



CABINET

TUESDAY, 16 JULY 2024

10.00 AM, COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier (Chair)
Councillors Nick Bennett (Vice Chair), Bob Bowdler, Penny di Cara,
Claire Dowling, Carl Maynard and Bob Standley

A G E N D A

1. Minutes of the meeting held on 25 June 2024 (*Pages 3 - 6*)
2. Apologies for absence
3. Disclosures of interests
Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.
4. Urgent items
Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.
5. Carriageway Patching Report (*To Follow*)
Report by the Director of Communities, Economy and Transport.
6. Local Government Association (LGA) Peer Challenge of Adult Social Care (*Pages 7 - 100*)
Report by the Director of Adult Social Care and Health.
7. Internal Audit Annual Report and Opinion 2023/24 (*Pages 101 - 116*)
Report by the Chief Operating Officer.
8. Ashdown Forest Trust Fund 2023/24 (*Pages 117 - 122*)
Report by the Chief Operating Officer.
9. Any other items considered urgent by the Chair
10. To agree which items are to be reported to the County Council

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8 July 2024

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CABINET

MINUTES of a meeting of the Cabinet held at Council Chamber, County Hall, Lewes on 25 June 2024.

PRESENT Councillors Keith Glazier (Chair), Nick Bennett (Vice Chair), Bob Bowdler, Penny di Cara, Claire Dowling, Carl Maynard and Bob Standley

Members spoke on the items indicated:

Councillor Bennett	- item 5 (minute 3)
Councillor Collier	- item 6 (minute 4)
Councillor Daniel	- items 6 and 8 (minute 4 and 6)
Councillor Claire Dowling	- item 8 (minute 6)
Councillor Field	- items 5 and 8 (minute 3 and 6)
Councillor Lunn	- item 6 (minute 4)
Councillor Stephen Shing	- items 6 and 8 (minute 4 and 6)
Councillor Shuttleworth	- item 8 (minute 6)
Councillor Standley	- item 5 (minute 3)
Councillor Swansborough	- item 5 (minute 3)
Councillor Tutt	- item 6 (minute 4)

1. MINUTES OF THE MEETING HELD ON 16 APRIL 2024

1.1 The minutes of the Cabinet meeting held on the 16 April 2024 were agreed as a correct record.

2. REPORTS

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

3. COUNCIL MONITORING: QUARTER 4 2023/24 - YEAR END

3.1 The Cabinet considered a report by the Chief Executive.

3.2 It was RESOLVED to:

- 1) Note the latest monitoring position for the Council.

Reason

3.3 The report sets out the Council's position and year-end projections for the Council Plan targets, Revenue Budget, Capital Programme, and Savings Plan, together with Risks at the end of March 2024.

4. RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR) - STATE OF THE COUNTY

4.1 The Cabinet considered a report by the Chief Executive.

4.2 It was RESOLVED to:

- 1) Note the evidence base on demographics as set out in Appendix 1 of the report and the national and local policy outlook as set out in Appendix 2 of the report;
- 2) Agree the priority outcomes and delivery outcomes as set out in Appendix 3 of the report and agree these as the basis of the Council's business and financial planning, subject to the proposed amendments set out in paragraph 4 of the report;
- 3) Agree officers update the Medium Term Financial Plan as the basis for financial planning when more information is available, as set out in paragraph 5 of the report;
- 4) Agree officers identify areas of search for further savings as set out in paragraph 5 of the report;
- 5) Agree to allocate the additional £5.386m for social care received in the final Local Government Finance Settlement for 2024/25 to support the investments in children's and adult social care within the Council's agreed 2024/25 revenue budget;
- 6) Agree officers update the Capital Strategy and programme as set out in Appendix 4 of the report and as set out in paragraph 7 of the report;
- 7) Agree the Productivity Plan as set out in Appendix 5 of the report for submission to the Department for Levelling Up, Housing and Communities;
- 8) Receive reports on more detailed plans for 2025/26 and beyond in the autumn when there is more information about future resources; and
- 9) Request officers bring a report to the July Cabinet Meeting setting out proposals for an additional £1m to be added to the current highways patching programme, for 2024/25, including details of how this could be funded from the Capital Programme without increasing the overall cost of the programme.

Reasons

4.3 The State of the County report is a key annual milestone in the Council's Reconciling Policy, Performance and Resources (RPPR) process, our integrated business and financial planning cycle. The report provides an overview of our current operating context to begin the process of more detailed planning for 2025/26 and beyond. In conjunction with the 2023/24 year end monitoring report, it reflects on our achievements over the last year and the challenges we expect in the year ahead arising from both local and national factors. Through this analysis, it starts to refine our plans and to steer our business planning and budget setting processes.

4.4 Work will continue over the summer to refine our understanding of the medium term impacts on our services of national reforms, the evolving economic and political context, changing demand for services and the financial resources that will be available to us in the coming years. We will also further develop proposals for closing the financial gap, including potential savings.

4.5 We will report back to Members in the autumn with an updated assessment of our service demand, funding expectations and proposed actions to inform more detailed business and budget planning for 2025/26 and beyond. We will use our RPPR process to plan for the future as best we can in the context of a likely one year financial settlement once again.

4.6 Members will continue to be consulted on plans as they are developed through Cabinet, County Council, Scrutiny Committees, Whole Council Forums and specific engagement sessions throughout the 2024/25 Reconciling Policy, Performance and Resources process.

5. EAST SUSSEX, BRIGHTON & HOVE AND THE SOUTH DOWNS NPA WASTE AND MINERALS PLAN REVIEW

5.1 The Cabinet considered a report by the Director of Communities, Economy and Transport.

5.2 It was RESOLVED to:

- 1) Recommend to Full Council that the Waste and Minerals Revised Policies document, incorporating the Main Modifications and minor modifications, and updated Policies Map, is adopted and published; and
- 2) Recommend to Full Council the relevant adoption statement and Sustainability Appraisal Report is published.

Reason

5.3 Achieving a positive outcome from the Examination into the Waste and Minerals Revised Policies document represents a significant achievement for the County Council and the partner Authorities. It is the culmination of a significant amount of work, which has included the collation of evidence and undertaking community and stakeholder engagement/consultation, carried out over a number of years.

6. PROCUREMENT OF A CHARGEPOINT OPERATOR TO DELIVER, OPERATE AND MANAGE ON-STREET ELECTRIC VEHICLE (EV) CHARGEPOINTS

6.1 The Cabinet considered a report by the Director of Communities, Economy and Transport.

6.2 It was RESOLVED to:

- 1) Approve the County Council's plan to support the implementation and delivery of proposed EV infrastructure;
- 2) Approve the procurement of a network operator to support the delivery and operation of EV infrastructure; and
- 3) Delegate authority to the Director of Communities Economy and Transport to take any action they consider appropriate to give effect to the above recommendations, including, but not limited to, approving the outcome of the procurement process and the award of the contract, and agreeing the terms of and authorising the Council to enter into any agreements necessary for the delivery of the proposed EV infrastructure.

Reasons

6.3 Electric Vehicles (EV) will be the main alternative to combustion engine cars and small vans with the Government's commitment to ban the sale of new diesel and petrol vehicles from 2035. This will contribute towards achieving the national and Council target of net zero carbon by 2050 through a major reduction in transport emissions as well as supports several key County Council priorities such as maintaining and improving social inclusion, health, and wellbeing, whilst supporting and safeguarding current and future economic needs.

6.4 The County Council has successfully secured £4.441m of Local Electric Vehicle Infrastructure (LEVI) funding which is dedicated to facilitating the implementation of on-street EV charging infrastructure throughout the county. The initiative aims to establish a comprehensive

and fit for purpose network of both slow and fast chargepoints in residential areas in locations that have been informed through close collaboration with our Borough and District Councils.

7. TO AGREE WHICH ITEMS ARE TO BE REPORTED TO THE COUNTY COUNCIL

7.1 It was agreed that items 5, 6 and 7 should be reported to the County Council.

[Note: the item being reported to the County Council refers to minute numbers 3, 4 and 5.]

Report to: Cabinet

Date of meeting: 16 July 2024

By: Director of Adult Social Care and Health

Title: Local Government Association (LGA) Peer Challenge of Adult Social Care

Purpose: To inform Cabinet Briefing of the key findings from the LGA Peer Challenge and set out the priority improvements for the Adult Social Care and Health Department.

RECOMMENDATIONS

Cabinet is recommended to:

- 1) Note the findings from the LGA Peer Challenge of Adult Social Care (ASCH);
 - 2) Approve the ASCH Priority Development Plan in response to the LGA challenge and note how the plan aligns with and contributes to existing Council priorities; and
 - 3) Agree arrangements for monitoring progress against the Development Plan through a sub-group of the People Scrutiny Committee.
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1 Background

- 1.1 In February 2024, the Council commissioned the Local Government Association (LGA) to undertake a Peer Challenge Review focussed on how well Adult Social Care (ASCH) are delivering our duties under the Care Act 2014.
- 1.2 The Peer Review was an important part of our preparation for Care Quality Commission (CQC) assessment of ASCH; noting that we do not have a date for assessment of East Sussex and this could be anytime in the next eighteen months.
- 1.3 The final report from the LGA Peer Challenge Review Team has been received and this report summarises the headline findings and the plans that ASCH are developing to address the priority areas for improvement.

2 The LGA Peer Challenge Review

- 2.1 The LGA Peer Challenge Team comprised seven people with expertise in adult social care and local government. This included an elected Member, an Executive Director of Adult Social Care, Wellbeing and Communities and a Principal Social Worker, from other authorities.
- 2.2 The Peer Challenge Team were supplied with over 200 documents pre-review, including the ASCH Self-assessment document (Appendix 1), which has been adopted as the new LGA best practice exemplar. There was a high degree of correlation between the position set out in our Self-assessment and the LGA team findings.
- 2.3 The LGA Team held almost 40 meetings and spoke with approximately 235 people during the four days on site in East Sussex. The team spoke to a range of council staff as well as Members, partners, carers and people who draw on services. The team completed a case file audit on a cross

section of 12 ASCH clients. The peer challenge team spent over 184 hours with the Council, the equivalent of 24.5 working days.

3. Findings from the review

3.1 The full final report from the LGA Peer Challenge Review Team can be found at Appendix 2. The main findings are summarised below and provide an amplification and helpful prioritisation of our existing self-identified strengths and areas for improvement, as evidenced in Message 1 below :

3.2 Key messages

Message 1: The Council know themselves well

The Council have a clear understanding of their strengths and areas for improvements and have a robust transformation and improvement plan in place.

Message 2: Integrated Adult Social Care Front-Door

Health and Social Care Connect (HSCC) is the single point of access for adult social care. The service is a best practice example of collaborative and integrated working between adult social care and health that has been in existence for the last decade.

Message 3: Waiting Lists

A standardised approach regarding those adults/carers on waiting lists and how their safety and wellbeing are monitored whilst awaiting an assessment, is required across the adult social care and health directorate.

Message 4: Workforce

The peer team witnessed an adult social care workforce that were skilled, knowledgeable, passionate and committed to the residents of East Sussex.

Findings – Theme 1 – Working with people

3.3 Quality Statement 1, Assessing Needs

Strengths:

- **HSCC** – as above, our integrated front door is a great example of successful and effective joint working.
- **Strengths based practice approach** – how we consider and build on people’s existing strengths when assessing their care and support needs, and how best to meet those needs, was noted as a particular asset in the case file audits.
- **Occupational Therapy Service**– including our use of clinics to reduce waiting times.
- **Support for carers** - including the Carers Breaks and Engagement Team and our strategic partnership with Care for the Carers.
- **Emergency Duty Service** – highly skilled team of Approved Mental Health Professionals (AMHPS) providing services out of hours.

Areas for consideration:

- **Waiting times for assessments** – as do most, if not all ASCH departments, we operate waiting lists for assessments including: Care Act needs assessments, Financial Assessments, Deprivation of Liberty Safeguards (DoLS), annual care and support reviews and assessments for equipment and minor adaptations.
- **Management of waiting lists** – whilst all authorities will have waiting lists, the team found that there is scope for improving and standardising how we manage waiting lists and support people while they wait.
- **Experience of carers** – all of the carers spoken to by members of the review team reported a poor experience of ASCH. Whilst we do not believe this is entirely representative it is nevertheless a source of concern.
- **Experience of self-funding people** – findings suggested that the information we provide for people who pay for their own care could be improved.

3.4 Quality Statement 2, Supporting people to live healthier lives

Strengths:

- **Prevent, reduce, delay** – the review team noted strengths in our current offer and welcomed the development of a Prevention Strategy to develop this further.
- **Befriending scheme** – delivered through our Public Health function in partnership with the Voluntary, Community and Social Enterprise Sector (VCSE), the scheme is designed to combat loneliness which is known to have a detrimental effect on people's wellbeing. The scheme was valued by people that the LGA team spoke with.
- **Day services** – a good range of day opportunities to meet people's care and support needs in the county were noted.
- **Community support for adults with learning disabilities** – good support for people in their own home and in supported living. This directly provided service is currently rated 'Good' by the CQC.

Considerations:

- **Information and advice** – Scope to improve information and advice offer particularly through development of our website; potentially using 'mystery shopper' approach to inform how we develop the offer.
- **Direct Payments** – ensuring that overdue Direct Payment reviews are added to the ASCH Risk Register

3.5 Quality Statement 3, Equity in Experiences and Outcomes

Strengths:

- **Co-production** – positive examples of co-production, through the involvement of clients, carers and other key stakeholders in service design and in creating the ASC Strategy.
- **Equality, Diversion and Inclusion** – including: joint work with NHS to improve data recording across services, work to reach 'seldom heard' communities, service provision in areas of high deprivation and work within the Workforce Programme to reduce harassment and discrimination of staff.

Considerations:

- **Rurality** – consider taking further steps to prevent rurality contributing to inequity of people's experience and access to services.
- **Workforce Race Equality Standards** - consider implementing the workforce race equality standards which are a statutory requirement for NHS organisations.

Findings – Theme 2 – Providing Support

3.6 Quality Statement 4, Care Provision, Integration and Continuity

Strengths:

- **Provider Market** – Good capacity and quality in the independent sector care market and good relationships with providers as well as good joint arrangements with the NHS to help support quality.
- **Commissioning** – strong commissioning and joint commissioning arrangements with key partners such as NHS, Borough and District housing authorities and the VCSE sector.
- **Joint Community Re-ablement (JCR)** – *'an outstanding partnership provision...in terms of supporting a timely journey out of hospital and a robust reablement offer'*. JCR is a joint service provided by ASCH (who provide the home care re-ablement element) and East Sussex Healthcare Trust (who provide rehabilitation services through occupational therapists and physiotherapists). The service helps to keep people at home in the community as well as supporting hospital discharges.
- **Market Support Team** – highly experienced team with excellent relationships with care providers and the CQC which has a positive impact on supporting and developing provider quality.

- **Co-production in commissioning** – many positive examples of involvement of clients and carers in the development of service specifications and provider selection, particularly with people with learning disabilities or mental health needs.

Considerations:

- **Young Adults with Complex and Challenging Needs** – there is currently a lack of suitable provision across health and social care services for this small but complex and high need cohort of people.
- **Information provided at hospital discharge** – people who draw on services reported that information provided at discharge could be poor (this is believed to be primarily an issue for NHS acute hospital teams not ASCH Hospital Discharge Teams).
- **Contract monitoring** - The peer team concluded that a dedicated and structured approach to contract management would provide increased visibility and assurance over the efficacy of Council commissioned contracts and the opportunity to monitor and measure the impact and outcomes for people.
- **Market Position Statement** – all ASCH departments are required to produce this document which sets out the current state and future requirements of the care market in their area. The LGA queried whether the scope of the ASCH document should be expanded and give further consideration to the future impact of East Sussex demographics.
- **Relationship with providers** – whilst relationships with many providers were reported as being positive, care home providers expressed some frustrations and would like more forums to network and share learning.

3.7 Quality Statement 5: Partnerships and Communities

Strengths:

- **Learning Disability** – the skilled team and service offer for people with learning disabilities, including the role of the Involvement Matters Team who ensure meaningful consultation and engagement with clients and carers, were praised.
- **Transitions** – these are services for young people, usually those who have been known to Children’s Services, as they transition into adulthood. It was noted that pathways for people aged over 26 years could be developed as part of ASCH’s work on services that facilitate the transition from childhood to adulthood.
- **Integrated Care Partnership: Sussex Health and Care Assembly** – There was evidence of maturity in the system with the Council seen as a well established system partner, who effectively champion the East Sussex ‘place’.
- **Voluntary, Community and Social Enterprise Sector (VCSE)** – VCSE organisations reported good relationships with the Council who have retained funding to the sector and continue to listen and learn from them regarding areas of local need.
- **Mental Health Social Care** – the Council’s skilled practitioners and role in joint mental health bodies was reported as very positive. However people with lived experience did report particular issues relating to housing.
- **Approved Mental Health Professional (AMHP) Service** – the highly skilled AMHP staff were noted with good practice examples in the county. A lack of NHS bed provision was noted although a robust policy is in place to help mitigate this.
- **Social Supervision and Forensic Social Work** - Forensic social workers (who work with individuals in the criminal justice system) were extremely knowledgeable and skilled senior practitioners who evidenced robust risk assessment and management abilities, supported by a wealth of risk management tools.

Considerations:

- **Integrated Care Board (ICB) and Continuing Health Care (CHC)** – Overall the relationships on the ICB were reported as positive and mature however some areas of challenge, reported elsewhere, were identified e.g. bedded care for complex and challenging young adults and CHC eligibility decision making. Further work was also required to align planning cycles between the council and NHS Sussex.
- **Section 117 Aftercare (Mental Health Act 1983, as amended, 2007)** - ASCH staff reported challenges in regard to Section 117 Aftercare and the approach taken by the NHS Trust. The Council, in collaboration with Sussex Partnership NHS Foundation Trust (SCFT), may wish to

review current practice across teams to ensure current practice is aligned to Section 117 of the Mental Health Act and the Code of Practice (2015).

- **Dementia Pathways and Service Provision** - Both the SPFT, the Council and the ICB are aware that the current dementia offer could be improved. Council practitioners and managers reported a significant gap in relation to the availability of accredited dementia friendly home care.

Theme 3 – Ensuring safety

3.8 Quality Statement 6: Safe Systems, Pathways and Transitions

Strengths:

- **Safeguarding Adults Board** – we have an experienced Chair and excellent partnership and collaboration arrangements, for example, with the Safer Communities Partnership, the Domestic Abuse Partnership Board and the Children Safeguarding Partnership which again is best practice.

Considerations:

- **Preparing for Adulthood and Transitions** (from Childrens services)– recommendation that ASCH develop transitions pathways which are co-produced with young people and their families.
- **Knowledge of Section 11(2)(b) Care Act 2014** – which sets out what is to happen where an adult or a carer refuses to have a needs or carer’s assessment. Staff could not demonstrate knowledge of this element of the Care Act. Need to ensure it is specifically referenced in practice guidance and refresher training on Care Act.

3.9 Quality Statement 7: Safeguarding

Strengths:

- **Safeguarding in Adult Social Care and Health Teams** – the team found excellent case work, well trained staff and robust allocation processes. Every team has expert support from a member of the Safeguarding Development Team.

Considerations:

- **Statutory three stages and management oversight of Safeguarding concerns** - Safeguarding concerns raised with ASCH are subject to a three stage test to decide whether they should be progress to a Safeguarding enquiry or not. The LGA team found examples of the three stage test being undertaken twice: within HSCC and then again by the receiving team. It was also noted that there is no oversight, by a professionally registered worker, of decisions not to progress a Safeguarding concern to an enquiry.
- **Provider Safeguarding concerns** – there are two routes in ASCH that these concerns can be raised through and ASCH should look at a single pathway.
- **Organisational Abuse Large Scale Enquiries** – recommended that an organisational abuse large scale enquiry procedure and practice guidance is implemented.
- **Person in Position of Trust** – in East Sussex we have chosen to refer to our Person in Position of Trust (PiPoT) manager as a Local Authority Designated Officer (LADO), aligning our nomenclature with that of Children’s Services. This is not the terminology used in the Care Act and it is recommended we adopt the PiPoT designation throughout ASCH.
- **Safeguarding Audits** – Recommended that we enhance our existing audit programme and include the three stage test outcomes (which, as above, determine whether an issue meets the threshold for a safeguarding enquiry) and the outcomes of safeguarding enquiries. Our case work was found to be good but an enhanced audit framework would provide greater assurance and evidence of our quality of practice.
- **Inappropriate Safeguarding Concerns** – ASCH receives a high volume of inappropriate Safeguarding concerns from the police. Recommended that this issue is escalated to the Safeguarding Adults Board.

Theme 4 - Leadership

3.10 **Quality Statement 8: Governance, Management and Sustainability**

Strengths:

- **Assurance and Performance Boards** – the Performance Board and Improvement and Assurance Board were found to provide good governance and oversight of performance and continuous improvement in ASCH.
- **Risk Register** – Noted the use of Risk Registers across the Council with a recommendation to update the ASCH register.
- **Annual Teams Business Plans** – golden thread running through team business plans, risk registers, the ASCH Strategy and Council priorities with associated Key Performance Indicators (KPIs) was noted.
- **Workforce Sustainability** – numerous initiatives to support retention and recruitment under the ASCH Workforce Programme were noted.

Considerations:

- **Health and Wellbeing Board** – Many strengths were noted including mature, established relationships and good engagement. However the LGA Team agreed with the Board members that it is time for a refresh of the Board's purpose. The peer team suggested that a focus on a whole life prevention strategy in response to demographic challenges could be a good starting point.
- **Performance Data** – Noted that ASCH produces and uses a large quantity of performance data. Data on the outcomes that matter to people who draw on services could be enhanced.
- **ASCH Strategy** – Recommended that further work is undertaken to ensure that the ASCH workforce know and understand the priorities of the directorate.
- **Quality Assurance Framework** – the LGA team noted recent work on the ASCH Quality Assurance Framework for practice and agreed with the ASCH self-assessment that further work was required to develop and embed the framework including ensuring compliance with the number of audits required.

3.11 **Quality Statement 9: Learning, Improvement and Innovation**

Strengths:

- **Supervision** – the recently launched, updated staff supervision policy and its link to the Quality Assurance Framework was noted. It is recommended that audits of supervisions are undertaken as part of the audit programme.
- **Culture** – a passionate and dedicated workforce was observed and there is a strong wellbeing offer from the Council. Case load and case allocation was appropriate.
- **Principal Social Worker (PSW) and Principal Occupational Therapist (POT)** – Well regarded, knowledgeable and skilled PSW and POT were noted.
- **Assessed and Supported Year in Employment Offer (ASYE)** – the support offer for newly qualified social workers in their first year of practice was found to be comprehensive, positive and supportive.

Considerations:

- **Reported Inequity in pay** – ASCH staff reported an inequity in pay for registered staff following their Assessed and Supported Year in Employment when compared to Children's Services social workers, who receive a 10% market supplement to their pay.

3.12 **Case File Audit Findings**

The Case File Audit findings were very positive. Twelve casefile audits were undertaken as part of the peer challenge. The main findings showed that in 87% of cases there was significant evidence of strengths-based practice, and in 90% of cases evidence of robust recording demonstrating professional curiosity, accountability and ownership. In 80% of cases there was evidence of management oversight and 85% of cases evidenced robust risk assessment and management. In over 90% of cases interventions and responses were timely.

4. ASCH Action Priority Development Action Plan

4.1 Members will recall that ASCH completed a rigorous self-assessment process using the industry standard Association of Directors of Adult Social Services (ADASS) and LGA Workbook during 2023/24. The LGA Peer Challenge review has highlighted some important, additional considerations.

4.2 We have used the intelligence from our self-assessment and the LGA review to create a Priority Development Plan for ASCH. The Priority Development Plan is organised under four main headings:

- **Prevention** - Working together to prevent, reduce or delay people's needs for our services and to enable wellbeing and independence. Including helping people access other kinds of support.
- **Waiting times** - Reducing waiting times wherever we can, keeping in touch with people and ensuring their wellbeing while they wait.
- **Safeguarding** - Introducing better checks and reporting to ensure we can reflect our high standard of safeguarding practice and outcomes for people.
- **Quality** – Develop how we measure and continually improve the quality of our practice and the support and services we fund.

4.3 Tasks that do not naturally fall within these priorities are listed under 'Other key work'. When communicating our priorities for the coming year we will also include:

- **Value for money** - managing Council money well so that we meet the care and support needs of local people.

This has not been identified as part of our CQC preparation process as the CQC do not take an authority's financial position into account as part of their assessment. However it will be a key part of the messaging for staff and other stakeholders regarding what ASCH must achieve in 2024/25.

Delivery of the Priority Development Plan will require the re-focussing and prioritisation of existing resources and, at this stage, it is not anticipated that the identification of any additional resources will be necessary. If however, the potential need for additional resources is identified during implementation, this will be considered as part of the usual Reconciling Policy, Performance and Resources (RPPR) process.

The ASCH Priority Development Plan

4.4 The current Priority Development Plan is in draft and will be finalised over the next few months. Within ASCH, the Improvement and Assurance Board will have responsibility for developing the workstreams under each priority and for monitoring progress and ensuring delivery. This will be a key element of our preparation for assessment by the CQC.

4.5 It is proposed that progress against the LGA review findings and ASCH Priority Development Plan will be overseen by a sub-group of the People Scrutiny Committee.

Links to ESCC Priority Outcomes and ASCH Plans and Strategies

4.6 ESCC Priority Outcomes

The development work has been grouped into themes taking into account the Council's overarching priority outcomes. Members will note that the ASCH priority areas for development align with the Council priorities of:

- Keeping vulnerable people safe
- Helping people help themselves
- Making best use of resources now and in the future

4.7 ASCH Portfolio Plan

The ASCH priority development plan is a key part of our CQC preparations as set out in section 1.18 of the ASCH Portfolio Plan, most notably:

- *‘implement an enhanced assurance and improvement framework within ASCH to better support the culture of continuous improvement, which the CQC assessment regime seeks to promote’*
- *‘deliver the agreed priority improvement projects highlighted by the self-assessment and the Local Government Association Peer Challenge Review’*

4.8 Adult Social Care Strategy

The ASCH Strategy, agreed by Cabinet in June 2023, identified the six key areas most important to East Sussex residents. These are:

1. Right support, right place, right time
2. Information and communication about care and support
3. Cost of living and cost of care, now and in the future
4. A suitable home
5. Personal connections with others
6. Group activities, hobbies and volunteering

4.9 The table below shows how the ASCH development priorities, derived from the LGA Peer Challenge, will contribute towards the delivery of what residents told us was most important to them:

ASCH Development Plan Priority	Contributes towards delivering:
Prevention	<ul style="list-style-type: none"> ▪ Information and communication about care and support ▪ A suitable home ▪ Personal connections to others ▪ Group activities, hobbies and volunteering
Waiting times	<ul style="list-style-type: none"> ▪ Right support, right place, right time
Safeguarding	<ul style="list-style-type: none"> ▪ Right support, right place, right time ▪ A suitable home
Quality	<ul style="list-style-type: none"> ▪ Right support, right place, right time
Value for money	<ul style="list-style-type: none"> ▪ Cost of living and cost of care, now and in the future

4.10 We have worked with colleagues in Communications to ensure we have clear messaging regarding ASCH priorities, for staff and other stakeholders. This will include explaining how they relate to what local people told us was most important to them. The five ASCH priorities will be publicised internally and externally under the strap line ‘Doing what matters’. The name deliberately echoes the ‘What Matters To You’ strap line used for the ASC Strategy; and we will use the same branding in order to visually reinforce the link between the ASCH development priorities and the ASCH Strategy.

5. Conclusion and reasons for recommendations

5.1 The process of, and product from, the LGA Peer Challenge has proven immensely beneficial in terms of our preparation for the CQC Assurance process by confirming the current priority areas for development as part of our journey of continuous improvement.

5.2 External assurance of Local Authority Adult Social Care duties has recently been reintroduced after an absence of 14 years. The LGA Peer Review has provided the opportunity to refresh our skills in clearly and concisely identifying and articulating our strengths and also our areas for development. It has been an invaluable ‘dress rehearsal’ for organising and managing a multi-faceted, on-site inspection, in order to ensure an accurate and fair outcome for the Council.

- 5.3 The product of the Peer Challenge has confirmed that we know our strengths and areas for improvement and has provided us with validation of the priority areas for development to improve our service and support to our residents, contribute to the delivery of Council Plan and ASC Strategy priorities as well as better prepare for the new assurance process.

MARK STANTON

Director of Adult Social Care and Health

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Self-assessment for LGA Peer Challenge Review
January 2023

Introduction - Adult Social Care and Health in context

Demography

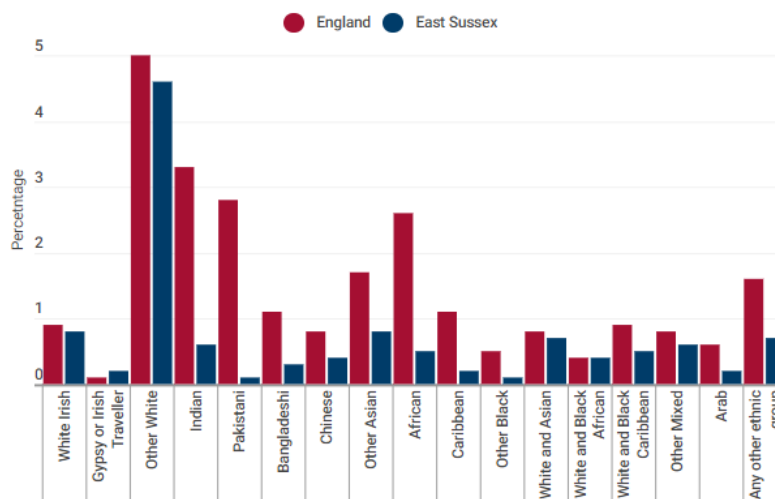
East Sussex has a population of approximately 546,000 people. Proportionately we have high numbers of people over 65 and particularly over 85. In 2021, Rother district had the second highest proportion (4.8%) of people aged over 85 in the country. Nearly 8% of our households are people aged 66 years and over and are living alone (this compares to 5% nationally).

There are pockets of significant deprivation in the county with geographically isolated Hastings being in the top 10% of most deprived areas nationally.

East Sussex has a higher percentage (approximately 88%) of White British and Northern Irish people compared to England and Wales (approximately 74%).

There are an estimated 69,241 unpaid carers in East Sussex.

Our population make up creates significant pressures on adult social care services and data indicates that demand is continuing to grow.



East Sussex County Council

The [East Sussex Council Plan 23/24](#) provides further information on the Council’s achievements and plans for our four priority areas:

- Driving sustainable economic growth
- Keeping vulnerable people safe
- Helping people help themselves
- Making best use of resources now and for the future

External evaluation

In 2023 East Sussex invited the LGA to undertake a corporate peer challenge. The [ESCC Corporate Peer Challenge Position Statement 2023](#) provides an overview of ESCC: the place, priorities, governance, leadership and financial planning. Headlines from the Peer Challenge Review were:

‘...a well run council’ which strives to be an ‘inclusive organisation’

‘financially prudent’

‘an evidence based organisation with robust governance arrangements’

The LGA Peer Review recommended that East Sussex do further work with partners to create a ‘compelling narrative’ for the East Sussex ‘place’ and develop a multi-year plan to address the financial challenges and issues faced in the medium term. Please see Theme 4 for further information.

East Sussex Adult Social Care and Health (ASCH) - Key statistics 31st March 2023

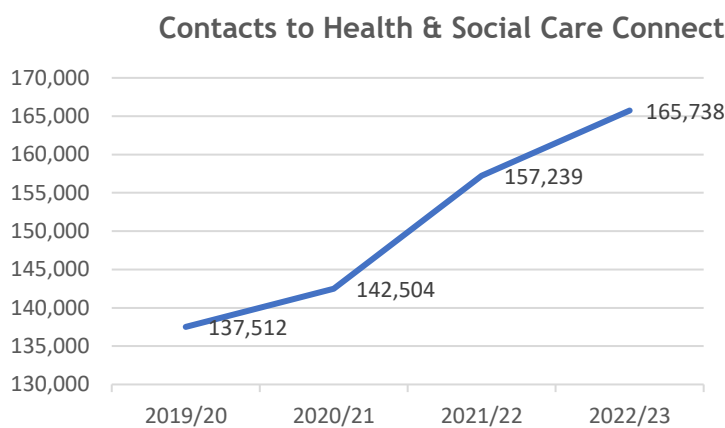
£338 million The gross budget in 2023-24 for ASCH.	2,581 people supported by ASCH in a bedded setting (not including D2A beds). 4,964 people supported by ASCH in the community	ASCH is in the upper or upper-middle quartile for 24 (92%) of the 26 Adult Social Care Outcome Measures (ASCOF) for 2021-22
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ASCH Structure¹

ASCH employs c.1,500 people. Care Act duties are primarily delivered by three sub-directorates: Operations, Strategy Commissioning and Supply Management; Planning Performance; and Engagement. (see structure charts included with information return).

Growing Demand

Whilst the pandemic temporarily reduced demand in some areas, the overall trend across ASCH is a growth in demand, activity and complexity. There were over 28,000 more contacts to ASCH in 2022/23 than there had been in 2019/20, a 20% increase:



Data from across South East authorities show we have the highest number of contacts² relative to our adult population by a significant margin:

Measure	East Sussex performance	South-East Median	Status	Rank
Total number of new contacts as a rate per 100,000 of 18+ population	1783.20	1002.51	High Outlier	1 st of 13

ASCH saw a 10% increase in assessment activity in 2022/23 compared to the previous year and we believe that this trend will continue in 2023/24.

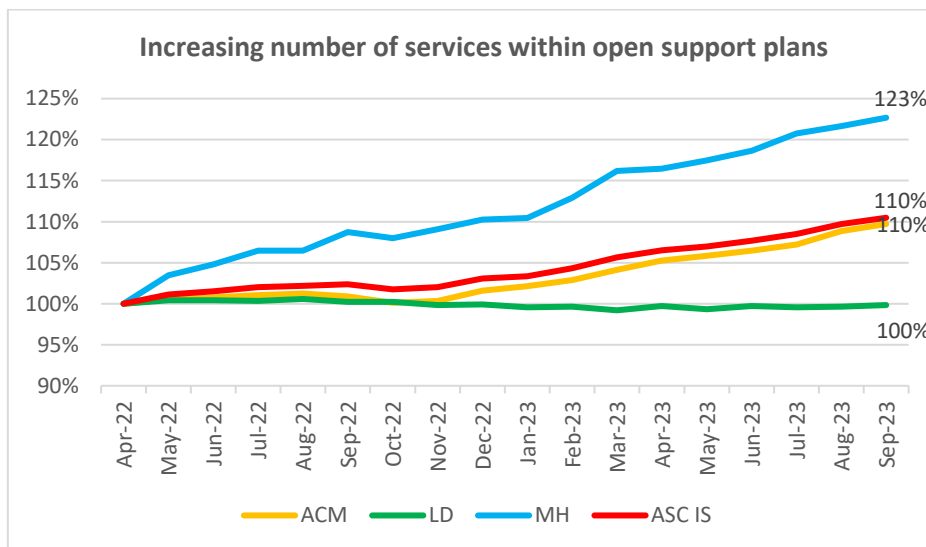
	Care Act Assessment	Carers Assessment	OT Assessment	Mental Capacity Assessment	TOTAL
2019/20	5165	1653	1174	1943	9,935
2020/21	4791	1425	701	1654	8,571
2021/22	4987	1380	691	2043	9,101
2022/23	5355	1433	746	2514	10,048

¹ ASCH also includes Community Safety and Public Health – many functions of which are referenced throughout this document, but which are not the focus of our Care Act Duties.

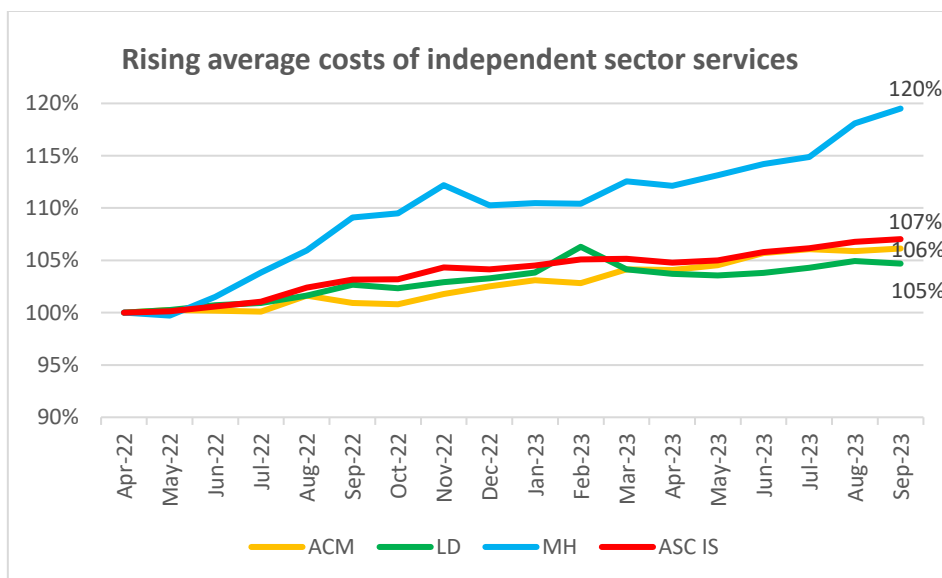
² This KPI counts contacts related to social care services and excludes contacts related to NHS services.

Complexity

A growth in the complexity and needs of people drawing on services is being reported across ASCH. Whilst complexity can be difficult to measure in a meaningful way, in the 18 months between April 2022 and September 2023 the number of services being provided within support plans grew in all areas except learning disability:



The overall cost of support plans has increased by 7% in real terms since April 2022 (i.e. 7% in addition to the 10% fee uplift that ASCH awarded across all services in 2022/23).



ASCH Culture, Values and Approach

Central to our approach is designing and delivering ASCH services based on the needs and aspirations of local people. ASCH is proud of its enduring commitment to listening to, working with, and responding to the people we serve. In recent years, this has developed into taking a 'co-production' approach to many of our key areas of work including developing an overarching strategy for the department.

ASC Strategy

['What Matters To You' is our adult social care strategy](#) for adults across East Sussex. Almost 700 people, many of whom draw on services, got involved in creating the strategy. This included focused work to reach 'Seldom Heard' communities. Six priorities were identified:

1. Right support, right place, right time
2. Information and communication about care and support
3. Cost of living and cost of care, now and in the future

4. A suitable home
5. Personal connections with others
6. Group activities, hobbies and volunteering

To ensure we meet these aspirations we have developed 15 'We will' statements which are published on our website. We are committed to working with local people to deliver against these statements and will report on our progress.

We undertake a twice-yearly survey of adults and carers '(Listening to You)', facilitate numerous forums with experts by experience (e.g. the Disability Rights Reference Group) and regularly disseminate key learning across the organisation e.g. from Safeguarding Adult Reviews and complaints. Please see Theme 2 for more detail.

Our Approach to Performance and Improvement

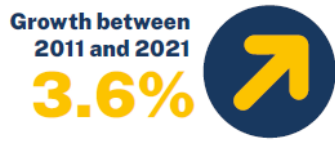
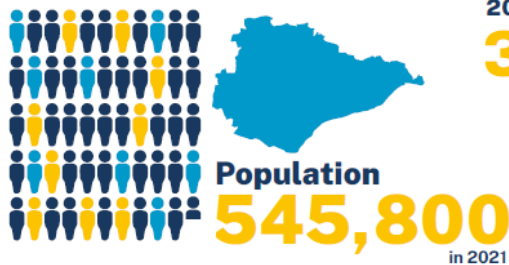
ASCH has a mature and comprehensive framework for monitoring and managing performance. This includes monthly reports on key metrics disseminated to operational managers, a regular Performance Board chaired by the DASS and self-service reporting tools for managers. We undertake regular benchmarking exercises using national and regional data e.g. ASCOF returns and the South East Regional Finance and Resources Group to understand our performance relative to our peers.

Further information about performance, governance, strategic partnerships and delivery can be found under Themes 2 and 4.

Key facts and figures

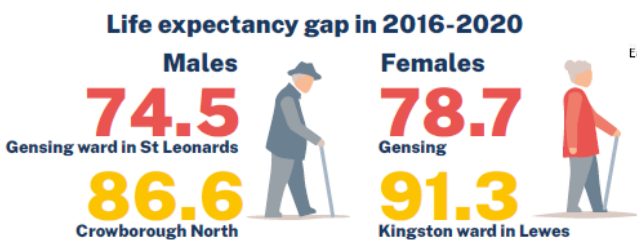
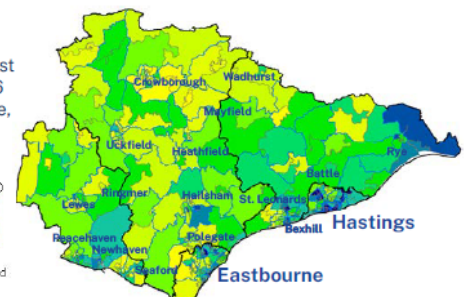
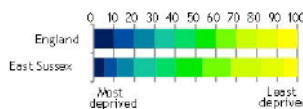


Age profile



Deprivation:

Of 329 LSOAs, 22 in the most deprived 10% nationally. 16 in Hastings, 4 in Eastbourne, and 2 in Rother (2019).



SME/public sector/tourism led economy



Ethnicity

91.8% of people in Wealden identified as White English/Welsh/Scottish/Northern Irish or British compared to 82.1% in Eastbourne

Theme 1 - Working with people

Our Strengths

- Single point of contact for social care and community health information, advice and referrals
- Joint Community Reablement including hospital in-reach
- Occupational Therapy Clinics

Priorities for improvement

- Waiting times for assessments
- Transitions Service
- Practice Quality Assurance Framework

Key Statistics

Activity	Working well	Priority for improvement
8,615 Assessments of adults in 2022/23	Proportion of people who use services who have control over their daily life (ASCOF measure): 83.1% Ranked 7 th nationally	Assessments completed in 28 days: Target: 90% Forecast for 2023/24: 63.2%
1,433 Assessments of carers in 2022/23	Proportion of people who use services who find it easy to find information about services (ASCOF measure): 74.5% Ranked 7 th nationally	% of clients receiving long term support for more than 12 months at the year-end that had a review: Target: 66.6% Outturn 22.23: 60.7% Forecast for 2023/24: 62.5%

Information and Advice

In 2021/22, East Sussex was in the top quartile for the ASCOF measures on the proportion of clients and carers who found it easy to find information. In our latest 'Listening to You' survey 66% of clients and 77% of carers responded positively to questions about access to information and advice³.

ASCH host a single point of contact for social care and community health services called Health and Social Care Connect (HSCC). HSCC is a positive, tangible example of our effective joint work with local NHS organisations. HSCC can be contacted 24/7/365 by a range of ways including 'phone and on-line. Referrers can access multiple health and care pathways, with qualified nursing staff triaging referrals when required. HSCC provides access to out-of-hours urgent response services from ASCH and community health. HSCC triage contacts and:

- Provide/signpost to information and advice
- Send the contact as a referral to the most appropriate service(s), including ASCH services and community health services

The average call answer time for HSCC in 2022/23 was 3:35 minutes. The average across 2023/24 is similar, although the in-year trend is for reduced response times. In October the average was 2:21 minutes and in November it was 1:08 minutes.

Accessible information and advice is available [online](#) covering all aspects of ASCH services including preventative and wellbeing services. ASCH provides on-line directories to help people (and practitioners) access local help and support e.g.:

- [1Space online directory](#) brings together groups that offer care, support and wellbeing services and has a dedicated section for [Information and Advice](#).
- [ESCIS](#) (East Sussex Community Information Service) is a broader directory and includes community information and events.

³ Healthwatch note that feedback provided to them indicates this may not be as true for people unfamiliar with social care and approaching services for the first time.

Assessment, Support Planning and Review Strengths-Based Practice model

ASCH has a well embedded strengths-based practice (SBP) model with a strong emphasis on wellbeing, choice and self-direction. SBP training was launched in East Sussex in 2019 with an 18-month training schedule covering: Strengths-Based Approaches, Support Planning and Positive Risk Enablement. SBP is now a fundamental element of all Care Act related training and a core part of our on-going professional support offer. Resources for staff are available on our intranet, including: a comprehensive range of professional development materials, operating frameworks and operational guidance.

The external facilitator at a staff forum held in September 2023, noted that: *‘Person-centred, strengths-based assessment was clearly understood. However, needs-based approaches remain strongly embedded in communities and care settings and there was discussion around the contradictions that come with this. Despite this it was clear that those present knew what a strength-based approach was and were able to provide examples from recent experience.’* (see information return for Final Report Staff Forums September 2023).

What our staff say Strengths-Based Practice means to them:

- ‘Support people to achieve their strengths, skills and knowledge’.
- ‘Clients being listened to’.
- ‘Client’s voice being the priority’.
- ‘Good working relationships with colleagues, including physio and occupational therapists, nurses, etc. Work well as a team to provide good outcomes for the clients’.
- ‘The supervision process is good at ESCC - supervisions are regular and a positive supervision is important for staff self-confidence’.

Assuring Assessments and Support Plans

Once an assessment has been completed and a draft support plan created most teams⁴ operate a quality assurance arrangement known as Quality Assurance and Resource Panels⁵. The role of the panels, chaired by the relevant Operations Manager, is to ensure assessments are robust and strengths based and that support plans have considered prevention, wellbeing, choice and risk as well as being cost effective.⁶

Our ‘Listening to You’ survey showed that 77% of clients and 83% of carers either strongly agreed or agreed that ‘My assessment or review focussed on me, looking at my daily life and my strengths and my support needs and what might need to change’. 77% of clients and 75% of carers either strongly agreed or agreed that ‘The care and support set out in my support plan is about what matters most to me’. In 2021/22, East Sussex was in the top quartile of performance for the national ASCOF indicator on the proportion of people who used services who reported they had control over their daily life.

Assessment Waiting Times

Waiting times for assessment are a critical issue for us and are regularly monitored at Performance Board and by our Operational Management Team (OMT). Reducing waiting times and optimising the experience of clients and carers on waiting lists is a priority for ASCH. The table below sets out the time between contact and start of assessment for assessments completed between April and November 2023⁷.

Within 2 days	3-14 days	15-30 days	31-60 days	61-90 days	Over 90 days
689	718	500	461	285	487
21.9%	22.9%	15.9%	14.7%	9.1%	15.5%

In 2023 we undertook assurance work to ensure that robust arrangements were in place to manage risks associated with waiting lists. This work highlighted that every team had appropriate arrangements for managing waiting lists but that there were differences in how different services managed this.

Project to Improve Waiting Times

A project has been initiated to:

- Reduce waiting times for assessments and improve performance on reviews.

⁴ Where the nature of the team’s business is extremely time sensitive e.g. hospital discharge panels will not operate but managers will provide the same function ad hoc.

⁵ See Information Return for guidance document for operation of Quality and Resource Panels

⁶ ASC uses the Imosphere RAS to generate an indicative Personal Budget amount.

⁷ See also data on waiting times in Information Return

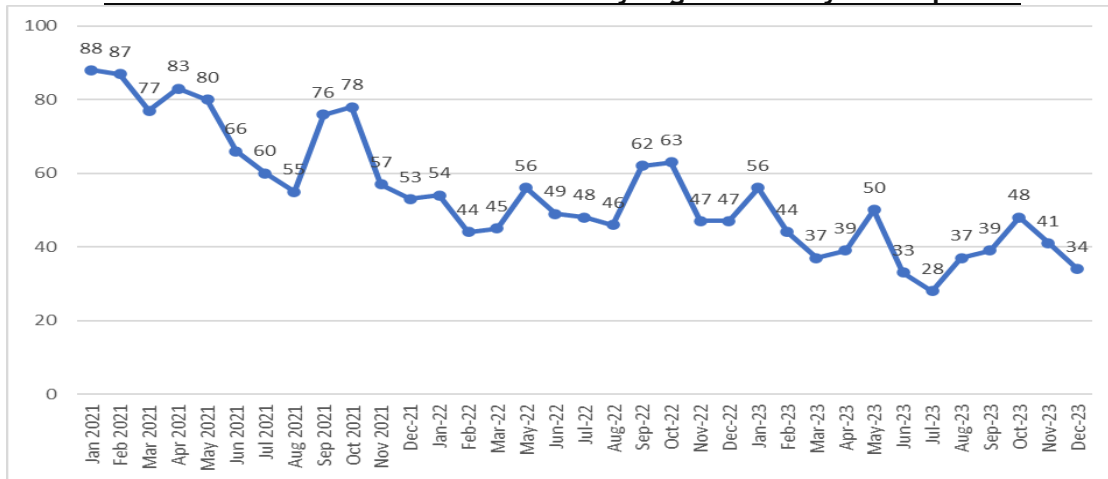
- Agree a standard, optimised model for managing waiting lists across all relevant ASCH services and embed this model into teams.
- Improve client and carer experience whilst on a waiting list.
- Make strategic recommendations for longer-term improvements. For example, enhanced use of digital tools and helping people to help themselves.

Given the pressures on ASCH we are aware that improving waiting times will be challenging. However, we also recognise it as being a key measure in responding to the ‘Right support...right time’ and ‘Information and communication about care support’ messages in the ASC strategy.

Completing Assessments

We monitor the number of assessments started and completed within 60 days. Over the last 3 years we have seen a positive trend in reducing the length of time it takes to complete an assessment.

Number of assessments started 60 days ago and not yet completed



We have made good progress on waiting times for Occupational Therapy services:

OT clinics - Right support, right place, right time

In 2017, in response to growing waiting lists our Occupational Therapy (OT) service set up OT Clinics across the county. Rather than be visited at home, adults could visit a clinic and get a rapid assessment, information, advice and support. This approach enabled a far larger number of people, with relatively straightforward needs, to be seen by OT staff within the same time period. The approach was very successful in reducing waiting and received positive feedback from attendees. The pandemic forced a pause on this approach and by late 2021 the OT waiting list was back up to 1,300 people. OT Clinics resumed in 2022 and the waiting list at May 2023 had reduced to 200 people.

‘I have just finished speaking with a lovely lady who was seen in clinic and had some galvanised handrails arranged by an OTA. She was very keen to express her thanks to all involved in arranging the rails and for checking up on the fitment. She couldn’t have been more grateful and said that they will make the world of difference for her.’

Joint Community Reablement and Rehabilitation (JCR)

JCR is made up of two complementary services: ASCH provides the Joint Community Reablement teams which provide specialist domiciliary reablement care, free for up to 6-weeks; East Sussex Health Trust provide the Joint Community Rehabilitation service which provide Occupational Therapy and Physiotherapy. The two parts of the service work in tandem or independently depending on the client’s/patient’s needs.

JCR was originally commissioned to maintain people independently in the community. Increasingly JCR also supports hospital discharges with just under 50% of referrals coming from acute wards. Around 5% of referrals are from gateway wards that support admission avoidance. JCR will work with c.1,800 people in 2023/24 with a trajectory to return to pre-pandemic levels of 2,000 people in 2024/25. A key indicator for the service is that at the end of the intervention the client no longer requires a package of care. In 2023/24, 68% of clients did not require on-going care. All the ASCH JCR teams are rated by the CQC as ‘Good’.

Hospital Discharge

The overall picture for hospital discharge in Sussex is challenging.

Percentage of beds occupied by patients who no longer meet the criteria to reside - comparator data

Source: NHS Oversight Framework

Sussex ICB	Latest	Trend						
	Dec-23	Last 6 periods	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Sussex ICB	19.1		19.6	18.4	19.8	20.0	20.5	19.1
National Rank	36/42		39	36	38	37	38	36
National	14.0		13.3	13.6	13.9	14.0	14.0	14.0
Upper National	10.5		9.8	10.1	10.4	10.4	10.2	10.5
Region	17.1		16.5	16.4	17.4	17.3	18.3	17.1
Peer Group	15.6		14.4	14.6	16.0	16.2	16.4	15.6

However, within the NHS Sussex area ESCC performs relatively well. Between January and December 2023, the average number of days between being recorded as ready for discharge and actual discharge in East Sussex, compared to the whole of Sussex (i.e. including Brighton and Hove and West Sussex) were⁸:

Discharge Pathway	Sussex average	East Sussex average
Pathway 1	7.4	6.9
Pathway 2	9.25	6.9
Pathway 3	15.8	19.1

In May 2023, the DHSC and NHS England visited Sussex in light of our comparative national performance. There were no specific actions identified for ASCH although we have continued to adapt our practice to dovetail with acute and community health pathways. For example, as ESHT Urgent Community Response (UCR) staff have undertaken the initial work on a greater number of 'Discharge to Assess' (D2A) community discharges, we have revised our processes so that we start the ASCH assessment and put in on-going services (if required) in a timely manner. Typically, it takes a maximum of 4 days for the ASCH Hospital Teams to triage, assess and secure home care provision so that the person can be discharged from the UCR service.

We have a dedicated Hospital Discharge Team which, at the request of our NHS partners, has returned to undertaking assessments in acute settings and in the community. Specialist mental health discharges are undertaken by our ASCH Mental Health Teams. ASCH commissions D2A beds for the East Sussex place (c.80 beds) and uses a combination of approved home care providers, block hours and the Joint Community Reablement Team to ensure timely discharges. We have worked closely with providers and colleagues in acute to ensure good occupancy in D2A beds and to reduce the average length of stay (which had increased during the pandemic and over winter 2022) from 60 days in March 2023 to 31 days in October 2023, for block commissioned beds. The ASCH Hospital Discharge Team have also co-designed and delivered health, social care and housing training to over 400 ESHT staff in the last 12 months.

Case Study - Joint Community Reablement in-reach service improves hospital discharges

In order to improve the timeliness and accuracy of hospital discharges into the Joint Community Reablement (JCR) service the team offers an in-reach service to hospitals.

The team join Board Rounds and undertake initial assessment of patients in the hospital when required. The team can immediately establish if the person is suitable for a JCR discharge, if consent can be obtained and a separate referral by acute staff is then no longer required. This has reduced the length of stay for a person discharged with JCR services by over 2 days.

Future Plans

We are aware that increased reablement capacity to interim beds could be beneficial but in previous years there has been insufficient funding to achieve this. Our joint commissioning team are at an early stage of planning to use Hospital Discharge funding in 2024/25 to increase ASCH OT provision to interim beds. Consideration is also being given to funding physiotherapy interventions.

⁸ Data provide by NHS Sussex

Reviews

In East Sussex we have a County-Wide Reviewing Team which undertakes reviews for people who have relatively settled packages of care and who would originally have been assessed by an NST. NST's will maintain case responsibility for cases that are more complex or volatile. Mental Health and Learning Disability Teams maintain case responsibility and undertake reviews as part of this.

Reviews - performance

ASCH completed 8,940 reviews in the year to November 2023. ASCH set a target of 66.6% of annual reviews in 2023/24. The 2022/23 outturn was 60.7% and the forecast for 2022/23 is 62.5%. Performance on annual reviews is a priority for ASCH and performance, including benchmarking data, is reviewed monthly by DMT.

Benchmarking across south east authorities indicates that our performance is below average but not a significant outlier. Nationally the number of reviews overdue by more than 12 months increased by 30% between November 2021 and the most recent national figures in October 2022. In East Sussex we saw a 62% decrease in overdue reviews in the same period. The position has recently become more challenged but at Oct 2023 we are still showing a 40% decrease in outstanding reviews since November 2021. Nonetheless we are committed to improving performance in this area and reviews are included in the waiting times project referenced above.

Performance on reviews in 23/24 year to date

Type of review	Apr	May	Jun	Jul	Aug	Sept	Oct
Adult Support Plan reviews overdue by up to 6 months	1,263	1,200	1,201	1,286	1,348	1,309	1,278
Adult Support Plan reviews overdue by 6 months to 1 year	697	661	606	599	614	586	573
Adult Support Plan reviews overdue by more than 1 year	421	473	503	517	524	589	611
Carer Support Plan reviews overdue by up to 6 months	399	367	441	594	596	579	484
Carer Support Plan reviews overdue by 6 months to 1 year	85	103	112	106	119	151	176
Carer Support Plan reviews overdue by more than 1 year	138	133	133	137	140	152	164

Carers

We estimate there are over 69,000 unpaid carers in East Sussex. 21% of East Sussex respondents to the GP Patient Survey 2023 identified as carers. Carer's assessments are undertaken by ASCH staff to explore how caring impacts on the person's wellbeing. This may result in provision of advice, guidance and information or delivery of services. Eligible carers can receive a personal budget as a Direct Payment enabling them to use it flexibly across the year.

Subsequent reviews are undertaken by ASCH staff or our VCSE strategic partner Care for the Carers. The benefit of this approach is that Care for the Carers can introduce themselves, the services they offer and engage on a holistic basis with individual carers. Feedback regarding Care for the Carers reviews has been very positive.

ASCH has a Carer's Breaks and Engagement Team who specialise in providing post-diagnostic support to people with dementia living in their own homes and their carers. In 2022/23 a total of 1,433 carers assessments were completed and 1,815 carers reviews. Over 2,827 people were receiving support at the end of the year 2022 to 2023

ASCH offer a CRESS Plan service where carers can plan ahead for emergencies. The CRESS plan is registered with HSCC who send the carer a card with the 24-hour, 7 days a week telephone number. If a carer experiences an emergency, they (or someone on their behalf) can contact HSCC who will alert the carer's nominated contact (or contacts) and inform them their support is needed.

Strategic Partnership with Care for the Carers

ASCH works closely with our strategic partner Care for the Carers. This includes commissioning Care for the Carers to provide a wide range of services, including: Carers Centres, one to one and peer support, counselling, carers breaks, companionship support, and cover for healthcare appointments. ASCH provides a fund for small grants, administered by Care for the Carers, which supports a range of carer focussed community projects across East Sussex with a value of up to £15,000 per year, per grant.

Carers Centres in East Sussex offer:

- 4 local bases across the county.
- Information and advice.
- Emotional support including counselling.
- Targeted support for mental health carers.
- Carer identification and support in primary care and hospital.
- Peer support and one to one regular phone calls.
- Commissioning of the small grants programme and volunteer respite service.
- Carers Voices Network.
- Healthcare appointments respite funding.

Care for the Carers provided information, advice and support to 9,717 carers in 2022/23. This included 2,448 carers not previously known to the organisation. This figure is forecast to rise by up to 24% in 2023/24 (based on first 2 quarters data). During 2022/23, there were 4,354 direct carer contacts, this figure is forecast to increase by 12% in 2023/24.

Care for the Carers Mental Health Project offers:

- Specialist interventions with this often hidden carer cohort including carers clinics, groups and skills and information sessions.
- Online and face-to-face support groups and activities including walks and cinema.
- A carer education programme to include understanding of mental health services and systems.
- One to one support.
- Targeted engagement work with our Mental Health service partners to stimulate increased carer identification and referral.
- A whole family approach to ensure the needs of all family members are supported.
- Mental Health specialists within the Carers Centre, upskilling and providing peer support to the wider team.
- Promotes understanding of the experiences of carers and enhance their voices within mental health and social care systems.

The project worked with 355 carers in 2022/23 and 219 people have been supported in first 6 months of 2023/24.

What Carers Say

ESCC is in the Upper quartile of ASCOF measures for carers on being consulted and carers' reported quality of life and social contact. The Survey of Adult Carers in England show that ESCC figures are slightly higher than national averages - 37.6% of carers are very or extremely satisfied with social services against a national average of 36.3%.

Carers give positive feedback through our 'Listening To You' (L2U) survey (83% positive for experience of assessment and reviews, 73% positive for their overall rating of the service). However, it is noted that across several years carers have reported a lower level of satisfaction in the L2U survey than clients have.

Plans for Carers

Responding to L2U and the priorities identified in the ASC Strategy, ASCH has begun work on an East Sussex Carers Partnership Plan. Please see Theme 2 for further information.

Prevention

Prevention is an intrinsic component of our strengths-based practice model where there is a focus on creating non-dependency creating solutions. ASCH commissions a range of preventative services (see Theme 2) including provision of 'Telecare only' services to c.4,500 people. There are a range of Public Health preventative services in place, including the Warm Homes Grant, One You East Sussex - our integrated health and wellbeing service - and our Debt Advice service. We also undertake targeted communications activities to support prevention. Our winter mailing is sent to all clients and carers and recently has provided information on vaccinations, access to financial help and staying warm.

CASE STUDY: Befriending Scheme to Support Older Adults Mental Health and Wellbeing and Tackle Chronic Loneliness

Loneliness is known to be a significant contributing factor to people presenting at services. ESCC Public Health identified a need to develop a befriending scheme to support older adults' mental health and wellbeing to help tackle chronic loneliness.

The VCSE Alliance executive group and Public Health took a collaborative approach to scope the requirements for the Befriending Scheme. This co-design approach ensured that the user voice was central to service design and professional service-modelling expertise was embedded. The proposal was taken to the wider VCSE Alliance membership to invite interested parties to put themselves forward to deliver the intervention.

Occupational Therapy

A key component of our preventative offer is the Occupational Therapy (OT) Service. OT assessment services can be accessed directly via HSCC or from internal referrals for existing ASCH clients and to support hospital discharges where an on-going package of care is put in place.

OT clinics are offered to people with relatively straightforward needs, requiring a preventative service, so they can be seen more quickly. Simple equipment is prescribed immediately, and minor adaptations are done via photographs and measurements brought to the clinic or a follow up visit. This timely and proportionate approach helps to ensure that needs do not escalate.

ASCH has a Principal Occupational Therapist role which complements the Principal Social Worker role in developing practice, quality and professional development in the county.

Joint Work with District and Borough Housing Authorities

ASCH OTs have been seconded into District and Borough Councils since 2019. This has allowed for integrated working with housing related services, including larger housing adaptations. Assessments are undertaken regardless of whether the person lives in public or private sector housing. Individuals who are identified as self-funding are offered information and advice, including on major adaptations, to ensure their needs are appropriately met.

The team access the full suite of Adult Social Care support by completing Care Act Assessments and are trained in assessing equipment, adaptations, telecare, carers assessments, mental capacity, and Safeguarding. They provide equipment and minor adaptations via the local Integrated Community Equipment service.

Housing Occupational Therapy feedback

'... so lucky to receive such support to help mum manage in her own home'

'Your support and advice is of great comfort during a period which for us is often one of dark foreboding, but is nevertheless lightened by your empathy and kindness, and is very much appreciated'

'I want to thank you for the many ways in which you have assisted us and made our lives more comfortable and easier'

The partnership between ASCH OTs and District and Borough housing teams won Disabled Facilities Grants Team of the year in the National Healthy Housing Awards 2022.

Direct Payments

ASCH believes that Direct Payments can be one of the best ways for clients and carers to exercise choice and control over the care and support they need. ASCH is committed to promoting and supporting Direct Payments as an attractive option for the greatest possible number of clients.

ASCH is in the top quartile of the national ASCOF benchmarking for the percentage of clients in receipt of Direct Payments. However, there is a downward trend in performance. A survey of Direct Payment recipients and stakeholders in 2022 found that most people would recommend Direct Payments to their friends and family. However, only 20% of people said they faced no challenges with their Direct Payments and people felt that Direct Payments processes could be made less complex.

A Direct Payments Action Plan⁹ has been developed and we are recruiting a dedicated Direct Payments Service Development Manager in 2024. The action plan is divided into two main phases:

- **Phase 1** - aims to improve the current position and processes based on the feedback and knowledge we already have.
- **Phase 2** - seek more information from citizens and Direct Payment users as to how Direct Payments could be made a more attractive option for more people. This information will be used to co-produce new Direct Payment service options and to streamline processes.

⁹ See Information Return

Financial Services

Following a review in early 2022 a number of risks areas were identified in Financial Services including a significant backlog of financial assessments. A project was initiated to improve the position and significant progress was made during 2023. The Online Financial Calculator has been established as the preferred method for financial assessments¹⁰ and includes key questions at the beginning which quickly identify whether a full assessment is required. This prevents people having to use the calculator unnecessarily and supply large amounts of sensitive information. We have improved joint working and information sharing between Financial Services and social work teams.

This has led to a 33% reduction in outstanding financial assessments between May and July 2023 and a reduction in average waiting times from 29 weeks to 5 weeks.

Transitions Service

In 2023 we identified that there could be a lack of clarity regarding roles and responsibilities across Children's Disability Teams and the ASCH Transitions Team. In response we have agreed a joint 'Preparing for Adulthood' approach to case work that sees Children's Services delivering statutory duties and the ASCH Transitions Team leading on work in preparation for the transition to ASCH services. This joint working approach will be used for young people aged between 14 and 17 who are known to the Children with Disability Service. We are now working to put this approach in place for all appropriate young people.

The next stage of the work will be concerned with other young people who have been known to other parts of Children's Services i.e. young people who have been 'Looked After', had a 'Child Protection Plan' or a 'Child in Need Plan'. We will review current pathways, practice and protocols to ensure there are no gaps in provision, develop new/enhanced pathways where necessary and ensure that these are understood across ASCH and Children's Services. Our work within the Multi-disciplinary Transitions Pathway 'task and finish' group will be a key vehicle for delivering this.

Autistic People

ASCH host the Autism Partnership Board, which meets at least three times a year and works to support autistic people and their carers to lead fulfilling and rewarding lives. The board includes autistic people, family and friend carers, local VCSE representatives, the NHS, Sussex police and ESCC. In response to 'The national strategy for autistic children, young people and adults: 2021 to 2026', ASCH and Children's Services initiated a cross-sector project to co-produce a partnership action plan to implement the strategy in East Sussex. Key development and delivery partners are the Autism Partnership Board, the NHS, the DWP and the Police.

The Oliver McGowan draft code of practice will set out the statutory training requirements for autism and learning disability which all CQC registered providers should adhere to. Our training offer has been reviewed to ensure it meets the 4 standards set out in the consultation and will be developed to ensure it meets the final standards and will be signed off by the Autism Partnership Board.

Advocacy

ASCH commission the VCSE charity [POhWER](#) to provide advocacy services for people who use our services. This ensures that people who lack capacity or have significant difficulty in engaging with social with care and health services can access the assistance they need. In 2022/23 our advocacy providers supported people in 2,577 instances.

Quality and performance

Practice assurance

Our Quality Assurance Framework for Adult Social Care¹¹ sets standards, competencies, supervision and audit requirements for the department.

Supervision

All staff are expected to have supervision at 4-6 weekly intervals depending on their role. A refreshed supervision policy was launched in November 2023 across three staff engagement events.

Having noticed that in some areas supervisions were not happening on a regular basis the ASCH Operational Management Team now monitor supervision compliance at every quarterly away day.

¹⁰ Noting that we are aware that some people are digitally excluded and we must continue to ensure that people who want or need to use other means of supplying information are not disadvantaged.

¹¹ See Information Return

Case File Audits (CFA)

Each practitioner is required to have two cases audited by a manager every year. In 2021/22, 72.7% of criteria reviewed were rated 'outstanding' or 'good' overall and 5% were reported as needing some or significant improvement¹².

140 CFAs were completed in the first 6 months of 2023/24. Of the 2,160 criteria rated across these cases:

- 801 were rated 'Outstanding' (37.1%).
- 1,239 were rated 'Good' (57.4%).
- 115 were rated 'Some improvement required' (5.3%).
- 5 were rated 'Requires significant improvement/remedial action' (0.2%).

As well as being actioned at a practitioner/team level, the themes and findings from case file audits are aggregated and reported to the Principal Social Worker (PSW) and Operational Management Team. This enables overarching themes to be identified and addressed at ASCH level where appropriate. The ASCH CFA framework was first launched in 2019 with an interim refresh in 2023. We are aware that the framework requires further development; and we are also aware the requisite number of audits are not being completed/submitted. The ASCH Improvement Board has agreed a priority project, led by the PSW, to refresh and re-launch the CFA Framework in order to provide further assurance as to the standard of practice across ASCH.

Professional Development Offer and Resources for Staff

ASCH works with Research in Practice which provides multiple Strengths-Based Assessment resources.

These resources are promoted to teams by the PSW at regular meetings with Operations Managers, Practice Managers and Senior Practitioners. We have strong links with universities, particularly Brighton University, who we work with to provide Post Graduate Diplomas for Approved Mental Health Professionals and Best Interest Assessor Credits alongside certified refresher training.

The South Coast Regional Centre for Social Work Education (an innovative teaching partnership between ESCC, Brighton and Hove City Council, Brighton University and Sussex University) provides a defined career pathway for social work practitioners. It offers staff the opportunity to deliver training at local universities via our Practitioners Who Teach programme; and it enables practitioners to be supported by academics while doing action research. The majority of our recruitment of newly qualified social workers comes from this teaching partnership.

Our social work education team has two Professional Education Consultants, one who runs Student Learning Hubs and one who is the Assessed and Supported Year in Employment (ASYE) coordinator. We provide a strong programme of support for new members of staff. This includes practicing social workers delivering sessions to trainees and academics basing themselves within social work teams. Please see also the Workforce section in Theme 2.

ASCH Training Offer

ASCH has an in-house team that delivers free [adult social care training](#) for council staff and staff in a broad range of independent sector settings. This ensures the services provided in East Sussex, across all sectors, are done so by a skilled workforce.

The comprehensive training offer includes: Care Act duties, Health and Safety, Mental Health Training, Learning on Specific Conditions, Healthcare, Moving and Handling, Equalities, Diversity and Inclusion, Leadership, Management and Supervision and Safeguarding Adults.

Training requirements are identified in supervisions and team events and the in-house team design and deliver bespoke training on request. We have a post dedicated to ensuring that the Personal Assistant workforce receives appropriate training. ESCC is due to implement a new training portal in 2024 which will enable us to record training received by all ASCH staff.

Using Information From Citizens and People with Lived Experience to Learn and Improve

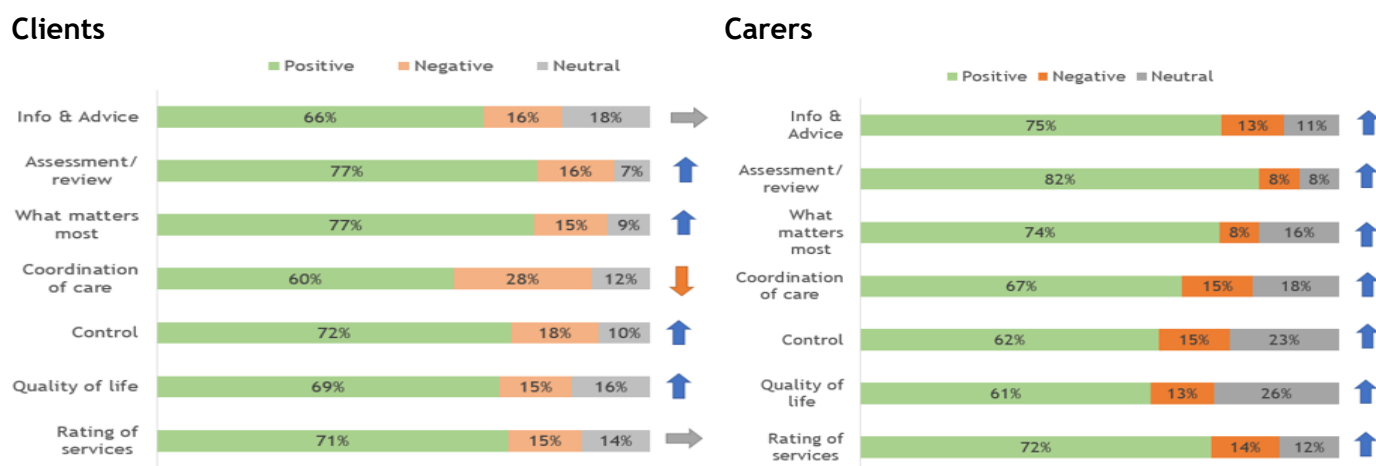
ASCH has a long-standing commitment to engaging with the people we serve, including seldom heard groups, of listening to key messages from local people and of learning and adapting as a result. Recently we have undertaken extensive co-production work to create the ASC Strategy (see introduction). Other key examples are listed below.

'Listening to You' (L2U) Survey

ASCH undertakes two L2U surveys each year. There are a number of standard questions included to support year-on-year comparison as well as new and follow-up questions depending on findings from the

¹² 22% of criteria were rated N/A

previous survey. The findings from L2U are disseminated widely across ASCH including at Performance Board and team meetings at all levels. As noted above, L2U results for carers (relative to clients) was the catalyst to develop an East Sussex Carers Action Plan. Headlines from the Spring 2023 L2U survey:



Learning From Complaints

ASCH received 430 complaints in 2022/23 and received 1,855 compliments in the same period. 51% of complaints were upheld/partially upheld in 2022/23 (44% were upheld in 2021/22). The average time to respond to complaint in 2022/23 was 34 days - an improvement of 3 days on the 2021/22 timescales. There was a 26% decrease in the total number of complaints about ASCH made to the Local Government and Social Care Ombudsman (LGSCO). Of the 28 referred, 9 (32%) went into investigation, which represents 2% of the complaints we received at the local resolution stage. There was 100% compliance with their recommendations, improving services for people who use them in the future. We treat information from complaints as a valuable resource and seek to learn and change what we do in response to the issues raised. Our Complaints Team provide quarterly reporting on complaints activity and a detailed annual report¹³ so that themes can be identified and custom and practice changed/improved where appropriate.

Examples of Learning and Actions from Complaints in 2022/23

- In collaboration with NHS Sussex, we undertook a range of actions to ensure the top-up payments for section 117 aftercare payments were in line with statutory guidance. We reimbursed people who had been charged incorrectly.
- The Direct Payments process was reviewed and we improved the information provided - making sure it was provided earlier in the process and was more accessible.
- A service commissioned by Adult Social Care to provide a care-alarm system recruited additional staff to ensure a more responsive service.
- Financial Services reviewed its internal processes and procedures to improve timescales for financial assessments to be completed. A new letter was also introduced to improve the information provided

Engagement Forums

ASCH has a range of groups and forums¹⁴ which play a vital role in shaping the work of ASCH. This includes the People Bank and Citizen Panel incorporating people who draw on ASCH services and residents of East Sussex, the Disability Rights Reference Group, the Inclusion Advisory Group, the Ukrainian Guest Advisory Panel, the Experts by Experience Group (run jointly with Children’s Services) and the East Sussex Seniors Association.

Seldom Heard Communities

ASCH has worked hard to improve our engagement with and to better understand the needs of and barriers for people from seldom heard communities who may experience health and social care inequalities. Work on the ASCH Strategy highlighted that we were not always reaching Seldom Heard people. A focused piece of work was undertaken in 2022/23 and the findings were reported to the Peoples Scrutiny Committee as well as being included in the ASC Strategy.

¹³ See Information Return

¹⁴ See Information Return

A range of actions have been agreed to improve engagement with these communities which are set out in the Equality and Inclusion Strategy Action Plan 2023-2024¹⁵ and will continue in subsequent Action Plans.

Understanding and Removing Inequalities in Care and Support

The LGA Corporate Peer Challenge noted that: *'ESCC strives to be an inclusive organisation with some frontline staff praising...the genuine commitment to equality, diversity and inclusion.'* We are proud of this description but recognise we can do more in this area.

Equalities training is mandatory for all new staff and equalities training is offered on an ongoing basis. For example, the training programme 'Eggshells to Allyship' was developed to address a lack of confidence to discuss race with colleagues and clients. The Equality and Inclusion team also deliver bespoke sessions according to need. In response to a complaint where a member of staff misgendered a client, a training session on gender identity and trans inclusion was delivered. ESCC works to Accessible Information Standards and provides interpretation and translation services on demand and East Sussex hold and manage the contract for these services across the Integrated Care System.

ASCH Workforce Programme

The 'Building and enhancing social justice in the workforce' group sits within our Workforce Programme.

Key developments and achievements in the last year include:

- Recruited project manager to lead on reducing violence, harassment and discrimination against staff.
- Successful bid to be an Improving Adult Care Together (IMPACT) demonstrator site to work with national experts to reduce violence and discrimination experienced by social care staff.
- Delivered two pilot workshops with JCR managers and teams to explore inclusive communication. This has resulted in a guide which is being drafted.
- Promoting the training offer from the Equality and Inclusion team and delivering sessions to staff
- Hosting Equality Allies meetings.
- Updating the Working Inclusively self-assessment and guide.

A key area for improvement is our use of data to guide ED&I work effectively. There is an ESCC lead officer for the NHS Sussex 'Ensuring Everyone Counts' project which is looking at improving the recording of equalities information across ESCC and NHS providers. Our performance team identify any gaps in recording equality data, and training sessions are offered to teams about the importance of collecting this data and how to frame questions with clients and carers.

There are a range of projects aimed at reducing health inequalities¹⁶ in East Sussex including:

- Havens Carers Project (delivered by Care for the Carers) supports carers in areas of high deprivation.
- Alcohol Care Teams in areas of high deprivation in Hastings and Eastbourne.
- LGBTQ+ inclusion award for services in East Sussex.

Equality Impact Assessments (EqIA)

EqIAs are undertaken as part of our standard change processes. We use surveys, demographic information and feedback from stakeholder forums to undertake a rigorous assessment of impact and avoid unintended, unequal consequences of change. For example we used findings from L2U to support the Home Care tender EqIA and Household Support Fund EqIA. The Inclusion Advisory Group and Disability Rights Reference Group are regularly consulted as part of the EqIA process. EqIAs are quality assured and signed off by an assistant director. The EqIAs include an action plan with target dates.

Using data to manage performance

Please see Theme 4 - Leadership, for information on our performance management framework and how we routinely use intelligence from a range of sources to understand and improve performance.

¹⁵ See Information Return

¹⁶ With funding from the ICB's Health Inequalities Allocation fund

Our Strengths

- Our positive relationships with providers and with the CQC supporting quality and capacity
- Partnership work with VCSE
- Co-production and engaging with people

Priorities for Improvement and Development

- **Prevention Strategy** - using population need data to develop a comprehensive prevention offer, across partners, in East Sussex
- **Carers' Strategy** - understanding current strengths; identifying gaps and co-producing an overarching strategy.
- **Workforce** - recruitment and retention in various roles within ASCH and in the independent sector

Key Information

Activity	Working well	Area for improvement
Number of clients supported in bedded settings as of 31/03/2023: 2,581	Care Homes good or outstanding October 2023: East Sussex 81.7% Average for English County Councils 79.1%	ASCOF measure: Proportion of adults with learning disabilities who live in their own home or with their family:71.2% Lower quartile
2022/23: ASCH supported 3,943 clients in long term community services including commissioning 1,390,821 hours of homecare	Community based locations 'good' or 'outstanding' October 2023 East Sussex 74.8% Average for English County Councils 67.9%	Provision for people leaving long-stay inpatient units with extremely complex needs

Understanding the Health and Care Needs of Our Population - Data

We make extensive use of data to understand the health and care needs of our community. This includes the [Joint Strategic Needs Assessment](#) site which contains a very wide range of information, briefings, reports and data; and [East Sussex in Figures](#) a local information system that provides the latest statistics on the social, economic and demographic character of East Sussex.

Engagement with Citizens and People Who Draw on Services

As set out in Theme 1, we have an extensive range of engagement forums across the county including citizens who use our services, groups that represent people with different protected characteristics, and reference groups for people with health or sensory issues.

Co-production

ASCH is committed to co-production of services with experts by experience, recognising the improved quality, relevance and efficacy of services where the voice of users has been central to the design and commissioning process. Putting the co-produced ASC Strategy at the heart of our business has been covered earlier in this document. Other examples of where co-production is working well are set out below.

Learning Disability

The [Involvement Matters Team \(IMT\)](#) is facilitated by ASCH and is made up of adults with learning disabilities who draw on ASCH services. Members of the IMT sit on the [Learning Disabilities Partnership Board](#) which is co-chaired by a member of the IMT. The board is the overarching reference group for adults with learning disabilities in East Sussex. The IMT are heavily involved in co-production and service development across East Sussex, including:

- Creating specific questions and KPIs for tenders and sitting on tender panels.
- Delivering parts of ASCH training.
- Supporting peers to use digital tools safely.
- Production of numerous 'easy read' documents.
- Part of recruitment panels for ASCH jobs.

A list of key achievements by the IMT can be found here in the IMT involvement, contributions and impact 2022-2023 the plan for 2023-2025 can be found in The Involvement Matters Team Plan 2023 - 2025.¹⁷

Mental Health

The joint (ESCC/NHS Sussex) Mental Health Commissioning Team are retendering the majority of our community Mental Health Support Services as current contracts end in March 2024. The Commissioning Team take a co-production approach across all elements of service development and have worked hard to develop excellent 'open door' relationships with people who draw on services. There are two main mental health Experts by Experience groups in East Sussex, both of which are members of the East Sussex Mental Health Action Group:

- A dedicated participation service delivered by our CVSE partners Possability People.
- Experts by Experience Programme - runs workshops to help people develop their skills and confidence to get more involved in co-production opportunities; and runs focus groups for the Experts by Experience to feed their knowledge and views into.

There is a standing invitation for two Experts by Experience to attend the Commissioning Steering Group, so that at least one person will always be in attendance; a member of Possability People provides support if helpful. People with lived experience are members of the subgroups which review individual service specifications and evaluate services. For example, reviewing the specification for the Wellbeing Centre service and an Expert by Experience evaluating the Complex Emotional Needs service.

Older People

There are seven Seniors' Forums across the County. ESCC works closely with these groups local to help design, plan and deliver improved services for older people. Every year we work with East Sussex Seniors' Association (ESSA) to organise a festival of events across the county, celebrating Older People's Day. Older People's Day is on 1 October, but in East Sussex there is a two-month long programme of activities throughout September and October. The programme of events focuses on keeping physically, emotionally and socially active. [Full of Life festival 2023 | East Sussex County Council](#)

Services in East Sussex

Fee uplifts and cost

ASCH hugely values the East Sussex provider market. We are committed to working in partnership with providers to maintain a strong, high quality, resilient care market in East Sussex. Historically, ASCH has been proud of its ability to maintain good relationships and a strong local market whilst also adhering to payment at 'published rates'. This has been critical to ensuring the financial sustainability of ASCH. In 2022/23 East Sussex used 100% of the Fair Cost of Care grant on fee uplifts, providing a 10% fee uplift across all services. Even so, post-pandemic and with the 'Cost of living crisis' impacting the sector, it is increasingly difficult to maintain 'published rates'.

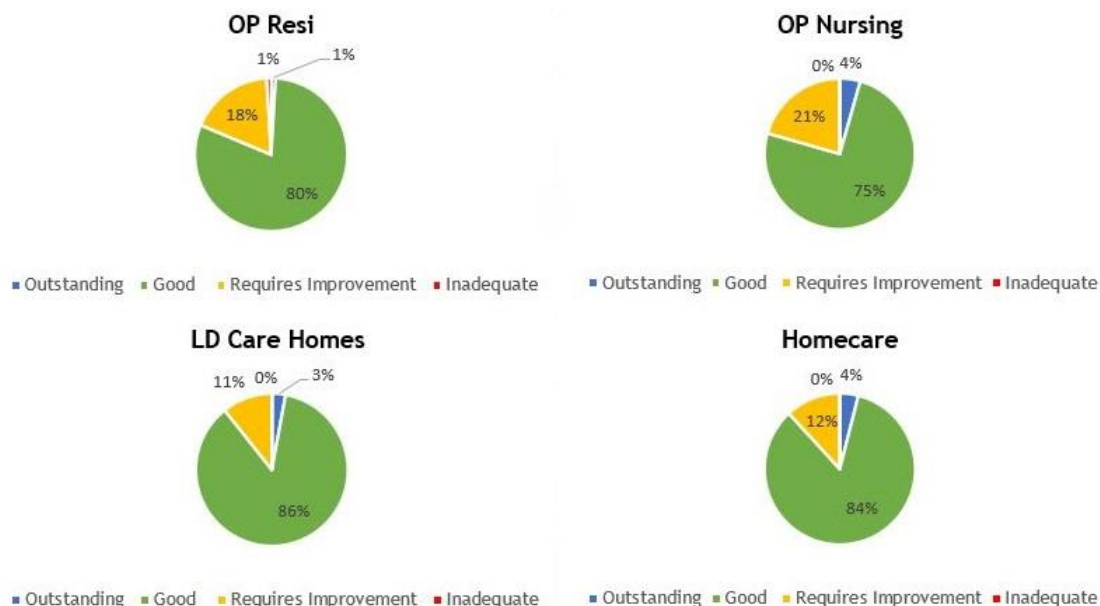
Choice and Independence

Our social care practice supports choice and control using the indicative personal budget model to ensure fairness and underpin conversations about how a person might choose to meet their eligible needs. Commissioning processes reflect choice, for example the recent re-tender of the Home Care contract emphasised choice both by having two main providers for each geographical area but also by building an expectation of client choice into the specification. For bedded care, the Supply Management Team routinely offer a choice of placements, with choice being limited in exceptional circumstances only.

CQC Ratings for Providers in East Sussex

At the end of October 2023 there were no bedded or community services in East Sussex rated as inadequate. We believe our approach to market support (see below) is one of the critical success factors in this. CQC ratings for services in East Sussex, as at October 2023:

¹⁷ Both documents supplied as part of the Information Return



Bedded Care

There are 123 providers of older peoples bedded care in East Sussex with 168 services. There are 53 providers with 111 establishments for Specialist Bedded care. In 2022/23, ASCH supported 3,300 clients to access long-term support in bedded care.

Homecare

Over recent years the local authority home care market has been under some pressure - notably around the ability to recruit and retain staff. 2023-2024 has been unusual in that there have been periods where capacity has exceeded demand. Currently there is market capacity and no waits for home care provision.

Our homecare contract has recently been re-let and reflects our commitment to working with providers to ensure capacity, quality of provision and to offer clients choice. We now operate a model with two lead providers for each area which supports supply resilience and choice. The new contract is paid against rostered hours rather than actual care delivered. This change was made, in discussion with providers, to more accurately reflect their costs. The payment model is conditional on the additional monies for rostered care being passed on to frontline care workers. The Home Care contract has been issued on a 10 year (6+4) basis to give security and assurance to the market to encourage investment and development.

Extra Care

We commission one Extra Care provider to run six schemes with 295 units. We have a single allocation agreement (jointly agreed with District and Borough Councils) and recruited a specialist Extra Care Coordinator to ensure occupancy rates (a high void rate having been an issue in 2018). During 2019 this resulted in a reduction in voids from 42 to 7 and an increase in delivered care from 275 hours per week to 362 hours per week; this level of performance is now being maintained.

Supported Living

There are 38 providers of Supported Living accommodation in East Sussex, delivering 128 services with 699 beds/units. In 2022/23 ASCH supported 735 people to access these services.

ASCH is below the national, the South East and our comparator authorities for the ASCOF indicator 1G: 'Proportion of adults with learning disabilities who live in their own home or with their family'.

The council is committed to increasing supported living provision for adults with a learning disability in East Sussex. £6.4million capital is being invested to reconfigure three bungalows from residential care to supported living. We are also remodelling another Council site to create seven, self-contained flats with access to appropriate support services for tenants. These projects are due to complete in 2025.

Mental Health

ASCH provide a [range of Community mental health support services](#) which are free and available to any adults living in East Sussex who are living with mental health challenges. These services include:

- 7 Wellbeing centres providing community-based support.
- Peer Support Service.

- Staying Well Space - out of hours support in the evening at a 'Crisis Café'.
- Thinking well - service for adults with Complex Emotional Needs.
- Community Connectors - social prescribing.
- Screen and intervene (Severe Mental Illness Physical Health Checks).
- Mental Health Support Coordinator Service - early intervention services accessed via GPs.
- Individual Placement Employment Support.
- Drop in Hubs - For seldom heard clients with complex needs.
- Service User Engagement and Involvement Service.

Other Commissioned Services

ASCH commission a wide range of other services for people who have eligible needs under the Care Act and/or on a preventative basis. Many of which are described in Theme 1, other notable services include:

Joint Integrated Community Equipment Service (ICES)

7,609 clients were receiving equipment or telecare as a part of their package of care as at 31st March 2023. This includes: community equipment, minor adaptations and sensory support equipment provided by [East Sussex Hearing Resource Centre](#) and East Sussex Vision Care.

Technology Enabled Care Services (TECS)

Offers a range of assistive technology such as sensors, detectors, Lifeline alarms, key safes, medicine reminders and wellbeing checks provided by NRS Healthcare. TECS equipment is monitored 24-7-365. TECS are often provided as part of a larger package of care but we also have over 4,000 people in receipt of TECS only, as a preventative measure.

Day Services

East Sussex has [many day services](#) run by independent and VCSE providers covering a wide range of activities and cohorts. For ASCH supported clients, to support choice, these services are spot purchased (or purchased using Direct Payments). In April 2023, 370 clients were accessing independent sector day opportunities.

ASCH Provided Services - Older People¹⁸

Milton Grange - Milton Grange provides short term residential beds for adults 65+ with physical and mental health needs. It provides specialist intermediate care including for people with dementia and the provision of nursing care where required. Milton Grange is rated as 'good' by the CQC. Approximately 75% of people are enabled to return home after their stay at Milton Grange.

Milton Grange also provides an Outreach Mental Health service. The service offers assessment and rehabilitation to people in the community to prevent admission to hospital or to facilitate hospital discharge. The service also supports independent care homes to continue to care for people when their needs increase, thus preventing the person having to move. The Outreach Service comprises a multi-disciplinary team of Occupational Therapists, Physiotherapists, Therapy Assistants and Specialist Mental Health Nurses.

Day Services - The Phoenix Centre provides activities to support adults living with dementia, Stroke and other age-related health conditions. The facility offers up to 25 places a day. We also run a day service from Milton Grange which offers 45 places daily during the week and 25 places on Saturday.

ASCH Provided Services - Learning Disability

Respite - East Sussex run [two residential](#) respite services for people with learning disabilities: Grangemead (12 rooms) and Greenwood (14 rooms). Both are rated as 'good' by the CQC. Activities include outdoor games, arts and crafts, beauty/manicure sessions, TVs with DVD players in every room, themed nights and cookery and living skills.

Day opportunities - East Sussex run four [Day Support Services](#) for adults with a learning disability. Sessions take place in centres or in the community and include twilight sessions such as supper clubs, movie nights and disco nights.

East Sussex Community Support Service - The service supports people with a learning disability in their own home or in supported living. The service aims to improve quality of life and to enhance skills so that people can live as independently as possible. The service is rated 'good' by the CQC.

¹⁸ Carers breaks team and Joint Community Reablement services are covered in Theme 1

Shared Lives and Supported Accommodation Team - The Shared Lives scheme matches adults who need support or care with a Shared Lives provider who agrees to share their home and their family/community with them. This can be long term, short term or respite. Shared Lives is rated 'good' by the CQC. Supported accommodation is a service that aims to enable adults to live more independently in the community. The Supported Accommodation Team (SAT) supports providers and assists tenants referred by Adult Social Care services.

Steps to Work - Is a supported employment service that helps people with a learning disability and/or autism into work. We currently offer community-based projects including a café and car cleaning service, as well as routes into employment via work placements with local employers.

Provision for People with Multiple and Complex Needs

ASCH and the ICB are committed to finding appropriate community-based settings for people with learning disabilities and mental health issues leaving long-stay hospital care. Currently there is a gap in provision in the county for people with particularly complex and challenging needs. We have had a number of requests for single-person, bespoke accommodation and highly specialised packages of care. Although this relates to a small number of people, demand is increasing and the lack of suitable provision presents a significant issue across ASCH and Health partners, especially when placements breakdown.

East Sussex ASCH have well established and positive relationships with the small number of providers who are able to support these individuals in very specialised placements. Increasingly, however, we are only able to find appropriate accommodation out of the county. To try to address the demand for highly specialist placements within Sussex, ASCH, in partnership with system colleagues - including the ICB, Mental Health Foundation Trust and District and Borough colleagues - has initiated a pan-Sussex strategic approach to look at how we can collectively respond to this challenge.

Culturally Appropriate Services

We seek to provide services appropriate to cultural needs, for example we are part of the community of practice¹⁹ '[Circle](#)'. The project aims to address the concerns of LGBTQ+ people 'about future care in care homes or in the home'. We are also working with the University Teaching Partnership around engaging with adults from a Black, Asian, and minority ethnic background. Equalities and Human rights duties are built into all ESCC contracts and form part of ASCH standard terms and conditions.

Strategic commissioning

Our commissioning approach is driven by local priorities - including those set out in plans with partners. The [East Sussex County Council Adult Social Care Portfolio](#) plan sets out the aims of Adult Social Care services and aligns with the Health and Wellbeing Board Strategy: [Healthy Lives, healthy people](#). We are also signed up to the five-year Sussex Integrated Care Strategy 'Improving Lives Together' [Our strategy - Sussex Health & Care \(ics.nhs.uk\)](#). Please see Theme 4 for further information.

Our [Market Position Statement](#) provides further information on the current market and 'state of care' in East Sussex. Specific areas are augmented as necessary, for example carers and developing our overarching East Sussex Prevention Strategy.

East Sussex Carers Partnership Plan

East Sussex recognises the vital role that carers play. We believe we have a good offer for carers but messages from carers (notably in L2U survey and the ASC Strategy) imply the offer could be improved. We are developing a Partnership Plan, co-produced with carers, the NHS and other partners, which will set out a more strategic, joined-up, approach to carers and inform future commissioning. Work on the Carer's Partnership Plan commenced in November 2023 with a target of the plan being agreed and implemented during 2024/25.

We are working with Sussex ICB on developing a Sussex-wide Carers Strategy. Our intention is that the East Sussex Carers Partnership Plan will be our placed-based element of this, ensuring an integrated approach across the system.

Prevention Strategy

ASCH has a preventative approach embedded in practice and there are a range of services and options that support people to prevent, reduce or delay the need for long-term support. This reflects the plans set out in the ASCH portfolio plan, particularly under the corporate priority of 'Helping People Help Themselves'. Informed by the ASC Strategy, our ambition is to further develop our prevention offer in

¹⁹ Led by the [Applied Research Collaboration Kent, Surrey and Sussex](#)

East Sussex by creating a Prevention Strategy with key partners and stakeholders, for example citizens, Public Health, the NHS, Primary Care, VCSE and the private sector. The starting point is interrogating data on current and future population need. We will build upon this, taking a co-produced approach to understand needs and aspirations and where necessary improve practice or develop services. Work is underway with a view to publishing the strategy in 2024/25.

Joint Commissioning

Joint Commissioning teams have been in place for many years and our partnership approach to commissioning has resulted in strong outcomes across the system. ASCH host the Adult Social Care and Health Joint Commissioning Team and the Mental Health Joint Commissioning Team. Staff are drawn from ESCC and the NHS. Jointly commissioned services are available to people whether their support needs are being met by the NHS or by ASCH which avoids unnecessary hand-offs and silo working.

The Safer Communities Partnership works closely with the Office of the Police and Crime Commissioner to ensure a strategic approach to tackling domestic and sexual violence and abuse. There are jointly owned needs assessments, strategies and action plans and joint governance mechanisms at the Domestic Abuse Partnership Board and its sub-groups. Key services are jointly commissioned e.g. specialist domestic and sexual violence services, refuge and support services for victims of domestic abuse and addiction/substance misuse services.

What People Say

In the most recent L2U survey 60% of clients were positive about coordination of care, 28% were neutral and 12% were negative. 67% of carers were positive about coordination of care, 15% were neutral and 18% were negative. The LGA Healthcheck, which measures staff views on the way services work and operate, showed that 78% of registered social workers and 81% of occupational therapists rated our strategic relationships as 'good'.

Partnership with Voluntary Community and Social Enterprise (VCSE)

The local authority recognises the unique contribution of the voluntary, community and social enterprise sector in the provision of care and support and actively works with the sector as an equal partner. ESCC hosts PartnershipPlus, a forum for senior officers from the VCSE and public sector, including the ESCC Chief Executive and the ASCH DASS. PartnershipPlus leads on cross sector activities including a collaborative commissioning programme and a loneliness stewardship group. ESCC invests in the Three Voluntary Actions in East Sussex: [3VA](#), [HVA](#) and [RVA](#).

Our East Sussex Commissioning Excellence Programme aims to develop East Sussex as a centre of excellence for Voluntary, Community and Social Enterprise (VCSE) commissioning. We are doing this by improving communication and dialogue between statutory commissioners and VCSE organisations; building trusting relationships as peers; sharing skills and expertise from different perspectives; working in collaboration with NHS Sussex and ESCC public engagement teams to drive service provision from the perspective of the people drawing on services, not the commissioner or provider; and addressing the culture shift necessary to achieve sustained change. At the first workshop in July 2023, it was agreed we would work towards 'transparent bravery' in commissioning and procurement and in the latest workshop in October 2023 it was acknowledged that ESCC has listened to feedback from the VCSE Alliance, and through collaborative working and honest discussions, we are now seeing recognition of the need to have appropriate terms to sustain the VCSE market. Our recent mental health procurement process benefited from this approach. The VCSE Alliance and wider VCSE networks were consulted on the procurement model that would best serve East Sussex and stakeholders confirmed a lead provider who would be a strategic partner for future mental health development. Additionally members of the VCSE Alliance were part of the working group.

In 2023, ASCH created a dedicated partnership team reflecting our commitment to working with VCSE partners. Programmes of work underway include:

- **Migrant Support** - VCSE partners have contributed to the needs assessment for refugees and asylum seekers and provide a range of support services including help to access health services, social networking and social prescribing services.
- **Community Networks** - building on Community Hubs that were developed during the pandemic.
- **Financial Inclusion Programme** - ASCH is a system leader working across sectors including the VCSE, District and Borough authorities, the Department for Work and Pensions and NHS Sussex.

Partnership Working with the VCSE on Financial Inclusion.

Our Financial Inclusion Programme is directed by a multi-agency steering group with partners from the VCSE, the NHS, District and Borough Councils and ESCC.

The 'Additional Measures' grant supports an increased demand for money information and advice delivered by 11 VCSE providers including Citizens Advice, Age UK, Age Concern, Amaze, Possability People and BHT Sussex. In the first two quarters of 2023/24, 2,350 cases were worked on with a net financial improved position of £1,077,800 for the households supported.

The Financial Inclusion Programme commissions the Low Income Families Tracker which enables District and Borough authorities to identify households where there is a shortfall in benefit take up and promote local income maximisation campaigns. In Eastbourne, 42 residents have already benefited, generating an additional £150,000 in income.

ESCC also works with the VCSE to administer a proportion of the DWP Household Support Fund. In 2023/24 the VCSE will administer £1.4million. This enables community groups that work with hard-to-reach members of the community to access vital support. In Q1 and Q2 of 2023/24, £700,000 of the fund was used to help 4,785 households in East Sussex.

Housing

ASCH have a positive relationship with District and Borough housing authorities. Public Health host a jointly funded role which formally coordinates work across partners including the development of an East Sussex Housing Strategy. The multi-agency East Sussex Housing Partnership Board is the main forum for this with sub-groups managing operational issues.

Supported Accommodation and Floating Support are commissioned by ASCH and operate across Adult Social Care, Children's Services, Health and District and Borough councils. See also Theme 1 re: ASCH Occupational Therapists seconded into District and Borough authorities.

Working with Providers

We value our relationships with providers across sectors. ASCH formally meets with the local Registered Care Association (RCA) on a regular basis and directly supports RCA engagement activity, including funding of £25,000 for 2023/24. ASCH provides a range of support to providers including:

- Market Support Service - which purposefully adopts a supportive and collaborative approach (see below).
- Employing three dedicated staff to attract new staff into the care sector, through promotion at: careers fairs, colleges and universities and work with the DWP, the Armed Forces Network, Restless over 50s project, Princes Trust, Refugees and Reed in Partnership. Candidates are supported with free training, interview preparation and coaching.
- Grant funding towards the costs of recruitment, settlement and integration of overseas workers. In 2023/24 we offered Lead Providers grants of between £1,850 and £3,750 - between 25% and 50% of their overseas recruitment costs.
- The ASCH Training Team facilitates the East Sussex Registered Managers Network in partnership with Skills for Care Local networks for managers (skillsforcare.org.uk).
- Weekly newsletters to providers and hosting regular 'Care Home Huddles' - online meetings to discuss and address areas of concern with a range of partners, for example NHS infection control experts.
- Free comprehensive training open to all East Sussex care providers. This includes all mandatory training, leadership and management, staff wellbeing, specialist and bespoke training.

Feedback from Providers on ASCH Market Support Offer

'We had CQC visit, final report came today all GOOD. I thought I should let you know, you supported us lots'

'I just wanted to thank you for your support. Our CQC rating has improved and we are over all good'

'I have been talking to....CQC today who was singing your praises from the roof tops. She said every service in ESCC that she is in contact with gives you 100% positive feedback and how your knowledge and support is such a huge and invaluable asset'

Market Support, Quality and Resilience

The ASCH Supply Management Team maintain an excellent knowledge of the provider market and risks through a number of different information sources including: CQC ratings, weekly meetings with local

CQC inspectors, weekly meetings with Care Home providers, meetings with the ICB and Healthwatch and through the multi-agency Market Oversight Panel.

Market Oversight Panel

The Market Oversight Panel (MOP) is a two-weekly forum, chaired by ASCH, that shares information about the independent care sector in order to:

- Identify potential risks to clients.
- Understand risks and impacts on the wider market.
- Provide and coordinate support to the market.

The MOP is a multi-agency meeting with members drawn from our Market Support Team, Supply Development Managers, the Safeguarding Development Team, Operational Teams and the ICS Clinical Quality Nurses.

The MOP can make recommendations to suspend a service, which will then be ratified by Departmental Management Team. Other decisions such as the provider agreeing to a voluntary embargo are also considered by the MOP.

Support to Providers in Crisis

ASCH have contingency measures in place to support providers in exceptional circumstances. We have supported services in business continuity situations including: illness, fire, flood and reduced staffing. We initially focus on providing expert advice and helping to develop an action plan. In exceptional cases, where the issue cannot be resolved and continuity of care and safety of residents must be ensured, time-limited additional help can be provided. Examples have included emergency provision of meals, cleaning and hygiene services and support to access temporary care staff.

Workforce

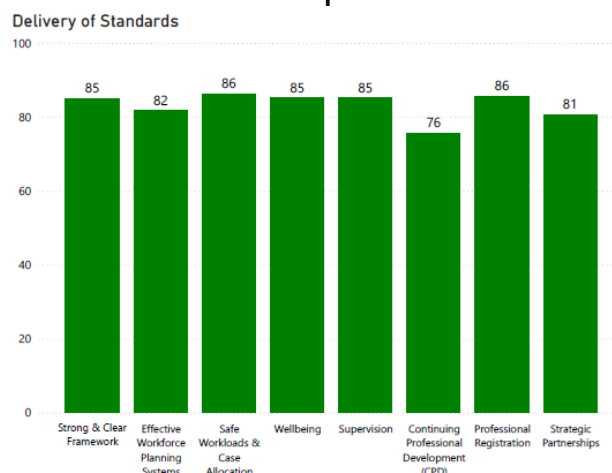
LGA Health Check Results

The health check is an annual survey carried out by the Local Government Association with the purpose of better understanding the experiences of social workers, occupational therapists, and other social care professionals. 258 ASCH staff took part in the most recent survey²⁰ (December '22 - January '23). ASCH performed well overall but there were some specific areas which will be addressed by our PSW and the ASCH Workforce Programme. Headlines from the most recent survey results for ASCH were:

Delivery of employer standards for registered social workers

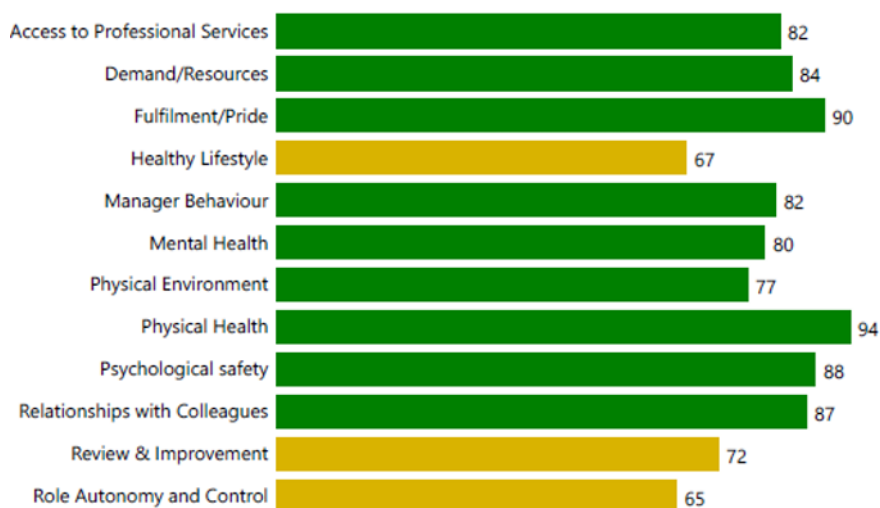


Delivery of employer standards for Occupational Therapists



²⁰ See Information Return

Response from non-registered social care professionals



ASCH Workforce Programme (see also Theme 1)

ASCH have been undertaking extensive work on workforce issues across a number of years. Our current programme runs from March 2022 until March 2025. The purpose of the programme is to bring stakeholders together to co-ordinate a coherent and positive response to workforce challenges in ASCH. The programme is overseen by the Assistant Director Operations and is focussed around the following workstreams:

- Recruitment.
- Enhancing the wellbeing of the workforce.
- Retention.
- Building and enhancing social justice in the workforce.
- Leadership and management.
- Strategic workforce.

Key achievements of the current programme:

Social work apprenticeships - 4 people start the social work apprenticeship course every year. Eight staff have already completed this degree level apprenticeship and are working in the service as social workers.

Recruitment of qualified staff - 16 newly qualified social workers started their careers with us in September 2023. Each has a supervisor/assessor within their team and support from the Social Work Educational Team Professional Educators. Ten social work degree students started their final placement with us in October 2023.

Internal careers event - Staff told us that career progression and development opportunities are important to them. In response we piloted an internal careers event with over 100 staff attending.

'Refer a friend' scheme - launched in 2022, the scheme operates in provider services. When a member of staff successfully refers a friend they are both entitled to a £250 payment.

Proportionate application process - We have reviewed our application processes to ensure they are proportionate and designed around the requirements of the role. E.g.: our Joint Community Rehabilitation service has piloted using short questions around values rather than asking applicants to fill out a lengthy personal statement.

Partnership working

ASCH is an active member of the multi-agency East Sussex Strategic Workforce Group, which has a particular focus on identifying opportunities for collaboration, and the East Sussex Organisational Development Network. The East Sussex Virtual Careers and Recruitment Hub was a collaborative project aimed at growing the workforce across health and social care.

Our Strengths

- Safeguarding work is undertaken by staff across ASCH
- Dedicated Safeguarding Development Team
- A strong multi-partner Safeguarding Adults Board

Our Challenges

- Increasing the level of engagement with and feedback we receive from people who have had experience of Safeguarding
- Understanding high conversion rate between concerns and enquiries, compared to other authorities
- Strengthening learning and embedding practice improvements from Safeguarding Adult Thematic reviews

Key statistics

Activity	Making Safeguarding Personal	Outcomes
May 22 - April 2023 Safeguarding Concerns received: 5,008	Proportion of people subject to Safeguarding who were asked what outcomes they wanted. 93%	Upper quartile for ASCOF measure: Proportion of people who use services who feel safe. 74.2%
Conversation rate of concerns to enquiries: 53.7% (national average 34%)	Proportion of people who lacked capacity subject to Safeguarding who had a formal or informal advocate: 98.4%	Upper middle quartile for ASCOF measure: Proportion of people who say those services have made them feel safe and secure: 87.1%

Safeguarding

Safeguarding process overview

Health and Social Care Connect (HSCC) receive and triage Safeguarding referrals. Within HSCC there is a dedicated team, the Safeguarding Hub, which considers the three key tests. Where there is insufficient information, or where the three key tests are met, the case will be referred to the appropriate assessment team for further work. Safeguarding concerns can be raised by phone or via an online form. Information and advice is given at all touch points. The Emergency Duty Team is in place to address urgent issues outside of normal office hours to ensure 24-hour, 365-day coverage.

As enquiries are undertaken by all care and assessment teams there is a resilience of resourcing across ASCH and Safeguarding is ‘everybody’s business’. This means that Safeguarding considerations are central to our practice creating a clear link between needs assessment outcomes and Safeguarding outcomes. There is also a continuity of practitioner/team and local knowledge brought to Safeguarding cases. To support case allocation, a tool has been developed by the Safeguarding Development Team which assesses the complexity of a case and identifies the requisite level of experience of the practitioner who will undertake the enquiry.

Safeguarding Development Team

The dedicated Safeguarding Development Team (SDT) lead on strategic development and improvement to Safeguarding in East Sussex. The team includes the Local Authority Designated Officer (LADO) for adults and a Safeguarding Board manager to support the Safeguarding Adults Board (SAB). The team undertake and report on Safeguarding audits and provide support to operational teams on all areas related to Safeguarding, including:

- creating and maintaining guidance and policy documentation
- developing bespoke presentations, briefings and podcasts
- lead for ASCH at Multi Agency Risk Assessment Conferences (MARAC);
- independently chairing complex Safeguarding cases
- working with partners and coordinating the agreed ASCH activity
- undertaking staff checks for new ASCH employees.

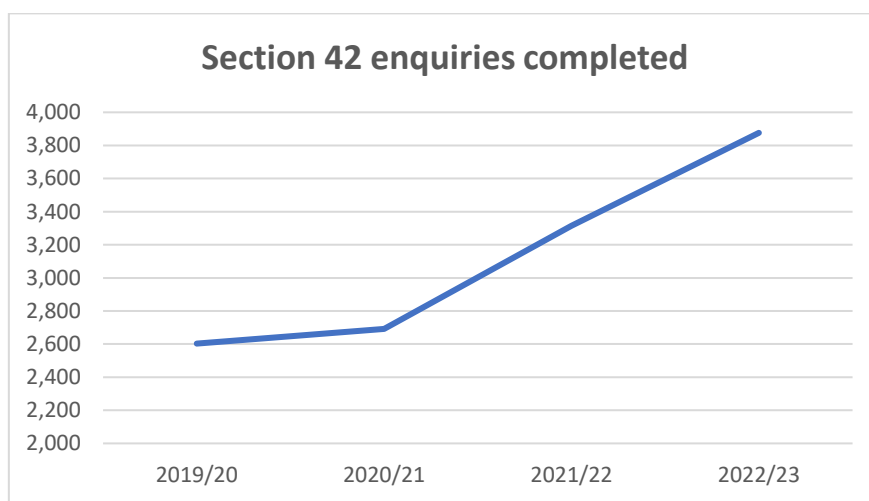
The LADO will be involved in the most complex and serious cases, involving people in a position of trust.

There is a close relationship between the SDT, the Community Safety Partnership, and the Children’s Safeguarding Partnership, including: joint thematic learning across Domestic Homicide Reviews; Drug and Alcohol Related Deaths; Local Children’s Safeguarding Practice Reviews and Safeguarding Adults reviews. ASCH are also joining the police led Multi Agency Tasking and Co-ordination (MATAC) meeting, which will coordinate responses to the highest risk domestic abuse perpetrators. Members of the Safer Communities team chair the PREVENT board and the LADO chairs CHANNEL meetings. The team is also closely involved with contextual Safeguarding and ASCH jointly fund a post with Children’s Services and work with the Children’s Safeguarding Partnership specifically in relation to contextual Safeguarding.

There is a [Sussex Information Sharing Guide and Protocol](#) which sets out how information between partner agencies of the Sussex SABs should be shared for the purposes of Safeguarding adults.

Demand and Activity

The service received 12% more concerns in 2022/23 than in 2021/22; 5,835 against 5,150. The number of Safeguarding enquires has increased by 48% from 2,603 in 2019/20 to 3,876 in 2022/23. Benchmarking against other councils shows East Sussex has a higher proportion of individuals aged 18-64 involved in a Safeguarding enquiry but broadly comparable numbers across other age groups.



In the context of increasing demand, timescales for completing enquiries have increased over the last year. At the end of May 2023, 656 cases were open across all teams. Approximately half of these cases had been open for longer than 30 days.

Conversion rate - Safeguarding Concerns That Become Safeguarding Enquiries

The current conversion rate of Safeguarding concerns that become a Section 42 enquiry is 40% against a national average of 31%. Other enquiries, where a decision is made to undertake an enquiry although the threshold for a Section 42 enquiry has not been met, means the overall conversion rate is 53.7% against a national average of 34%. We believe this relatively high conversion rate is, to some extent, evidence of ASCH’s commitment to the wellbeing and safety of its citizens. However, we need to understand if there are instances where the same outcomes could be achieved outside of the statutory Section 42 process. The Safeguarding Development Team are scheduled to undertake a threshold audit at the start of 2024/25 to better understand the reasons for our high conversion rate and identify whether any changes to current practice are indicated.

Safeguarding Information and Awareness

There is comprehensive information about what Safeguarding is and how to make a referral on the East Sussex website and the Safeguarding Adults Board website. Social media is used to highlight and promote awareness about Safeguarding especially during Safeguarding week. The Safeguarding Community Network chaired by Healthwatch is a subgroup of the Safeguarding Adults Board, the aim of which is to have presence, insight and impact in the community.

Safeguarding Adults Board (SAB)

The multi-agency East Sussex SAB is led by an independent chair and supported by a SAB Development Manager and Co-ordinator. The SAB is made up of the representatives from ESCC, District and Borough Councils, the NHS, care providers, the police, prison and probation service, VCSE organisations and other

stakeholders. [The Sussex Safeguarding Adults Policy and Procedures edition 4](#) (currently under review) sets out how partners work together.

The SAB has formal links with a number of other strategic partnerships in East Sussex, including: the East Sussex Safeguarding Children Partnership, Safer Communities Partnership, Children and Young People's Trust, the East Sussex Domestic and Sexual Violence and Abuse Management Oversight Group and the Health and Wellbeing Board. The SAB works closely with the neighbouring Brighton and Hove and West Sussex SABs and many of our policies and procedures are operated on a pan-Sussex basis.

The work of the SAB and its priorities are set out in the [East Sussex Safeguarding Adults Board Strategic Plan 2021 - 2024](#). The plan sets out the vision of the board and the outcomes sought for the people of East Sussex; the aims and objectives for the next 3 years; and how the Board will work towards these. The SAB produces an [Annual Report](#) which sets out the work that has taken place in the previous year, details of Safeguarding Adults Reviews and the performance of member agencies. The Board meets four times a year and is supported by a range of subgroups. Each subgroup has a work plan that details the areas of focus for the year and is regularly updated with specific actions and timescales.

Learning from Safeguarding Adults Reviews (SARs)

Disseminating regular multi-agency learning from Safeguarding Adults Reviews, by multiple channels, is a core function of the SAB. Learning Briefings are created and training delivered to practitioners. In addition to promoting the learning from individual SARs, the learning and agreed actions are aggregated annually in the Safeguarding Adults Reviews Action Plan.²¹

Eight recommendations from SARs Charlie and Donna have been completed since October 2023 and will be shared with the SAB in April for sign off. (SAR Charlie Recommendations 1,15, 4,16 SAR Donna Recommendations 3,7,9 and Thematic SAR Recommendation 5). Twenty-seven recommendations remain in progress with a number nearing conclusion. Recent additions to the plan include recommendations from SAR Gwen and Ian, Hannah and Finley and will progress through 2024.

Learning from Safeguarding Adults Reviews

East Sussex Multi-Agency Transition to Adult Protocol

The protocol was developed in response to recommendations in the ESSAB Thematic Safeguarding Adult Review 2022, SAR Charlie, Local Children's Safeguarding Practice Review (LCSPR) for Child AA and the LCSPR Thematic Review 2022. A multi-agency working group drew up a new protocol to be adopted by multiagency partners involved in ESSAB and ESSCP. The protocol:

- Sets out a shared vision on how East Sussex agencies will support young people in their transition to adulthood.
- Describes the agreed vision for what 'a good transition' looks like and 6 principles which underpin work to achieve a good transition.
- Is an agreement on how agencies will work.

It is a strategic priority of the Safeguarding Adults Board to ensure learning from reviews is effectively embedded into practice and to facilitate organisational change across agencies. In December 2023 the SAB held a development day with all partners to plan actions to further improve and embed practice in this area. Within ASCH, the SDT are developing their approach to support the way learning from SARs and audits is shared with operational teams. The SDT have a nominated link worker for each operational team, who delivers presentations and reflective practice sessions on learning from SARs.

Quality

Making Safeguarding Personal

When Making Safeguarding Personal (MSP) was introduced it was mandatory for ASCH staff to attend training. MSP is now embedded in all relevant training and there are [substantial MSP resources](#) on the SAB website. Adult Social Care provide training to our own staff, and staff working for provider organisations, on safety and Safeguarding. Between Jan 2023 and June 2023 more than 800 places were offered on courses for both ASCH and independent sector staff and more than 70 places offered on ASCH only courses, for example 'Making Safeguarding Enquiries' aimed at Lead Enquiry Officers.

Safeguarding audits

Each year, the SDT undertake audits of Safeguarding enquiries carried out by operational teams. Two cases are selected by the team allowing them to focus on areas they would like feedback on, and two

²¹ See Information Return

are selected at random. There is a focus on Making Safeguarding Personal and the empowerment of the individual. In the six months to March 2023, 30 audits were undertaken. Of those, 6 were 'outstanding', 19 were 'good', 4 'required improvement' and 1 'required significant improvement'. Outcomes are shared with teams and the Operational Management Team to highlight areas for development at team and organisational level. Changes identified are included in the 'Safeguarding Action Plan' so that progress on implementation can be tracked.

Feedback from People with Lived Experience

Lead enquiry officers are encouraged to request feedback from adults who have been the subject of a Safeguarding enquiry (or their representative) and professionals who have been involved in the case. Where a person agrees to provide feedback, this is managed by the Safeguarding Development Team (SDT) and a range of methods to give feedback are offered in order to facilitate open, honest feedback. Historically the level of feedback received has been low, but the SDT are working with operational teams to increase this. In the last eight months there has been a significant increase in the feedback received:

- Between April 2020 to March 2021 33 requests were made with nine responses received.
- Between January 2023 and August 2023 144 requests were made and 33 responses received.

Overall, the feedback received has been positive. Most recipients of Safeguarding said they would feel confident to report concerns again in the future.

The Safeguarding Adults Return 22/23²² shows that 94% of people were asked what outcomes they wanted but of those 13% did not express an opinion. Of the people who did express an opinion 77% felt their outcome was fully or partially achieved, and 4% of people felt it was not achieved.

Corporate ESCC Audit

The ESCC Corporate Audit team undertook an independent review of ASCH Safeguarding in 2022/23. The review gave Reasonable Assurance. The findings were that:

- There are clear governance and scrutiny arrangements in place.
- There is a comprehensive Adults Safeguarding policy and procedures are in place for adults Safeguarding.
- Quality checks are undertaken by the Safeguarding Development Team and learning shared.
- Critical onboarding checks for DBS and registration of Social Workers are undertaken.
- Safeguarding is a key risk on the departmental risk register (but the team should consider whether a more detailed local risk register is maintained).

Areas for improvement:

- A number of key documents were out of date e.g. the pan-Sussex policy and procedures.
- Lessons learnt from quality checks and statistical information are reported separately, which may not assist in identifying patterns, trends or training needs.
- There is no central mechanism for monitoring training, and this is left to the person/manager so it is possible key training may be missed or out of date.

These recommendations were accepted, and an action plan put in place. A pan-Sussex group is working on bringing all Safeguarding procedural documents up to date. Where necessary ESCC versions of documents have been created to ensure staff are accessing up to date information. The central mechanism for monitoring training will be addressed by the rollout of the new training portal in 2024.

Data

Safeguarding work is supported by the provision of data to support case working and resources, and to provide trend data on activity levels and a thematic overview of the details of cases. Reports are produced as interactive dashboards which help to identify issues and trends. A weekly Safeguarding Tracker of current open safeguarding activity is circulated to managers and reported to the Operational Management Team. This provides information about the number of open contacts and enquiries and provides information on the number of cases held by individual teams.

A monthly Safeguarding Dashboard is sent to managers to show longer-term levels of activity and performance and contains thematic data about the type of abuse, location of abuse, alleged perpetrator and demographic information of alleged victims. A quarterly report is presented to the Performance Board in relation to the annual Safeguarding Adults Collection and Heads of Service regularly review

²² See Information Return

Organisational Safeguarding instances which are overdue for closure.

Safe Systems - What people say

ASCOF Measure	Performance	Position nationally
4a The proportion of people who use services who feel safe	74.2	15 th
4b The proportion of people who use services who say that those services have made them feel safe and secure	87.1	61 st

Management of Safety and Enabling Risk

Within our approach to Strengths-Based Practice risk is considered an enabling process. Within practice risks are identified and discussed with the client and alternative ways to achieve outcomes are agreed if appropriate. Our case management system has prompts to help practitioners identify specific risks ranging from falls, to smoking, to feeling safe. When risks are identified the system contains a specific risk assessment tool to support practitioners to work with people to document risk and to identify mitigations. Contingency Plans are created where there is particular risk regarding support, for example, where a person employs their own Personal Assistants. The Quality Assurance and Resource Panel process quality assures the proposed support plan and any attendant risks. A risk assessment is a mandatory first step when undertaking a Safeguarding enquiry.

Community Safety and Working with Partners

The Safer Communities team convenes and supports the Safer Communities Partnership Board, which brings together agencies to oversee plans to tackle crime, disorder, anti-social behaviour and reoffending. This includes Domestic Abuse Multi-Agency Risk Assessment Conferences (MARAC) which address the needs of high-risk victims of domestic abuse. Referrals to MARAC can be made by any agency and MARAC cases can also result in Safeguarding concerns being referred back to ASCH teams.

The Safer Communities Team deliver statutory duties regarding substance misuse, modern slavery and serious violence. The Safer Communities Partnership Board is responsible for undertaking [Domestic Homicide Reviews](#) and sharing the learning from those reviews to improve multiagency responses. We are also working with partners across Sussex, as one of 15 areas, trialling the Changing Futures initiative. The programme seeks to improve outcomes for adults experiencing multiple disadvantage - including combinations of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system.

We are part of two multi-agency, case-focused, professionals' meetings which look at specific individuals at risk of Cuckooing in Hastings and Eastbourne. The meetings are convened by Sussex Police and include ASCH, the NHS, District and Borough Councils, the National Probation Service, and a variety of provider services.

ASCH work with the police, Public Protection Unit the local Multi-Agency Public Protection Arrangement (MAPPA) to manage people who may be a risk to themselves in the community. Where risks or concerns remain, despite available options such as Safeguarding, MAPPA or MARAC having been adopted, ASCH convenes a Multi-Agency Risk Management (MARM) group to support practitioners. MARM is chaired by the ASCH Head of Service for Assessment and Care Management and referrals can be made by any agency.

The pan-Sussex Voices of Lived Experience Board is facilitated by the East Sussex Community Safety Team. The Board has members with lived experience of domestic abuse and has been highlighted as an example of good practice by the National Domestic Abuse Commissioners Office.

Business Continuity and Management of Organisational Risk

All operational teams have Business Impact Assessments which incorporate business continuity plans. There is a corporate business continuity plan which is led by the Chief Digital Information Officer. The ASCH lead is the Assistant Director for Planning, Performance and Engagement. Clear processes are in place to manage a council wide incident; there is a volunteer list of Major Emergency Team (MET) responders who have volunteered to support in emergencies.

Theme 4 - Leadership

Our strengths

- Relationships between officers and all elected members are strong and productive
- Robust and fiscally responsible financial management
- Strong leadership within ICS

Key challenges

- Continue work to better understand where ED&I issues are impacting across ASCH
- Develop more integrated locality working in East Sussex
- Empower the Health and Wellbeing Board to create a vision for care and Health in East Sussex

Key statistics

Activity	ESCC context	Challenges
c.23,000 Adults and carers with open cases	ASCH net budget 2023-24 £233.244million Almost third of ESCC budget	ESCC predicts £40million budget deficit in 2025/26 and £54million in 2026/27
430 complaints in 2022/23 1,855 compliments in 2022/23	ASCH employs 1,500 people. ESCC employs over 4,800 (Exc. Schools)	Continuing workforce pressures across all sectors. Example - ASCH JCR average a 20% vacancy rate

Democratic Governance Arrangements

The Council operates a Leader/Executive form of governance with a Cabinet and a Lead Member for ASCH. Each year at the annual meeting of the County Council, the Leader sets out the areas of responsibility that fall within each executive portfolio and that are to be the responsibility of the relevant Lead Member. Decisions may be taken by individual cabinet members within their portfolio.

The Council has a well-established system of scrutiny which works alongside the Cabinet to help make sure the Council is delivering services efficiently and effectively and that the Council is responsive to the needs and opinions of the County’s residents and organisations. This includes the People Scrutiny Committee which typically reviews work related to ASCH. The ESCC [Scheme of Delegation to Officers](#) and [Annual Governance Statement](#) are published on the Council’s website.

Officer -Member Relationships

East Sussex enjoys long-standing, positive relationships between officers and all Members as noted in the [LGA Corporate Peer Challenge Review findings](#). In 2023 the political make-up of ESCC shifted significantly with a change to no overall control of the council after many years of Conservative majority. The excellent officer-Member relationships across all political parties has meant the council continues to operate in an effective and constructive way for local citizens.

The DASS meets monthly with the Lead Member and with the Opposition Spokespeople as well as regular meetings with the Scrutiny Chair.

Managing Resources

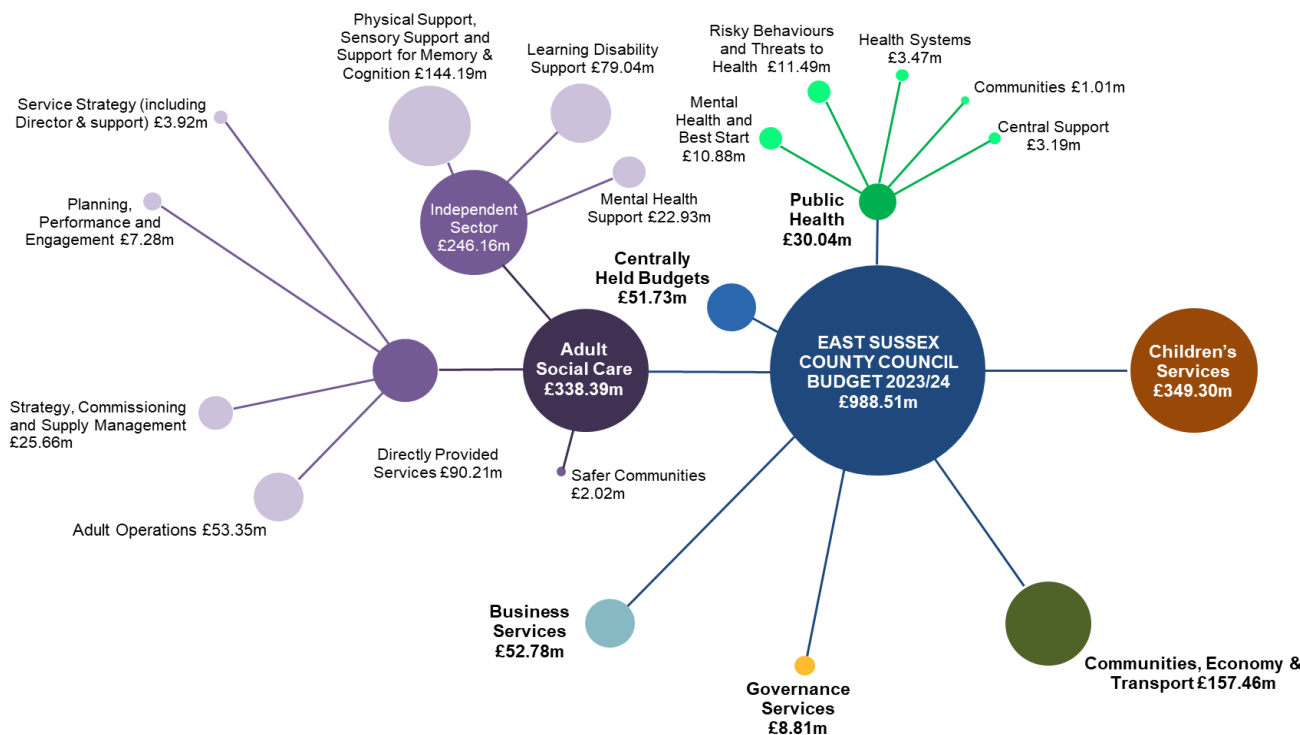
As noted at the LGA Corporate Peer Challenge Review in 2023, East Sussex is fiscally prudent with a robust and well established mechanism for planning and managing budgets - the ‘Reconciling Policy, Performance and Resources’ (RPP&R) cycle.

The ‘State of the County’ report each summer marks the start of the new RPP&R cycle. It provides an opportunity to take stock of our priorities and financial outlook for the next period in light of the current context, which includes demographic data, the national and local policy context and outcome data. Through the autumn detailed work is undertaken to develop and refine service and financial plans through scrutiny work, assessment of equality impacts, Cabinet consideration of updates on the



planning context and initial proposals, and factoring in information received through the autumn Budget Statement and provisional finance settlement. Towards the end of the winter there is a focus on wider stakeholder engagement. Final proposals are considered by Cabinet in late January, which makes recommendations to full Council, which ultimately sets the budget and Council Plan together in February. ESCC applies the maximum 2% adult social care precept to council tax bills.

The Council’s Gross Revenue Budget including a breakdown of ASCH budgets for 2023/24



Financial Sustainability

Despite our track record in financial management, ESCC estimates significant budget deficits in the medium-term: £40million budget gap 2025/26 and £54million gap 2026/27. ESCC will continue to lobby regarding future funding settlements but may also have to re-visit the ASCH offer in future years. As part of work to improve waiting times, ASCH will look at transformative ways of managing demand.

ASCH Planning

The [ASCH Portfolio plan](#) sits under the Council Plan (see Introduction) and is published annually. It sets out the context for delivery and the priorities for the next 12 months.

There is a golden thread linking the strategic ambitions in the Council Plan, through the ASCH Portfolio Plan, to team plans and individual staff objectives. We are aware that during the pandemic we gave less emphasis to this area of work and one of our priorities for 2024/25 is to refresh team planning and the associated use of risk registers, where appropriate, across ASCH.

Strategic Risk Management

The Council has a Risk Management Framework which sets out the Council’s policy on risk management and its strategy for effective identification, assessment and management of risks. The strategic risk register is reviewed and updated by CMT prior to being reported to Cabinet and the Audit Committee. In ASCH, risks are captured on the Departmental Risk Register and on divisional and project risk registers as appropriate. ASCH DMT regularly reviews the Departmental Risk Register and where appropriate de-escalate or add/escalate risks. The Internal Audit Strategy and Annual Audit Plan is updated annually and is based on a number of factors but particularly management’s assessment of risk. This allows internal audit to prioritise those areas to be included within the audit plan on the basis of risk.

Managing Performance in ASCH

We believe that our use of data to manage quality and outcomes is a key strength, as summarised in our Performance Framework for Adult Social Care²³. We use data at all levels to manage performance effectively. For example, operational managers receive the comprehensive Management Information

²³ See Information Return

Pack monthly with key data for their service areas. Staff are also able to ‘self-serve’ using tools such as ‘Infoview’ or ‘Tableau’ in order to drill down into performance in their area. The ASC Performance Board meets monthly to consider performance across a range of areas including qualitative data. Where appropriate we use data thematically to build a picture of performance, for example structuring our benchmarking report under key areas rather than looking at measures in isolation.

Where performance falls below the desired level the required remedial actions are identified and assigned to the appropriate managers. Data on key areas of performance such as finance and Safeguarding are presented to the Operational Management Team on a monthly basis.

We are members of the South East Benchmarking Group and use local and national data to understand performance relative to our peers and act where necessary as referenced throughout this document. We work closely with ADASS and use the LGA comparator tools.

Developing our Framework for Continuous Improvement

In keeping with our organisational culture, ASCH have used the prospect of external assessment as an opportunity to challenge ourselves and improve. In the short term we have implemented an Improvement and Assurance Board which has reviewed the key findings from the self-assessment process and has agreed and resourced priority projects. It has also been a catalyst for us developing a more cohesive and structured approach to continuous improvement.

At the start of 2024/25 we will be implementing a framework to enhance our approach to assurance and improvement. This will merge the current functions of the Performance Board and the Improvement and Assurance Board into a single Performance and Improvement Board. Beneath the Performance and Improvement Board, regular management information reports will be produced and acted on at team/sub-directorate level; similar to how the monthly Management Information Pack is used now. The new Board will consider performance exceptions only i.e. where performance is persistently not meeting the required standards despite local remedial actions. The Board will have a schedule of information feeds for example: performance against the ASC Strategy key outcomes, benchmarking, feedback from the L2U survey and complaints. This information will be used to prioritise improvement projects and oversee the programme of work to deliver this. By bringing core intelligence together in one place, with feedback from citizens and those with lived experience at the heart of this, we believe that we can become an even more focused and responsive organisation that delivers on the priorities of local people.

Leadership Within ASCH

Within ASCH there are quarterly on-line staff engagement events that all staff are invited to (with special arrangements made for staff who would find these difficult to access given their specific role). The Department Management Team (DMT) set out the key priorities and issues for ASCH and there are opportunities for staff to ask questions and contribute via on-line polls etc. The Director also hosts a regular webchat where questions can be posed anonymously if preferred. ASCH Leadership Forums for managers resumed in 2023, following the pandemic, with speakers including the DASS, Leader of the Council and the Chief Executive.

The PSW hosts and supports a range of forums for operational managers where professional development materials and opportunities are promoted and practice issues can be discussed. Key messages from these forums are fed back into the Operational Management Team Away Days. We run staff forums aimed primarily at non-managerial staff so their views and concerns can be heard by the organisation.

ASCH Staff Forums, September 2023 - What are you proudest of?

- *‘We know our local communities well’*
- *‘Making positive changes in people’s lives, people with complex needs’*
- *‘Helping people to find their strength’*
- *‘Staff have good values, they are kind towards each other, the clients and their families, there is good communication, with everyone feeling involved and both staff and clients feel listened to’*

At the staff forums in September, staff also noted that whilst the ASCH staff wellbeing offer is good the underlying causes of stress, for example increased demand and complexity of work, remain. This finding appears to be reflected in the LGA Staff Healthcheck results too and will be considered within the Workforce Programme.

ASCH has a standing ‘Employee Reference Group’, incorporating staff from across ASCH. These staff are the standing consultative committee for ASCH and are routinely asked for views on a range of topics.

We are part of the Social Care Futures network ensuring that transformative thinking is fed into policy and practice development.

East Sussex - Statutory System Make-up

Other councils

East Sussex is part of a two-tier local government area with two Borough Councils covering Eastbourne and Hastings and three District Councils: Lewes, Rother and Wealden covering the more rural areas of the county. As summarised elsewhere in this document, our constructive relationships with District and Borough authorities have supported a range of joint initiatives particularly related to housing. Since late 2019 we have had a closer relationship with West Sussex County Council and continue to share a Chief Executive across the two councils²⁴.

Health

East Sussex County Council is a key partner in the two statutory bodies that make up the Sussex Integrated Care System:

- The NHS Sussex [Integrated Care Board](#) (ICB) - the Council is represented by the Director of ASCH who also represents all three Local Authority DASSs in Sussex.
- The Integrated Care Partnership (the [Sussex Health and Care Assembly](#)) - a joint committee formed by NHS Sussex ICB with East Sussex County Council, Brighton & Hove City Council and West Sussex County Council and involving wider partners from the education, housing and VCSE sector. The Council is represented by the Chair of the East Sussex Health and Wellbeing Board (HWB).

Acute health services for the county's population are provided by four hospital trusts, three outside of the county boundary²⁵ and one, East Sussex Healthcare NHS Trust (ESHT), located in area. ESHT is an integrated provider of community and acute health services. ESHT provides the majority of community health services in East Sussex. Sussex Community NHS Foundation Trust (SCFT) provide many community services in the High Weald Lewes and Havens area. Sussex Partnership NHS Foundation Trust (SPFT) provides mental health services across Sussex, and the South East Coast Ambulance Services NHS Foundation Trust (SECamb) provides ambulance services across Kent, Surrey, West Sussex and East Sussex, and parts of north-eastern Hampshire.

Strategic Work with Partners - NHS

ASCH has long-standing positive relationships with local NHS organisations which began well ahead of the nationally directed shift to Integrated Care Systems. The five-year [Sussex Integrated Care Strategy](#) 'Improving Lives Together' was approved by the Sussex Assembly in December 2022. The Strategy sets out our shared ambition for a healthier future for everyone in Sussex over the next five years, and three overarching strategic priorities of developing a new joined-up community approach through the development of Integrated Community Teams (see below); growing and supporting our Sussex health and care workforce; and improving the use of digital technology. In line with the NHS England Joint Forward Plan guidance, the supporting [Sussex Shared Delivery Plan](#) (SDP) was developed and agreed by all system partners in July 2023, and covers areas for immediate, continuous and long term improvement, as well as shared priorities specific to each of the three Health and Wellbeing Boards and their populations in Sussex. Joint work takes place with the NHS on a pan-Sussex and Place (East Sussex) level which contributes to a range of service improvement objectives for the benefit of the East Sussex population.

Both the Strategy and the SDP build on our understanding of population health needs in East Sussex, and the refreshed [East Sussex Health and Wellbeing Strategy](#) 'Healthy Lives, Healthy People (2022 - 2027)'. Delivery plans reflect our shared HWB priority transformation programmes covering children and young people, mental health, community (and integrated community teams) and improving health outcomes.

A core principle for this joint work is that the primary building blocks in Sussex are the three 'Places' (East Sussex, West Sussex and Brighton and Hove). East Sussex is clear that 'Place' is key to strategic leadership, local commissioning and delivery in order to achieve the best health, care and wellbeing outcome for our population. At East Sussex 'Place' level, the Director of ASCH, ESHT Chief Executive and

²⁴ WSCC has started the recruitment process for a dedicated Chief Executive

²⁵ People living close to the border areas of the county access acute healthcare services located in neighbouring Brighton and Kent; University Hospitals Sussex NHS Foundation Trust; Maidstone and Tunbridge Wells NHS Trust, and East Kent Hospitals University NHS Foundation Trust

NHS Sussex East Sussex Executive Managing Director (EMD) share facilitation and leadership of the East Sussex Health and Care Partnership. The Partnership brings together local NHS partners with the County Council, Borough and District Councils, the VCSE Alliance and Healthwatch. The Partnership is accountable to the HWB and is the forum for local strategic management of integration and delivery of the SDP. There is a joint Executive Delivery Group that oversees system pressures, specific transformation programmes and the Better Care Fund (BCF), and a wider strategic Partnership Board. ASCH invests in integration work through a shared programme director role, which reports jointly to the Director of ASCH and NHS Sussex EMD.

ASCH is engaged in pan-Sussex ICS governance to ensure strong system leadership and partnership working across health, social care and public health. There is a System Oversight Board which brings together NHS Chief Executives and Local Authority Chief Officers in Sussex to oversee ICS system challenges and architecture, and a number of the pan-Sussex Delivery Boards for the SDP, including hospital discharge and the national Discharge Frontrunner programme (the Director of ASCH chairs the Mental Health Discharge sub group), integrated community teams development and the mental health, learning disability and autism delivery board. The Chief Executive of NHS Sussex has noted that ESCC has been 'key to system leadership within the Sussex Health and Care All Age Neurodevelopmental Programme' and has worked with partners across all elements of the programme.

East Sussex Health and Wellbeing Board

We are strengthening the way the Council strategically aligns partnership working around the statutory Health and Wellbeing Board and population JSNA, to better support our shared Council (including District and Boroughs) and NHS priorities for delivering improved health and integrated care. This will be informed by the previous agreements to work across the three upper tier 'Places' within our Sussex ICS, and feedback from our recent LGA Peer Review on the need to provide strategic leadership to get the best value out of collective resources available for our population. Expected changes within NHS Sussex as a result of the national NHS Running Cost Allowance savings will also be considered. Proposals are being developed for the HWB to phase in during 2024/25.

Integrated Community Teams

A key strategic priority is the development of Integrated Community Teams (ICTs). This will involve integrated working across primary care, community, mental health, local authority partners, voluntary, community and social enterprise organisations and other local partners. Professionals will work together as a 'team of teams' across different organisations with local communities, individuals, and their carers. Agreed milestones for 2023/24 are:

- A clear model for ICTs, informed by JSNAs, Health and Wellbeing Strategies, and local population data and insights from local people and communities.
- A 'proof of concept' exercise building on:
 - Universal Healthcare and other projects in Hastings
 - Progress with integrated health and social care integration

In East Sussex this work will be led by the Community Oversight Board (COB) Chaired by the Director of Adult Social Care. The COB includes representatives from Primary Care Networks, the VCSE, District and Borough Councils as well as NHS Sussex and NHS providers. The proposed footprints have been agreed at District and Borough level. We have strong foundations in place, for example integrated arrangements in Health and Social Care Connect and the Joint Community Rehabilitation Teams.

Joint Financial Arrangements

The Better Care Fund (BCF) is a critical element of delivering the East Sussex placed-based plans as it provides the joint funding to support schemes which deliver local priorities. The governance for the Better Care Fund reports through local ASC/Health monthly meetings and into the HWB. The [Better Care Fund Narrative Plan](#) sets out agreed intentions for the use of the fund including hospital discharge.

There is a long-standing Section 75 agreement in place for the Integrated Community Equipment Service (ICES) which facilitates a fully pooled budget for community equipment and minor adaptations in East Sussex. We have joint funding agreements in place for S117 aftercare with the ICB and a section 75 agreement with SPFT, which funds posts in the ASCH Forensic team. Our focus on collaborative working has helped support rapid utilisation of one-off funding streams. For example, utilising, at pace, NHS winter and hospital discharge funding.

We have embedded shared and aligned decision-making to support whole system funding and operational issues at joint weekly OPEX meetings.

Voluntary, Community, Social Enterprise Sectors - Please see Theme 2

Data and Information Sharing

Currently, ESCC uses 'Singleview' across both Adult Social Care and Children's Services as well as schools, GPs, Probation, Police, Voluntary Organisations, and Community Nurses. It is a web-based module that supports multi-agency information sharing by pulling and displaying data from Adult Social Care and Children's Services case-management systems as well as data feeds from key partner organisations such as education and community health.

Shared Care Record: There is an ICS led locally built solution for the shared care and health record called Plexus. ASCH has signed data protection agreements and are now live with feeding data into Plexus (with Children's Services social care following in the coming months). ASCH Mental Health are piloting access to Plexus and feedback on usage/relevance has been positive.

Equalities, Diversity and Inclusion (See also Theme 1)

The [ASCH Equality and Inclusion Strategy 2021 - 2024](#) sits within the Council's overarching commitment to equality, diversity and inclusion, and sets out how we will:

- Tackle equality issues.
- Aim to eliminate discrimination.
- Create good relationships between communities.
- Ensure those from different backgrounds have similar life opportunities.

There are five priority areas identified in the strategy:

- Priority 1** Knowing our communities.
- Priority 2** Inclusivity at the heart of service development and strengthening engagement with communities.
- Priority 3** Creating a safe, fair and inclusive work environment.
- Priority 4** Robust data collection from clients and use of data for equality analysis.
- Priority 5** Strengthening ASCH staff practice and knowledge on all aspects of equality and human rights as they connect with ASCH work.

There is an action plan for each of the years that the strategy covers²⁶.

We are proud of the work delivered to date including:

- Extensive work to engage with 'seldom heard' citizens and ensure key messages were included in the ASC Strategy.
- Delivering the 'Eggshells to allyship' training across ASCH.
- Initiating a project to protect staff (across sectors) from violence, discrimination and harassment.

We also recognise that there is further work to do notably:

- Improving our engagement with older people across the county.
- Our ability to collect the data required to direct our efforts most effectively.
- Recruiting more people with lived experience, from diverse backgrounds, onto the Citizen's Panel

The development and delivery of the Equality and Inclusion Strategy and Action Plans is overseen by the department's senior management team DMT, a visible sign of our commitment to equalities, diversity and inclusion.

²⁶ See Information Return

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Preparation for Assurance Peer Challenge Report

East Sussex County Council

February 2024

Final Report



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Background

East Sussex County Council requested the Local Government Association to conduct an Adult Social Care Preparation for Assurance Peer Challenge within the Council and in collaboration with partners. The work was commissioned by Mark Stainton, the Director of Adult Social Care and Health. The primary objective of the peer challenge was to solicit an impartial viewpoint on the Council's efficacy in fulfilling their legal obligations as outlined in Part 1 of the Care Act 2014.

A peer challenge is designed to support an authority and its partners assess current achievements, areas for development and capacity to change. Peer challenges are improvement focused and are not an inspection. The peer team used their experience and knowledge of local government and Adult Social Care to reflect on the information presented to them by people they met, and material that they read.

As Preparation for Assurance Peer Challenge teams typically spend three days onsite conducting the challenge, this process should be seen as a snapshot of the client department's work rather than being a comprehensive review.

All information was collected on a non-attributable basis to promote an open and honest dialogue and findings were arrived at after triangulating the evidence presented.

The members of the peer challenge team were:

Lead Peer Director of Adult Social Services (DASS)

Sarah Scott, Executive Director of Adult Social Care, Wellbeing and Communities, Gloucestershire County Council

Lead Peer Member

Colin Nobel, Suffolk County Council, Member of LGA People and Places Board

Area Director Peer

David Coleman-Groom, Cornwall Council

Head of Service Peer

Leanne Bobb, London Borough of Croydon

Head of Service Peer

Di Manning, London Boroughs of Richmond and Wandsworth

Principal Social Worker (PSW) Peer

Vickie Minkiewicz, Kent County Council

Peer Challenge Manager

Abbie Murr

The team were in East Sussex County Council for three days between the 27th and 29th February 2024. In arriving at their findings, the peer team:

- Spoke to circa 233 people including a range of council staff together with members, partners, carers and people who draw on services.
- Read all documents contained in the Councils information return and completed a case file audit of 12 cases.

Specifically, the peer team’s work was focused on the Care Quality Commission (CQC) single assessment framework consisting of four assurance themes and ‘we’ quality statements.

Care Quality Commission Assurance themes	
Theme 1: Working with people. This theme covers:	Theme 2: Providing support. This theme covers:
<ul style="list-style-type: none">• Assessing needs• Planning and reviewing care• Arrangements for direct payments and charging• Supporting people to live healthier lives• Prevention• Wellbeing	<ul style="list-style-type: none">• Market shaping• Commissioning• Workforce capacity and capability• Integration• Partnership working.

<ul style="list-style-type: none"> • Information and advice • Understanding and removing inequalities in care and support • People’s experiences and outcomes from care. 	
<p>Theme 3: How the local authority ensures safety within the system.</p> <p>This theme covers:</p>	<p>Theme 4: Leadership.</p> <p>This theme covers:</p>
<ul style="list-style-type: none"> • Section 42 safeguarding enquiries • Reviews • Safe systems • Continuity of care. 	<ul style="list-style-type: none"> • Strategic planning • Learning • Improvement • Innovation • Governance • Management • Sustainability.

The peer team were given access to at least 200 plus documents including a self-assessment. Throughout the peer challenge the team had more than 37 meetings with at least 233 different people. The peer challenge team spent over 184 hours with the Council, the equivalent of 24.5 working days.

Initial feedback and an overview of key themes was presented to the Council on the last day of the peer challenge. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

Key Messages

There are a number of observations and suggestions within the main section of the report. The following are the peer team’s key messages to the council:

Message 1: The Council know themselves well

The Council have a clear understanding of their strengths and areas for improvements and have a robust transformation and improvement plan in place.

Message 2: Integrated Adult Social Care Front-Door

Health and Social Care Connect (HSCC) is the single point of access for adult social care. The service is a best practice example of collaborative and integrated working between adult social care and health that has been in existence for the last decade.

Message 3: Waiting Lists

A standardised approach regarding those adults/carers on waiting lists and how their safety and wellbeing are monitored whilst awaiting an assessment is required across the adult social care and health directorate.

Message 4: Workforce

The peer team witnessed an adult social care workforce that were skilled, knowledgeable, passionate and committed to the residents of East Sussex.

Theme 1: Working with People

This relates to assessing needs (including that of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

Quality Statement 1: Assessing Needs

Strengths

Integrated Front Door

Health and Social Care Connect (HSCC) is operational twenty-four hours a day, seven days a week, three hundred and sixty-five days of the year and can be accessed by both the public and professionals via a direct phone line and/or self-service portals. Referrers can access multiple health and care pathways, with

qualified nursing staff triaging referrals when required. HSCC provides access to out-of-hours urgent response services from adult social care and community health. HSCC consists of three service areas: access, health and safeguarding.

The service is staffed by registered nurses, occupational therapists, a registered social worker and Access and Assessment Officers and Senior Resource Officers, who do not have a professional registration' and receives in excess of 2,000 referrals a month. Referrals are triaged and referrers are provided with information, advice and signposting and where appropriate referrals made to the most appropriate service(s) including adult social care and community health services.

With regards to the prevention agenda HSCC can quickly put life lines in place, refer directly to the Occupational Therapy Clinic and access urgent community health services with a rapid response of two hours. One of the key aims of the Council and health partners is to have a 'no wrong front-door' approach. Although, this ambition has not yet been reached there is significant evidence to demonstrate that ongoing progress continues to be made.

HSCC staff reported a significant number of people contacting the service to 'chase up their assessment'. This may suggest that the arrangements in place to manage waiting lists and keep people informed whilst awaiting assessment are not effective and review of current practice and process is recommended. Furthermore, HSCC staff noted a significant number of 'repeat callers', indicating that the initial information, advice, and signposting provided may not have adequately addressed the requirements of these people. A thematic review is recommended to determine the underlying causes for the significant number of repeat calls.

Strength-Based Practice and Approaches

A strengths-based practice model was introduced in 2019/20 across the adult social care and health directorate. Staff have access to a comprehensive range of practice guidance, tools, frameworks, training and a local asset library. Casefile audits undertaken by the peer challenge team showed significant evidence of the promotion

of an adults wellbeing, risk enablement, choice and self-direction.

Occupational Therapy

As of January 2024, the waiting list for an occupational therapy or sensory examination was 333, with 1,955 assessments completed. Data reporting has been used to modify the occupational therapy approach to assessment waiting times, and clinics have been established, resulting in a considerable reduction in wait times.

Occupational therapy clinics can see 8 people a day, the home visiting assessment list is smaller, and people will often wait longer, especially if they reside in more rural areas of the County. The average wait for assessment as of Feb 2024 was five weeks. The Council are aware that there are a number of people who may not be able to get to clinics and as such, could be unfairly disadvantaged as they may have to wait longer for their assessment. Work is underway to see how this can be addressed.

Occupational therapy is viewed as an important component of the Council's preventative strategy with occupational therapists located at HSCC undertaking assessments on those adults with low-level needs or referring to the Occupational Therapy Clinic. The Councils Occupational Therapy Team focuses on more complex and long-term needs and also oversees the Occupational Therapy Clinic.

Occupational therapists are also located in District Council Housing Teams, where they lead on disability facility grant major adaptations.

Furthermore, urgent cases can be referred to the Health Community Response Team who can offer a same day assessment if required. The Councils occupational therapy offer is indeed innovative and responsive and provides joint visits and case discussions where necessary with good working relationships across the council and with both primary and secondary health partners.

Carer's Breaks and Engagement Team

The Councils Carer's Breaks and Engagement Team specialise in providing post-diagnostic support to people with dementia living in their own homes and their carers.

In 2022/23 a total of 1,433 carers assessments were completed and 1,815 carers reviews. Over 2,827 people were receiving support at the end of the year 2022 to 2023. In addition the service offers a Carer's Respite Emergency Support Scheme (CRESS) where carers can register an emergency plan with the service to ensure short-term support can be put in place in an emergency. The service is available 24 hours a day, 7 days a week and emergency plans can be set up as part of a carers assessment or review or by completing the emergency plan on line.

Emergency Duty Service

The Emergency Duty Team consists of seven highly skilled and dedicated full-time equivalent Approved Mental Health Professionals (AMHPs), some of whom act as Best Interest Assessors. The team works outside of office hours and provide assessments under the Mental Health Act and effective crisis intervention, ensuring that adults with care and support needs are kept safe until the following working day.

Although a highly skilled group of staff after 6pm the team have no access to AMHP management and or legal advice which is a significant concern given the complex nature and high level of risk they are dealing with, especially concerning cases relating to detention under the Mental Health Act and or complex high risk safeguarding situations. The National Workforce Service Standards for AMHPs (National Workforce Plan for AMHPs, 2019) states that AMHPs should have access to both legal and management advice out of hours. As such, the Council may wish to consider implementation of a duty legal rota in addition to a management out of hours duty rota.

Carers Assessments

The Council have an estimated 69,000 plus unpaid carers in East Sussex. Carer's assessments are undertaken by adult social care and health directorate practitioners which may result in provision of advice, guidance and information or delivery of services. Eligible carers can receive a personal budget as a Direct Payment enabling them to use it flexibly across the year. During 2022/23 the Council undertook 1,433

carer assessments. January 2024 reporting shows that 76.1% of carers assessments were completed within 28 days from the date request for assessment was raised.

Care for the Carers

Care for the Carers provide a wide range of services, including: four Carers Centres across East Sussex, one to one and peer support, counselling, carers breaks, companionship support, and cover for healthcare appointments. In 2022/23 the service provided information, advice and support to 9,717 carers which included 2,448 carers not previously known to the service. The Council provides a fund for small grants, administered by Care for the Carers, which supports a range of carer focussed community projects across East Sussex with a value of up to £15,000 per year, per grant.

The service also offers a carers mental health project offer which promotes understanding of the experiences of carers and promotion of their voices within the mental health and social care system. Since the project started in 2022 over 574 carers have been supported. The project offer is led by specialist mental health workers who provide a varied range of services such as of one to one support carers, a carer education programme to include understanding of mental health services and targeted engagement work with the Councils mental health system partners to stimulate increased carer identification and referral.

Considerations

Care Act Needs Assessments

Waiting times for assessment are regularly monitored at the Performance Board and by the directorates Operational Management Team (OMT). Reducing waiting times and optimising the experience of adults with care and support needs and carers on waiting lists is seen as a priority for the Council.

As of January 2024 57% of assessments were completed within 28 days with an

overall waiting list of 630 people awaiting a needs and or carers assessment.

The Performance Board actively monitors the number of Care Act needs assessments started and completed within 60 days. Over the last 3 years there has been a positive trend in reducing the length of time it takes to complete an assessment.

Financial Assessments

As of January 2024 there were 1,213 financial assessments awaiting some form of action before the assessment could be concluded. Adults who draw on services and carers reported a challenging relationship with the finance team and difficulty in understanding the financial assessment documentation which creates unnecessary confusion and anxiety. In addition, a lack of communication was reported concerning how financial contributions were reached as well as changes in financial contributions. The Council may wish to consider a thematic review of current practice and process and a review of financial assessment documentation in coproduction with people who draw services and carers.

Equipment and Minor Adaptations

People who draw on services and carers reported significant delays in both assessment and delivery of equipment and minor adaptations during the peer challenge especially if they resided in a rural area of the County. In October 2023 the Council served a Contract Default Notice to the provider and are currently working with the provider to ensure commissioned timescales are met.

Deprivation of Liberty Safeguards

Outstanding Community and Deprivation of Liberty Safeguards (DoLS) assessments stand at 1,114 as of January 2024. The Council, as with the majority of Councils nationwide, faces backlogs of unauthorised DoLS applications due to overwhelming demand surpassing available resources.

Currently there is no legal justification that exists for unauthorised applications and as

a consequence the Council, who are the Supervisory Body are susceptible to judicial review. As such it is highly recommended that the backlog of unauthorised DoLS is added to the adult social care and health risk register, accompanied by a series of robust control measures.

Annual Reviews of Support Plans (does not include carers reviews)

As of January 2024 2,407 annual reviews were overdue (1,160 overdue by up to 6mths, 630 overdue by 6mths to 1 year and 617 overdue by 1 year).

The Council have a County-Wide Reviewing Team which undertakes reviews for people who have relatively settled packages of care and who would originally have been assessed by a Neighbourhood Support Team. Neighbourhood Support Teams maintain case responsibility for cases that are more complex or volatile. With regards to Mental Health and Learning Disability Teams these teams maintain case responsibility and undertake reviews as part of this. Performance on annual reviews is a priority for the Council given that benchmarking against south east authorities indicates that the Councils performance (at the time of the peer challenge) was below the South-East average (performance for April to December 2023 was at the south east median figure of 59.1%). Performance data is reviewed monthly by the adult social care and health departmental management team.

A Review Project was established in 2023 regarding those adults who had recently transitioned into adult social care with 60 reviews being completed since June 2023. This has had positive impacts on other teams, reducing their review backlog.

The peer team identified that gaining a grasp on the backlog of reviews was essential. Firstly, considering the possibility that a portion of these residents may have experienced a reduction in their care and support needs that could potentially result in reduced to no costed support, and secondly, the potential harm to the Council's reputation, not only from possible Local Government Ombudsman complaints that would be upheld if found that a review had not been completed but also from the impending Care Quality Commission (CQC) assessment of assurance

given the low completion rate. Considering both these areas, the peer team was surprised to see that the backlog of reviews was not documented in the adult social care and health risk register. The peer team proposes that the inclusion of the backlog of reviews into the adult social care risk register be deliberated by the Directorate Management Team (DMT) along with risk mitigation plans on how to rapidly reduce the backlog further.

Management of Waiting Lists

Although most teams across the adult social care and health directorate have waiting lists the Learning Disability and Older Persons Mental Health Teams have a considerable issue due to high vacancy levels and continued increase in demand. It should be noted that although the Care Act 2014 does not allow for waiting lists, nationally there is not a Local Authority adult social care department that does not have some form of waiting lists due to depleted budgets and rising and continued demand for adult social care.

The peer team identified that across the adult social care and health directorate there was not a consistent approach in place regarding the management of waiting lists. For example not all teams were making case note recordings where review and monitoring of those on waiting lists had taken place which may result in the perception that monitoring has not been undertaken as there is no case note evidence. In addition, there is no documented management oversight process in the adult social care database LAS of when cases on waiting list have been reviewed by management which could evidence management oversight, assurance and risk mitigation actions.

Neighbourhood Support Teams triage all referrals on the day they are received and priority rate in accordance with perceived risk and level of need and complexity. The assessment waiting list is reviewed fortnightly and any new information contained in the adult social care database, LAS, is used to agree re-prioritisation. This current approach relies on new issues being raised and recorded onto LAS but does not

appear to consider those people who may be in greatest need/at risk but no new evidence has been raised.

Currently all those on waiting lists receive a letter within the first week giving them contact details, in case their situation changes. The peer team questioned the routine use of letters due to sight difficulties or people with high levels of anxiety who may not open mail.

Mental health and learning disability teams manage those on waiting lists differently to the Neighbourhood Support Team as they will call the adult (and or representative/carer) and undertake welfare visits where necessary whilst the adult is awaiting an assessment. Contact with the adult (and or representative/carer) is then routinely recorded within the LAS case management system.

Across the directorate waiting lists are formulated in an excel spreadsheet as currently LAS cannot report on waiting lists. This is not an uncommon situation as a number of the databases used nationally cannot monitor/report on waiting lists. However, due to the use of spreadsheets the peer team were concerned that it may be difficult to ascertain if a person is on more than one waiting list and thereby may be at increased risk.

It is recommended that a standardised approach is implemented across the directorate regarding those adults/carers on waiting lists and how their safety and wellbeing are monitored whilst awaiting an assessment. A standardised approach will ensure a consistent management approach and enhance the overall customer experience. It is recommended that the approach should consider assessment of risk as well as mitigating actions to reduce risk whilst a person awaits assessment, the most appropriate form of contact should be agreed with the adult and or their representative and where necessary welfare checks undertaken. Finally, all contact monitoring made with the adult whilst they are awaiting an assessment should be recorded into LAS to evidence oversight and safe management.

In addition the peer team strongly recommend adding waiting lists to both the adult

social care and health risk register and the corporate risk register along with plans on how to reduce the lists and mitigation actions on how the safety and wellbeing of adults will be assured whilst they are awaiting assessment.

Carers Voice

The Council is in the upper quartile of Adult Social Care Outcome Framework (ASCOF) measures for carers being consulted and reporting quality of life and social contact. With regards to carers satisfaction levels with adult social care services 37.6% of carers identified as very or extremely satisfied which is slightly higher than the national average of 36.3%. The Council also undertake an internal survey, 'Listening to You' which asks carers to rate their experience of assessment and reviews and their overall rating for adult social care and health services. In the most recent survey 83% of carers felt their experience of assessment and review was positive and 73% reporting positive overall rating for adult social care and health services.

During the peer challenge carers reported not feeling supported especially those that were self-funders. Carers reported ongoing difficulty in navigating care and support pathways and processes and ongoing struggles with managing their finances due to their caring commitments. Several carers voiced the trauma and impact on their mental health in having to give up work as a result of their caring role which they felt was not acknowledged by the Council. The majority of carers spoken to felt that carers assessments were a "tick box exercise" which provided little practical advice and or support and in addition a lack of physical and financial support for carers. As part of the Councils project work around carers they may wish to run a series of focus groups with carers to gain their views, wants and needs which will support the Council in the further development of their carers offer.

Self-Funders

Those that self-fund reported limited support in place for self-funders, with scarce information and advice. The Council may wish to consider a review in coproduction

with self-funders of their current self-funder offer in regards to the quality of the information and advice they are providing to assure they are delivering their Care Act statutory duties effectively for self-funders.

Quality Statement 2: Supporting People to Live Healthier Lives

Strengths

Prevent, Reduce and Delay

The adult social care and health directorate have a Prevention Strategy in development which will be linked to both the Council's corporate priority of 'helping people help themselves' and the Adult Social Care and Health Strategy which promotes a preventative, personalised and strengths based approach to prevent, reduce and or delay the need for long-term care and support. To support the prevention agenda an integrated front-door (Health and Social Care Connect) was established whereby occupational therapy and community healthcare are strategically placed to provide early intervention and non-dependency solutions.

The Council utilise a range of technology enabled care such as lifeline units, gas leak, flood and power cut alerts, robot pets, police approved key safes, home security, interactive screens, whizzan blue boxes used in nursing homes (via in-reach teams), reminders to take medication, eat, drink and a range of other tasks. Currently in excess of 4,500 residents have been supported through some form of technology enabled care to support their independence.

In addition, there are a range of Public Health preventative services in place, including the Warm Homes Grant, One You East Sussex (an integrated health and wellbeing service) and a investments in Welfare Benefit and Debt Advice services. The Council also undertake annual winter mailing which is sent to all clients and carers providing information on vaccinations, access to financial support and staying warm.

The Council are keen to further develop their prevention offer and widen the range of technology enabled care utilised. As such work is underway to develop a prevention

strategy in partnership with residents, Public Health, the NHS, Primary Care and the voluntary, community and social enterprise sector as well as the private sector. The ambition of the Council is to have this partnership prevention strategy in place by early 2025.

Befriending Scheme

As part of the partnership prevention work between adult social care and health and Public Health it was identified there was a need to develop a befriending scheme to tackle chronic loneliness and isolation and improve older adults mental health and well being. The scheme was coproduced with residents who draw on care and support services to ensure the user voice was central to the service design. People who draw on care and support services spoke highly of this service and how it has given them a 'lifeline'.

Day Services

The Council has numerous day services for a wide ranging cohort such as those adults with a learning disability, dementia, Parkinson's, carers, residents over 50 and 55 without care and support needs but where loneliness and or isolation may be an issue. All these day services are run by independent and voluntary, community and social enterprise providers which provide a wide range of activities. For those adults who are supported by the Council these services can be spot purchased by the Council or purchased via direct payments. As of April 2023 at least 370 adults with care and support needs were accessing independent sector day opportunities.

East Sussex Community Support Service for Adults with a Learning Disability

The service supports people with a learning disability in their own home or in supported living. The service aims to improve quality of life and to enhance skills so that people can live as independently as possible. The service is rated 'good' by the CQC.

Considerations

Information and Advice

In 2021/22, the Council was in the top quartile for the ASCOF measures on the proportion of adults who draw on services and carers who found it easy to find and access information. In the Council's recent 'Listening to You' survey 66% of clients

and 77% of carers responded positively to questions about access to information and advice. This is in contrast to conversations had during the peer review with adults who draw on services and carers who reported not knowing where to go for information or who to contact. Furthermore difficulty in navigating the Councils adult social care and health webpages were also raised as well as guidance and information not always being available in the accessible formats required.

The Council may wish to conduct a mystery shopper approach of its current website, whereby residents, people who draw on services and carers navigate the site and provide feedback on the availability and accessibility of information and advice. Healthwatch has supported this methodology in other councils and coordinated the mystery shopper approach in conjunction with the council with beneficial and cost-effective results.

Direct Payments

There are 1,551 of adults in receipt of direct of payments who are drawing on the Councils adult social care and health support services (this does not include carers) which equates to 29.3% of the total population of adults drawing on services as of January 2024. The Council have in place both a direct payment policy and staff practice guidance. Information regarding the Councils direct payment offer can be found on their website and is available in a number of different accessible formats if required.

The Council have two commissioned voluntary and community sector organisations who provide direct payment support services. Both services provide information and advice regarding the use of direct payments, support in the recruitments of personal assistants, from advertising vacancies to employment law, support with banking and payroll and support with Disclosure and Barring Service (DBS) checks. Adult social care and health directorate staff and managers reported that the current personal assistant process was extremely difficult and convoluted and can take up to six months to secure a personal assistant which is having a significant impact on hospital discharge.

The Council have implemented a direct payments action plan in response to a survey conducted which stated that only 20% of people said they faced no challenges with their direct payments and that direct payments processes could be made less

complex. The action plan aims to improve current processes making the use of direct payments and accessing a personal assistant easier and less complicated for people.

With regards to the reviewing of direct payments the Councils policy on reviewing of direct payments (Operational instructions: for all operational staff, Direct payments core guidance, November 2023) states that an initial review will be completed within six weeks of the adult receiving direct payments and thereafter, scheduled reviews will take place annually as part of the annual support plan review. Given the backlog of reviews the Council are not meeting their internal policy guidelines or their statutory duty as outlined in the Care and Support (Direct Payments) Regulations 2014 (section 7.1). The lack of monitoring of direct payments has also been raised in a number of Safeguarding Adults Reviews (SARs) involving families/carers of adults with care and support needs concerning control and coercion and the families disguised compliance with adult social care services. As such, the peer team recommend that the Council place the annual review of direct payments onto their adult social care and health risk register along with risk mitigation plans.

Quality Statement 3: Equity in Experiences and Outcomes

Strengths

Coproduction

The Council have a wide and varied range of expert by experience panels and boards that are actively involved in commissioning decisions. For example; ExtraCare where the Design Council methodology was utilised to engage with people who draw on ExtraCare and what the customer journey should like moving forward.

In 2022 the Council implemented the Citizens Panel to help develop the Adult Social Care strategy which was published in 2023. The group helped agree the six priorities outlined in the strategy, which sets out a plan to enable care, support and independence for adults across East Sussex. The panel now meet four times a year to review how strategy actions are being taken forward and co-develop and feedback on a range of Adult Social Care policies and services.

Equality and Inclusion Strategy Action Plan 2023-2024

As a result of the coproduction work with residents and people who draw on adult social care services in developing the Adult Social Care and Health Strategy barriers for people from seldom heard communities who may experience health and social care inequalities were identified. As a result the Council undertook a dedicated piece of work during 2022/23 which resulted in the development of a report and Action Plan on Seldom Heard People and Communities. The plan was agreed corporately with sign off received from the Peoples Scrutiny Committee and is overseen by the Equality, Diversity and Inclusion Scrutiny Review Board. an Adult Social Care and Health Equality and Inclusion Strategy Action Plan for 2023-2024. The action plan is linked directly to the Adult Social Care and Health Equality and Inclusion Strategy 2021/24, which and consisted of five objectives. Each of the Strategy objective has a subset of actions to promote the voice of those from seldom heard groups by removing barriers, increasing engagement and further training for adult social care and health staff.

Equality, Diversity and Inclusion

The Council has a range of diverse services to promote equality and inclusion whilst recognising the importance of diversity. For example, the Havens Carers Project (delivered by Care for the Carers) which supports carers in areas of high deprivation, and Alcohol Care Teams which are also designated in areas of high deprivation (Hastings and Eastbourne).

Equality, Diversity and Inclusion Data and Reporting

To improve the current recording and subsequent use of equality, diversity and inclusion (EDI) data the Council are working in partnership with Sussex NHS Foundation Trust on a collaborative project 'Ensuring Everyone Counts'. The project aims to improve the recording of EDI information across the Council and NHS providers. Currently the Councils performance team reports regularly on gaps in recording EDI data and training sessions are offered to adult social care and health directorate teams about the importance of the collection of EDI data.

Building and Enhancing Social Justice in the Workforce

The adult social care and health directorate 'Building and enhancing social justice in

the workforce' group consists of a range of staff across the adult social care and health directorate. To date the group have recruited a dedicated project manager to lead on reducing violence, harassment and discrimination against staff. The group were successful in their bid to be an Improving Adult Care Together (IMPACT) demonstrator site to work with national experts to reduce violence and discrimination experienced by social care staff. The group also host the Equalities Allies meetings and support in the development and delivery of equality, diversity and inclusion training.

Considerations

Rurality Leading to Inequitable Service Provision

Due to pockets of rurality postcode inequalities regarding service delivery/provision were identified as well as increased isolation for those living in such areas due to limited transport. However, to combat this issue the Council have 'Flexibus' which can be booked residents to take them to destinations such as the nearest town, bus route or train station, hospital or shops. Flexibus was seen a 'lifeline' by those carers and adults who draw services spoken to during the peer review.

Implementation of Workforce Racial Equality Standards (WRES)

To further promote the work the council are undertaking in addressing workforce inequalities they may wish to consider implementation of the workforce racial equality standards which are a statutory requirement of NHS organisations.

Theme 2: Providing Support

Quality Statement 4: Care Provision, Integration and Continuity

Strengths

Provider Market

The Council have 50 Home Care providers and 300 Care Homes with no registered provider rated as inadequate by the Care Quality Commission (CQC). Supply is generally good, with a joint market oversight panel with the NHS Trust in place. The Council has good relationships with the provider market which was identified as a key strength by the peer team. In 2022/23 the Council used 100% of the Fair Cost of Care grant on fee uplifts, providing a 10% fee uplift across all services. However, with the cost of living crisis significantly impacting the sector as well as post covid impacts, the Council is finding it increasingly difficult to maintain 'published rates'.

Commissioning and Joint Commissioning

The Council has robust and transparent relationships with system partners, providers and key stakeholders. District and Borough Housing departments work with commissioning as one equal and virtual team. Joint Commissioning teams have been in place for many years with the adult social care and health directorate hosting the Adult Social Care and Health Joint Commissioning Team and the Mental Health Joint Commissioning Team. Staff are drawn from the Council and the NHS. Jointly commissioned services are available to people whether their support needs are being met by the NHS or by adult social care, which has resulted in a significant decrease of unnecessary hand-offs and silo working. The Joint Mental Health and Integrated Care Board Commissioning team has resulted in a holistic approach to commissioning with a shared understanding and ability to address social determinants of health across the County. The joint commissioning approach has supported effective delivery of section 117 aftercare services (Mental Health Act 1983 (as amended, 2007)) via a partnership procedure and 50/50 joint funding arrangements which has successfully promoted timely discharge from hospital.

Joint Community Reablement Team

The Joint Community Reablement Team was identified as an outstanding partnership provision which is jointly funded and provides a reactive service in terms of supporting a timely journey out of hospital and a robust reablement offer. The service

is staffed by a multi-disciplinary team of health and social care professionals working within the new integrated care framework. The service offers in reach to acute hospitals via their in reach team. The team join ward rounds and undertake initial assessment of patients in hospital when required. The team can immediately establish if the person is suitable for joint community reablement discharge, if consent can be obtained which has reduced the length of stay for a person discharged with Joint Community Reablement services by over 2 days.

The service also has a number of intermediate care beds and an integrated Therapy Lead. Milton Grange is a thirty bedded unit, with a 10 bedded dementia unit, with a length of stay on average 35 days, and 20 general beds, with an average length of stay of 28 days.

Recruitment and retention is a challenge for the service and there is focus 'on growing their own' staff. The service appears to be actively identifying solutions to their recruitment and retention difficulties such as staff appreciation awards, improved training and professional development programmes.

Market Support Team

The Market Support Team offers support across all cohorts and is seen as a critical friend to providers. The team are proud of their working relationship with CQC locally. The team undertakes a Market Oversight panel every 2 weeks and use this to direct support to providers. The panel is attended by adult social care and health operational teams and providers from regulated services. This approach has resulted in provider improvements in service delivery and CQC ratings. Officers in the team are highly experienced and all come from provider backgrounds.

Coproduction in Commissioning

Many examples were provided of how people who draw on services, carers and residents are regularly involved in the commissioning cycle. One such example was the commissioning of the Mental Health Support Services contract (£3.6 million

contract value) whereby wording in the specification was changed to what people who draw on services wanted from the services as well as people who draw on services being involved in the tender process. Another example is the Involvement Matters Team (IMT) which is facilitated by the adult social care and health directorate and is made up of adults with learning disabilities who draw on adult social care services. Members of the IMT sit on the Learning Disabilities Partnership Board which is co-chaired by a member of the IMT. The board is the overarching reference group for adults with learning disabilities in East Sussex. The IMT are heavily involved in co-production and service development across East Sussex, including creating specific questions and KPIs for tenders and sitting on tender panels, delivering parts of adult social care and health training and production of numerous 'easy read' documents.

Considerations

Young Adults Transition with Complex and Challenging Needs

The Council are acutely aware of service provision gaps in relation to young adults who are transitioning from children's social care to adult social care who present with complex and challenging needs. Although a relatively small cohort of young adults, the number is increasing and the lack of suitable provision presents a significant issue across the adult social care and health directorate, especially when placements breakdown.

Although the Council have well established and positive relationships with a small number of providers who are able to support these individuals in very specialised placements the Council is only able to find appropriate accommodation out of county. To address the increasing demand for highly specialist placements the Council are working in partnership with system colleagues including the Integrated Care Board (ICB), the NHS Trust and District and Borough colleagues. A partnership pan-Sussex strategic approach has been initiated to consider how collectively the health and social care system can respond to this challenge.

Hospital Discharge

The overall picture for hospital discharge in Sussex is challenging. The Council have a Hospital Discharge Team in place which up until recently were operating under the Discharge to Assess (D2A) model. However at the request of their NHS partners, the team have reverted back to undertaking assessments in acute settings and in the community. System partnership work is underway to implement a Transfer of Care Hub which will run in conjunction with a discharge hub from the hospital. It is hoped this will provide a single version of the truth. Although the Transfer of Care model was seen as positive there seemed to be limited evidence of a robust strategic framework.

The Council commissions D2A beds for the East Sussex place (c.56 beds) and uses a combination of approved home care providers, block hours and the Joint Community Reablement Team to ensure timely discharges. The Council have worked closely with providers and colleagues in acute to ensure good occupancy in D2A beds and to reduce the average length of stay (which had increased during the pandemic and over winter 2022) from 60 days in March 2023 to 31 days in October 2023, for block commissioned beds. A D2A partnership panel meeting takes place every two weeks looking at delayed discharges over 21 day cases. With regards to specialist mental health discharges these are led by the Councils Mental Health Teams.

Carers and adults who draw on services reported that communication around hospital discharge and returning home was poor, causing unnecessary anxiety to both the adult being discharged and their carer. It was not clear to the peer team if these issues arose due to acute hospital processes or adult social care processes.

Contract Monitoring

The Council do not have a dedicated contract monitoring function and there are not dedicated contract monitoring dedicated posts within the adult social care and health

staffing/operational teams structure. Commissioning officers with support from project managers appear to lead on contract monitoring although this was slightly unclear to the peer team. All regulated provider services have a documented Quality Assurance System in place to monitor the 5 CQC key areas of Safe, Caring, Responsive, Effective and Well-led. Commissioners and project managers conduct audits, site visits, reports, mock inspections and gather resident/client and other stakeholder feedback.

The peer team were in agreement that current contract management arrangements may present as a risk to the Council. The peer team concluded that a dedicated and structured approach to contract management would provide increased visibility and assurance over the efficacy of Council commissioned contracts and the opportunity to monitor and measure the impact and outcomes for people.

Market Position Statement

Despite the demographic changes and challenges the Council face these do not appear to be articulated in the current Market Position Statement. It is recommended that the Council acknowledge these challenges and expand its scope to look ahead and signal to the provider market what services need to be developed to support emerging and future needs.

Voice of Providers

Both Extra Care Services and Home Care providers reported good working relationships with the Council. Council commissioners were seen as being actively interested in contract and quality assurance meetings/visits and that communication was regular.

This was in contrast to the views of Care Home providers who reported a more challenging relationship. For example the NHS Capacity Tracker not being used by the brokerage team to understand availability or voids resulting in the brokerage

team cold calling care homes for bed information which is available to them via the tracker but not being utilised to streamline the process.

Residential nursing care home providers reporting receiving more complex cases which require more resource and funding. It was felt that commissioners do not know the difference between what care can and should be delivered by nursing care homes and what care can and should be delivered in residential care homes. However, residential nursing providers reported that open and frank conversations can be had with commissioners.

The majority of providers spoken to, homecare and care home providers, reported they would value reinstatement of the provider forums to share learning and allow for networking between local providers¹.

Quality Statement 5: Partnerships and Communities

Strengths

Learning Disability

The Council's Learning Disability Team is a long standing well established team staffed with highly skilled and passionate practitioners and managers. It was clearly evident that there was a strong team spirit with staff supporting one another where necessary. Numerous case examples were heard which showcased a person centred and strength based approach. The team are co-located with learning disability health colleagues which promotes a seamless pathway and a 'no wrong front door' approach. The team can access a range of bespoke training developed

¹ As of 16/04/24, 39% of care homes in East Sussex have not updated their Capacity Tracker information in the last seven days, making it difficult to draw conclusions as to the reliability of their information. Therefore, ASC brokerage teams call care homes to enquire about the availability of a bed for each referral and to have an in principle conversation about the individual client's need. The advantage of talking to providers is it offers an opportunity to build relationships and understand how many rooms they may have available at local authority rates and the characteristics of the rooms available, e.g. accessibility, ensuite etc, information which is not included within the Capacity Tracker but can then be recorded on the Sourcing Tool.

especially for working with adults with a learning disability, for example DoLS training and learning MAKATON. The average caseload in the team is approximately 20 which is in line with national best practice (20-25 cases). The team have developed a caseload tool which RAG rates complexity and ensures cases are allocated appropriately dependent of skill level, knowledge and experience. Staff spoken to were clearly legally literate with an in depth understanding of the Care Act and the Mental Capacity Act. The team are keen to support apprentice social workers and occupational therapist and tailor caseloads to accommodate apprentices university studies as well as providing shadowing by a supervisor.

The team working closely with commissioners and the Involvement Matters Team in the ongoing development of services. With regards to adults who draw on services there is a range of choice available such as 'Steps to Work', a supported employment service that helps people with a learning disability and/or autism into work which include a number of community-based projects such as working in a café and car cleaning service, as well as routes into employment via work placements with local employers. In relation to the national performance measure of those adults in paid employment the Council continue be rated nationally in upper middle quartile.

However, there appeared to be no transitions pathway or guidance available for when people at age 26 or over come into the team. The Council may wish to consider development of practice guidance and pathways as part of their Transitions Transformation Programme.

Integrated Care Partnership: Sussex Health and Care Assembly

The Sussex Health and Care Assembly, chaired by the Chair of NHS Sussex, is the statutory joint committee between the NHS and local government (NHS Sussex, Brighton and Hove City Council, East Sussex County Council and West Sussex County Council) that comes together to formally agree the strategic direction of the Sussex health and social care system. Its core purpose is to agree the strategic direction and facilitate joint action and commissioning across a broad alliance of

organisations to improve the outcomes, equality of access and patient experience of health and care services for all communities across Sussex. Evidence of maturity in the system was clearly evident with the Council seen as a well established system partner. There was considerable evidence of East Sussex seen as a 'Place' which the Council clearly champions. To support this place based approach Integrated Care and Neighbourhood teams provide a localised approach which was seen as a benefit to residents. With regards to political engagement this was seen as good with local Members of Parliament (MPs) briefed on relevant issues.

Voluntary, Community and Social Enterprise Sector (VCSE)

Partnership Plus, hosted by the Council, provides a forum for senior officers from the voluntary, community and social enterprise (VCSE) sector and public sector, including the Council's Chief Executive and Director of Adult Social Care and Health. Partnership Plus leads on a number of cross sector activities including a collaborative commissioning programme and a loneliness stewardship group. The Council invests in the Three Voluntary Actions in East Sussex; Voluntary Action for Eastbourne, Lewes District and Wealden, Hastings Voluntary Action and Rother Voluntary Action. Partnership Plus was seen as an enabler with various working groups that feed into a shared and unique partnership arrangement such as the Commissioning for Excellence Programme which aims to establish East Sussex as a centre of excellence for VCSE commissioning.

VCSE providers reported good relationships with the Council who have retained funding to the sector and continue to listen and learn from them regarding areas of local need, localised safeguarding trends and interventions required. In addition the Council have commissioned the voluntary and community sector to work with seldom heard and marginalised residents/communities. With regards to the Councils Adult Social Care and Health Self-Assessment providers praised the Council as the voice of the VCSE sector was clearly and transparently represented.

VCSE sector providers reported a strong working relationship with the Council that is

genuinely collaborative, open and transparent with a culture of 'making things happen'. Furthermore the Council was seen as a listening and learning organisation with the Council's Director of Adult Social Care and Health seen as 'persistent' in a positive way. However, challenges do exist such as housing which is an issue for both residents and the VCSE sector workforce given the high cost of housing across the county. In addition, challenges from health partner demands and pace of change was reported given new structures are being implemented especially in relation to the Integrated Care Board (ICB).

Mental Health Social Care

Up until fourteen years ago delivery of mental health social care was delivered via a Section 75 Agreement. Despite the Section 75 no longer being in place the Council's Older Peoples Mental Health Team and the Mental Health and Substance Misuse Team remain colocated with NHS mental health colleagues. Significant evidence of effective collaborative multi-disciplinary working to improve patient outcomes were identified. It was clearly evident that the Council's mental health social care teams were seen as valued partners by the NHS Trust and that each partner was well aware of their roles and responsibilities which has resulted in no duplication of effort and clear lines of accountability and governance.

With regards to the Council's presence in the integrated care mental health system, the Council's Director of Adult Social Care and Health is clearly visible and chairs the mental health discharge front runner programme. The Council are members of the NHS Trust run Complex Care Panel which promotes a social care lens. With regards to moving on from the Care Programme Approach and local Community Mental Health Transformation plans the Council was seen to play an integral role and are active partners in the transformation programme.

Mental health social care practitioners and managers spoken to were extremely knowledgeable, skilled and experienced and their passion and dedication was clear to see. Both teams evidenced innovative and creative practice ensuring adults with

mental health and or substance misuse difficulties achieved their desired outcomes. Threshold requirements for assessment are aligned to Care Act, for example where there is an appearance of need. In addition, there was significant evidence of an early intervention and preventative approach aligned to the Council's statutory duty to prevent, reduce and delay the need for long-term services.

In respect to local population based issues such as suicide in older men there is demonstrable evidence of joint plans with active engagement from the Council. An example is the Beachy Head focused work programme regarding suicides (50 in last year) championed by the Director of Public Health working in close collaboration and partnership with the NHS Trust and the Integrated Care Board.

In respect to challenges, appropriate accommodation on discharge was identified as lacking which is creating unnecessary delays of adults being discharged from hospital. In addition, both mental health social care teams have difficulty regarding recruitment given the high cost of housing in the local area.

People with lived experience of drawing on mental health services reported that further work is required around discharge and discharge planning to stop the increasing issue of revolving door patients, such as discharge planning commencing on admission to ensure that by discharge robust plans are in place. A lack of community assets which focuses on recovery and wellbeing that can reduce loneliness and isolation was also seen as lacking as well as a lack of early intervention to reduce/prevent the risk of hospitalisation. It was also felt that there was not a consistent mental health community offer across the County e.g. wellbeing centres in some areas but nothing in other areas. The need for support with benefits and keeping ones tenancy, especially if admitted to hospital was also seen as lacking. The Council may wish to consider how it utilises housing officers who could provide information, advice and support with tenancies and benefits. This approach has been successful in a number of local authorities across the country. In relation to accommodation issues the Council may wish to consider the successful approach developed by the London of Borough Croydon whereby a mental health partnership

board was implemented to address housing issues for those residents with a mental health condition that had representation from adult social care, housing and the local NHS Mental Health Trust.

Approved Mental Health Professional Service

The Council operates an Approved Mental Health Professional (AMHP) hybrid model consisting of a highly skilled daytime AMHP team resourced by five full time equivalent AMHPs who are supported by a bank of duty AMHP colleagues who work in substantive posts across adult social care and the NHS Trust. The daytime AMHP team is colocated with the NHS Trust Crisis Team which promotes early intervention, prevention and least restrictive options. There are also AMHPs in the Councils children's social care Multi-Agency Safeguarding Hub (MASH) MASH which is certainly a best practice model and again ensures early intervention and prevention and least restrictive options. As with most NHS Mental Health Trusts bed availability is an ongoing issue however there is a robust section 140 joint policy in place which is invoked by AMHPs when necessary.

Social Supervision and Forensic Social Work

Forensic Services are operated by the NHS Trust and delivered under a Section 75 arrangement. The service consists of nurses and four social workers. Care Coordinators act as social supervisors. Forensic social workers were extremely knowledgeable and skilled senior practitioners who evidenced robust risk assessment and management abilities, supported by a wealth of risk management tools.

Considerations

Integrated Care Board

Conflicting accounts regarding the working relationship between the Council and the Integrated Care Board (ICB) were heard during the peer challenge. From an ICB perspective they felt there was maturity in the system and that the Council were

proactive and not at all parochial and were happy to contribute to systemwide discussions and always step in and support (e.g. leading on system Mental Health discharge). In addition they felt that the Council sees issues with a longer lens over the whole of Sussex rather than a focus on their own geographical boundaries. With regards to relationships with community providers these were seen as positive with evidence of active collaborative work between health and social care locally.

Challenges however were identified by the ICB with regards to those young adults transitioning with complex and challenging needs but that early stage discussions were being had with the Council and families which were seen as positive and helpful. A further difficulty raised were current planning cycles given they work differently between health and social care. It was acknowledged by the ICB that this must improve given current financial pressures on both organisations.

With regards to Continuing Health Care (CHC) assessments Council practitioners and managers reported a progressively challenging and tense relationships between adult social care and the ICB with an increase in disputes. The Council have in place a designated CHC team consisting of highly skilled and experienced social workers and resource officers. Practitioners reported that despite their proficiency in completing CHC checklists the default stance of the ICB is invariably 'no' resulting in practitioners routinely seeking legal guidance to assist them in contesting CHC outcomes.

Section 117 Aftercare (Mental Health Act 1983, as amended, 2007)

Adult social care and health practitioners and managers reported ongoing challenges in regard to Section 117 Aftercare and the approach taken by the NHS Trust. Practitioners reported ongoing issues with NHS Trust having limited knowledge of Section 117 resulting in the NHS Trust often inappropriately discharging people from Section 117 without discussion with Council and or the person. Although joint assessments and reviews are taking place and recorded in LAS there appeared to be differing Section 117 process and practice for teams across the NHS Trust. The

Council in collaboration with NHS Trust may wish to review current practice and process across all teams (Council and NHS Trust) to ensure current practice is aligned to Section 117 of the Mental Health Act and the Code of Practice (2015).

Dementia Pathways and Service Provision

Both the NHS Trust, the Council and the ICB are aware that the current dementia offer is not robust and further work is required to improve the offer. The integrated joint mental health commissioning team have implemented interim plans and system partners are working towards the development of a long-term provision offer, however this is not yet in place. Council practitioners and managers reported a significant gap in relation to accredited dementia friendly home care resulting in adults with dementia being put unnecessarily into respite from hospital rather than discharged home with a package of support.

Theme 3: Ensuring Safety

This area relates to safeguarding, safe systems, and continuity of care.

Quality Statement 6: Safe Systems, Pathways and Transitions

Strengths

Safeguarding Adults Board

The Council have an extremely robust Safeguarding Adults Board (SAB) in place with a highly experienced, knowledgeable and skilled independent chair who is an ex-director of adult social care. The board is rightly proud of their robust partnership safeguarding approaches and interventions across the health and social care system. The board is made up of senior representatives from a range of statutory services (including representation from the East Sussex Children Safeguarding Partnership) who all are dedicated and passionate in ensuring there is an ongoing collaborative partnership approach to safeguarding across the social care and health system. The board have a range of safeguarding dashboards in place to monitor

outcomes across statutory partners and both a Strategic Plan (2021/24) and an Annual Report (2022/23) are in place with the most recent report (2023/24) in development.

In addition to undertaking Safeguarding Adults Reviews and ensuring learning is disseminated across partner agencies bespoke thematic review programmes of work are also undertaken, for example, thematic review of transitional safeguarding where both safeguarding adult reviews and children's serious case reviews were analysed. This resulted in the development of partnership transitional safeguarding policies and procedures and a pledge to ensure there are no longer any cliff edge cases. To date all statutory agencies have signed up to the pledge. This is indeed an area of best practice that should most certainly be celebrated.

It was evident that there were robust working relationships between the Safer Communities Partnership, the Domestic Abuse Partnership Board, the Safeguarding Adults Board and the Children Safeguarding Partnership which again is area of best practice that should be celebrated.

Currently there is no lived experience representation on the board, however work is actively in progress to address this. In addition, further work is being undertaken to understand how learning from safeguarding adult reviews is embedded across partner agencies and how effective these processes are.

Considerations

Preparing for Adulthood and Transitions

The pathway for those young adults preparing for adulthood is disjointed and unclear and leaves the Council open to litigation and or reputational damage. Transition assessments including financial assessments are not completed until the young person is aged 17.5 years of age and those aged 14 to 18 years remain with children's social care. Although the Council do seem to be aware of young people who will be transitioning, they are tracking cases via an excel spreadsheet which is not the most appropriate or safest way to track and monitor and cases. Adult social care and health practitioners and managers reported 'a poor transition process' regarding those young adults with a learning disability which is often resulting in cases being transitioned to the adult learning disability team at age 25 or 26. In addition, these cases normally have no clear plan in place which causes

unnecessary anxieties for families and practitioners. During the peer challenge General Practitioners reported ongoing issues regarding a lack of clear and transparent pathways and processes for those young people transitioning into adult social care.

In regards to the backlog of annual reviews regarding those young adults who have recently transitioned a project was implemented in 2023 to clear the backlog with those who have direct payments being prioritised. However, practitioners reported that the amount of work involved has been underestimated and that progress has been slower than anticipated. Progress is being tracked via a spreadsheet with weekly progress updates. Some Carers assessments have been included in the project since January 2024 but information not captured.

Good working relationships with health colleagues was reported regarding those young adults with complex needs and challenging behaviour, with weekly meetings held with two transition nurses known locally as Roald Dahl nurses.

The peer team were in agreement that creating a dedicated transitions team and a transitions pathway which is coproduced with young people and their families feels like the next step following the current project to catch up with reviews of 18-24 year olds.

Section 11 (2) (b) Care Act 2014

Practitioners and managers spoken to could not identify the process and/ or procedures in place across adult social care when an adult with care and support needs and/ or their representative refuses safeguarding intervention. This issue has been raised in several recent coroner cases where Councils have received a Regulation 28 Prevention of Future Deaths Notification for not having such processes and procedures in place. As such it is recommended that practice guidance is developed (Kent County Council have an excellent easy read practice guidance document).

Quality Statement 7: Safeguarding

Strengths

Safeguarding in Adult Social Care and Health Teams

All adult social care and health teams have a link safeguarding worker from the Safeguarding Development Team who provide specialist advice and support. Clear measures are in place regarding the allocation of safeguarding enquiries which is supported by the use of a safeguarding allocating tool ensuring those safeguarding enquiries which are rated as high risk and complex being allocated to a senior social worker. All staff undertaking enquiries have to undertake a two day mandatory safeguarding enquiry course before they are able to complete enquiries.

Considerations

Safeguarding Statutory Three Stage and Management Oversight

Although there is a documented safeguarding customer journey in place the triaging of safeguarding concerns is clearly happening twice. Once at the front door by an unqualified Senior Resource Officer from the Health and Social Care Connect Safeguarding Team, and secondly by an adult social care and health team practitioner who re-triages the safeguarding concern as part of the duty team process.

Further concerns were identified in that once the Senior Resource Officer (unqualified role) from the Health and Social Care Connect Safeguarding Team has made the decision not to progress a safeguarding concern there is no qualified management sign-off process to ensure this is the correct response and no facility in LAS which could evidence management sign off has been agreed. In addition staff within the Health and Social Care Connect team used pre Care Act language when referring to safeguarding concerns calling them 'safeguarding alerts' which is 'No Secrets' language.

Provider Safeguarding Concerns

Different pathways exist for provider safeguarding concerns dependent on the team, some may be triaged by Health and Social Care Connect where as others will be sent directly to the team. It is recommended that a consistent approach to safeguarding pathways is required with a single point of access to ensure that concerns are not 'lost' within the system.

Organisational Abuse Large Scale Enquiries

With regards to provider organisational large scale safeguarding only a documented customer journey is in existence. Given organisational abuse enquiries may involve six or more different commissioners and a large number of residents/adults who draw services a robust procedure and practice guidance is required. It is recommended that an organisational abuse large scale enquiry procedure and associated practice guidance is implemented (Somerset and Worcestershire County Council have best practice examples).

Person in Position of Trust

The Council lead for person in position of trust referrals received into the Council is undertaken by the Local Authority Designated Officer (LADO) for adults. The role of the LADO is a statutory role set out in Working Together to Safeguard Children (2018) (Chapter 2 Paragraph 4) and is governed by the Local Authorities duties under section 11 of the Children Act 2004. This role is specially for children social care and not adult social care. It is recommended that to align with the Care Act 2014 rather than children's social care statutory guidance the role be change to Person in Position of Trust lead and associated procedures and practice guidance updated.

Safeguarding Audits

The auditing of safeguarding concerns and enquiries was paused in December 2023 and is due to recommence in March 2024. A recent thematic audit of 38 safeguarding concerns was undertaken by the Safeguarding Development Team looking at the increase of safeguarding concerns to safeguarding enquiry. The audit identified that of the 38 cases 37 were deemed to have been accurately triaged. However, given that Health and Social Care Connect receive in excess of 2000 safeguarding concern referrals a month an audit sample of 38 cannot be seen as representative and an ongoing audit programme that focuses on both the three stage test outcomes and outcomes of enquiries is highly recommended.

Inappropriate Safeguarding Concerns

Health and Social Care Connect reported high levels of inappropriate safeguarding concerns from police. The peer team recommend that this issue is escalated to the Safeguarding Adults Board where discussions can be had on what constitutes a safeguarding concern and training put in place if necessary.

Theme 4: Leadership

This relates to capable and compassionate leaders, learning, improvement, and innovation.

Quality Statement 8: Governance, Management and Sustainability

Strengths

Assurance and Performance Boards

A recent Improvement and Assurance Board has been established which works in collaboration with the Performance Board with a focus on CQC assurance. The Performance Board runs monthly from January to May and then bi-monthly from June to December and is chaired by the Director of Adult Social Care and Health. The board has standing agenda items such as national reporting measures, data quality reviewed quarterly, safeguarding performance reviewed monthly and 'listening to you' feedback quarterly.

Risk Register

Each directorate within the Council has a risk register that is monitored by the directorate management team. All risk registers across the Council are kept within excel spreadsheets, it is unclear how therefore interdependencies can be seen or a holistic overview of risk captured. With regards to the adult social care and health risk register this is monitored quarterly via the Performance Board. A number of risks highlighted in the risk register do not appear to have been updated in some time and it recommended that each time the register is reviewed the date of review is added with set of notes to show oversight and management of risk. A further recommendation is for the Council to consider implementation of a risk register system for the Council for example Pentana.

Annual Teams Business Plans

All teams have a bespoke annual business plan and risk logs that link to the adult social care strategy and corporate council plan priorities with associated key performance indicators. Business plans are discussed during team meetings and key

performance indicators are reported into the Performance Board.

Workforce Sustainability

Adult social care and health have a workforce strategy and programme in place to tackle recruitment and retention issues. For example new roles are being considered to free up specialist/professional capacity as well as 'you said and we did' and 'Staying Put' questionnaires. A new recruitment campaign has recently been launched 'I choose East Sussex' which includes updated branding to promote opportunities through recruitment and advertising materials including videos, social media campaigns and targeted advertising which can be adapted for different roles and locations. In addition the 'Return to Social Work' scheme is advertised on the Council's website giving opportunities to register interest and receive flexible support, targeting people who have previously left the profession and may wish to return. Unqualified staff who may wish to become qualified social workers or occupational therapists can also register to 'Pathways into Social Work'.

Considerations

Health and Wellbeing Board

Mature and established relationships were identified within the Health and Wellbeing Board with the ability to have challenging and positive discussions around a myriad of topics. Councillor engagement with board was identified as good. The Director of Public Health annual report is overseen by the board and outcomes of this drive initiatives on the ground. There seemed to be a consensus from the board that time to reflect and stocktake on its purpose was required. The peer team agreed that a focus on a whole life prevention strategy in the face of demographic challenges the best use of local resources may be good a starting point

Performance Data

The Councils performance team provide monthly reports in Tableau, however a number of teams are also utilising excel spreadsheets meaning there is not one single version of the truth. Currently only 160 managers have access to Tableau and discussions are ongoing with managers and teams about what they want in terms of data. With regards to collating outcomes focused data e.g. outcomes that matter to an adult as part of their ongoing support planning an Imosphere upgrade to the adult

social care database LAS will provide the necessary outcome reporting required. There are a large number of dashboards in place which focus on activity, performance, safeguarding and equality with performance team staff attending monthly operations team meetings to review and share trend analysis.

Adult social care and Health Strategy

Numerous practitioners and middle managers were asked about the Adult Social Care and Health Strategy and to explain the associated key principles and priorities and how they could evidence these in everyday practice. However no practitioners or managers could articulate a response and clearly had not read the strategy. It is recommended that further work is undertaken with the adult social care and health workforce to ensure they are clear on the key priorities of directorate.

Quality Assurance Framework

The Quality Assurance Framework has recently been refreshed with the Councils social work standards updated. The adult social care and health audit programme consists of two audits a year being completed on each staff member. However, to date only 225 out of 580 have been completed. Further work is required to embed the auditing programme across the directorate which the Principal Social Worker is leading on with support from the senior leadership team. Until a robust auditing process is established the Council cannot assure themselves fully that practice and process is consistently aligned to Care Act and relevant legislation and national best practice guidance.

Quality Statement 9: Learning, Improvement and Innovation

Strengths

Supervision

The supervision policy has recently been updated and linked to the quality assurance framework. Staff are expected to have monthly supervision which is monitored by a monthly report. Currently audits of supervision are not in place to determine the

quality of supervision. It is highly recommended that audits of supervision is undertaken as part of the audit programme.

Culture

All staff spoken to were dedicated and passionate about improving outcomes for adults with care and support needs and seem to enjoy/like working for the Council.

Corporately there is an A-Z to wellbeing offer which staff reported as good. This was evidenced in the recent Local Government Association Social Work Health Check Survey with 86% of Council employed social workers stating there was a good wellbeing offer in place. Practitioners and managers are expected to be office based for set days to ensure the sense of team can develop. Good case load numbers, an average of 22 were reported with allocation practice guidance in place to support managers in allocating cases to correct practitioner skill mix.

Principal Social Worker and Principal Occupational Therapist

The Principal Social Worker (PSW) is actively involved in the Safeguarding Adults Board and is an active member of Safeguarding Adults Review and Training and Development sub-groups. The PSW has recently developed an implemented adult social care and health practice standards which have been well received by both practitioners and managers across the directorate. Throughout the peer challenge the peer team heard how the PSW was seen as 'dynamic' and extremely well thought of by both practitioners and managers and also by members of the Citizens Panel.

The Principal Occupational Therapist demonstrated a good grasp on practice across the directorate and is working on plans to 'grow their own' occupational therapists. It was evident that the PSW and Principal Occupational Therapist have a good working relationship and share learning.

Assessed and Supported Year in Employment Offer

The Assessed and Supported Year in Employment (ASYE) was found to be comprehensive. All ASYEs spoken described a positive support offer whereby caseloads are protected as well as having good access to assessors and supervisors all who are registered Social Workers.

Considerations

Reported Inequity in Pay

A number of staff reported inequity in adult and children social care social workers pay once they complete their Assessed and Supported Year in Employment (ASYE) with children's social workers receiving an additional pay incentive of 10%).

Case File Audit Findings

Twelve casefile audits were undertaken as part of the peer challenge. The main findings showed that in 87% of cases there was significant evidence of strengths-based practice, and in 90% of cases evidence of robust recording demonstrating professional curiosity, accountability and ownership. In 80% of cases there was evidence of management oversight, and 85% of robust risk assessment and management. In over 90% of cases interventions and responses were timely.

Top Tips for Assurance Preparation - for consideration

- Appoint an adult social care lead.
- Political briefings.
- Secure corporate support and buy-in.
- Maximise the Council's adult social care business intelligence capacity to

inform the self-assessment.

- Get health partners and integrated services leadership on board.
- Compare and learn from children's inspections.
- Gather insights from partners and providers.
- Be clear on approaches to co-production and responding to diverse needs.
- Encourage organisational self-awareness.

Lessons learned from other peer challenges

- Councils need an authentic narrative for their adult social care service driven by data and personal experience.
- The narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere.
- Ideally this story is told consistently and is supported by data and personal experience - do not hide poor services.
- This will probably take the form of:
 - What are staff proud to deliver, and what outcomes can they point to?
 - What needs to improve?
 - What are the plans to improve services?
- In the preparation phases, consider putting it on all team agendas **asking staff what they do well**, what is not so good and to comment on the plans to improve. Collate the information from this process and add to the self-assessment. Ensure the self-assessment is a living document that is regularly updated.
- Immediately prior to CQC arriving, ask staff what they are going to tell the

regulator. **How is their experience rooted in observable data** and adds to the overall departmental narrative? These stories drive the understanding of yourselves and others.

- The regulator is interested in outcomes and impact from activity. The self-assessment needs to reflect this as do other documents.
- **The conversation with the regulator is not a chat.** For those interviewed it should be a description of what they do and the impact they have had. Case examples written in the authentic voice of those with a lived experience bring this alive.

Immediate Next Steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions to determine how the organisation wishes to take things forward.

Whilst it is not mandatory for the Council to publish their report, we encourage Councils to do so in the interests of transparency and supporting improvement in the wider sector. If the Council does decide to publish their report, the date at which the Council chooses to do so is entirely at their discretion and would usually be at the culmination of an internal governance process.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice, and guidance on a number of the areas for development and improvement and we would be happy to discuss this.

William Brooks in the LGA Principal Adviser for the South East covering East Sussex and is the main contact between your authority and the Local Government Association. His contact details are:

Email: william.brooks@local.gov.uk

Phone: 07949 054421

Web: [Home | Local Government Association](#)

Pat Jones-Greenhalgh is the LGA Care and Health Improvement Adviser the for the South East and your main contact to the LGA Partners in Care and Health Programme. Her contact details are:

Email: Patricia.Jones-Greenhalgh@local.gov.uk

Telephone: 07850 257734

Web: [Partners in Care and Health | Local Government Association](#)

In the meantime, we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Abbie Murr is the Peer Challenge Manager for this work and the author of this report. Her contact details are:

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Contact Details

For more information about the Adult Social Care Preparation for Assurance Peer Challenge Programme at the LGA please contact:

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Web: [Adult social care peer challenges | Local Government Association](#)

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Report to:	Cabinet
Date:	16 July 2024
By:	Chief Operating Officer
Title of report:	Internal Audit Annual Report and Opinion 2023/24
Purpose of report:	To give an opinion on the County Council's control environment for the year from 1 April 2023 to 31 March 2024

RECOMMENDATIONS

Cabinet is recommended to note the internal audit service's opinion on the Council's control environment.

1. Background

1.1 The purpose of this report is to give an opinion on the adequacy of East Sussex County Council's control environment as a contribution to the proper, economic, efficient and effective use of resources. The report covers the audit work completed in the year from 1 April 2023 to 31 March 2024 in accordance with the Internal Audit Strategy for 2023/24.

2. Supporting Information

2.1 All local authorities must make proper provision for internal audit in line with the 1972 Local Government Act (S151) and the Accounts and Audit Regulations 2015. The latter states that authorities 'must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance'. Annually, the Chief Internal Auditor is required to provide an overall opinion on the Council's internal control environment, risk management arrangements and governance framework to support the Annual Governance Statement.

2.2 It is a management responsibility to establish and maintain internal control systems and to ensure that resources are properly applied, risks appropriately managed and outcomes achieved.

2.3 No assurance can ever be absolute; however, based on the internal audit work completed, the Orbis Chief Internal Auditor can provide reasonable assurance that East Sussex County Council has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2023 to 31 March 2024.

2.4 This opinion, and the evidence that underpins it, is further explained in the full Internal Audit Service's Annual Report and Opinion which forms Annex A of this report. The report highlights:

- Key issues for the year, including a summary of all audit opinions provided;
- Key financial systems; and
- Other internal audit activity.

2.5 Appendix A of the annual report sets out details of internal audit performance for the year, including details of compliance against the relevant professional standards.

2.6 The 2023/24 Internal Audit Annual Report and Opinion was discussed and noted by the Audit Committee on 5 July 2024.

3. Conclusions and Reasons for Recommendation

3.1 Cabinet is recommended to note the internal audit service's opinion on the Council's control environment.

ROS PARKER

Chief Operating Officer

Contact Officers: Russell Banks, Orbis Chief Internal Auditor, 07824 362739
Nigel Chilcott, Audit Manager, 07557 541803

BACKGROUND DOCUMENTS

Internal Audit Strategy and Annual Audit Plan 2023/24

INTERNAL AUDIT ANNUAL REPORT & OPINION 2023/2024

1. Internal Control and the Role of Internal Audit

1.1 All local authorities must make proper provision for internal audit in line with the 1972 Local Government Act (S151) and the Accounts and Audit Regulations 2015. The full role and scope of the Council's Internal Audit Service is set out within our Internal Audit Charter.

1.2 It is a management responsibility to establish and maintain internal control systems and to ensure that resources are properly applied, risks appropriately managed and outcomes achieved.

1.3 Annually, the Chief Internal Auditor is required to provide an overall opinion on the Council's internal control environment, risk management arrangements and governance framework to support the Annual Governance Statement.

2. Delivery of the Internal Audit Plan

2.1 The Council's Internal Audit Strategy and Plan is updated each year based on a combination of management's assessment of risk (including that set out within the departmental and strategic risk registers) and our own risk assessment of the Council's major systems and other auditable areas. The process of producing the plan involves extensive consultation with a range of stakeholders to ensure that their views on risks and current issues, within individual departments and corporately, are identified and considered.

2.2 In accordance with the audit plan for 2023/24, a programme of audits was carried out covering all Council departments and, in accordance with best practice, this programme was reviewed during the year and revised to reflect changes in risk and priority. All adjustments to the audit plan were agreed with the relevant departments and reported throughout the year to CMT and the Audit Committee as part of our periodic internal audit progress reports. Full details of the adjustments to the plan can be found in Appendix D.

2.3 It should be noted that whilst there were some audit reports in progress or at draft report stage at year-end, outcomes from this work have been taken into account in forming our annual opinion. Full details of these audits will be reported to CMT and the Audit Committee once each of the reports have been finalised with management.

3. Audit Opinion

3.1 No assurance can ever be absolute; however, based on the internal audit work completed, the Chief Internal Auditor can provide reasonable¹ assurance that the Council has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2023 to 31 March 2024.

3.2 Further information on the basis of this opinion is provided below. Overall, the majority of audit opinions issued in the year were generally positive, with only a small number of instances where internal audit activities have identified that the operation of internal controls have not been fully effective. We are pleased to report that no minimal assurance opinions were issued in the year. There were, however, eight partial assurance opinions reported (see 5.4 below), all of which will be subject to follow-up reviews in 2024/25.

3.3 Where improvements in controls are required as a result of our work, we have agreed appropriate remedial action with management.

¹ This opinion is based on the activities set out in the paragraphs below. It is therefore important to emphasise that it is not possible or practicable to audit all activities of the Council within a single year.

4. Basis of Opinion

4.1 The opinion and the level of assurance given takes into account:

- All audit work completed during 2023/24, planned and unplanned;
- Follow up of actions from previous audits;
- Management's response to the findings and recommendations;
- Ongoing advice and liaison with management, including regular attendance by the Chief Internal Auditor and Audit Managers at organisational meetings relating to risk, governance and internal control matters;
- Effects of significant changes in the Council's systems;
- The extent of resources available to deliver the audit plan; and
- Quality of the internal audit service's performance.

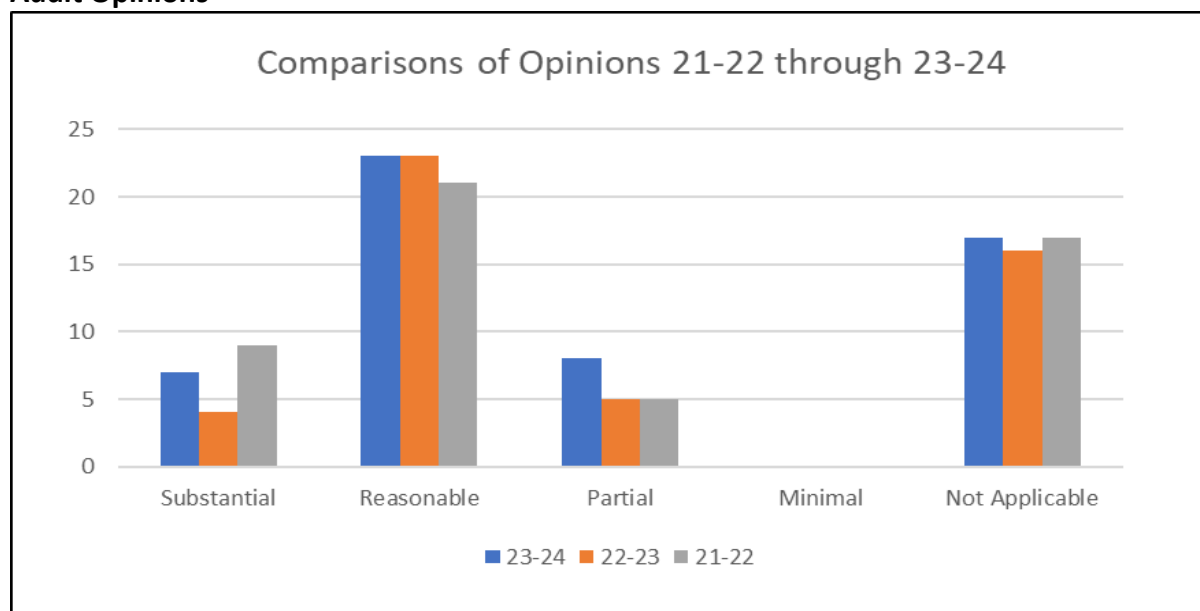
4.2 No limitations have been placed on the scope of Internal Audit during 2023/24.

5. Key Internal Audit Issues for 2023/24

5.1 The overall audit opinion should be read in conjunction with the key issues set out in the following paragraphs. These issues, and the overall opinion, will be taken into account when preparing and approving the Council's Annual Governance Statement.

5.2 The internal audit plan is delivered each year through a combination of formal reviews with standard audit opinions, direct support for projects and new system initiatives, investigations, grant audits and ad hoc advice. The following graph provides a summary of the outcomes from all audits finalised over the past three years:

Audit Opinions



**Not Applicable: Includes grant certifications and audit reports where we did not give a specific audit opinion. Typically, this tends to be proactive advice and support activity where, due to the advisory nature of the audit work, provision of formal assurance-based opinions is not appropriate.*

5.3 A full listing of all 2023/24 completed audits and opinions for the year is included at Appendix B. The status of all planned audits in progress but not completed to final report by year-end is shown in Appendix C.

5.4 As stated above, we are pleased to report that there were no minimal assurance audit opinions issued. Eight audits received partial assurance (all of which have been reported on in our quarterly progress reports) as follows:

- Appointeeship and Deputyship Process
- External Funding
- Contract Management
- Supplier Failure
- Ukraine Funding
- Mental Health Services – Compliance with Corporate and Local Procedures
- Techforge IT Application Controls
- St Richard’s Catholic College

5.5 Whilst actions arising from these reviews will be followed up by Internal Audit, either through specific reviews or via established action tracking arrangements, it is important that management take prompt action to secure the necessary improvements in internal control.

Key Financial Systems

5.6 Given the substantial values involved, each year a significant proportion of our time is spent reviewing the Council’s key financial systems, both corporate and departmental. In 2023/24, in view of the then impending go-live of the Council’s new Enterprise Resource Planning (ERP) system, Oracle, and the recent completion of the 2022/23 audits in these areas, we completed only interim reviews of Accounts Payable, Accounts Receivable and Payroll, whereby we undertook limited sample testing of key controls in order to provide assurance that these continued to operate as expected. For each area, we found that the systems continued to be well controlled and remained fundamentally unchanged since the previous audits. We will complete full reviews of these early in 2024/25, prior to any implementation of the new ERP. In addition, we completed full audits of the General Ledger and Treasury Management, with both of these receiving substantial assurance.

Other Internal Audit Activity

5.7 During 2023/24, Internal Audit has continued to provide advice, support and independent challenge to the organisation on risk, governance and internal control matters across a range of areas. These include:

- Managing Back Office Systems (MBOS) programme;
- The Department for Levelling Up, Housing and Communities deep-dive into the South-East Local Enterprise Partnership; and
- Sea Change Sussex

And attendance at, and support to:

- Statutory Officers’ Group
- Finance Management Team
- Departmental Management Teams
- BSD Business Partners Group
- Pension Board and Pension Committee

5.8 As well as actively contributing to, and advising these groups, we utilise the intelligence gained from the discussions to inform our own current and future work programmes to help ensure our work continues to focus on the most important risk areas.

Anti-Fraud and Corruption

5.9 During 2023/24, the Internal Audit Counter Fraud Team continued to deliver both reactive and proactive fraud services across the organisation. Details of all counter fraud and investigatory activity for the year, both proactive and reactive, have been summarised within our quarterly progress reports and also a separate Counter Fraud Annual Report due to be presented alongside this Internal Audit annual report. Where relevant, the outcomes from this work have also been used to inform our annual internal audit opinion and future audit plans.

Amendments to the Audit Plan

5.10 In accordance with proper professional practice, the Internal Audit plan for the year was kept under regular review to ensure that the service continued to focus its resources in the highest priority areas based on an assessment of risk. All audits added to and removed from the plan during the year are provided in Appendix D.

6. Internal Audit Performance

6.1 Public Sector Internal Audit Standards (PSIAS) require the internal audit service to be reviewed annually against the Standards, supplemented with a full and independent external assessment at least every five years. The following paragraphs provide a summary of our performance during 2023/24, including the results of our most recent independent PSIAS assessment (2022), our latest self-assessment (2023) and the year end results against our agreed targets.

PSIAS

6.2 The Standards cover the following aspects of internal audit, all of which were independently assessed during late 2022 by the Chartered Institute of Internal Auditors:

- Purpose, authority and responsibility;
- Independence and objectivity;
- Proficiency and due professional care;
- Quality assurance and improvement programme;
- Managing the internal audit activity;
- Nature of work;
- Engagement planning;
- Performing the engagement;
- Communicating results;
- Monitoring progress; and
- Communicating the acceptance of risks.

6.3 As reported to Audit Committee in March 2023, Orbis Internal Audit was assessed as achieving the highest level of conformance available against professional standards, with no areas of non-compliance identified. Our most recent self-assessment against the standards in 2023 found that this continued, with only minor areas for improvement identified.

Key Service Targets

6.4 Performance against our previously agreed service targets is set out in Appendix A. Overall, client satisfaction levels remain high, demonstrated through the results of our post audit questionnaires, discussions with key stakeholders throughout the year through service liaison and annual consultation meetings with Chief Officers.

6.5 Over the course of the year, we have received positive feedback on a range of completed audit assignments from management within services. The following 'word cloud'

identifies some of the key, positive phrases used to describe our service and that contributed to a 100% satisfaction rate being recorded in the year:



6.6 Internal Audit will continue to liaise with the Council's external auditors (Grant Thornton) to ensure that the Council obtains maximum value from the combined audit resources available.

6.7 In addition to this annual summary, CMT and the Audit Committee will continue to receive performance information on Internal Audit throughout the year as part of our quarterly progress reports and corporate performance monitoring arrangements.

Internal Audit Performance Indicators 2023/24

Aspect of Service	Orbis IA Performance Indicator	Target	RAG Score	Actual Performance
Quality	Annual Audit Plan agreed by Audit Committee	By end April	G	2023/24 Internal Audit Strategy and Plan formally approved by Audit Committee 31 March 2024
	Annual Audit Report and Opinion	By end July	G	2022/23 Annual Report and Opinion presented to Audit Committee 7 July 2023
	Customer Satisfaction Levels	90% satisfied	G	100%
Productivity and Process Efficiency	Audit Plan – completion to draft report stage	90%	G	91.2%
Compliance with Professional Standards	Public Sector Internal Audit Standards	Conforms	G	<p>Dec 2022 - External Quality Assurance completed by the Institute of Internal Auditors (IIA). Orbis Internal Audit assessed as achieving the highest level of conformance available against professional standards with no areas of non-compliance identified, and therefore no formal recommendations for improvement arising. In summary the service was assessed as:</p> <ul style="list-style-type: none"> • Excellent in: Reflection of the Standards Focus on performance, risk and adding value • Good in: Operating with efficiency Quality Assurance and Improvement Programme • Satisfactory in: Coordinating and maximising assurance <p>November 2023 - Updated self-assessment against the</p>

Aspect of Service	Orbis IA Performance Indicator	Target	RAG Score	Actual Performance
				<p>Public Sector Internal Audit Standards completed, the service was found to be fully complying with 319 of the standards and partially complying with 2 of the standards, in both cases proportionate arrangements remain in place.</p> <p>November 2023 - Quality Review exercised completed, no major areas of non-conformance identified. The need to ensure consistency in the quality of the evidence contained within a small number of audit working papers was identified; this will be addressed at auditor development days during 2024/25.</p>
	Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act	Conforms	G	No evidence of non-compliance identified.
Outcome and degree of influence	Implementation of management actions agreed in response to audit findings	97% for high priority agreed actions	G	100%
Our staff	Professionally Qualified/Accredited	80%	G	94% ²

² Includes part-qualified staff and those undertaking professional training

Summary of opinions for Internal Audit final reports issued during 2023/24

Substantial Assurance:

(Explanation of assurance levels provided at the bottom of this document)

Audit Title	Department
Pension Fund Investments and Accounting	BSD
Pension Fund Cyber Security	BSD
Annual Governance Statement – Directorate Assurance Statements and Policy Review	Corporate
General Ledger	BSD
Treasury Management	BSD
Home to School Transport Follow-Up	CET
Children's Services – Quality Assurance Framework	CSD

Reasonable Assurance:

Audit Title	Department
Accounts Payable (Procure to Pay) 22/23	BSD
Pension Fund Cash Management	BSD
Pension Fund Administration of Pension Benefits	BSD
Health and Safety Framework	Corporate
Subject Access Requests and Freedom of Information Reporting Arrangements	Corporate
Cyber Security	BSD
Adults Safeguarding	ASC
Risk Management	Corporate
Milton Grange Nursing Home Establishment Review	ASC
Adult Services Data Handling	ASC
Firle Church of England Primary School	CSD
Pevensey and Westham Church of England Primary School	CSD
Pension Fund Collection of Contributions	BSD
Procurement of IT Systems	BSD
Children's Services Data Handling Follow-Up	CSD
Children's Disability Service Direct Payments	CSD
St. Mary's Catholic Primary School	CSD
Mobile Device Management	BSD
Business Continuity Planning	Corporate
Integrated Waste Management Services – Contract Management	CET
Robotic Process Automation Governance Arrangements	BSD
Forest Row Church of England Primary School Follow-Up	CSD
Beckley Church of England Primary School	CSD

Partial Assurance:

Audit Title	Department
Appointeeship and Deputyship Process	ASC
External Funding	CET / Corporate
St Richard's Catholic College	CSD
Contract Management	Corporate
Techforge IT Application Controls	BSD
Supplier Failure	Corporate

Audit Title	Department
Ukraine Funding	ASC
Mental Health Services – Compliance with Corporate and Local Procedures	ASC

Minimal Assurance:

Audit Title	Department
None	

Non-Opinion:

Audit Title	Department
Accounts Receivable (Interim Review)	BSD
Accounts Payable (Interim Review)	BSD
Payroll (Interim Review)	BSD
Sea Change Sussex	CET
MBOS – Programme Assurance and Ad-Hoc Advice	Corporate
MBOS – Cutover Arrangements	Corporate
MBOS – Key Control Testing	Corporate
MBOS - Security, Roles and Permissions	Corporate
MBOS - Business Continuity	Corporate
Supporting Families Programme Grant Certification (Quarterly)	CSD
Broadband Grant Certification	CET
Local Authority Bus Subsidy (Revenue) Grant / Bus Services Operators Grant	CET
Transport Grant Capital Block Funding (Integrated Transport and Highway Maintenance Blocks) Grant	CET
Bus Recovery Grant Certification	CET
Migration of SAP to Azure	BSD
SAP Support Pack – Key Control Testing	BSD
New Declaration of Interest System	Corporate

2023/24 Audit Plan - Audits in Progress at Year-End

Audit Title	Planned/ Unplanned	Department	Status
ASC Debt Management and Recovery	Planned	ASC	Draft Report
Parking – Procurement and Monitoring of External Service Providers	Planned	CET	Draft Report
Vehicle Use Follow-Up	Unplanned	CET	Draft Report
Contract Management Group Cultural Compliance Follow-Up	Planned	CET	Draft Report
Climate Change Follow-Up	Planned	Corporate	Draft Report
LAS/Controcc	Planned	ASC	Draft Report
Pension Fund Cash Management	Planned	BSD	Draft Report
Sea Change Sussex	Unplanned	CET	Draft Reports
Health Visiting Contract – Contract Management	Unplanned	ASC	Fieldwork
Domestic Violence and Abuse Refuge Contract – Contract Management	Unplanned	ASC	Fieldwork
Health and Safety Compliance	Planned	Corporate	Fieldwork
Highways Contract Management	Planned	CET	Fieldwork
Workforce Capacity and Working Arrangements	Planned	Corporate	Fieldwork
Pension Fund Investments and Accounting	Planned	BSD	Fieldwork
Pension Fund Administration of Pension Benefits	Planned	BSD	Fieldwork
System Change Control and Release Management	Planned	BSD	Fieldwork
IT Asset Records Management	Unplanned	BSD	Fieldwork
Cyber Security – Response and Resilience	Planned	BSD	Fieldwork
Greenwood Residential Care Home Establishment Review	Unplanned	ASC	Fieldwork
Grangemead Residential Care Home Establishment Review	Unplanned	ASC	Fieldwork

Audits added to and removed from the plan during 2023/24

Audits Added:

Audit Title
Greenwood Residential Care Home Establishment Review
Grangemead Residential Care Home Establishment Review
Sea Change Sussex
Bus Recovery Grant Certification
Migration of SAP to Azure
SAP Support Pack Key Control Testing
Health Visiting Contract – Contract Management
IT Asset Records Management
Broadband Grant Certification
Domestic Violence and Abuse Refuge Contract Management
New Declarations of Interest System
Procurement Cards (Proactive Counter Fraud Work)

Audits Removed/Deferred:

Audit Title	
Managing Service Demand	The focus of this review was to be in Children's Services due to the significant pressures that the Department is facing. However, during the year, the Council engaged a consultant, IMPOWER, to look at ways to mitigate spend pressures and improve outcomes for children. Given this work, the planned audit was not considered necessary. We will undertake work as part of the 24/25 audit plan to assess whether the recommendations arising from this have been implemented.
Procurement Regulatory Changes	The Procurement Act 2023 received Royal Assent on 26 October 2023, but the new regime will not come into force until October 2024. As a result, Internal Audit support for the updating of Procurement and Contract Standing Orders (PCSO) has not yet been required.
Adult Social Care Regulatory Changes	Regulatory changes were expected in 2024 in relation to Social Care Reform. These were postponed but remain in consideration for audit work in 2024/25.
New Home to School Transport System	System not fully implemented this year. Included in 24/25 audit plan.
Property Asset Management System (PAMS) Replacement	No requirement for additional support for the implementation project as originally expected.
Procurement Data Analytics Follow-Up	Included in 24/25 audit plan.
External Funding Follow-Up	Included in 24/25 audit plan.
Contain Outbreak Management Fund – Grant Certification	No requirement for certification this year.
Schools Basic Needs Allocation – Grant Certification	No requirement for certification this year.

Property Services Programme Management	The focus of this review was to look at the arrangements for the effective management of the programme of work in Property Services. Prior to starting this work, Property engaged a consultant to support them with making improvements in this area. Therefore, the planned audit was not considered necessary.
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Audit Opinions and Definitions

Opinion	Definition
Substantial Assurance	Controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Reasonable Assurance	Most controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Partial Assurance	There are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.
Minimal Assurance	Controls are generally weak or non-existent, leaving the system open to the risk of significant error or fraud. There is a high risk to the ability of the system/service to meet its objectives.

Report to:	Cabinet
Date:	16 July 2024
Report By:	Chief Operating Officer
Title of Report:	Ashdown Forest Trust Fund
Purpose of Report:	To inform Cabinet of the movements on the Trust Fund during 2023/24 and the closing position as at 31 March 2024.

RECOMMENDATIONS

Cabinet is recommended to note the report and the Ashdown Forest's Trust Income and Expenditure Account for 2023/24 and Balance Sheet as at 31 March 2024.

1. Background

- 1.1. The Ashdown Forest Trust, a registered charity, was set out by declaration of Trust in 1988. East Sussex County Council is the trustee and agrees grants made to the Ashdown Forest Conservators, from the Ashdown Forest Trust Fund.

2. Supporting Information

2022/23 Accounts

- 2.1. Subsequent to the 2022/23 accounts being approved, the independent Examination process has now been completed in accordance with Section 145 of the Charities Act 2011.
- 2.2. The Examiner's report is attached as Appendix 1. It does not identify any issues that require any further action by the Council as the trustees.

2023/24 Accounts

- 2.3. The Trust's Income and Expenditure Account and Balance Sheet are set out in the attached Appendix 2. The Income and Expenditure Account shows a surplus in 2023/24 of £7,196, as a result of no legal cost being incurred during the year.
- 2.4. The main source of income to the Trust relates to the rent from the Royal Ashdown Golf Club at £70,000 per annum. The only other income this year was from bank interest.
- 2.5. The expenditure mostly relates to the £65,100 grant paid to the Ashdown Forest Conservators. The remaining expenditure was for audit fees.
- 2.6. The accumulative General Reserve totalled £179,284 at 31 March 2024.
- 2.7. A formal annual report and statement of accounts will be compiled in accordance with the Charity Commission's Statement of Recommended Practice (SORP) by the end of January 2025, once the Independent Examiner report has been received.

3. Conclusion and Recommendation

- 3.1. The trust made an operating surplus of £7,196 during 2023/24. The General Reserve as at 31 March 2024 amounts to £179,284. This fund is available to finance expenditure which meets the Trust's objectives.
- 3.2. Cabinet is recommended to note the final accounts for the Ashdown Forest Trust.

ROS PARKER
Chief Operating Officer

Contact Officer: Andy Fowler
Tel No. 07825 552640
Email: andy.fowler@eastsussex.gov.uk

LOCAL MEMBERS
Galley, Howell, Lunn & Georgia Taylor



CHARITY COMMISSION
FOR ENGLAND AND WALES

Independent examiner's report on the accounts

Section A

Independent Examiner's Report

Report to the trustees/
members of

Charity Name
ASHDOWN FOREST TRUST

On accounts for the year
ended

31st March 2023

Charity no
(if any)

800437

Set out on pages

1-22

Responsibilities and
basis of report

I report to the trustees on my examination of the accounts of the above charity ("the Trust") for the year ended 31/03/2023.

As the charity's trustees, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the Act").

I report in respect of my examination of the Trust's accounts carried out under section 145 of the 2011 Act and in carrying out my examination, I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

**Independent
examiner's statement**

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination which gives me cause to believe that in, any material respect:

- the accounting records were not kept in accordance with section 130 of the Charities Act; or
- the accounts did not accord with the accounting records; or
- the accounts did not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

** Please delete the words in the brackets if they do not apply.*

Signed:

Date: 24/1/2024

Name:

Caroline Clarke

Relevant professional
qualification(s) or body
(if any):

ACA

IER

1

Oct 2018

Address:	66 High Street
	Lewes
	BN7 1XG

Section B Disclosure

Only complete if the examiner needs to highlight material matters of concern (see CC32, Independent examination of charity accounts: directions and guidance for examiners).

Give here brief details of any items that the examiner wishes to disclose.

ASHDOWN FOREST TRUST

Income & Expenditure Account for the year ended
31 March 2024

2022/23	Income	2023/24
£		£
(70,000)	Rent of Golf Course	(70,000)
(659)	Bank Interest	(2,836)
(70,659)		(72,836)
	Less Expenditure	
65,100	Conservators of Ashdown Forest - Grants	65,100
540	Fees	540
(5,019)	(Surplus)/Deficit	(7,196)

Balance Sheet as at 31 March 2024

2022/23		2023/24
£		£
1,200,000	Fixed Assets: Land and Buildings	1,200,000
172,728	Current Assets: Cash at Bank	179,924
(540)	Current Liabilities: Sundry creditors	(540)
1,372,188		1,379,384
	Representing:	
1,200,100	Reserves: Endowment Fund	1,200,100
172,088	General Reserve	179,284
1,372,188		1,379,384

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