East Sussex Partnership is embracing this 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.

4.3 Last year, there was a fundamental shift in the way we undertook our strategic assessment and business planning processes. We held an engagement event in May and talked to 140 people, from directors to services users, who work, live and support various people in East Sussex, about what they felt the main community concerns were 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 preventative 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

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

- Develop a partnership approach to preventing violent extremism by strengthening community resilience and building more cohesive communities
- Biannual Confidential Inquiry into Drug Related Deaths and associated actions
- Production of a Drug and Alcohol Strategy
- Recommissioning of the East Sussex Drug and Alcohol Service
- Development of a partnership offending plan that looks at areas of concern that have been identified
- Reviewing the local domestic abuse strategy
- Continued delivery of the Multi-Agency Risk Assessment Conference (MARAC) and contributing to the delivery of a 'Second Generation' MARAC model
- Piloting the Women's Aid 'Ask Me' scheme
- Ensuring there are consistent care pathways delivered by a skilled workforce in relation to violence and abuse

4.5 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 will provide support where appropriate.

4.6 The partnership 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.

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

4.7 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 isolation.

4.8 Following Sussex Police's production of an East Sussex Serious Organised Crime Local Profile, the East Sussex Safer Communities Partnership chose this area as a priority for 2016/17 and has agreed to continue with the direction of work for 2017/18.

4.9 The Scams Working Group, was established to bring together representatives from statutory agencies with the responsibility for protecting vulnerable victims of fraud. Since its inception, the Scams Working Group has helped colleagues gain an advanced understanding of different organisational frameworks to promote partnership working and the group successfully assisted in targeting and focusing the use of partners' resources. Now that partnerships are working effectively outside of the working group and there have been many developments in the county in the fight against scams, the Scams Working group will evolve to a bi-annual networking and engagement event. This will provide a platform for all partners to showcase their work against scams and continue networking and information sharing in East Sussex. The Scams Network & Engagement Event will maintain the key themes of the working group; intelligence, prevention and victim support. Each networking and engagement event will incorporate a facilitated forum to test practice, share operational procedures, share results of surveys and plan strategies.

4.10 We will also be working with the East Sussex Against Scams Partnership to protect and prevent the residents of East Sussex from becoming victims of scams. We will be urging organisations, businesses, clubs, charities and others to 'Take a Stand against Scams' and sign up to a charter pledging actions to help raise awareness of this harmful crime.

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

4.11 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. Recent estimates published by the Office for National Statistics suggest there could be as many as 2.5m cyber-crimes per year in this country.

4.12 With advancements in technology come additional risks, such as cyber bullying, which can happen 24 hours a day, 7 days a week and can go viral very fast. Cyber bullying is also part of the much wider issue of exploiting the vulnerabilities of young people, which also includes threats such as grooming, child sexual exploitation and even radicalisation.

4.13 Cyber Bullying and Hate Crime Awareness Training is being offered to all primary schools in East Sussex. Subjects covered in these sessions include equality and diversity, cyber bullying and criminal responsibility.

4.14 Cyber-crime remains under-reported so we will be undertaking further research to gain a better understanding of this area of work. We will also work with the Local Safeguarding Children's Board to ensure a multi-agency approach to online safety for children, young people and families.

4.15 We are also looking at adapting Think, Protect, Connect, a digital resilience and critical thinking programme which has been developed to counter violent extremism and radicalisation, to equip young people with improved skills and online behaviours.

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

4.16 In the summer of 2015 the Gang and Youth Violence team within the Home Office published a report that identified a growing body of intelligence, emerging in particular from London and the South East, that vulnerable young people are being exploited in order to facilitate the running of street level drug dealing within 'county lines'. A 'county line' describes a situation where an individual, or more frequently a group, establishes and operates a telephone number outside of their normal locality in order to sell drugs directly to users at street level. A 'county lines' enterprise almost always involves exploitation of vulnerable people, which can involve both children and adults who require safeguarding.

4.17 Following the production of the Serious Organised Crime Local Profile by Sussex Police in conjunction with the Safer East Sussex Team, we will continue to work together to gain a better understanding of this area of work by supporting increased working between police, local authorities and other agencies to ensure that the full range of powers and all available information is brought to bear against the threat of serious organised crime.

4.18 We will look for further opportunities for law enforcement and partners to engage in preventative work in relation to organised crime, particularly where young people might be vulnerable to being drawn into organised theft or supporting the trafficking and supply of controlled drugs.

4.19 We will also explore the potential for collaborative working with Children's Services in relation to targeted communication work.

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

4.20 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.

4.21 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.

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

4.23 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, which will look at the following:

- Understand the picture of Modern Slavery across Sussex
- Improve awareness and availability of information on slavery
- Develop a Sussex Care Response Pathway
- Develop and deliver a consistent anti-slavery training programme for Sussex
- Learn from activity at a local level e.g. the Hastings Anti-Trafficking Hub

Commissioned Services

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

4.25 East Sussex continues to work with Brighton & Hove City Council and other commissioners to deliver a shared specialist service for victims/survivors of domestic and sexual abuse. This remains supported by a pooled budget. The Specialist Domestic and Sexual Abuse Service is led by Refuge, Information Support and Education (RISE) in partnership with Survivors Network and Change, Grow, Live.

4.26 The Safeguarding with Intensive Family Treatment service (SWIFT) is a specialist family service which is delivered through Children's Services. SWIFT provides a specialist service for families with adults who have a drug or alcohol treatment need who are involved with Children's Services.

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

4.28 The Drug and Alcohol Recovery Team (DART) is an integrated service within Lewes prison that is funded by NHS England. DART provides clinical and psychological support to all prisoners requiring support at Lewes prison. The Rehabilitation for Addicted Prisoners Trust (RAPT) have recently been commissioned by NHS England to deliver substance misuse services at Lewes prison including a specific remit to address issues around the National Probation Service (NPS).

Drug and Alcohol Action Team (DAAT)

4.29 While we remain keen to reduce the crime, anti-social behaviour and social harms caused by substance misuse there has been a shift in the drug and alcohol agenda, with a greater focus now being on developing and sustaining recovery communities within the county. We are also looking to change the emphasis from bedded care and residential rehab to community detox and peer support for people in recovery.

4.30 To support this ethos, an East Sussex Drug and Alcohol Innovation Fund was made available for pioneering work and in total, eight projects were funded and will each run for two years. The projects will be supported by the Community Development Officer as they are rolled out in different areas of the county. The Officer will support with promotion, referrals and partnership working between all projects which benefit the recovery community.

4.31 The drug and alcohol treatment service that covers the county will be recommissioned during 2017/18.

Developing relationships with volunteers and working with the voluntary sector

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

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

- assistance from the voluntary sector in rolling out Safe Place Schemes across East Sussex;
- working collaboratively with the voluntary sector to deliver targeted prevention programmes for young people within the county;
- the 'Ask Me' scheme, which aims to provide more opportunities for survivors of domestic violence and abuse to access help from their local community;
- the Champions Network which aims to strengthen community and agency responses to domestic violence and abuse, sexual violence and violence against women and girls;
- developing opportunities with the Prince's Trust for them to be actively involved in our priority areas of work; and
- with the assistance of our Community Development Officer, we will continue to support mutual aid groups that assist those in recovery from drug and alcohol dependence in the county.

Performance data and targets

Performance Measures CP = Council Plan HWS = Health & Wellbeing Strategy	2015/16 Outturn	2016/17 Target	2016/17 Outturn*	2017/18 Target	2018/19 Target	2019/20 Target
At exit from the specialist domestic abuse and sexual violence service (Portal), the % of those affected by domestic violence and abuse who are better able to cope and / or have improved self-esteem (CP)	New measure	80%	77%	80%	80%	80%
At exit from the specialist domestic abuse and sexual violence service (Portal), the % of those affected by rape, sexual violence and abuse who are more in control of their lives and / or more optimistic about the future (CP)	New measure	80%	78%	80%	80%	80%
Deliver Hate Crime and Cyber bullying awareness training to all those primary schools who have taken up the offer of training	New measure	New measure	N/A	100% of schools who have accepted the offer of training	To be set once 17/18 outturn is available	To be set once 17/18 outturn is available
Deliver Think, Protect, Connect, the digital resilience programme to 10 targeted primary schools in East Sussex	New measure	New measure	N/A	Deliver training to 10 targeted primary schools	To be set once 17/18 outturn is available	To be set once 17/18 outturn is available
The number of people in recovery in East Sussex who access Mutual Aid activities	New measure	Establish a baseline	2,925	Improve on 2016/17 outturn	To be set once 17/18 outturn is available	To be set once 17/18 outturn is available

Revenue Budget £000			
Revenue Breakdown	2015/16	2016/17	2017/18
Gross Budget (A)	753	723	1,107
Government Grants (B)	-	-	-
Fees and Charges (C)	-	-	-
Other Income* (D)	(337)	(337)	(722)
Net Budget (A-B-C-D)	416	386	385

Capital Programme £000						
Project	Description	Total for Scheme	Previous Years	2017/18	2018/19	2019/20
Project name	No Projects	Gross	-	-	-	-
		Net	-	-	-	-

*Fully funded by ESCC. ** Project extends beyond 2019/20

Net Revenue Budget Summary

Net Revenue Budget £000			
Service Area	2015/16	2016/17	2017/18
Adult Social Care	157,294	163,186	168,326
Safer Communities	416	386	385
TOTAL	157,710	163,572	168,711

* The figures above do not include the £11.0m additional funding for Adult Social Care announced in the Budget Statement on 8th March 2017.

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Adult Social Care: outside ESBT SIP			Gross budget *	Savings
			2016/17	2018/19
Service description	Description of savings proposal	Impact assessment	£'000	£'000
Carers	Stop Adult Social Care contribution to the Better Care Fund	Potential reduction in total funding available for Carer support and services. Direct impact on carer support and therefore Carers ability to continue in their caring role which is likely to result in increased demand and cost pressure on the Community Care budget	1,141	136
Supporting People	Review Supporting People funding for floating housing support services: Home Works for people aged 16-64 and STEPS for people aged 65 and over	Potential reduction in funding will directly impact vulnerable people with housing support needs, including those who have a disability. The services support people who are homeless or at risk of homelessness to achieve and maintain suitable accommodation and build resilience. The impact would be broadly the same on people of all ages as removal of support to people who are homeless or at risk of homelessness is not age specific. Clients with multiple and complex needs are prioritised and vulnerability, need and risk of homelessness are key determinants of eligibility.	1,681	795
Substance Misuse	Review Substance Misuse Contracts	Potential impact on the following areas of work and activity listed below from a 20% reduction in funding. Impacts would also include reduced co-ordination of services and support for people in treatment and recovery who are often very vulnerable and living volatile lifestyles. <ul style="list-style-type: none"> •Coordinating the countywide implementation of the national drug and alcohol strategies •Producing drug and alcohol needs assessments •Commissioning recovery focused drug and alcohol treatment and support services •Coordinating partnership activity aimed at promoting good health and reducing drug and alcohol harm 	68	21
Commissioned Services				952

Adult Social Care: outside ESBT SIP			Gross budget *	Savings
			2016/17	2018/19
Service description	Description of savings proposal	Impact assessment	£'000	£'000
Management and Support	Review of Training and Development; Staffing structures within Strategy, Commissioning, Planning, Performance & Engagement, and Contracts and Purchasing Unit	Review of the provision and access to training and development, with potential impact on support and training to operational staff. Review of staffing and capacity across Strategy and Commissioning, Planning Performance & Engagement and Contracts and Purchasing. Potential impact on staffing numbers.	3,184	716
Management and Support	Assessment and Care Management Staffing; Complaints Unit	Review of staffing levels and support available to operational services including operational guidance; translation of national policy into local practice; Review of capacity to respond to complaints in a timely manner.		57
Management and Support				773
Older People Services	Review Day Centre Services	Potential impact on individuals using these services. Reduced access to services for some people in some rural areas, negative impact on independent living and distress caused by changing provision, potential loss of friendship networks, and increased stress for carers.	203	69
Other Adults	Review Discretionary East Sussex Support Scheme (DESSS)	Potential impact on local residents facing temporary financial hardship where the need cannot be met any other way and there is a significant risk to a person's health and safety.	111	56

Adult Social Care: outside ESBT SIP			Gross budget *	Savings
			2016/17	2018/19
Service description	Description of savings proposal	Impact assessment	£'000	£'000
Learning Disabilities	Review Wealden Community Support Team	Potential impact on individuals receiving community support in their own homes and in the community. The team support individuals to undertake a range of activities within the home and community. Direct impact on people with learning disabilities to find work on a full time, part time or voluntary basis and participate in community activities	350	175
	Review Supported Employment	Potential impact on individuals receiving community support in their own homes and in the community. Direct impact on people with learning disabilities to find work on a full time, part time, voluntary, or work experience basis.	48	24
Directly Provided Services				324
Community Safety	Review funding of Community Safety	Potential impact on staffing levels. Risk to partnership arrangements; funding domestic abuse and other partnership funded services. Potential impact on vulnerable individuals in the local community.	723	208
Community Safety				208
Other	Adjustment for additional funding announced in 2017 Spring budget - to be mapped.			102
				2,359

* The gross budgets shown reflect the areas against which savings have been proposed.

East Sussex Better Together (ESBT)			Gross budget *	Savings
			2016/17	2018/19
Service description	Description of savings proposal	Impact assessment	£'000	£'000
Adult Social Care: ESBT Integrated Strategic Investment Plan	ESBT whole system redesign and implementation of integrated health and social care commissioning and delivery	The transformation of the health and social care system at a time of increasing demographic pressures and financial constraint will be challenging. The scale and pace of change required across all services, taking account of the full £864m investment in the health and social care system, will present risks. There will be a need to ensure robust democratic accountability and control, the effective discharge of statutory responsibilities, strong financial control and a clear framework of managing the potential risks of unintended clinical and financial consequences. The formal agreements underpinning the integration will seek to mitigate these risks. There will be potential impacts for service users in how they access services and are supported in the future, which have already been subject to extensive consultation.		10,507
Children's Services: ESBT Integrated Strategic Investment Plan	ESBT whole system redesign and implementation of integrated health and social care commissioning and delivery	The transformation of the health and social care system at a time of increasing demographic pressures and financial constraint will be challenging. The scale and pace of change required across all services, taking account of the full £864m investment in the health and social care system, will present risks. There will be a need to ensure robust democratic accountability and control, the effective discharge of statutory responsibilities, strong financial control and a clear framework of managing the potential risks of unintended clinical and financial consequences. The formal agreements underpinning the integration will seek to mitigate these risks. There will be potential impacts for service users in how they access services and are supported in the future, which have already been subject to extensive consultation.		69
			n/a **	10,576

* The gross budgets shown reflect the areas against which savings have been proposed.

** The Partnership did not formally exist in 2016//17, therefore no gross budget shown.

Work Programme for Adult Social Care and Community Safety Scrutiny Committee



Future work at a glance

Updated: **September 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
16 November 2017		
Mental health - overview of community services	A report providing an overview of mental health community services. To also cover support to the homeless.	Keith Hinkley, Director of Adult Social Care and Health
Services to prisons (post Care Act)	A report on the Services to prisons (post Care Act).	Keith Hinkley, Director of Adult Social Care and Health
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		
Health and Social Care Connect update	A report providing an update on the performance to date of the Health and Social Care Connect (HSCC).	Keith Hinkley, Director of Adult Social Care and Health
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 to meet 28 September
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 met 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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