

# **Adult Social Care And Safer Communities**

## **Portfolio Plan 2016/17 – 2018/19**

June 2016



## Contents

Our Priorities and Operating Principles.....	2
Portfolio Policy .....	3
Delivering the Priority Outcomes .....	5
Community based support .....	8
Residential and Nursing Care.....	11
Directly Provided Services.....	12
Assessment and Care Management.....	13
Net Revenue Budget Summary .....	18
Safer Communities .....	19

## Our Priorities and Operating Principles

### Our Priorities

The Council has set four priority outcomes:

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

### Operating Principles

The Council has agreed three operating principles:

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

# Portfolio Policy

## Policy Overview by Lead Member

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

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

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

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

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

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

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

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

1.9 We have agreed a new partnership meeting structure which will



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



**Councillor Bill Bentley**

Lead Member for Adult Social Care and Community Safety

## Delivering the Priority Outcomes

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

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

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

2.4 The overarching goals of the ESBT programme are to:

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

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

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

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

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

### **Keeping vulnerable people safe**

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

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

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

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

### **Helping people help themselves**

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

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

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

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

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

## **Making best use of resources**

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

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

# Adult Social Care

## Community based support

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

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

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

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

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

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

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

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



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

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

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

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

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

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

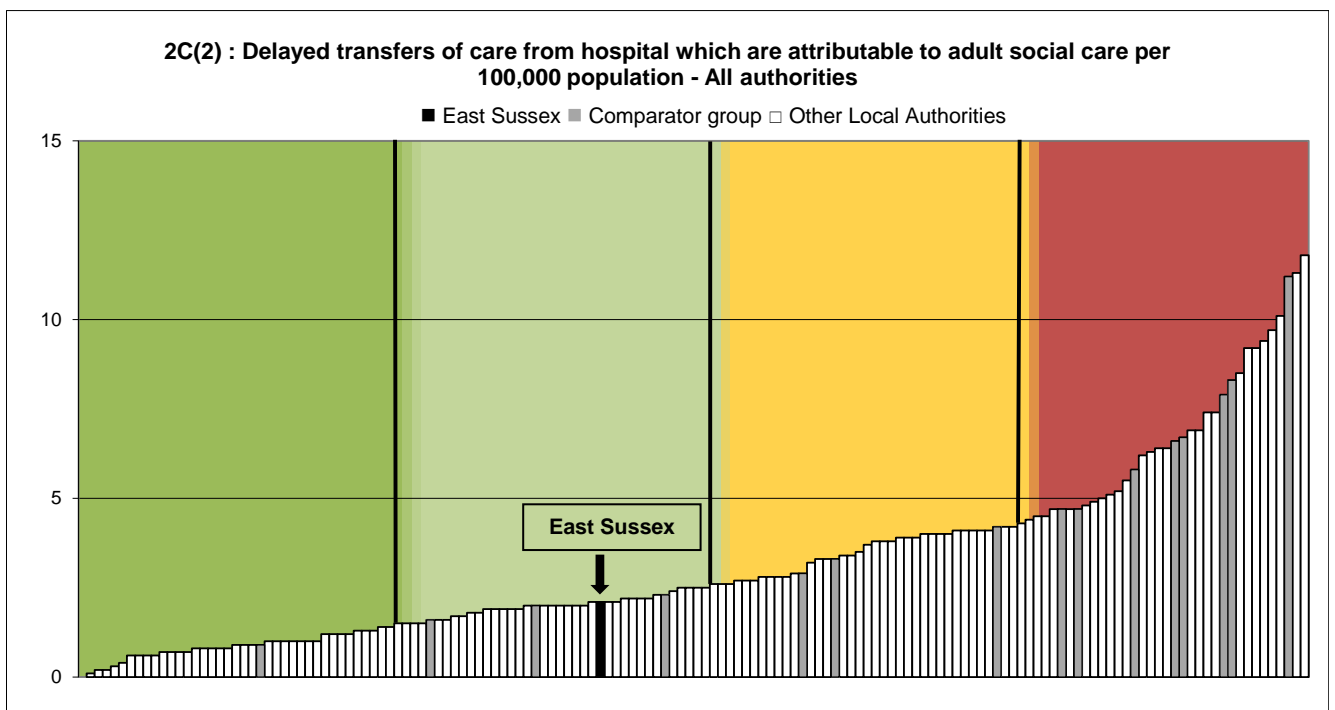
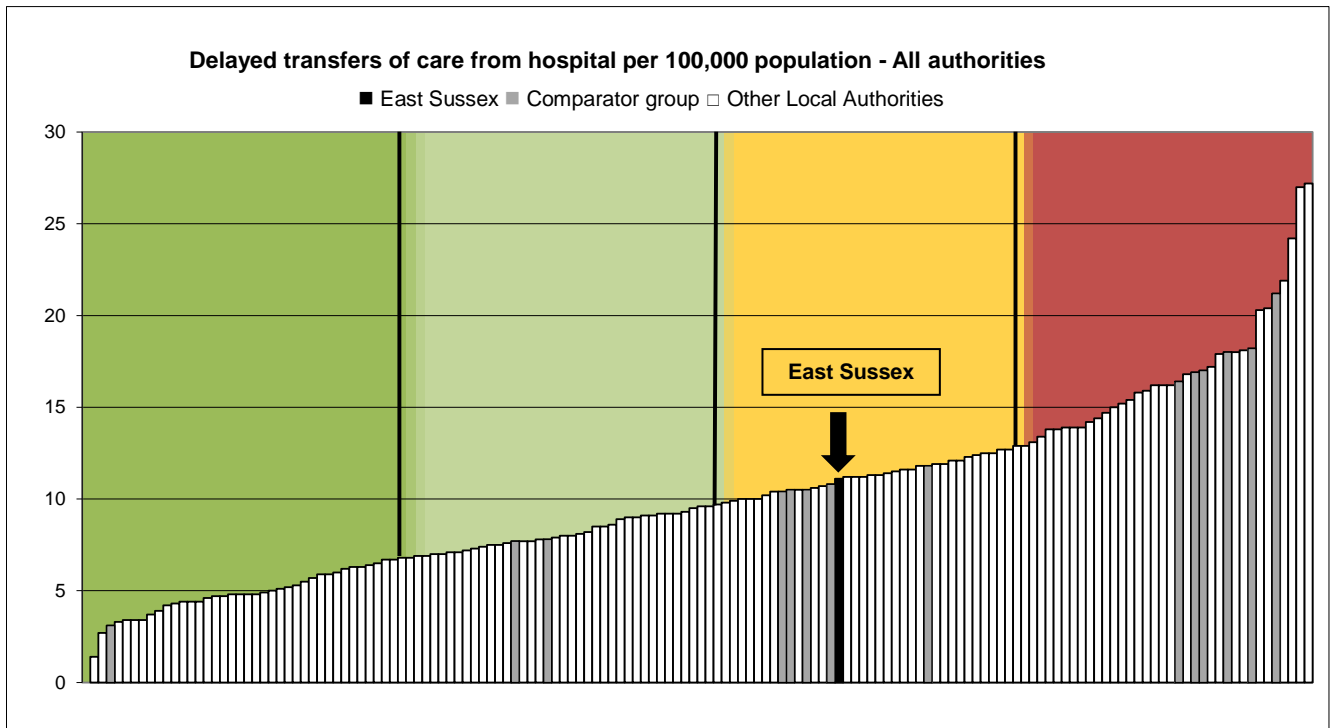
3.15 ASC continues to commission community based support for carers. Supporting carers to continue their caring role remains a priority. Ambitions, a service for carers in East Sussex provides support to unpaid carers who have vocational aspirations based around gaining employment, training and education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

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

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

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

3.18 Reducing delayed discharges from hospital is another key aspect of ensuring East Sussex residents can remain independent as people are able to get back to familiar surroundings. In 2014/15, East Sussex had the 59<sup>th</sup> highest number of delays per 100,000 people (out of 152 authorities). The number of people whose delays were attributable to ASC, per 100,000 people aged 18 and over was much lower and nationally we were ranked 64<sup>th</sup> lowest.



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

\* includes an allocation of net ASC management & support budget

## Residential and Nursing Care

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

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

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

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

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

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

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

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

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

\* includes an allocation of net ASC management & support budget

## Directly Provided Services

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

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

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

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

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

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

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

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

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

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

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

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

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

\* includes an allocation of net ASC management & support budget

## Assessment and Care Management

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

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

3.40 The key functions are:

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

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

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

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

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

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

\* includes an allocation of net ASC management & support budget

## Performance data and targets

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

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



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

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

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

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

\*Fully funded by ESCC

## Net Revenue Budget Summary

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

# Safer Communities

## Safer Communities

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

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

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

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

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

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

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

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

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

### **Domestic Violence and Abuse, and Stalking**

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

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

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

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

### **Prevent and Hate Crime**

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

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

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

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

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

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

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

### **Serious Organised Crime**

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

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

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

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

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

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

## **Street Communities**

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

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

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

## **Rape and Sexual Violence, and Abuse**

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

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

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

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

## **Substance Misuse**

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

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

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

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

### **Offending**

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

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

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

### **Developing relationships with volunteers and working with the Voluntary Sector**

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

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

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

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

### **Road Safety**

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

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

### **Commissioned Services**

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

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

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

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

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

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



## Performance data and targets

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

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

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