

# **Adult Social Care and Health Portfolio Plan 2018/19 – 2020/21**

September 2018

# Contents

Contents .....	2
Cabinet Portfolio Lead Members.....	3
Portfolios Overview .....	4
Operating Principles.....	6
Structure Chart.....	7
Delivering Priority Outcomes.....	8
Performance Measures and Targets .....	14
Gross revenue budget.....	22
Revenue Budget .....	23
Capital Programme .....	25

## Cabinet Portfolio Lead Members

**Councillor Carl Maynard**  
**Lead Member for**  
**Adult Social Care and Health**



Responsible for strategy and policy for all adult social care and public health matters.

Principal service area responsibilities covered in this plan include services for vulnerable adults including older people, learning disability, physical disability, mental health, public health and all ancillary activities.

**Councillor Bill Bentley**  
**Lead Member for**  
**Communities and Safety**



Responsible for strategy and policy for all communities and community safety matters.

Principal service area responsibilities in this plan include safer communities.

Community responsibilities are covered by the Communities, Economy and Transport Portfolio Plan. Coroner services and voluntary sector responsibilities are covered by the Governance Services Portfolio Plan.

## Portfolios Overview

### Adult Social Care

1.1 We are planning and delivering Adult Social Care support and services in the context of significant uncertainty in the national outlook, particularly beyond 2018/19. We look forward to the Green Paper on the future of Health and Social Care funding, whilst in the meantime we continue to manage increasing demand for services from an increasingly ageing local population.

1.2 The financial outlook is extremely challenging. If there are no new resources from Government, by 2021/22 the Council will be left with a minimum service offer. We will provide safeguarding for all ages and continue to support people whose care and support needs meet the nationally defined eligibility criteria.

1.3 Alongside the significant financial pressures, the ability of the local care market to deliver the level and quality of care required remains challenged. A number of providers have withdrawn from the market or failed to deliver the desired quality of service. This increases pressure on the whole health and social care system, hampering our ability to ensure timely discharge from hospital and offer individuals choice about how their care and support needs are met.

1.4 We continue to work in partnership, to deliver better health and social care outcomes for local people. We are working more effectively with our local NHS partners, designing and developing services with local people to improve their experience of health and social care services.

### East Sussex Better Together (ESBT)

1.5 In July 2017 the ESBT core partner organisations approved plans for further health and social care integration in East Sussex. The discussions at Cabinet, the East Sussex Healthcare NHS Trust (ESHT) Board and the Clinical Commissioning Groups (CCG) Governing Bodies show that there is consensus across our local system that integration is the best way to improve services, health and wellbeing within the resources that we have. Although the level of change required is considerable, the gains that can be made

from adopting this future model will be significant. Evidence from other countries demonstrates that single health and care provider organisations can significantly improve a number of different areas including:

- clinical and financial sustainability;
- integration of client and patient information systems;
- shared working across the entire care pathway; and
- more proactive care and improved population health.

1.6 The ESBT Alliance partners have been working together in a virtual arrangement since April 2017 as part of our test-year. This has meant working together to achieve the same outcomes using our combined budget of approximately £850m. Given the complexity of setting up a new health and care organisation, as well as the single commissioning arrangements to deliver it, our plan is to strengthen our ESBT Alliance, as a stepping stone on the way to formal integration and a single health and care organisation in the future. We plan to do this by:

- moving towards single integrated leadership of our £850m commissioning budget; and
- moving towards single leadership and management of delivery and how services are organized.

1.7 Our aim is to shift the focus away from reactive urgent care to proactive community-based care and to improve the health of the population. We know that the best way to do this is to move to a single organisation and use one coherent commissioning, funding and contractual framework. By bringing together the organisations that are accountable for commissioning local health and care services, we will have greater influence to focus our resources and make improvements to the population's health and wellbeing, quality of services and finances and therefore the overall sustainability of the system.

### Connecting 4 You (C4Y)

1.8 In the west of the county, in the High Weald Lewes Havens CCG, through C4Y, there are plans to transform health and social

care to meet the increasing demands placed upon us. “Communities of Practice” are being established to provide a streamlined health and social care service to local residents. The main priorities for this programme are to provide:

- Coordinated prevention and self-management;
- A single/streamlined point of access;
- Integrated community NHS and social care teams;
- A strategy for accommodation and ‘bed based’ care;
- A joint mental health strategy; and
- A review of Children’s Services.

### **Safer Communities**

1.9 The East Sussex Safer Communities Partnership continues to deliver positive outcomes for local people against a diverse and challenging agenda. 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. Sustaining existing work within the Partnership and developing new relationships with the voluntary sector is of particular importance to ensure that we are supporting those most vulnerable in the community.

1.10 The Modern Crime Prevention Strategy, published by the Home Office in March 2016 saw a change in the way we think about crime prevention, and represented the start of a fundamental shift in the way partners work together to prevent crime. Over the past decade, the world has changed significantly, and technology has transformed how societies, and criminals, operate. There has been a notable shift away from traditional crime types to new emerging threats such as cyber-crime, human trafficking and child sexual exploitation.

1.11 Serious and Organised Crime continues to be a particular focus of our work, and our priorities include vulnerable victims of fraud rogue trading and cyber-enabled crime; cyber-crime; vulnerable people being exploited and recruited by organised crime groups; and modern slavery and human trafficking.

### **Public Health**

1.12 The role of Public Health is to promote, protect and improve health and wellbeing, and reduce health inequalities. To do that we provide and commission a number of statutory services, some of which are known as mandated services because the manner of delivery is prescribed nationally. Other services commissioned by Public Health are conditions of the Public Health Grant or services based on the needs of people locally and support the Council’s statutory responsibility for the improvement and protection of the health of people in East Sussex.

1.13 We know that as demand for both health and social care services continues to increase and the financial challenges facing the Council remain, we need to ensure a focus on prevention and early intervention. At a time of major transformation in East Sussex, developing an asset based approach to improving health and wellbeing presents a key opportunity. It involves mobilising the skills and knowledge of individuals and the connections and resources within communities and organisations to improve health and wellbeing, rather than focusing on problems and deficits. The approach aims to empower individuals and communities to help themselves and so enables them to rely less on public services.

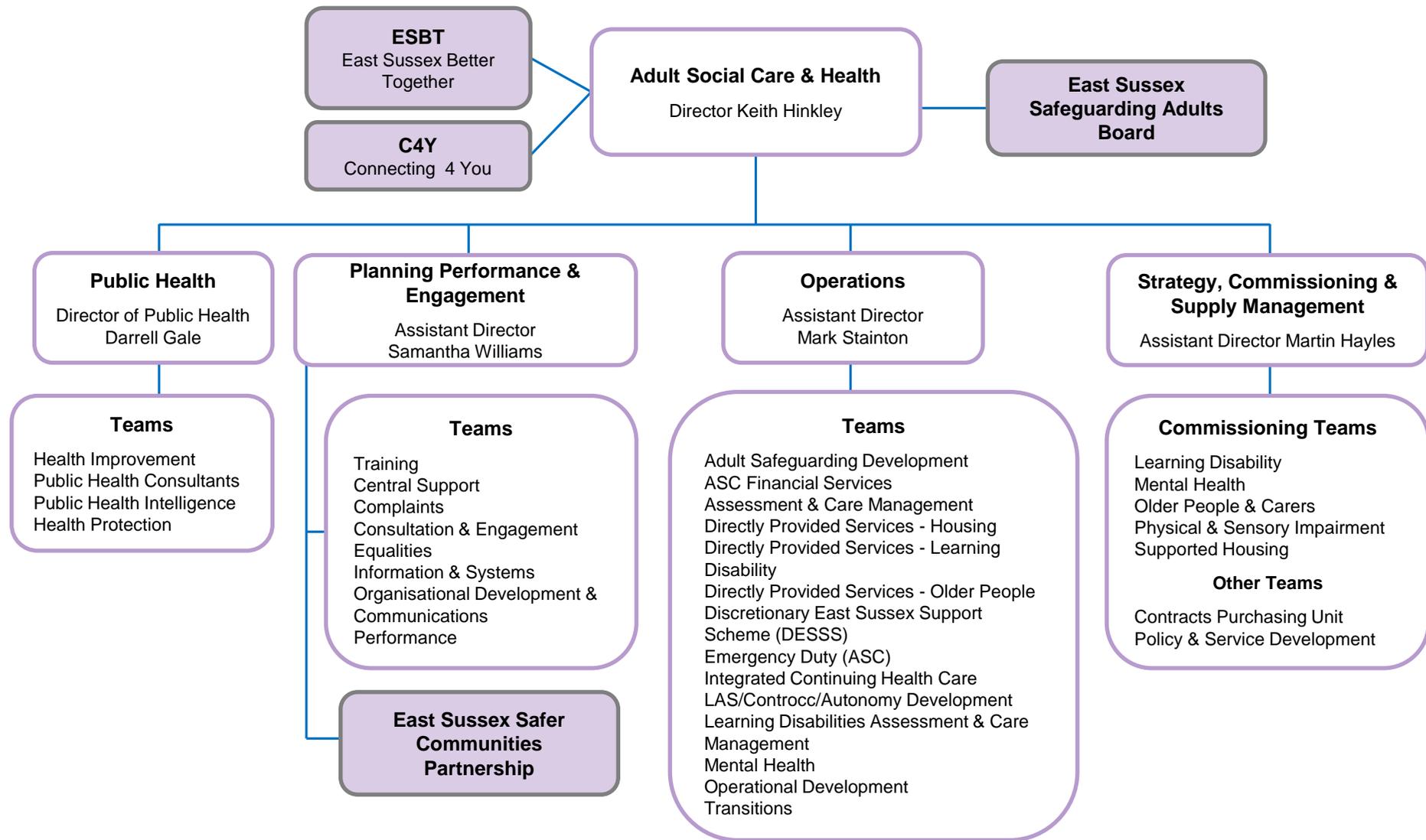
1.14 The grant in both 2018/19 and 2019/20 continues to be subject to conditions, including a ring-fence which requires the Council to use the grant exclusively for public health activities. Indicative allocations have been released for 2019/20 which shows a reduction of 2.6% on the grant for 2018/19. Savings plans are developed in line with Public Health budget information as it is released.

## Operating Principles

The Council has agreed three operating principles that underpin how the Council works across all services and with partners:

- ❖ **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.

# Structure Chart



# Delivering Priority Outcomes

## The Priority Outcomes

The Council has four overarching priority outcomes: driving sustainable economic growth; keeping vulnerable people safe; helping people help themselves; and making best use of resources. Making best use of resources is the gateway priority through which any activity and accompanying resources must pass.

For each priority outcome there are specific delivery outcomes. These are referenced to performance measures in this Portfolio Plan.

## Driving sustainable economic growth - delivery outcomes

1. Employment and productivity rates are high throughout the county
2. Individuals, communities and businesses thrive in East Sussex with the environment and infrastructure to meet their needs
3. The workforce has and maintains the skills needed for good quality employment
4. All children progress well from early years to school leaver and into education, training and employment

## Keeping vulnerable people safe - delivery outcomes

1. All vulnerable people in East Sussex are known to relevant local agencies and services are delivered together to meet their needs
2. People feel safe at home
3. People feel safe with support services

## Helping people help themselves - delivery outcomes

8. Commissioners and providers from all sectors put people first when providing services and information to help them meet their needs
9. The most vulnerable adults get the support they need to maintain their independence and this is provided at or close to home
10. Individuals and communities are supported and encouraged to be responsible, help others and make the most of community capacity and assets

Driving sustainable economic growth

Keeping vulnerable people safe

Helping people help themselves

Making best use of resources

## Making best use of resources - delivery outcomes

11. Applying strategic commissioning to ensure resources are directed to meet local need
12. Working as One Council, both through the processes we use and how we work across services
13. Working in partnership to ensure that all publicly available resources are used to deliver maximum benefits to local people
14. Ensuring we achieve value for money in the services we commission and provide
15. Maximising the funding available through bidding for funding and lobbying for the best deal for East Sussex

## Driving Sustainable Economic Growth

2.1 A healthy workforce is a key component of a sustainable local economy. Public health is working with colleagues in district and borough councils to support employers to take action to improve their employees' health. Alongside this, the newly commissioned public health integrated lifestyle service; One You East Sussex, will continue to roll out a programme of targeted NHS Health Checks. One You East Sussex will work with employers to offer Health Checks and advice and support to enable people to make changes to lifestyle to improve their health, in particular targeting employees who are unlikely to take up their check via their GP. 4,000 additional targeted Health Checks will be provided in 2018/19.

## Keeping vulnerable people safe

2.2 Safeguarding Adults Board (SAB) areas of focus are:

- Making safeguarding personal (making sure adults are involved and consulted in the process of helping them to stay safe and agreeing goals to achieve) – ensuring these principles are central to safeguarding practice across all agencies.
- Adults with care and support needs, and their carers, will assist to shape the work of the SAB and safeguarding responses.
- Ensuring learning from reviews is effectively embedded into practice.
- Ensuring the effectiveness and transparency of the SAB to oversee and lead safeguarding activities that contribute to the prevention of abuse and neglect.

2.3 Below are some of the activities that the Safer Communities Partnership will be working on in relation to our four main priority areas:

- We will continue to work with the East Sussex Against Scams Partnership (ESASP) to protect and prevent the residents of East Sussex from becoming victims of scams. This includes asking 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.

- We hosted a conference in January 2018, "Building Digitally Resilient Children", in partnership with Priority 1-54 and other agencies, to highlight how, as the digital world continues to evolve, the threats presented to children's safety intensify. Feedback from the event will ensure our work focuses on what schools and young people identify as key areas for them.
- We will continue to develop and promote online safety sessions within the East Sussex Community Safety Education Programme.
- We will develop 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.
- We will seek to improve the awareness of this crime type and increasing the reporting of modern slavery by developing and maintaining online resources for professionals and developing communications campaigns aimed at the general public using social media.

2.4 In addition to the priorities adopted by the Partnership, there are other community safety work streams, identified through the community, partnership or statutory requirements that we will be addressing. These include:

- Continuing to work with Brighton & Hove City Council and other commissioners to deliver a shared specialist service for victims/survivors of domestic and sexual abuse and developing a shared strategy to address Domestic Violence and Abuse, Sexual Violence and other forms of Violence against Women and Girls.
- Completing the process of re-commissioning of our drug and alcohol treatment service. The new service will focus on the priorities identified through our ongoing consultation with clients, families, community groups and professionals, which include dual diagnosis, protected characteristics, housing, and Education, Training and Employment. This work will also link with the principles of the East Sussex Better Together Alliance.
- Supporting mutual aid groups that assist those in recovery from drug and alcohol dependence in the county.

- Undertaking two confidential inquiries into those drug related deaths that have occurred within East Sussex.
- Supporting the Integrated Offender Management delivery group to undertake a two stage operational strategy process.
- Developing a partnership approach to preventing violent extremism by strengthening community resilience and building more cohesive communities.
- Working with their staff and local service providers to identify people who have been in the armed forces, to raise awareness and undertake training to provide support to the armed forces community.

2.5 We will continue to provide a number of programmes, though our Public Health budget, to help ensure vulnerable people are safe:

- Initiatives to address fuel poverty will continue to help the most vulnerable to remain warm and well.
- We will continue to work in partnership with East Sussex Fire and Rescue Service, to provide child safety advice and equipment, such as stair gates, to vulnerable families with young children.
- We will continue to roll out the commissioning of the Infection Control in Care Homes Champions and Accreditation Programme. This offers free training, support and accreditation to improve infection prevention and control in care homes, as well as to promote oral health and hydration, and to ensure that staff and residents receive appropriate vaccinations to prevent ill health.
- We will provide assurance for health protection across the system as a whole, including working with NHS England to improve rates of immunisation and screening coverage and agree remedial plans where targets are not being met and where improvements could be made.
- We are developing oral health improvement resources with parents and carers of children with special educational needs.

### **Helping people help themselves**

2.6 Health and Social Care Connect (HSCC) provides the public and professionals with a single point for information, advice and

access to community health and social care services. This access point is available from 8:00am to 10:00pm every single day of the year and ensures that people get access to the right services in the right place without unnecessary delay.

2.7 The integrated community health and social care services have also launched a Discharge To Assess service that is designed to avoid unnecessary admissions to acute hospitals and, where an admission is necessary, ensures that people are discharged as soon as is safe and practical back to their own homes, or as close to home as possible.

2.8 Frail adults across East Sussex can now receive Technology Enabled Care Services (TECS), based on the severity of their needs. TECS is designed to monitor frail individuals through 'Telescreen' (proactive phone calls). These regular phone calls, initially to be provided by HSCC, allow operators to build up a picture of the client's ability to maintain their independence using a standardised frailty screening tool. Phase one began in October 2017 with all existing Telecare clients being offered the free Telescreen service. The ambition for phase two will make referrals available to wider Health and Social Care services including Primary Care. The intention is that this service will support community-based emergency responses by providing an alternative to ambulance call-outs, conveyance and hospital admission.

2.9 Locality Link Workers continue to work across the county, acting as a conduit between statutory services and communities and building links between the community, voluntary services and health and care services. These workers have a detailed understanding of the community and voluntary sector in their area and are ideally placed to work alongside partners to increase the amount of support available in communities, and enable health and care teams to link people with additional support that may be available through the community and voluntary sector

2.10 As part of ESBT and C4Y, Public Health is leading on a Personal and Community Resilience work stream to change the way that the whole system is oriented. Placing prevention, self-care, and asset based approaches, which value and grow the role that communities and individuals play in improving health outcomes, at

the centre of our health and care system. We are developing social prescribing approaches for the county which enable community support to be targeted to people's individual levels of needs.

2.11 Public Health commissions a number of services and programmes of support, including:

Sexual health – We have commissioned a fully integrated specialist sexual health and HIV service for our residents where contraception provision and genitourinary medicine (GUM) are provided together as one service. We have also commissioned feasibility pilots of HIV testing of all new GP registrants and all admissions to Medical Admission Units (MAU) in Eastbourne in order to test the National Institute of Clinical Excellence (NICE) guidance for testing in high HIV prevalence areas. The East Sussex sexual health website <http://www.eastsussexsexualhealth.co.uk/> has been redesigned to reflect the whole sexual health system and direct individuals to the nearest appropriate service depending on need.

Voluntary and community sector – In 2018/19 we will be focussing particularly on how we support local people to develop community led asset based support to build personal and community resilience.

Drugs and alcohol – We are aiming to change the emphasis from bedded care and residential rehabilitation to community detoxification and peer support for people in recovery. We will continue to work in partnership and develop local policies to prevent or reduce alcohol use by young people; develop community-based interventions through community engagement and establish community partnerships in high risk areas; organise targeted social marketing campaigns for safer drinking and behaviour change; and promote responsible sales and target problem premises e.g. through licensing and trading standards.

Services from General Practices and Community Pharmacies – We will continue to commission a range of public health services from GPs and pharmacies to increase access to help in priority areas. This includes commissioning all our GPs to offer and provide: 33,810 NHS Health Checks to their eligible patients in 2018/19; sexual health services such as long acting reversible contraception (LARC); STI testing and treatment; help for people to stop smoking; and drug and alcohol services.

Oral health – In addition to providing toothbrush packs to strengthen advice given by health visitors, we have commissioned an oral health improvement service with a train the trainer model, with the aim of improving the oral health of children and adults in care homes.

Public Mental Health – We will continue to promote the mental health and wellbeing of East Sussex residents through initiatives that impact across their lives, for example: the Baby Buddy app which promotes attachment and provides additional support for pregnant women and new mums experiencing perinatal mental health problems; provision of parenting support; skilling up frontline workers to promote good mental health; supporting and encouraging employers to promote good mental health in their workplaces, activity to improve the physical health of people with diagnosed mental health problems; and campaigns to raise awareness of mental health and to reduce stigma.

The multi-agency East Sussex Suicide Prevention Group coordinates suicide prevention through the suicide prevention action plan. A Beachy Head Risk Management Group focuses specifically on partnership work related to suicide prevention at Beachy Head.

Health Promotion Campaigns – In 2018/19 we will deliver a series of health promotion campaigns to raise awareness of key issues and the steps that people can take to improve their health and wellbeing. This includes Making Every Contact Count (MECC) and health promotion topic training tailored to meet the needs of different groups provided through One You East Sussex.

Embedding Health Improvement in Settings – By the end of 2018/19 GPs, pharmacies, nurseries and schools will have developed and delivered their own health improvement plans. In 2018/19 we will roll out Healthy Living Pharmacy Level 2 to support pharmacies in priority areas to deliver an enhanced health improvement offer.

Children – A range of support and services to enable schools and early years settings to contribute to improving the health of children and young people has been commissioned, this includes: a Personal, Social and Health Education (PSHE) support programme

for schools; and advice and training for nurseries, child minders and children's centres on healthy eating and physical activity. Healthy Active Little Ones (HALO); a child accident prevention home safety advice and equipment service in collaboration with East Sussex Fire and Rescue Service; and specialist public health advice to a range of partner organisations and within the Council, to support public health outcomes for children and young people.

2.12 Children's weight management – In 2018/19 we will be continuing the roll out of a new weight management service to support young people to maintain a healthy weight.

### **Making best use of resources**

2.13 The Council has agreed to align its budgets for Adult Social Care, Public Health and part of Children's services with Eastbourne, Hailsham & Seaford and Hastings & Rother CCGs, as part of the transition to the ESBT accountable care model. This represents a step forward in demonstrating how we are taking a whole-systems approach to the planning and delivery of health and social care across the ESBT area. Together we spend around £850m on these services every year. As demand for services and the cost of service delivery continue to rise, it is essential that we make best use of our combined health and social care resources. By working together and aligning our budgets, we have begun to make improvements in care pathways across health and social care to ensure that we best meet the needs of people in East Sussex.

2.14 Whilst reportable delayed transfers of care have been improving since April 2017, with the daily average of delays improving from 108 in April to 79 in August, the number of stranded patients (length of stay of seven days or more) occupying acute beds at ESHT hospitals has been increasing. We will be implementing a number of actions to reduce Delayed Transfers of Care within the county including:

- implementation of the Ambulatory Care/Acute Medical (including Frailty) Assessment Model at both Eastbourne District General and Conquest Hospitals;
- implementation of Discharge to Assess pathway 1 (community home first principle) to support long stay admission avoidance

and to reduce unnecessary assessment in hospital and tackle stranded patients;

- rapid improvement in CHC assessments undertaken out of hospital;
- further improvements to the home care market to reduce packages of care delays; and
- improved use of Sussex Community Trust beds to support improved acute flow.

2.15 One of the key ways of delivering a more effective and efficient service to residents within the ESBT area is to establish an integrated service model. Integrated Locality Teams have already been established however further work is required to focus the development of integrated community services. The key developments are:

- local development of existing IT systems and business processes to support integrated working;
- modelling activity across the system to help identify the optimal apportionment of staff across the model;
- consultation and transfer to move staff into different teams combined with amended roles or management structures, where necessary;
- understanding the accommodation requirements of the operating model – including where co-location will be most critical to success and where the application of agile working standards will deliver the greatest benefit; and
- budget structures – pooling budgets where appropriate and/or ensuring that patients/clients are coded back to their originating locality, when appropriate, using NHS Number and GP Practice codes.

2.16 A major component of the ESBT programme is to improve urgent care services within the region. Urgent care is a term that describes the range of services provided for people who require same day health or social care advice, care or treatment. This is different from emergency care provided in Accident and Emergency departments (A&E). Under ESBT, the overarching vision is to adopt an integrated system-wide approach creating a long-term

sustainable solution for local people. Some of the forthcoming developments include:

- every hospital must ensure that patients who attend A&E and can be seen by primary care clinicians are identified, so that A&E departments are free to care for the sickest patients, including older people;
- every hospital and its local health and social care partners must ensure that patients are cared for in the right place and at the right time, including better and more timely hand-offs between their A&E clinicians and acute physicians, 'discharge to assess', 'trusted assessor' arrangements, streamlined continuing healthcare processes, and seven-day discharge capabilities;
- hospitals, primary and community care and local councils should also work together to ensure people are not stuck in hospital while waiting for delayed community health and social care;
- 24-hour 'core 24' mental health teams will be established to cover five times more A&Es by March 2019, than now;
- NHS 111 online will start during 2017, allowing people to enter specific symptoms and receive advice on how to manage their conditions;
- strengthen support to care homes to ensure they have direct access to clinical advice, including appropriate on-site assessment; and
- roll-out of standardised new 'Urgent Treatment Centres' (UTC), which will be open 12 hours a day, seven days a week, integrated with local urgent care services.

2.17 In 2018/19, as part of our Personal and Community Resilience programme, we are undertaking a focussed piece of work with Orbis procurement to develop effective ways of linking the social value secured through our procurement activity to the needs of our communities and to our shared priorities for improving health. Social Value is about seeking to maximise the additional benefit that can be created by procuring or commissioning goods and services above and beyond the benefit of the goods and services themselves, for example it can be used to bring in additional volunteering, fund a small grants programme, etc. We will be sharing these approaches with wider partners to support the whole system to better harness social value and improve health.

## Performance Measures and Targets

\*2017/18 Outturns when available or (Target)

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn (Target)*	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Maynard	Percentage of adult social care clients who contact us about their support who have not had to keep reporting their story	New measure	New measure 2018/19	≥25%	≥25%	≥25%	Services work seamlessly so that people only have to tell their story once. Delivery outcomes 5, 8 and 13.
	Number of carers who contact us about their support who have not had to keep reporting their story	New measure	New measure 2018/19	≥23%	≥23%	≥23%	
	Number of hospital bed days lost due to delayed transfers from hospital care (Daily average) CP	New measure	42	50	50	50	There are no unnecessary delayed discharges from hospital. Delivery outcomes 5, 9 and 11.
	Number of hospital bed days lost due to delayed transfers from hospital care due to Council social services (Daily average) CP	New measure	13	13	13	13	
	Number of hospital bed days lost due to delayed transfers from hospital care due to local NHS (Daily average) CP	New measure	26	34	34	34	
	The proportion of service users discharged from the Joint Community Rehabilitation Service that do not require on-going care	76%	74%	65%	65%	65%	Adults who have required support are able to live as independently as possible. Delivery outcome 9.
	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	83.6%	82.4%	≥83.6%	≥83.6%	≥83.6%	Services received by adults with long term support also have a positive impact on their safety. Delivery outcomes 6 and 7.
	National outcome measure: Proportion of working age adults and older people receiving self-directed support CP	100%	100%	100%	100%	100%	Adults are able to take control of the support they receive.
	National outcome measure: Proportion of working age adults and older people receiving direct payments CP	33.3%	31.3%	30%	30%	30%	Delivery outcomes 8 and 9.

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn (Target)*	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Maynard	The proportion of clients who find it easy to find information about services ( <b>Adult Social Care Survey</b> )	79.4%	78.6%	≥76.8%	≥76.8%	≥76.8%	Adults who need our support are able to easily find the appropriate service information. Delivery outcome 8.
	Number of carers supported through short-term crisis intervention CP	688	695	675	750	750	To support carers when they most need it to enable them to carry on in their caring role. Delivery outcome 9.
	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> )	51.3%	51.3%	≥48.9%	≥48.9%	≥48.9%	Adults supported by the department do not become socially isolated. Delivery outcomes 5 and 9.
	National outcome measure: Self-reported experience of social care users quality of life ( <b>Adult Social Care Survey</b> )	19.9	19.6	≥19.4	≥19.4	≥19.4	To monitor various aspects of quality of life and the impact service provision has. Delivery outcomes 5 and 9.
	National outcome measure: The proportion of people who use services who have control over their daily life ( <b>Adult Social Care Survey</b> )	83.6%	82.3%	≥80.5%	≥80.5%	≥80.5%	The services received by adults complement their ability to maintain control over how they live their lives. Delivery outcomes 5 and 9.
	National outcome measure: Overall satisfaction of people who use services with their care and support ( <b>Adult Social Care Survey</b> )	69.9%	74.0%	≥70.0%	≥70.0%	≥70.0%	Adults who use adult social care services are satisfied by what they receive. Delivery outcomes 7 and 9.
	Satisfaction rates for people with mental health conditions arising from NHS mental healthcare	88%	82.1%	80% of respondents 'positive'	80% of respondents 'positive'	80% of respondents 'positive'	Adults who use mental health services are satisfied by what they receive. Delivery outcome 9
	Proportion of people with mental health conditions likely to recommend NHS mental healthcare	62.8%	50.9%	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend	

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn (Target)*	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Maynard	Outcomes for people with mental health conditions arising from NHS mental healthcare: number of people entering treatment	8,216	8,656	7,500	7,500	7,500	To monitor the number of people who are being supported by NHS mental health services. Delivery outcome 9
	Outcomes for people with mental health conditions arising from NHS mental healthcare: percentage of people completing treatment	53.2%	53.4%	50%	50%	50%	
	Outcomes for people with mental health conditions arising from NHS mental healthcare: waiting times	91% within 6 weeks & 99% within 18 weeks	90% within 6 weeks & 99.7% 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	Services are provided in a timely manner. Delivery outcomes 8, 9 and 11.
	Percentage of interventions for Joint Community Rehabilitation started within their required timescales	63.2% ( Joint Community Rehabilitation)	70%	65%	65%	65%	Services are provided in a timely manner. Delivery outcomes 8, 9 and 11.
	Percentage of referrals for the Nursing Service met target against the 4 priority levels	87.9% (Nursing Service)	92%	88%	88%	88%	Services are provided in a timely manner. Delivery outcomes 8, 11, 12 and 13.
	Percentage of Health and Social Care Connect referrals triaged and progressed to required services within required timescales CP	90.4%	86%	90%	90%	90%	Monitor the number of contacts from health professionals that aren't taken any further. Delivery outcomes 8, 11, 12 and 13.
	Percentage of Health and Social Care Connect contacts that are appropriate and effective (i.e. lead to the provision of necessary additional services) CP	Go live date for referral system postponed	96%	(95%)	(95%)	(95%)	Support is available to those known to have dementia. Delivery outcomes 8 and 9.
	Commission new service capacity to achieve diagnostic rate of 67% of the estimated local prevalence of dementia CP	62.3%	67.4%	67%	67%	67%	Adults can maintain their independence. Delivery outcomes 8, 9 and 10.
	Number of people receiving support through 'STEPS to stay independent' CP	3,521	3,677	3,500	3,500	3,500	National outcome measure: Achieve independence for older people through rehabilitation/intermediate care
		90.5%	90.7%	>90%	>90%	>90%	

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn (Target)*	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Maynard	Number of adults with learning disabilities who live in their own home or with their family	946	951	950	950	950	As many adults with learning disabilities as possible are supported in the community as opposed to in residential homes. Delivery outcomes 9 and 10.
	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	7,446 people receiving TECS	7,686 people receiving TECS	7,926 people receiving TECS	8,166 people receiving TECS	To enable adults to maintain their independence. Delivery outcomes 8, 9 and 11.
	Number of providers registered with Support With Confidence CP	174	197	217	10% increase on 2018/19 outturn	10% increase on 2019/20 outturn	Increase the options for people who need support ensuring vulnerable people are given effective reliable support to help maintain their independence. Delivery outcomes 6, 7 and 9.
	The proportion of people who received short-term services during the year, where no further request was made for ongoing support CP	97.6%	93.3%	>90%	>90%	>90%	Provide effective early intervention to ensure people are given the support they need as quickly as possible, this will also reduce the need for more expensive intensive interventions at a later date ensuring the most effective use of resources. Delivery outcomes 9, 13 and 14.
	Number of Newly Qualified Social Workers (NQSWS) recruited per relevant team per year across all the care groups	New measure	New measure	≥1	≥1	≥1	Ensure there are sufficient numbers of staff to meet future service requirements, particularly where there is a local and national shortage and there are high vacancy rates and difficulty recruiting. Delivery outcomes 5, 9 and 11.

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn (Target)*	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Maynard	Number of new service user interventions completed as part of the Integrated Lifestyle Service CP	New measure 2017/18	<b>Integrated Lifestyle Service (ILS) started August 2017; Activity monitored to establish baseline</b>	5,000	6,000	7,000	Support people (particularly those with multiple lifestyle risk factors such as smoking, excessive alcohol consumption, poor diet and low physical activity) to make changes to improve health outcomes and reduce their risk of developing conditions such as diabetes, cancer and heart disease. Delivery outcomes 9 and 10.
	The number of health and social care staff and voluntary sector organisations trained to deliver brief interventions and advice to promote, encourage and help people make healthier choices as part of the Making Every Contact Count (MECC) initiative CP	1,168	<b>1,731</b>	1,200	1,200	1,200	Frontline workers and volunteers across health, care and the wider system have the knowledge, skills and confidence to raise lifestyle issues with the people they are in contact with and provide brief advice or refer into services and support including help with self-care. Delivery outcomes 9 and 10.
	Cumulative percentage of the eligible population who have received an NHS health check since 2014/15 (five year period) CP	42%	<b>52%</b>	50%	50%	50%	People understand their future risk of developing vascular disease and make changes to their lifestyle, or receive additional clinical advice and support to reduce their risk. Delivery outcomes 9 and 10.
	Recommission children's weight management service and develop indicators.	New measure 2017/18	<b>Children's weight management service commissioned</b>	Baselines fully established	Targets to be set according to baseline	Targets to be set according to baseline	Tackling childhood obesity and reducing excess weight in children, by providing evidenced based weight management support to children and their families. Delivery outcomes 4 and 5.

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn (Target)*	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Maynard	Number of nurseries engaging in the grant programme to tackle obesity through early years settings.	New measure 2017/18	<b>202 nurseries have submitted plans to tackle obesity</b>	120 nurseries have plans to tackle obesity evidenced through audit	Programme ends	Programme ends	Tackling childhood obesity and reducing excess weight in children, by supporting nurseries to provide healthy food and physical activity, will have a positive impact on the health outcomes of children as well as encouraging the formation of positive habits at a young age. Delivery outcomes 4 and 5.
	Support and amplify six campaigns to improve the health of the local population: Stoptober, Active 10, Stay Well this winter, Be Clear on Cancer plus two ad hoc.	6/6	<b>6</b>	6	6	6	Using social marketing techniques to change health related behaviour e.g. to enable lifestyle change or to encourage people to change their health seeking behaviour in response to particular symptoms. Delivery outcomes 10.
	Percentage of care homes with identified infection control champion	New measure 2017/18	<b>60%</b>	75%	Programme ends 2019/20	Programme ends 2019/20	To support care homes to improve their infection prevention and control procedures through a two year programme of training, support and audit to include achieving accreditation to provide assurance of high standards of infection prevention and control. To include training on oral health and hydration in year two of the programme. Delivery outcomes 9 and 10.
	Percentage of Care Homes, signed up to the programme, with an Infection Control Champion with Level 1 accreditation in place	New measure 2017/18	<b>(60%)</b>	95%	Programme ends 2019/20	Programme ends 2019/20	To include training on oral health and hydration in year two of the programme. Delivery outcomes 9 and 10.
	Percentage of Healthy Living Pharmacy (HLP) Level 2 Pharmacies offering smoking cessation, combined sexual health services and flu vaccination services.	New measure 2018/19	<b>New measure 2018/19</b>	90%	90%	90%	To deliver high quality public health and clinical interventions focused on prevention, health improvement and protection in an alternative care setting. Delivery outcomes 9 and 10.

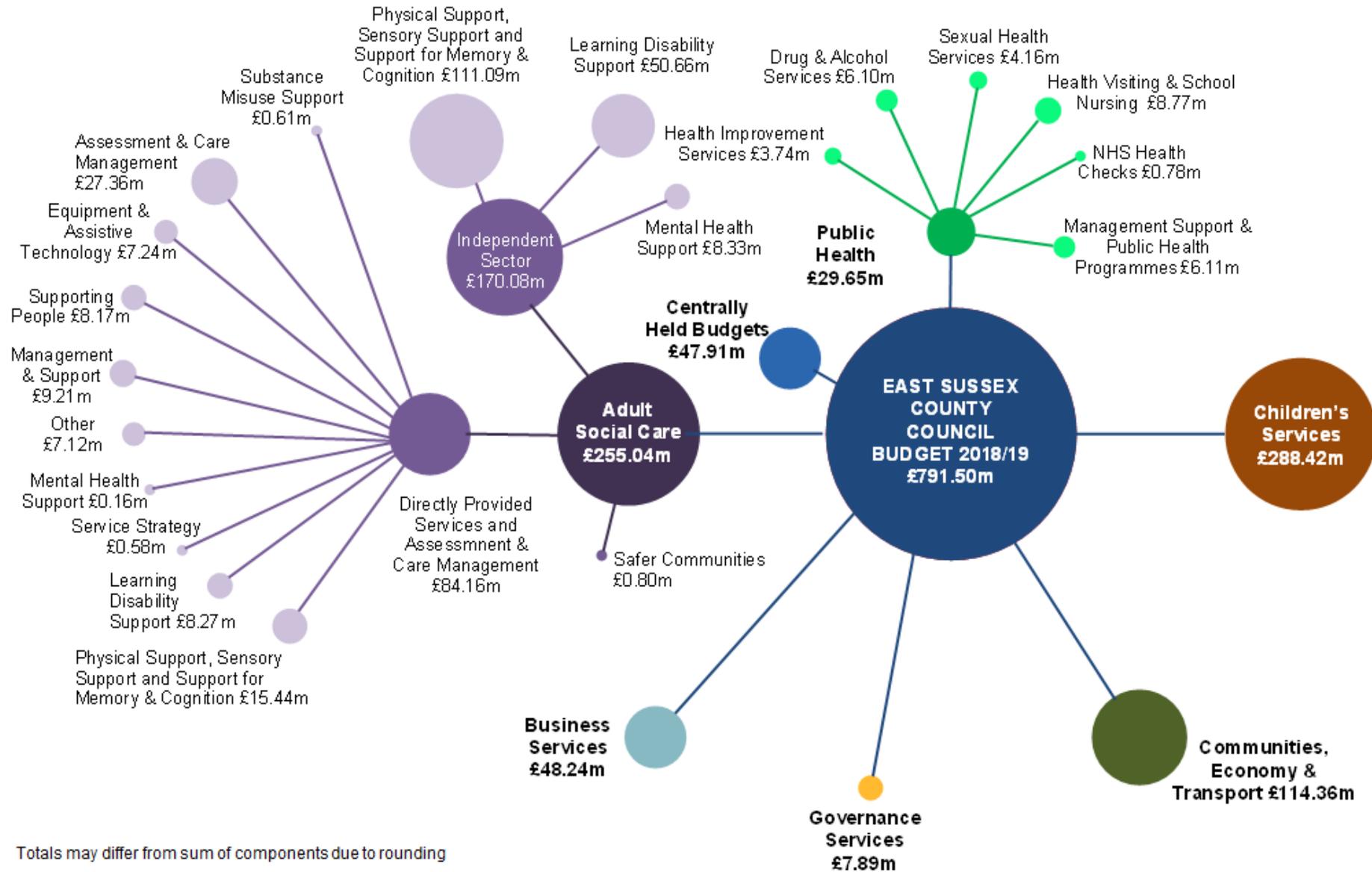
Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn (Target)*	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Maynard	Percentage of first attendances at a Genito-Urinary Medicine (GUM) clinic who were offered an appointment within two days	99.8%	99.4%	98%	98%	98%	Maintaining high rates of two day access to Genito-Urinary Medicine (GUM) clinics, ensuring prompt testing and treatment as required, and preventing onward transmission and negative sequels of STIs and HIV. Delivery outcomes 8 and 10.
	Percentage of first attendances at a Genito-Urinary Medicine (GUM) clinic seen within two working days	96.6%	96.9%	95%	95%	95%	
	Chlamydia rates - Rate of positive tests for Chlamydia in young people aged 16 to 25 years per 100,000 population	1,637	1,793	1,800	1,900	2,000	Achieving high rates of chlamydia positivity in people aged 16-25 years means that the right people are being targeted and that prompt treatment can be provided to reduce onward transmission and reduce total burden in the population. Delivery outcomes 8 and 10.
Cllr Bentley	The % of people affected by domestic violence and abuse who feel safe upon leaving the service CP	New measure	91%	80%	80%	80%	Vulnerable people affected by domestic violence feel safe and have the skills they need to improve their wellbeing and their self-esteem. Delivery outcomes 5, 6, 7 and 9.
	The % of people affected by rape, sexual violence and abuse who report, after at least 12 weeks of engagement with the service, that they are more in control of their lives and/or more optimistic about the future CP	New measure	77%	80%	80%	80%	Protect vulnerable people who have been the affected by rape, sexual violence and abuse, and provide them with skills which enable them to be more in control of their lives and more optimistic about the future. Delivery outcomes 5, 6, 7 and 9.
	The number of people in recovery in East Sussex who access Mutual Aid activities	2,925	4,020	>2,925	>2,925	>2,925	Increase the options of those in recovery, who benefit from mutual support and motivation from likeminded individuals to maintain their recovery. Delivery outcomes 5, 6, 7, 8, 9 and 10.

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn (Target)*	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Bentley	The number of Think: Protect: Connect, workshops delivered to schools and organisations in East Sussex, who have requested the programme to be delivered	New Measure 2017/18	37	200	200	200	Provide early effective intervention and awareness to primary school pupils on digital resilience and critical thinking skills in the online world. Delivery outcomes 5, 6 and 7.
	The number of partners signed up to the East Sussex Against Scams Partnership Charter	New Measure 2018/19	New Measure 2018/19	90	120	150	Increase awareness to those most vulnerable, by encouraging local organisations to protect and prevent people becoming victims of fraud and scams. Delivery outcomes 5, 6, and 10.

CP = Council Plan

# Gross revenue budget

## Revenue Budget 2018/19



## Revenue Budget

Revenue Budget £000									
Divisions	2016/17			2017/18			2018/19		
	Gross	Income	Net	Gross	Income	Net	Gross	Income + Net Recharges	Net
<b>Adult Social Care:</b>									
Physical Support, Sensory Support and Support for Memory & Cognition	88,883	(36,823)	52,060	100,585	(39,874)	60,711	111,091	(41,130)	69,961
Learning Disability Support	45,077	(4,000)	41,077	48,960	(4,081)	44,879	50,657	(4,076)	46,581
Mental Health Support	7,120	(1,158)	5,962	7,950	(1,285)	6,665	8,331	(1,284)	7,047
<b>Subtotal Independent Sector</b>	<b>141,080</b>	<b>(41,981)</b>	<b>99,099</b>	<b>157,495</b>	<b>(45,240)</b>	<b>112,255</b>	<b>170,079</b>	<b>(46,490)</b>	<b>123,589</b>
Physical Support, Sensory Support and Support for Memory & Cognition	15,094	(4,340)	10,754	15,720	(4,644)	11,076	15,443	(3,375)	12,068
Learning Disability Support	8,710	(1,114)	7,596	8,537	(980)	7,557	8,273	(537)	7,736
Mental Health Support	1,587	(1,563)	24	1,421	(1,407)	14	161	(136)	25
Substance Misuse Support	609	(133)	476	589	(133)	456	609	(133)	476
Equipment & Assistive Technology	5,407	(2,522)	2,885	6,294	(3,409)	2,885	7,240	(3,930)	3,310
Other	5,418	(2,989)	2,429	4,637	(2,436)	2,201	7,115	(4,748)	2,367
Supporting People	8,405	(213)	8,192	8,093	-	8,093	8,169	124	8,293
Assessment and Care Management	24,819	(609)	24,210	26,090	(1,876)	24,214	27,360	(2,932)	24,428
Management and Support	8,099	(1,108)	6,991	11,742	(12,799)	(1,057)	9,214	(25,880)	(16,666)
Service Strategy	530	-	530	530	-	530	575	(45)	530
<b>Subtotal Directly Provided Services</b>	<b>78,678</b>	<b>(14,591)</b>	<b>64,087</b>	<b>83,653</b>	<b>(27,684)</b>	<b>55,969</b>	<b>84,159</b>	<b>(41,592)</b>	<b>42,567</b>
<b>Total Adult Social Care</b>	<b>219,758</b>	<b>(56,572)</b>	<b>163,186</b>	<b>241,148</b>	<b>(72,924)</b>	<b>168,224</b>	<b>254,238</b>	<b>(88,082)</b>	<b>166,156</b>
<b>Total Safer Communities</b>	<b>723</b>	<b>(337)</b>	<b>386</b>	<b>1,107</b>	<b>(722)</b>	<b>385</b>	<b>798</b>	<b>(412)</b>	<b>386</b>
<b>Public Health:</b>									
Health Improvement Services	4,156	-	4,156	4,331	-	4,331	3,736	-	3,736
Drug and Alcohol Services	6,101	-	6,101	6,101	-	6,101	6,101	-	6,101
Sexual Health Services	4,160	-	4,160	4,160	-	4,160	4,160	-	4,160
Health Visiting and School Nursing	8,769	-	8,769	8,769	-	8,769	8,769	-	8,769
NHS Health Checks	930	-	930	755	-	755	778	-	778

Revenue Budget £000									
Divisions	2016/17			2017/18			2018/19		
	Gross	Income	Net	Gross	Income	Net	Gross	Income + Net Recharges	Net
Management Support and Public Health Programmes	6,091	(1,510)	4,581	3,874	-	3,874	6,108	(2,382)	3,726
Public Health Grant	-	(28,697)	(28,697)	-	(27,990)	(27,990)	-	(27,270)	(27,270)
<b>Total Public Health</b>	<b>30,207</b>	<b>(30,207)</b>	<b>0</b>	<b>27,990</b>	<b>(27,990)</b>	<b>0</b>	<b>29,652</b>	<b>(29,652)</b>	<b>0</b>

## Capital Programme

Capital Programme, Gross £000						
Lead Member	Project	Total for Scheme	Previous Years	2018/19	2019/20	2020/21
Cllr Maynard	Develop Older People's Service Improvements (formerly Opportunities)	536	405	131	-	-
	Greenacres	2,350	-	1,250	1,050	50
	Review and develop LD accommodation and day services	5,092	4,706	386	-	-
	Refurbishment of Facilities to meet CQC Standards	2,373	2,373	-	-	-
	Fund over and above disabled facilities grant to adapt properties to enable people to stay in their own homes	**	**	468	250	250*

\* Project extends beyond 2020/21. \*\*Rolling programme: no total scheme value

# **Children's Services**

## **Portfolio Plan 2018/19 – 2020/21**

July 2018

# Contents

Contents .....	2
Cabinet Portfolio Lead Members.....	3
Portfolios Overview .....	4
Operating Principles.....	6
Structure Chart.....	7
Delivering Priority Outcomes.....	8
Performance Measures and Targets .....	15
Gross Revenue Budget.....	22
Revenue Budget .....	23
Capital Programme .....	24

## Cabinet Portfolio Lead Members

**Councillor Sylvia Tidy**

**Lead Member for  
Children and Families**



Responsible for strategy and policy for all Children's Services (social care) matters.

Principal service area responsibilities covered in this plan include child protection and family support, fostering and adoption for children, residential care for children, youth justice, youth services, and all ancillary activities (including children's centres).

**Councillor Bob Standley**

**Lead Member for Education and Inclusion,  
Special Educational Needs and Disability**



Responsible for strategy and policy for all Children's Services (education) matters.

Principal service area responsibilities covered in this plan include quality and standards in educational establishments, special educational needs and disability, school admissions and transport, early years and childcare, school organisation and place planning, skills (shared with economy) and all ancillary activities.

## Portfolios Overview

1.1 Children's Services contributes to the Council's four key priority outcomes and has an important role to play in the development of strong partnerships to improve or maintain the outcomes for children, young people and their families across all agencies that work with children in East Sussex. This plan describes our aims for Children's Services for the next few years. It sets out how we will, within the context of the ongoing reduction of local government funding, continue working as one council, with our partners, to make sure we use the resources we have wisely to focus on the agreed priorities.

1.2 As a local authority we have legal obligations to provide services to our residents. These are set out in law and describe what we must do, at a minimum, to meet these obligations. Together with Children's Services Authorities across the country we are experiencing pressures from increasing demand and complexity in children's social care. With the financial pressures the Council has been dealing with since 2010, there are no easy choices for savings at a scale which do not have a direct or indirect effect on service users. In order to continue to provide our statutory services we will need to review services which we know make a difference and reduce future demand, for example early help services through which we provide early intervention and prevention work. These are not services we would choose to reduce if resources were no object, but those likely to be least damaging to those we serve from remaining resources.

1.3 One of our overriding principles is to work, with partners, with the right children and families, in the right way for the right amount of time to bring about change, helping to create a stable environment in which children can thrive and helping families to develop resilience and coping strategies to avoid public service dependency. Individual and community responsibility is of fundamental importance in helping us manage demand over the coming years, supported by good public health services (particularly for young children). We are working with partners to find alternative ways to fund open access youth provision. Young people discussed

the community resilience agenda on Takeover Day in November 2017, giving their views about what an asset-based approach to addressing health and social care might mean in relation to children and young people. This may include more opportunities for young people to volunteer and/or work with local groups to improve things in their own communities by finding out what community resources are currently available.

1.4 Working in partnership with schools, colleges, early years settings and providers, we will use our best efforts to target our limited resources to assist them in improving educational outcomes for all children and young people in the county, through a good, sustainable school system, improving participation and ensuring that every child does well and achieves their potential from the earliest years until they enter employment.

1.5 We will also work with schools and academies to assist them to be more inclusive in their support of children and young people with special educational needs and/or disabilities, promoting health, wellbeing and resilience and preventing problems from developing. In particular we will focus on reducing the number of requests for assessment, the number of children with Education, Health and Care Plans (EHCPs) and reduce the number of children placed in more expensive independent placements.

1.6 Given the scale of financial challenges, and to ensure a cost effective service, building on the Council's three operating principles we have set out eight key values which will shape the way we work. We will:

- Use strategic commissioning to challenge what we do and how we do it; we commission integrated services working closely with partner agencies.
- Take a proportionate approach to risk; we focus effort on more vulnerable families, providing effective intervention to achieve the change required.

- Work in partnership with Adult Social Care and Health and the NHS for the benefit of the whole population through East Sussex Better Together (ESBT) and Connecting for You (C4Y) focusing on the benefits of integrated working.
- Work with partners and communities to meet needs in new ways; we are building capacity for settings, schools and colleges to lead their own improvement and have developed capacity in Educational Improvement Partnerships (EIPs)
- Use demand management and forecasting to make sure we spend on the right things that make a difference and inform service design; for example we will use data for school place planning, to target school intervention and continue to develop the Special Educational Needs and Disability (SEND) forecasting model to inform the development of provision.
- Reduce costs through modern working practices, including making the most of the efficiency of our new social care information system, and the Child Protection Information

System (CP-IS), further developing integrated working and integrated systems to support this in the most efficient way. We will make the best possible use of technology, including our digital services, buildings and other assets, and adopt more agile working practices.

- Look for more opportunities to generate income, for example through Buzz Active activity centres and the music service.
- Train and support staff to build strong relationships with families to build resilience and enable change and improvement.

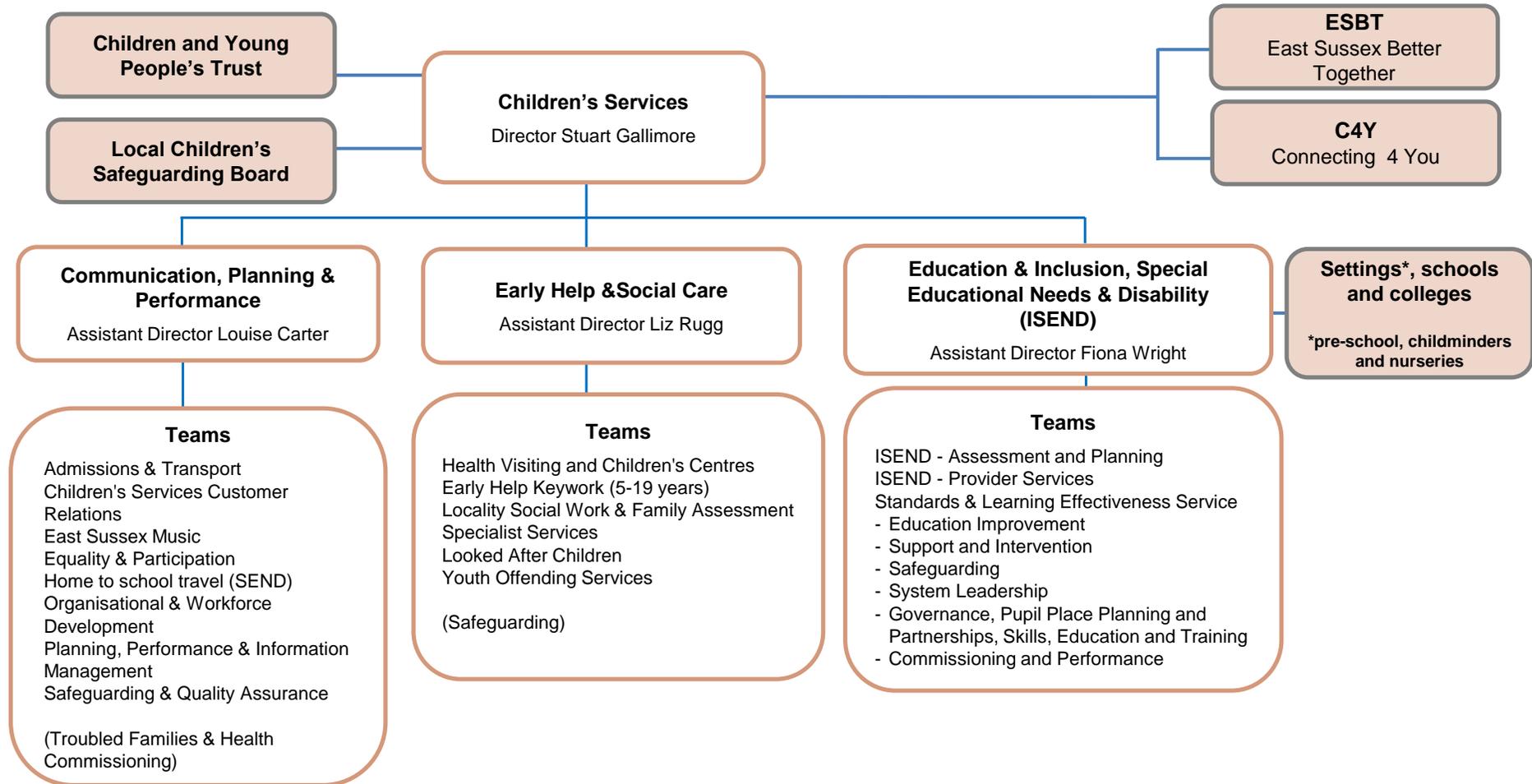
1.7 We will aspire, within the resources available, to deliver the best possible services and minimise any negative impacts of savings including on our ability to sustain or improve performance. This is reflected in the performance targets we have set.

## Operating Principles

The Council has agreed three operating principles that underpin how the Council works across all services and with partners:

- ❖ **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.

# Structure Chart



# Delivering Priority Outcomes

## The Priority Outcomes

The Council has four overarching priority outcomes: driving sustainable economic growth; keeping vulnerable people safe; helping people help themselves; and making best use of resources. Making best use of resources is the gateway priority through which any activity and accompanying resources must pass.

For each priority outcome there are specific delivery outcomes. These are referenced to performance measures in this Portfolio Plan.

## Driving sustainable economic growth - delivery outcomes

1. Employment and productivity rates are high throughout the county
2. Individuals, communities and businesses thrive in East Sussex with the environment and infrastructure to meet their needs
3. The workforce has and maintains the skills needed for good quality employment
4. All children progress well from early years to school leaver and into education, training and employment

## Keeping vulnerable people safe - delivery outcomes

1. All vulnerable people in East Sussex are known to relevant local agencies and services are delivered together to meet their needs
2. People feel safe at home
3. People feel safe with support services

## Helping people help themselves - delivery outcomes

8. Commissioners and providers from all sectors put people first when providing services and information to help them meet their needs
9. The most vulnerable adults get the support they need to maintain their independence and this is provided at or close to home
10. Individuals and communities are supported and encouraged to be responsible, help others and make the most of community capacity and assets

Driving sustainable economic growth

Keeping vulnerable people safe

Helping people help themselves

Making best use of resources

## Making best use of resources - delivery outcomes

11. Applying strategic commissioning to ensure resources are directed to meet local need
12. Working as One Council, both through the processes we use and how we work across services
13. Working in partnership to ensure that all publicly available resources are used to deliver maximum benefits to local people
14. Ensuring we achieve value for money in the services we commission and provide
15. Maximising the funding available through bidding for funding and lobbying for the best deal for East Sussex

## Driving sustainable economic growth

2.1 We will contribute to driving sustainable economic growth by ensuring local people have the skills they need to succeed and that all children progress well from early years into education, training and employment. We will work to realise this through partnerships with early years settings, schools, colleges and other skills providers, working together to improve the skills and qualifications of children, increasing the number of children making good levels of progress at school each year and narrowing the gap for all groups of children and young people vulnerable to underachievement. Our aim is to ensure that every child attends a good school. In addition, our public health and targeted early help services will help parents to care for their children in ways which effectively promote their development and well-being, so that they can make the most of their opportunities in early years education, school and college.

### Participation in Education, Training and Employment with Training

2.2 Working within available resources we will work with our partners to maximise the number of children participating in education, training and employment with training until they are 18, and work with internal and external partners to prepare children and young people for work and improve their employability and skills. In 2017/18:

- 84% of eligible 2 year olds took up a place with an eligible early years provider, which is significantly above the national average of 71%.
- The proportion of 16-17 year olds (years 12 and 13) whose education, training, or employment with training situation is not known is 1.3% (136 young people out of a cohort of 10,823) which is better than the national figure of 2.8% and the South East figure of 3.7%.
- In March 2018, 95% of young people were meeting the duty of Raising the Participation Age by either participating in education, training or employment with training or undertaking re-engagement provision at age 16 (Year 12). 88% at age 17 (Year 13) were meeting the duty.

- The percentage of Looked After Children (LAC) participating in education, training or employment with training at age 16 (Year 12) was 90% (56/62), and 87% (27/31) at age 17 (Year 13).

### School Improvement

2.3 Our aim has been to build a sustainable school system across East Sussex that has the capacity and expertise to offer appropriate support and challenge to all schools and reduce the risk that schools are isolated or underperforming. Since 2012, the Standards and Learning Effectiveness Service (SLES) has been working to develop the local market for school improvement, this includes:

- commissioning new providers;
- facilitating school-to-school support;
- using outstanding school leaders;
- securing partnerships and federations between schools; and
- developing Education Improvement Partnerships (EIPs).

2.4 A priority for academic year 2017/18 has been to establish the funding and organisational arrangements which will support the EIPs to continue to work together productively and sustainably.

2.5 We have continued to sustain the improved performance in early years giving children a really good start.

- In academic year 2016/17 at the Early Years Foundation Stage 76.5% of pupils achieved a good level of development which is 5.8 percentage points above the national figure of 70.7%.

2.6 Excellence for All has been our strategy to secure this improvement. It sets out our commitment to create a truly excellent and inclusive education system for children and young people in East Sussex. As at February 2018 schools judged by Ofsted to be good or outstanding:

- 92.9% of primary schools against the national average of 89.9%.
- 100% of Special schools against the national average 93.7%.
- 77.8% of secondary schools against a national average of 80.1%.

2.7 As good corporate parents we have high aspirations for the children in our care and for young people as they leave care. We set appropriately challenging targets, supporting them to achieve healthy lifestyles, succeed in education and to find work. We use a personal education plan for each child to support them via their school, social worker, foster or residential carers and via the Virtual School so they can make progress in line with their peers and to achieve better in school than children in care nationally.

- 17 young people who were looked after are at university, with nine in their final year and one young person completing a Masters.

2.8 We are also encouraging young people into apprenticeships. This won't be appropriate for all young people and for those who are particularly vulnerable with complex needs, staff work with them to try and access appropriate employment and training opportunities.

#### Attendance and Exclusion

2.9 Across East Sussex, children and young people have lower rates of attendance and higher exclusion than their peers nationally. Standards and Learning Effectiveness Service and Inclusion, Special Educational Needs and Disability (ISEND) teams will work closely together with schools, Behaviour and Attendance Partnerships and EIPs to support them to identify ways in which they can develop best practice and secure improvement. There will be a focus on working with schools to change the behaviour of some families so that they ensure their children are in school, and on improving the quality of teaching and provision of support to ensure that children stay in school. In October 2017 we launched the Get a Grip campaign an innovative approach to changing parental behaviour. The impact of this will be evaluated in 2018/19.

2.10 The Hastings Primary Placement Panel (HPPP) has improved inclusion and permanent exclusion rates for the 20 schools involved.

- In academic year 2015/16, HPPP schools permanently excluded 15 children, which was 40.5% of the total primary permanent exclusions across East Sussex.
- In academic year 2016/17, HPPP schools permanently excluded five children, which was 22.7% of the total primary permanent exclusions across East Sussex.
- We have developed an Eastbourne Primary Placement Panel in 2017/18, as Eastbourne schools permanently excluded 12 children in academic year 2016/17 which was 54.5% of the total primary permanent exclusions across East Sussex.

#### **Keeping vulnerable people safe**

2.11 Targeted early help and children's social care services, together with public health services, make a significant contribution to the delivery of the Council priorities of keeping vulnerable people safe and helping people help themselves.

#### Early Help

2.12 Early identification is crucial to effective safeguarding. Effective delivery of the Healthy Child programmes, including universal development reviews for all children age 0-5, supports early identification of families with additional needs and we are working with health colleagues to continue this collaborative approach.

2.13 In Autumn 2016, the Children and Young People's Mental Health and Emotional Wellbeing Transformation Board introduced a new work stream in recognition of the importance of schools as a key setting for delivering prevention and early intervention for children and young people. Key outcomes in 2017 include:

- Funding was agreed to support schools to improve the resilience, emotional wellbeing and mental health of pupils.
- Development of an online counselling service.

### Multi-agency early help and child protection system

2.14 A key focus is that we continue to work effectively with partners as part of the multi-agency early help and child protection system, which ensures that children and young people who are, or are likely to be, at risk of harm are identified, supported and protected. This is part of a wider multi-agency safeguarding system, underpinned by strong statutory multi-agency governance and scrutiny (by the East Sussex Safeguarding Children Board).

- The Single Point of Advice (SPOA), which was launched in May 2016, provides a 'front door' for all referrals for children who need either early help or social care support.
- We are working with partners, and particularly with schools, to build confidence and ensure that they only refer children who really need additional help.
- When it's clear that a social worker is needed the SPOA will work with one of the two Multi Agency Safeguarding Hubs (MASH), in Eastbourne and Hastings, which co-locate police and social work staff so that responses are joined up and prompt.

- The roll out of the Child Protection Information Sharing system enables NHS staff, nationally, to be aware when children who are looked after or subject to Child Protection (CP) plans are seen in hospitals anywhere in England.

### Children's Social Care

2.15 Children's Services use IDACI (Income Deprivation Affecting Children Index)<sup>1</sup> expected rates to measure our performance against comparable authorities. Many performance indicators in East Sussex are below IDACI which does suggest that East Sussex is managing to keep activity levels below that of other similarly deprived authorities. There are, however, two areas where performance is above IDACI, Child Protection (CP) Plans and repeat CP plans, and other indicators where the trend is heading in the wrong direction. Of particular concern is the number of Looked After Children (LAC). The table below sets out comparative data for Child Protection Plans, repeat Child Protection Plans and Looked after Children up to March 2018.

<sup>1</sup> IDACI stands for Income Deprivation Affecting Children Index. It ranks areas in England from the most to the least deprived. IDACI expected rates are calculated using statistical techniques that compare variables.

Measure	March 2018	
	East Sussex	IDACI
The rate per 10,000 of children with a CP plan	51.9 (550 children)	42.1 (426 children)
The rate per 10,000 of children becoming subject to a repeat CP plan	14.0 (148 children)	10.7 (114 children)
The rate per 10,000 of LAC	57.2 (606 children)	59.0 (625 children)

2.16 There are pressures across the system and a rise in demand and costs as a result of external factors, for example, changes in the benefits system. Other reasons for the pressures include:

- Waiting lists for support in early help services which result in needs escalating and cases in social care not being stepped down to family keywork.

- Improved practice in Child Sexual Exploitation (CSE), domestic violence and neglect resulting in more children being identified who need to have a CP plan or become LAC. Some of these children have large sibling groups and are difficult to place in in-house fostering placements because of the level of need and the number of siblings, therefore, increasing the number of agency fostering placements.

- The Council has committed to taking the equivalent of 0.07% of the total child population over 3 years as Unaccompanied Asylum Seeking Children (UASC) which will mean the Council caring for about 72 UASC in total.
- There is an increasing number, albeit small, of young people with particularly complex needs who are requiring expensive and bespoke placements because private providers are currently unable or unwilling to meet the needs of these highly complex young people. This is often in the context of sexually inappropriate behaviour or mental health needs.

#### Accommodation provision for vulnerable young people

2.17 We are using £650k of corporate transformation funding, in partnership with colleagues from the District and Borough Councils, to enhance and diversify accommodation provision for vulnerable young people. This includes care leavers with severe, complex and/or multiple needs (aged 16 – 25) and under 18 young homeless people. One example is Crash Pad, emergency accommodation which has been developed to avoid the use of bed and breakfast.

#### **Helping people help themselves**

2.18 A key aim of both social care and targeted early help support is to enable families to become resilient and self-sufficient so that they only need universal services in order to thrive. All our support is designed to motivate and empower families so that they can achieve this goal.

#### Supporting Families

2.19 Financial sustainability is a key aim and the Department for Work and Pensions employment advisers, who are funded through the national Troubled Families (TF) programme, are co-located with family keyworkers. As part of the whole family assessment, families are offered support around financial sustainability. These advisers have been very effective in recent years in helping keyworkers and social workers get parents, and older young people, into work, or onto a pathway into work through training or volunteering:

- 106 adults moved from out of work benefits to paid employment under the first phase of the government's TF programme.
- A further 41 have moved to paid employment under the second phase from April 2015.
- Since April 2015 there have been 1,029 successful payment by results claims which represents a conversion rate of 60% (the percentage of cases being closed where a claim can be made).

2.20 We have developed a range of parenting programmes for families of children and teenagers to help parents increase their confidence, learn new skills and build their resilience. This approach means that resources are targeted at schools at key point of transition, within local communities and in partnership with other organisations to avoid escalation to more expensive and specialist services. As at April 2018:

- 678 parents have accessed one to one sessions.
- 1,311 parents have attended group work sessions.
- 173 parents have used an on-line intensive resource
- 64 accredited evidence based parenting interventions across the Council and partner organisations to improve the quality and effectiveness of the workforce
- 53 primary and seven secondary schools are working with the programme.

2.21 The volunteering programme run by Children's Centres has been very successful and has been retained to date as part of the integrated Health Visiting and Children's Centre service. Linking with new initiatives around community resilience which colleagues in Public Health are promoting, we have been keen to support individuals and communities to lead activities which promote health, wellbeing and economic development, for example by using Children's Centre buildings to run groups.

## Inclusion, Special Educational Needs and Disability (ISEND)

2.22 ISEND has an important role to play in supporting children and young people to achieve their very best, keeping vulnerable people safe and helping people help themselves. We will help children and young people with Special Educational Needs and/or Disability (SEND) achieve their ambitions and ensure young people have a successful transition to adulthood. We will ensure that families and children are involved in the development and delivery of services, giving families more choice and control over the services they receive and providing a more personalised response.

2.23 We continue to see pressures on the number and cost of children with SEND. In meeting the demands, we have identified five priority areas which are aimed at bringing performance across the county in-line with national figures and statistical neighbours, and reducing pressure on the High Needs Block:

- Building capacity and influencing more inclusive practice in mainstream schools.
- Improving parental confidence in local provision.
- Robustly implementing the East Sussex post-16 pathways.
- Increasing the number of local special school places.
- Working with partners, East Sussex Better Together and Connecting for You, to take a joined up approach to planning the use of resources available.

2.24 Examples of the impact of this work include:

- In East Sussex there was a reduction, for the second year running, in the number of new Education, Health and Care Plans (EHCP). The total number issued over the 2017 calendar year reduced by 7.29% on the 2016 number. As at January 2018 the total number of Statements/EHCP maintained by East Sussex increased by 8.6% compared to 2016. This is lower in comparison to nationally which went up by 10.17% and the statistical neighbour group which increased by 11.08%. The total number of EHCP, maintained by the Council remains high (3.6% set against a national figure of 2.8% as at the most recent available data

from 2017), but this is evidence that we are sustaining the journey towards national levels.

- A bid for Department for Education (DfE) School Improvement Funding was successful and brings £250k directly into local secondary schools to improve practice for young people with SEND. Priory School will be leading on the offer to 15 secondary schools in the county.
- We provided considerable support to Free School applicants and the county was successful in securing agreement for three new schools (two special schools and one alternative education provider) from the DfE in April 2017. However, the impact from opening new Free Schools will not be seen until 2019/20 at the earliest.

## **Making best use of resources**

2.25 We will contribute to the Council's priority outcome of making best use of our resources through strategic commissioning and consider changing our service offer in all areas to become more innovative, efficient and effective, whilst safeguarding vulnerable children and helping all children to succeed. We use robust evaluation, performance data and case auditing to ensure that the work with children and young people and families is effective and that we are investing in the right interventions.

2.26 Income generation is one of the key challenges where there is economic uncertainty. An example of this is the music service and the challenge they have in attracting and retaining pupils where there are pressures on the budget. We will maximise income generation through our traded offer with schools and reviewing fees and charges.

2.27 We will reduce management and administrative posts where possible to retain the resources available to the front line. Building on successful service change in the last three years we will continue to streamline support to families wherever possible, for example through the Family Keywork (Troubled Families) programme. We will review our policies and procedures to ensure best use of resources and we will also deliver services and provide access to services very differently in some areas, for example by:

- Shifting routine advice to the public and professionals from phone services to web pages.
- Communicating with clients online when that is appropriate.
- Collaborating with colleagues using web tools to avoid unnecessary travel time.
- Learning from joined-up data across partnerships.
- Using technology to its maximum potential in our joint working across the service.

2.28 In 2018/19 we plan to review several service areas for potential future savings, these include:

- The level of support given to Educational Improvement Partnerships and the level of performance monitoring of schools.
- Virtual School costs and commitments.

- Children's Centres, the Youth Service, and consider redesign options for all early help 0 – 19 services.
- Non-statutory social care services.
- Child and Adolescent Mental Health Service (CAMHS) and Chailey Heritage contracts which is funded by the Clinical Commissioning Groups (CCGs). If funding is released we would work with CCGs to see if this could be redirected to Early Help and preventative services.
- Support for schools to address attendance and exclusions and whether or not the traded offer with schools can be increased.

2.29 While savings have to be made we will take every opportunity to reduce any negative impacts through streamlining services and reviewing priorities carefully.

## Performance Measures and Targets

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
<b>Driving sustainable economic growth</b>							
Cllr Standley	The percentage of eligible 2 year olds who take up a place with an eligible early years provider <b>CP</b>	ESCC 86.2% National Average 70% as at March 2017	<b>ESCC 84% National Average 71% as at March 2018</b>	Above national average	Above national average	In line with national average	All children engage, attain and progress well from early years into education, training and employment  <i>Delivery outcomes 3 and 4</i>
	The percentage of pupils achieving a "good level of development**" at the Early Years Foundation Stage <b>CP</b> *A pupil achieving at least the expected level in each Early Learning Goal (ELG) within the three Prime areas of learning, and at least the expected level in each ELG within the literacy and numeracy Specific areas of learning	Ac year 15/16 ESCC 75.7% National Average 69.3%	<b>Ac year 16/17 ESCC 76.5% National Average 70.7%</b>	Ac year 17/18 At or above national average	Ac year 18/19 At or above national average	Ac year 19/20 At or above national average	
	Proportion of pupils in all schools who achieved at least the expected standard in each of reading, writing and maths at Key Stage 2	Ac year 15/16 ESCC 52% National Average 54%	<b>Ac year 16/17 ESCC 57% National Average 62%</b>	Ac year 17/18 No more than 5 percentage points below national average	Ac year 18/19 No more than 5 percentage points below national average	Ac year 19/20 No more than 5 percentage points below national average	
	Average Progress 8 score for state funded schools <b>CP</b> The average Progress 8 score shows how much progress pupils at this school made between the end of key stage 2 and the end of key stage 4, compared to pupils across England who got similar results at the end of key stage 2	Ac year 15/16 ESCC +0.04 National Average -0.03	<b>Ac year 16/17 ESCC 0.00 National Average -0.03</b>	Ac year 17/18 At or above the national average	Ac year 18/19 At or above the national average	Ac year 19/20 At or above national average	

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Standley	The percentage of disadvantaged pupils achieving at least the expected standard in each of reading, writing and maths at Key Stage 2 <b>CP</b>	Ac year 15/16 ESCC 35% National Average 39%	Ac year 16/17 ESCC 41% National Average 48%	Ac year 17/18 No more than 7 percentage points below national average	Ac year 18/19 No more than 7 percentage points below national average	Ac year 19/20 No more than 7 percentage points below national average	The gap for disadvantaged children at all Key Stages does not widen so that all children attain and progress well from early years into education, training and employment  <i>Delivery outcomes 3 and 4</i>
	The average Attainment 8 score for disadvantaged pupils <b>CP</b>	Ac year 15/16 ESCC 38.0 National Average 41.2	Ac year 16/17 ESCC 34.1 National Average 37.1	Ac year 17/18 No more than 3 points below national average	Ac year 18/19 No more than 3 points below national average	Ac year 19/20 No more than 3 points below national average	
	The percentage of young people meeting the duty of RPA (Raising the Participation Age) by either participating in education, training or employment with training or undertaking re-engagement provision at academic age 16 (Year 12) <b>CP</b>	95.90%	95%	93%	93%	93%	Young people participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects  <i>Delivery outcomes 3 and 4</i>
	The percentage of young people meeting the duty of RPA by either participating in education, training or employment with training or undertaking re-engagement provision at academic age 17 (Year 13) <b>CP</b>	88.60%	88%	86%	86%	86%	
	The proportion of academic age 16-17 year olds whose Education, Employment and Training (EET) situation is not known	0.9%	1.3%	≤3%	≤3%	≤3%	

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Standley	Proportion of Primary schools judged by Ofsted to be good or outstanding	ESCC 91.5% National Average 90.8%	<b>ESCC 92.9%</b> <b>National Average 89.9%</b>	At or above the national average	At or above the national average	At or above the national average	All children attend a school that is judged to be at least good by Ofsted. All children progress well from early years, through compulsory schooling, into education, training and employment  <i>Delivery outcome 4</i>
	Proportion of Secondary schools judged by Ofsted to be good or outstanding	ESCC 71.4% National Average 79%	<b>ESCC 77.8%</b> <b>National Average 80.1%</b>	No more than 3.5 percentage points below the national average	No more than 7 percentage points below the national average	No more than 7 percentage points below the national average	
	Proportion of Special schools judged by Ofsted to be good or outstanding	ESCC 100% National Average 93.9%	<b>ESCC 100%</b> <b>National Average 93.7%</b>	At or above the national average	At or above the national average	At or above the national average	
Cllr Standley	The percentage of exclusions in primary schools per school population in that year. (i) Fixed term (ii) Permanent	(i) Ac year 15/16 ESCC 1.74% National Average 14/15 1.10%  (ii) Ac year 15/16 ESCC 0.10% National Average 14/15 0.02%	<b>(i) Ac year 16/17 ESCC 2.44%</b> <b>National Average 15/16 1.21%</b> <b>(≤ 0.3 above national average)</b>  <b>(ii) Ac year 16/17 ESCC 0.06%</b> <b>National Average 15/16 0.02%</b> <b>(≤ 0.15 above national average)</b>	Ac year 17/18 (i) ≤ 1.0 (percentage points) above national average  (ii) ≤ 0.1 (percentage points) above national average	Ac year 18/19 (i) ≤ 0.5 (percentage points) above national average  (ii) ≤ 0.05 (percentage points) above national average	Ac year 19/20 (i) ≤ 0.25 (percentage points) above national average  (ii) At or above national average	Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment  <i>Delivery outcome 4</i>

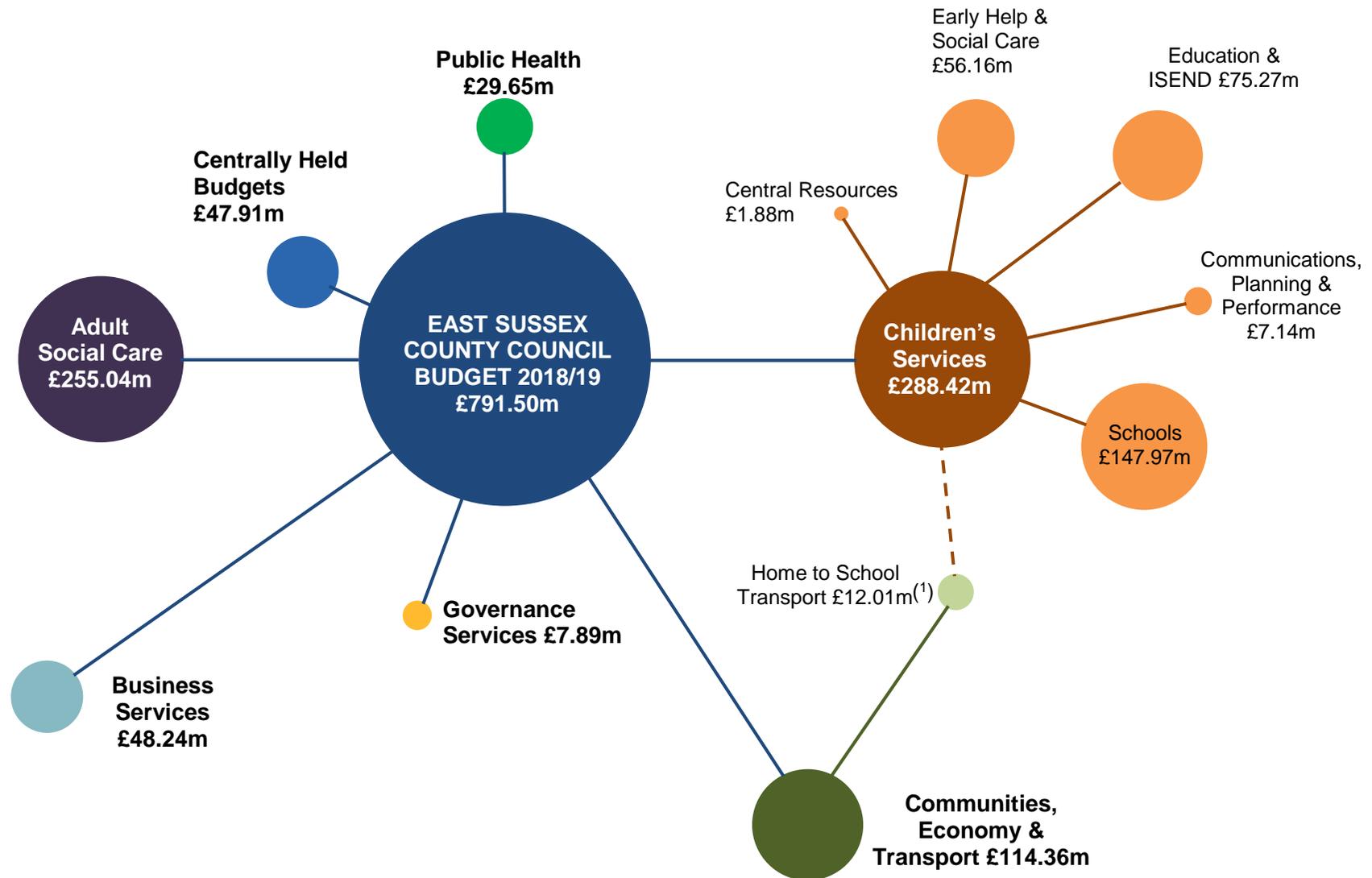
Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Standley	The percentage of exclusions in secondary schools per school population in that year. (i) Fixed term (ii) Permanent	(i) Ac year 15/16 ESCC 9.68% National Average 14/15 7.51% (ii) Ac year 15/16 ESCC 0.30% National Average 14/15 0.15%	<b>i) Ac year 16/17 ESCC 12.42% National Average 15/16 8.46% (≤ national average)</b> <b>ii) Ac year 16/17 ESCC 0.24% National Average 15/16 0.17% (≤ 0.04 above national average)</b>	Ac Year 17/18 (i) ≤ 3.5 (percentage points) above the national average  (ii) ≤ 0.04 (percentage points) above the national average	Ac Year 18/19 (i) ≤ 3 (percentage points) above the national average  (ii) ≤ 0.02 (percentage points) above the national average	Ac Year 19/20 (i) ≤ 2.5 (percentage points) above the national average  (ii) At or above national average	Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment  <i>Delivery outcome 4</i>
	The percentage of children in primary schools who are persistently absent	Ac year 15/16 ESCC 8.89%	<b>Ac year 16/17 ESCC 8.79% National Average 8.2% (≤1.5 above national average)</b>	Ac Year 17/18 ≤ 0.6 (percentage points) above the national average	Ac Year 18/19 ≤ 0.3 (percentage points) above the national average	Ac Year 19/20 At or above the national average	

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
Cllr Standley	The percentage of children in secondary schools who are persistently absent	Ac year 15/16 ESCC 13.12%	Ac year 16/17 ESCC 12.97% National Average 13.1% (≤1.5 above the national average)	Ac Year 17/18 ≤0.5 (percentage points) above the national average	Ac Year 18/19 ≤ 0.25 (percentage points) above the national average	Ac Year 19/20 At or above the national average	Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment  <i>Delivery outcome 4</i>
Cllr Tidy	Average Progress 8 score for Looked After Children (LAC) CP	Ac year 15/16 ESCC -1.28 National Average -1.14	Ac Year 16/17 ESCC -0.87 National Average -1.18	Ac Year 17/18 No more than 0.05 percentage points below the national average for LAC	Ac Year 18/19 At or above the national average for LAC	Ac Year 19/20 At or above the national average for LAC	All children progress well from early years, through compulsory education, into education, training and employment  <i>Delivery outcomes 3 and 4</i>
	The percentage of LAC participating in education, training or employment with training at academic age 16 (Year 12) CP	72%	90%	80%	80%	80%	Looked after Children participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects  <i>Delivery outcomes 3 and 4</i>
	The percentage of LAC participating in education, training or employment with training at academic age 17 (Year 13) CP	71%	87%	70%	70%	70%	
	The percentage of Care Leavers at university	13%	13%	10%	10%	10%	

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
<b>Keeping vulnerable people safe</b>							
Cllr Tidy	Rate of children with a Child Protection Plan (per 10,000 children) <b>CP</b>	45.0 (476 children)	<b>51.9 (550 children)</b>	57.1 (605 children)	54.6 (578 children)	52.2 (553 children)	Children at risk from significant harm are kept safe  <i>Delivery outcomes 5 and 13</i>
	Rate (of 0-17 population) of referrals to children's social care services (per 10,000 children) <b>CP</b>	343.7	<b>419</b>	521.4	521.4	521.4	
	Rate (of 0-17 population) of assessments completed by children's social care services (per 10,000 children) <b>CP</b>	361	<b>345</b>	496.1	496.1	496.1	
	Rate of Looked After Children (per 10,000 children) <b>CP</b>	53.3 (564 children)	<b>57.2 (606 children)</b>	59 (625 children)	59 (625 children)	59 (625 children)	
	Number of Care Leavers in Bed and Breakfast accommodation (aged 16 – 18)	3	<b>No care leavers placed in B&amp;B accom.</b>	No care leavers placed in B&B accom.	No care leavers placed in B&B accom.	No care leavers placed in B&B accom.	Care leavers, aged 16 – 18, are safe and appropriately supported  <i>Delivery outcomes 5 and 6</i>
	Average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days) <b>CP</b> (Adoption Scorecard)	2013-16 ESCC 517 days National Average 558 days	<b>2014-17 ESCC 479 days National Average 520 days</b>	Less than or equal to national average	Less than or equal to national average	Less than or equal to national average	Children are placed for adoption as quickly as possible in order to achieve permanency  <i>Delivery outcomes 5 and 6</i>
	The proportion of women engaged with the Foundations Project post care proceedings, who do not have subsequent children removed	87%	<b>87%</b>	70%	70%	70%	Repeat removals of children from families who have already been through care proceedings are prevented and future costs of care proceedings are avoided  <i>Delivery outcome 5</i>
	First Time Entrants (FTE) to the Youth Justice System per 100,000 population aged 10-17	256 FTE per 100,000	<b>Pending</b>	Maintain a rate of less than 300 FTE per 100,000 population	Maintain a rate of less than 300 FTE per 100,000 population	Maintain a rate of less than 300 FTE per 100,000 population	The rate of first time entrants to the youth justice system is maintained to improve outcomes for young children and reduce costs  <i>Delivery outcome 5</i>

Lead Member	Performance measure (CP = Council Plan)	2016/17 Outturn	2017/18 Outturn	2018/19 Target	2019/20 Target	2020/21 Target	2016-21 Outcome Summary
<b>Helping People help themselves</b>							
Cllr Tidy	The proportion of children who receive a new birth review	68.77%	80%	80%	85%	90%	New born babies and one year olds are reviewed to check that they are developing well, have the best start in life and are able to progress to their full potential  <i>Delivery outcome 8</i>
	The proportion of children who receive a 1 year review	88.84%	82%	80%	85%	90%	
Cllr Standley	Percentage of annual SEND review meetings where the child gave their view and/or participated CP	83.90%	94%	85%	90%	90%	Children and young people with SEND participate in decisions to ensure that their needs are understood, and they are supported to achieve their potential.  <i>Delivery outcome 8</i>
	The proportion of respondents to the feedback surveys who agree that things have changed for the better as a result of ISEND Provider Services	85.04%	82%	70%	70%	70%	The services provided are making a difference to the lives of service users.  <i>Delivery outcome 8</i>
Cllr Tidy	The proportion of respondents to the feedback surveys who agree that things have changed for the better as a result of getting targeted support from Early Help or Children's Centre Keywork Services CP	86.50%	88.46%	80%	80%	80%	
	Number of households eligible under the government's Troubled Families programme receiving a family support intervention CP	879 Cumulative since 2015: 1,771	855 Cumulative since start of the programme: 2,624	654 Cumulative 3,278	172 Cumulative 3450	All applicable families will be engaged by the programme by the end of 2019/20	Families supported by family keywork achieve their goals and the Council is able to maximize payment by results claims.  <i>Delivery outcomes 8 and 10</i>

# Gross Revenue Budget



(1) Home to School Transport is administered by Communities, Economy and Transport on behalf of Children's Services.  
Totals may differ from sum of components due to rounding

## Revenue Budget

Revenue Budget £000									
Divisions	2016/17			2017/18			2018/19		
	Gross	Income	Net	Gross	Income	Net	Gross	Income + Net Recharges	Net
Central Resources	2,905	(7,236)	(4,331)	3,151	(4,470)	(1,319)	1,879	(2,856)	(977)
Early Help and Social Care	57,474	(10,617)	46,857	58,334	(11,355)	46,979	56,155	(8,640)	47,515
Education and ISEND	70,710	(5,323)	65,387	81,729	(5,795)	75,934	75,272	(794)	74,478
Communications, Planning and Performance	19,584	(3,900)	15,684	19,759	(4,040)	15,719	7,143	8,280	15,423
DSG Non Schools	-	(59,167)	(59,167)	-	(68,751)	(68,751)	-	(66,980)	(66,980)
Schools	166,486	(166,486)	-	161,552	(161,552)	-	147,968	(147,968)	-
<b>Total Children's Services</b>	<b>317,159</b>	<b>(252,729)</b>	<b>64,430</b>	<b>324,525</b>	<b>(255,963)</b>	<b>68,562</b>	<b>288,417</b>	<b>(218,958)</b>	<b>69,459</b>

## Capital Programme

Capital Programme, Gross £000						
Lead Member	Project	Total for Scheme	Previous Years	2018/19	2019/20	2020/21
Cllr Standley	<b>Seven Sisters Canoe Barn</b> - upgrade of the changing facilities	24	22	2	-	-
	<b>Schools Delegated Capital</b> - funding that schools attract for priority capital needs of buildings and grounds and for investment in capital equipment including ICT	**	**	859	824	791*
	<b>Direct to Schools Capital</b>	65	65	-	-	-
	<b>Schools Information Hub</b>	230	230	-	-	-
Cllr Tidy	<b>Lansdowne Secure Unit</b>	261	261	-	-	-
	<b>Family Contact</b>	188	188	-	-	-
	<b>House Adaptations for Disabled Children's Carers Homes</b>	**	**	126	140	140*

\* Project extends beyond 2020/21

\*\*Rolling programme: no total scheme value