

East Sussex County Council
Savings 2017/18 and 2018/19

Department	2017/18 Savings (£'000)			2018/19 Savings (£'000)		
	Current: included in MTFP	Additional: areas of search	Total (current + additional)	Current: included in MTFP	Additional: areas of search	Total (current + additional)
Adult Social Care	2,019	760	2,779	4,000	0	4,000
Business Services/Orbis	981	491	1,472	1,396	0	1,396
Children's Services (excl. schools) *	3,139	1,500	4,639	4,903	(697)	4,206
Communities, Economy & Transport	999	537	1,536	894	825	1,719
Governance Services	100	170	270	104	30	134
East Sussex Better Together (ESBT):						
Adult Social Care **	8,074	3,040	11,114	16,000	0	16,000
Children's Services **	36	0	36	69	0	69
Subtotal ESBT	8,110	3,040	11,150	16,069	0	16,069
Subtotal Departments	15,348	6,498	21,846	27,366	158	27,524
Capital Programme Management	2,000	0	2,000	0	0	0
Subtotal Centrally Held Budgets	2,000	0	2,000	0	0	0
TOTAL SAVINGS	17,348	6,498	23,846	27,366	158	27,524

Public Health 0 0 0 0 0 0

* CSD total savings identified in 2017/18 are £9,957k as shown on the CSD detailed table. This is reduced for savings identified towards pressures bringing the total to £4,639k (as shown in the table above).

** The savings identified on the detailed ESBT Clinical Care Models table are in excess of the amount shown in the table above, as the detailed table shows savings attributable to the whole Partnership.

Children's Services - current & additional savings			Gross budget *	Net budget *	Savings	
			2016/17	2016/17	2017/18	2018/19
Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000
Early Help	Withdraw from the current County Council funded universal open access/drop in activity sessions at children's centres; integration of health visiting and children's centres and streamlining of management; some reduction in years 2 and 3 in targeted one to one support for vulnerable families and young people.	Integration of health visiting, the Family Nurse Partnership Programme and children's centres provides the opportunity to look at how the national Healthy Child Programme 0-5 can be provided locally in the most cost effective way, but savings will mean the loss of some posts and changes in the mix of posts of different kinds. Open access activities are currently funded across the county. Ending these activities will reduce opportunities to build supportive connections between local families, promote positive parenting, support children to be ready for school and identify those families with emerging support needs e.g. low level mental health needs. Reduced opportunities to identify families with emerging support needs and reduced capacity for one to one support may impact on demand reduction for social care. The savings start in 16/17, but are being implemented over the 3 years to 18/19, and with significant management savings in 16/17.	18,928	15,519	577	1,238
Early Help 0-5	Reduction and reshaping of management and support functions.	Staff consultation will be needed.	18,928	15,519	407	
Early Help 5-19	Income generation for youth work activities.		18,928	15,519	240	

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Children's Support Services (including Music, Watersports, Duke of Edinburgh (DofE) scheme and Safeguarding quality assurance)	<p>Reduction of management and administrative posts, more Agile working, reducing support to operational managers requiring managers to self-serve. Enhancing digital offer and encouraging channel shift to reduce demand from the public and internal staff, reduction in training budget and income generation. Reviewing policies.</p> <p>Reduction in Safeguarding staffing based on on-going forecasted trend of reductions in Looked After Children (LAC) and Child Protection (CP) plans. Greater</p>	<p>Review of Admissions policies may change the historical catchment areas for some schools but will also help to ensure efficient processing and policies should be clearer for parents.</p> <p>Reduction in support services and more self service has the potential to impact on operational management capacity and increase pressures on some managers and staff.</p> <p>Reduced opportunities for young people from low income families to learn a musical instrument. It is hoped that this can be mitigated by persuading schools to use pupil premium to part-fund music lessons.</p> <p>This is dependent on achieving the reductions in LAC and CP as the capacity of staffing is dependent on the number of meetings required. These changes will reduce our ability to reduce caseloads in line with recommended national levels for Independent Reviewing Officers (IROs) and could lead to poor case planning.</p>	7,698	3,593	262	342

Children's Services - current & additional savings		Gross budget *	Net budget *	Savings		
		2016/17	2016/17	2017/18	2018/19	
Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000
Music Service	Management restructure, fee remission and review of terms and conditions of music teachers.	Staff consultation will be needed.	2,544	0	82	68
Home to School Transport	Review of post 16 discretionary transport and HTST policy, regular review of transport arrangements at pupil level to ensure most cost effective provision.	Regular reviews of transport provision at pupil level to ensure it is the most cost effective option may result in changes in the way children are transported in the year and longer journey times. Reduction in the number of pupils with less complex SEND who will receive travel assistance to get to college and the cessation of post 16 transport assistance for low income families. This is likely to increase the number of NEETs and could impact on the viability of some colleges and some courses.	11,708	11,221	488	566
Home to School Transport	Review of unsafe routes	Review of unsafe routes could impact more on pupils in rural areas with a greater expectation on parents to accompany children to school or nearest bus stop. Savings TBC subject to further work which is currently in progress in CET.			TBC	TBC

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Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000
Locality Services	Reconfiguration of services and reduction in staffing at both practitioner and management levels and in ongoing support to families.	We will be reconfiguring services to provide social work expertise on the most complex families by effective joint working with the Police through the new Multi-Agency Service Hubs (MASH) arrangement and effective Early Help hub that will redirect families that do not need social work involvement. Reduction in numbers of families who will be assessed and supported by social work teams with early help staff working with families with even more complex needs. The savings start in 16/17, but are being implemented over the 3 years to 18/19.	12,298	11,269	305	85
Troubled Families	Revised Troubled Families strategy to increase Payment by Results (PbR) rates.	PbR is subject to auditing by DCLG and goal posts often change each year.	1,081	0	122	

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Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000
Specialist Services	Reduction in staffing alongside income generation	Reduction in capacity to undertake specialist assessment and support which could result in a higher number of court ordered external assessments. Reduction could be mitigated by income generation from other funding streams and by accreditation by the Legal Aid Board so that assessment costs can be shared with other parties in legal proceedings. These plans may need to be reconsidered in light of future savings plans for Drugs and Alcohol Team (DAAT). The savings start in 16/17, but are being implemented over the 3 years to 18/19.	4,890	2,103	275	0

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Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000
Looked after Children (LAC)	Reduction in LAC numbers and a continued focus on keeping children in more cost effective in-house placements. Reduction in staffing levels (including adoption services)	LAC modelling is showing decreasing numbers and costs for LAC. Keeping children in in-house provision rather than agency does result in more placement moves for children because effective matching is more limited, children may have to wait longer and sibling groups may be split. Also, reduction in staffing levels will mean reduced support for complex LAC in vulnerable in house foster placements, and young people at risk of being involved in Child Sexual Exploitation remaining at home. Reducing adoption services specifically follows a reduction in govt grant but also acknowledges decreasing numbers of children coming through for adoption. This may affect the capacity to recruit and approve adopters and provide support for adoptive placements leading to adoption disruption. The savings start in 16/17, but are being implemented over the 3 years to 18/19.	25,106	21,712	773	952

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Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000
Youth Offending Team (YOT)	Reduction in specialist posts in the YOT	Reconfiguration of services for young people along a 'health hub' model will mitigate some of these reductions. Will reduce the YOT offer to parents to support their young people to stop offending, as well as the ability to reintegrate offenders into education, provide health and lower level mental health support. Achieving these savings will be even more challenging in the light of recently reduced in year grant funding of 10% (£50.6k) from the Youth Justice Board (YJB) and ongoing pressure on the Remand budget (currently £50k).	1,675	539	27	12
Standards and Learning Effectiveness Service (SLES)	Reduction in specialist posts and staff numbers, increase in traded activity and school to school support	Reduction in SLES school improvement provision will reduce capacity to increase the proportion of good and outstanding schools that will provide capacity for school to school improvement support and limit the effectiveness of the LAs monitoring of the performance of all schools. This will impact negatively on pupil outcomes, increase the number of underperforming schools and schools in Ofsted categories of concern. Reduction in the statutory provision of Information, Advice and Guidance (IAG) to vulnerable young people will take the current provision below minimum standards. We will mitigate the impact through the use of online mechanisms for delivering information, advice and guidance to young people. However the impact of limited face to face support and tracking will reduce the	25,650	2,985	100	260

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Service description	Description of savings proposal	Impact assessment	£'000	£'000	£'000	£'000
Inclusion, Special Education Needs and Disability (ISEND)	Reduction in staff posts, reduced placement costs and service redesign in Year 3	<p>Education Support, Behaviour and Attendance Service (ESBAS) will work to mitigate the impact on schools by extending the LA offer of traded work. Reduction in the provision of support to schools for improving behaviour and attendance and in early intervention for pupils facing barriers to engagement. Not all of this work is statutory but is key to managing the demand for expensive, statutory and more costly intervention.</p> <p>Reduction in the Short Term Agency Budget and Short Breaks provision will result in additional pressures on families.</p> <p>Reduction in ISEND assessment and planning will lead to delays in provision beyond statutory timescales. We would mitigate this by working to reduce the number of statutory assessments and plans, through building capacity in schools and colleges to support more young people with school/college based plans.</p> <p>The most significant savings have been delayed to Years 2 and 3 in the context of pressures and demands from the current SEN reforms.</p>	45,005	10,102	332	848
ISEND	Review of respite care.	To be determined as part of the review.	45,005	10,102	125	(50)

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Children's Support Services (including Music, Watersports, DofE and Safeguarding quality assurance)	Reduction in support staff, training, participation and engagement of young people, equalities and cease co-ordination of DofE scheme.	Staff consultation will be needed. Consultation with Youth Cabinet will be needed. Consultation with DofE and schools will be needed.	7,698	3,593	250	96
All CSD	Bring forward existing MTFP savings.		152,815	64,604	135	(211)
All CSD	Use of grant including Dedicated Schools Grant (DSG).		152,815	64,604	50	
All CSD	Interblock transfer.	Requires discussion with Schools Forum (Jan 17).	152,815	64,604	4,000	
All CSD	Further vacancy control, reducing travel and other non staffing costs.		152,815	64,604	1,407	
					9,957	4,206

The CSD savings include the mitigation of current pressures as detailed at 4.7 of the report. The summary below provides further analysis:-£m

Total 17/18 savings as above	10.0
Of which, to mitigate CSD pressures (per 4.7): temporary	(0.8)
permanen interblock	(0.6)
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Of which, to mitigate CSD pressures (per 4.7): temporary	(0.8)
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interblock	(4.0)
Total other 17/18 CSD savings	<u>4.6</u>

East Sussex Better Together: Areas of Search within the Integrated Strategic Investment Plan (pooled budget)			Gross budget	Savings	
			2016/17	2017/18	2018/19
Scheme description	Description of investment proposal	Key outcomes	£'000	£'000	£'000
Personal Resilience: Embed personal resilience across the whole population; improve outcomes from schools, nurseries, hospitals and workplaces; embed behaviour change as core function of all front line staff; improve staff	Public Health, including: Making Every Contact Count, Smoking Cessation, Alcohol Awareness and Obesity/Physical Activity	People will manage their own health and wellbeing; self-care options embedded and support to make lifestyle changes is integrated		2,857	1,900
Community Resilience: Enabling asset-based approaches to be developed and embedded across the system to reduce social isolation, promote healthy ageing, reduce or slow the progression of ill health for people with existing health and care needs and improve wellbeing by growing the protective factors for good health.	Schemes to be developed within Health and Social Care: Commissioners and Providers	Reduction in need and demand for formal health and care services; Reduction in social isolation; The strengths and talents that communities can contribute to improving health outcomes are valued and harnessed, including embedding these in the support planning process		1,811	2,550

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Scheme description	Description of investment proposal	Key outcomes	£'000	£'000	£'000
Integrated Locality Teams: Developing integrated community Health and Social Care teams is a key programme of work to bring together core health and social care professionals to provide greater integration and coordination of care to meet the needs of local people within a community setting.	Developing integrated community Health and Social Care teams is a key programme of work to bring together core health and social care professionals to provide greater integration and coordination of care to meet the needs of local people within a community setting.	Integrated teams with single line management that are aligned to a number of GP Practices, co-located wherever possible alongside agile/remote working, shared IT systems that support risk stratification and case recording, interdisciplinary working, opportunity to develop new and hybrid roles		14,246	8,266
Proactive Care: The proactive care pathway is supported by the use of risk stratification, personalised care planning and access to self management and psychological support.	Including: Technology Enables Care Services (TECS), Falls and Fracture Liaison, Frailty Strategy, Pro-Active Care, Vulnerable Patients and Specific Conditions (incl. Ear, Nose and Throat (ENT), Musculoskeletal disorders (MSK) and Gastroenterology)	Enhanced capacity and capability for proactive case finding, assessment and care planning; ability to identify patients, clients and carers before they deteriorate and management of more complex cases, ensuring the most effective use of resources and a more holistic approach to care and support		12,076	18,240
Crisis Response: Ensuring that integrated health and social care services are set up to be able to respond early and in a co-ordinated way to a crisis, reducing the likelihood of it leading to a hospital admission.	Crisis Response	Multidisciplinary response and treatment service in the community with assessment visit within 2 hours. Provide treatments at home, which are not currently available, e.g. IV therapies, and enable patient, client and carers to be supported by intensive support and monitoring packages as appropriate.		2,515	4,145

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Integrated urgent and emergency care: NHS 111: procurement of an integrated service model of NHS 111 and local clinical triage and assessment service	20% reduction in Type 5 attendances (Type 5 are the least complex A&E attendances)	Design of NHS 111 telephone answering, signposting, self management pathways making best use of technology and life threatening triage process and pathway with 999. Developing a local clinical triage and assessment service to better manage urgent care needs		2,200	4,760
Integrated urgent and emergency care: same day urgent primary care: 24/7 Primary Urgent Care Service accessed via NHS 111 or via own GP	Schemes to be developed within Health and Social Care: Commissioners and Providers	Redesign and procurement of a 24/7 urgent primary care service to include current GP OOH service, 2 walk-in centres and overflow support to in hours practices to bring together into one service model that provides consistent clinical triage and face to face assessment capacity		1,000	1,000
Integrated urgent and emergency care centres: enabling streaming and increased primary and social care assessment capability at front of hospital	Schemes to be developed within Health and Social Care: Commissioners and Providers	Expanded multidisciplinary workforce to better meet presenting conditions. Introduction of non clinical navigators and testing extended scope physio roles. Urgent care pathways at front of hospital		1,750	
Accommodation & Bedded Care Strategy	Schemes to be developed within Accommodation Strategy, including: Integrated Equipment and Adaptations, Step-up/Step-down and Residential & Nursing			4,224	2,459

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Scheme description	Description of investment proposal	Key outcomes	£'000	£'000	£'000
Prescribing: Prescribing Support Scheme to incentivise prescribers to change behaviour; providing additional expertise to support Prescribers in Primary Care; Drug and Alcohol services; implementation of joint formulary; integration of Community Pharmacy Medicines Use reviews in GP process and implementation of shared decision making tools	Including: Medicines Optimisation in Care Homes and Repeat Prescribing	Reduction in inappropriate variability in prescribing of medicines; Evidence-based cost-effective use of medicines across pathways; Improved safety and efficiency of repeat prescribing process; Value for money		5,314	7,899
Elective Care: shared decision-making; cardiology; diabetes	Schemes in development; including Shared Decision Making	patient involvement in decision-making; pathway redesign aimed at prevention and disease management		1,000	
Primary care: supporting changes to primary care working practices; establishing a sustainable workforce; rationalising and improving the estate in primary care; delivery of a GP Five Year Forward View Implementation Plan	A range of Primary Care initiatives: being developed within the Primary Care Strategy	Improvements to primary care workload; encourage new and innovative ways of working; facilitate use of new technologies and better use of estate; service redesign		2,000	

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Mental health: Provision of alternative sources of mental health care and support; de-stigmatisation of service provision; increase in peer support provision; extension in effective interventions to promote self-care and wellbeing; increase in community provision; prevention of deterioration and hospital admission	Range of Mental Health Service Initiatives	Provision of third sector provided peer-led support; development of crisis response; streamlined rehabilitation pathways; expanding role of third sector and primary care; Dementia Crisis Team; Dementia Shared Care wards		1,867	6,180
Learning Disability: strengthening the support pathway and provision to adults with a Learning Disability and challenging behaviour; improving hospital and primary care liaison; developing a crisis response service to maintain individuals in the community.	Schemes to be developed within Health and Social Care: Commissioners and Providers	Increase in people supported to live in local community settings; reduction in numbers of people in inpatient settings; consolidation of approach to market and fee levels		544	1,174

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			2016/17	2017/18	2018/19
Scheme description	Description of investment proposal	Key outcomes	£'000	£'000	£'000
Children's Services: integrated delivery of Early Help services; improving offer for children with disabilities and special educational needs; improving mental health and wellbeing through the Child and Adolescent Mental Health Services (CAMHS) transformation plan	Schemes to be developed within Health and Social Care: Commissioners and Providers	Reduction in number of children requiring services; Reduction in number of Looked After Children; Increase in children able to remain in their local communities with their families; Improved health and wellbeing		183	3,216
Planned Care: To be allocated across schemes above	Including: Musculoskeletal disorders (MSK) Prime Provider, Pathway Redesign, Shared Decision Making, Secondary Prevention			2,977	23,679
			846,133	56,564	85,468

East Sussex share of the pooled budget areas of search:

Adult Social Care	11,114	16,000
Children's Services	36	69
	11,150	16,069

The gross budget of £846m represents the pooled in-scope budgets of the Council and the two partner CCGs. The total savings figures represent the amounts required for the partners to achieve pooled financial balance in 2017/18 and 2018/19 respectively. The County Council's share of the required savings is as shown above.