East Sussex
County Council

Adult Social Care and Safer Communities

Portfolio Plan 2017/18 – 2019/20

July 2017

Contents

Our Priorities and Operating Principles

Our Priorities

The Council has set four priority outcomes:

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

Operating Principles

The Council has agreed three operating principles:

- ❖ **Strategic commissioning:** using an evidence-based approach to assess and meet the needs of local people in the most effective way. We will specify and deliver appropriate services to secure the best outcomes and value for money for residents.

- ❖ **One Council:** working as a single organisation both through the processes we use, and how we work. We will work in a well-connected way across Council teams so we harness all our energy and resources towards achieving our priorities and remove duplication. We will judge our success against outcomes for the whole population and the organisation (and whole local public sector) not against the interests of a particular group, team or department.

- ❖ **Strong partnerships:** recognising we are one part of a wider system, we will work effectively with partners across East Sussex and the region as well as with the wider public sector to ensure we learn from others, secure best value for money and maximise impact for our residents.

Portfolio Policy

Policy Overview by Lead Member(s)

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

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

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

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

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

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

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

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

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

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

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

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

Councillor Bill Bentley
Lead Member for Adult Social Care and Community Safety

Delivering the Priority Outcomes

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

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

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

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

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

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

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

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

Keeping vulnerable people safe

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

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

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

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

2.12 It is evident that as we move forward, the broader threat of exploitation is something that should be considered within the field of community safety. Many of the threats identified within the Strategic Assessment of Community Safety 2016 crossover into the sphere of exploitation of both vulnerable adults and young people, and it is clear that these should not be considered in isolation. There are commonalities between all of these areas, with vulnerable individuals within our communities being targeted and exploited by others for personal, commercial or financial gain.

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

Helping people help themselves

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

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

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

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

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

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

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

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

Making best use of resources

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

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

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

Adult Social Care

Forward Plan

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

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

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

East Sussex Better Together

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

3.5   Examples of changes we have delivered include:

- Health and Social Care Connect (HSCC), the fully integrated point of contact for adult community health and social care services in East Sussex, has gone live. It has been commissioned through the ESBT and the C4Y programmes. The service is now open to professionals 7 days per week, from 8am until 10pm and the public access hub have extended their hours to 8am until 8pm.

- We have established a single front door for referrals for Children's social care and non-statutory early help, linked to Child and Adolescent Mental Health Services (CAMHS), so that referrals to CAMHS can be redirected, where possible without referrers needing to re-refer.

- A new urgent care service model has been designed that includes the provision of new urgent care hubs at the front of emergency departments and extends access to community-based seven-day urgent care services.

- We have launched a new crisis response service to prevent unnecessary hospital admission by providing urgent assessment and provision of community nursing care, in people's own homes. The service is made up of a team of Nurse Practitioners, Healthcare Assistants, Occupational Therapists, Physiotherapists and night sitters.

3.6   As mentioned above, Community Link Workers have been appointed as part of the community resilience work. The role of the Link Workers includes:
- creating strong links between community support and locality teams;
- identifying gaps and solutions in links within communities and with locality teams;
- Strengthening and supporting community groups and organisations to enable them to be inclusive to people who experience health inequalities and people with care and support needs; and
- developing community based services and support.

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

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

- Sets out how we will spend the pooled health and social care budgets (currently £846m) and identifies a range of schemes which will mitigate increasing demands on services. These schemes will change the way care is delivered, leading to efficiencies in operational costs, reductions in admissions to hospital, improvements in triage and assessment capacity.

- Describes how we plan to invest in services to shift the balance of service provision from reactive hospital based care to proactive primary and community care. Further details on the benefits of being able to spend the combined budget are provided below.

Accountable Care

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

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

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

3.12 In order to encourage more coordinated care between health and care providers, an ACM will have to bring together a range of services that currently sit across a number of different organisations. Local discussions have taken account of the need to develop and agree an organisational form, and also decide how the prospective ACM will relate to GP practices, other staff groups, and providers in the independent and voluntary sector, as well as the communities where they provide services. The 2017/18 transition year will allow us the opportunity to test and evaluate the options available to us on organisational form, in addition to undertaking more detailed work on governance and support arrangements. The options that will be explored are:
- using NHS legislation to establish a new NHS Trust Board, to include social care and Public Health Provision;
- partners on the ESBT Programme Board forming a limited company or Limited Liability Partnership (LLP) e.g. forming a corporate joint venture to deliver the single contract for the whole population; and

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

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

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

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

Connecting 4 You

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

3.16 C4Y partners include:
- NHS HWLH CCG;
- East Sussex County Council;
- Sussex Community NHS Foundation Trust;
- Sussex Partnership NHS Foundation Trust; and
- Healthwatch East Sussex.

- **Geography** – HWLH is a large area without an acute hospital, meaning patients have to travel to one of three neighbouring acute hospitals. This complicated patient flow has not always been recognised by local services.

- **Local needs** – The population of HWLH is older than average, with an increasingly large proportion of frail people with complex needs. There are also health inequalities across the area due to pockets of poverty and associated ill-health within a generally prosperous area. No single organisation will be able to meet the needs of the population and improve health, wellbeing and independence. This must be achieved in partnership.

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

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

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

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

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

Performance data and targets

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

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

East Sussex Better Together

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

Connecting for You

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

ASC Summary

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

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

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

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

Safer Communities

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

4.2   To ensure the Safer East Sussex Partnership is embracing this new strategy, the Strategic Assessment of Community Safety 2016 was produced using MoRiLE (Management of Risk in Law Enforcement); a UK-wide project that is used by law enforcement agencies to assess and prioritise risk. It allows a consistent approach to the identification of strategic priorities across all law enforcement and community safety agendas and provides a sound evidence base for selecting partnership priorities.

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

- Serious Organised Crime:
  - o   Identify vulnerable adults at risk of fraud and rogue trading and develop targeted preventative work
  - o   Begin to explore cyber-crime with a focus on cyber bullying and online safety
  - o   Explore further opportunities for partners to engage in early preventative work in relation to organised crime and the exploitation of young people, including links to County Lines
  - o   Gain a better understanding of the risk of modern slavery

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

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

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

4.6   The partnership will continue to work closely with the Sussex Police and Crime Commissioner, Local Safeguarding Children's Board and Safeguarding Adults Board on shared work streams, particularly those that involve working with local communities and partners to keep Sussex safe.

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

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

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

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

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

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

4.11 Crime as we know it is changing. As we've embraced technology and moved online, it has too, and people are now more likely to be a victim of an online crime than a traditional crime. Recent estimates published by the Office for National Statistics suggest there could be as many as 2.5m cyber-crimes per year in this country.

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

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

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

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

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

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

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

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

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

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

4.20 The Modern Slavery Act 2015 came into force on 31 July 2015. This is intended to give this crime type a far higher profile and includes new statutory duties. However, modern slavery remains a hidden issue and available data and information is a considerable weakness, both locally and nationally.

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

4.22 Modern Slavery is a type of abuse within the Care Act 2014 that provides the statutory footing for adult safeguarding responses. The Partnership is working in collaboration with the East Sussex Safeguarding Adults Board and Local Safeguarding Children's Board to ensure that information is effectively shared in order to protect vulnerable adults and children from harm.

4.23 As Modern Slavery is a complex crime, with victims and perpetrators moving across local authority boundaries, a Pan Sussex Modern Slavery Network has been established. The Sussex Modern Slavery Network is a framework for bringing together all the organisations across Sussex that are committed towards tackling modern slavery, prosecuting perpetrators and assisting the victims. East and West Sussex County Councils, Brighton and Hove City Council, Sussex Police, East and West Sussex Fire and Rescue Service, Clinical Commissioning Groups, the Office of the Police and Crime Commissioner, SEECAM, the Gang masters and Labour Abuse Authority and Immigration Enforcement are represented within the network. An action plan is being developed, which will look at the following:

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

Commissioned Services

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

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

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

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

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

Drug and Alcohol Action Team (DAAT)

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

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

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

Developing relationships with volunteers and working with the voluntary sector

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

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

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

Performance data and targets

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

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

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

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

Net Revenue Budget Summary

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

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