

Children's Services

Portfolio Plan 2020/21– 2022/23

This plan was originally drawn up, ready for 1 April 2020 and prior to the coronavirus pandemic. We are currently assessing the impact that the pandemic will have on our priorities and planning assumptions. We have updated the plan in July and will continue to do so when there is further clarity on the effect the response to the virus has had on Council services.

September 2020

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	23
Revenue Budget	24
Capital Programme	25
Appendix 1: Annual Procurement Forward Plans	26

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, and the 0 – 19 Early Help Service.

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. We will continue working as one council, with our partners, to make sure we use the resources we have wisely.

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.

1.3 In line with the Council's Core Offer, which will be funded according to the priority outcomes, we aim to provide the best service offer we are likely to be able to afford. This will allow us to fulfil our duties, offer support to those most in need, preserve some level of early help and prevention where it helps manage demand, and assist with the economic development of the county.

1.4 In order to do this we have reviewed our services including those which we know make a difference and reduce future demand, for example early help services through which we provide early intervention and prevention work. The early help review used the Council's strategic commissioning approach and has concluded that we need to prioritise family keywork in order to make the most difference to families and help achieve the best value for money within the available resources. Other less targeted services will continue where the funding for them is provided from other budgets within the Council or by partners.

1.5 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. We will help to create a stable environment in which children can thrive and help families to develop resilience and coping strategies to avoid public service dependency. Individual and community responsibility is fundamental in helping us manage demand over the coming years, supported by good public health services (particularly for young children).

1.6 We will work in partnership to bring in additional resources for early help and preventative services. This will include further developing our partnership working and working with partners to increase inward investment. Priorities for early help and preventative services to manage demand and improve outcomes include:

- Increasing the availability of parenting support/parent peer mentoring groups/schemes in relation to preventing demand for higher tier inclusion, special educational needs and disability and social care services.
- Supporting schools to work with partners in the public, private and voluntary sector to set up school led activities to improve emotional wellbeing, increase attendance and reduce the likelihood of exclusion.
- Involving young people in the development of a youth-led system-wide approach to tackling the challenges they face locally, encouraging partners to engage with children and young people at a local level to develop bids and deliver projects.

1.7 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. We will help schools to create a good, sustainable school system to ensure that every pupil does well and achieves their potential from the earliest years until they enter employment.

1.8 We will also work with settings, schools, academies and colleges to assist them to discharge their responsibilities for the inclusion of all learners. This will include those who are disadvantaged and/or have Special Educational Needs and/or Disabilities (SEND); promoting health, wellbeing and resilience and preventing barriers from developing. In particular we will work with all educational settings to develop their understanding that behaviour is a form of communication. The Local Authority is committed to the Therapeutic Thinking approach when responding to behaviour that challenges. This approach uses protective and educational consequences not sanctions; seeking to use consequences to safeguard learners and developing safer ways for learners to communicate their needs. This leads to improved mental health and wellbeing, which improves outcomes for all learners in the setting. The Local Authority continues to have a strong focus on schools improving the attendance of their cohorts and reducing the number of learners they exclude.

1.9 We will implement the new SEND Strategy to ensure that children are able to access the right support at the right time and broaden the opportunities for pupils to achieve good outcomes by attending their local community school. We will work with mainstream schools to improve the offer they make for learners with

SEND and give greater confidence to parents/carers around the quality of the Local Offer.

1.10 Working in partnership with health colleagues we will work to deliver the priorities for children and young people, in the East Sussex Plan for local health and social care integrated working. Place based integration of services and co-production with children, young people, families and carers will help us to support a strong start in life for our children and young people and support children and young people and families to live longer, healthier lives through helping them make healthier choices. Our five key priority areas are:

- universal child health offer;
- children and young people's mental health and emotional wellbeing;
- safeguarding (including contextual safeguarding);
- looked after children; and
- disability pathways.

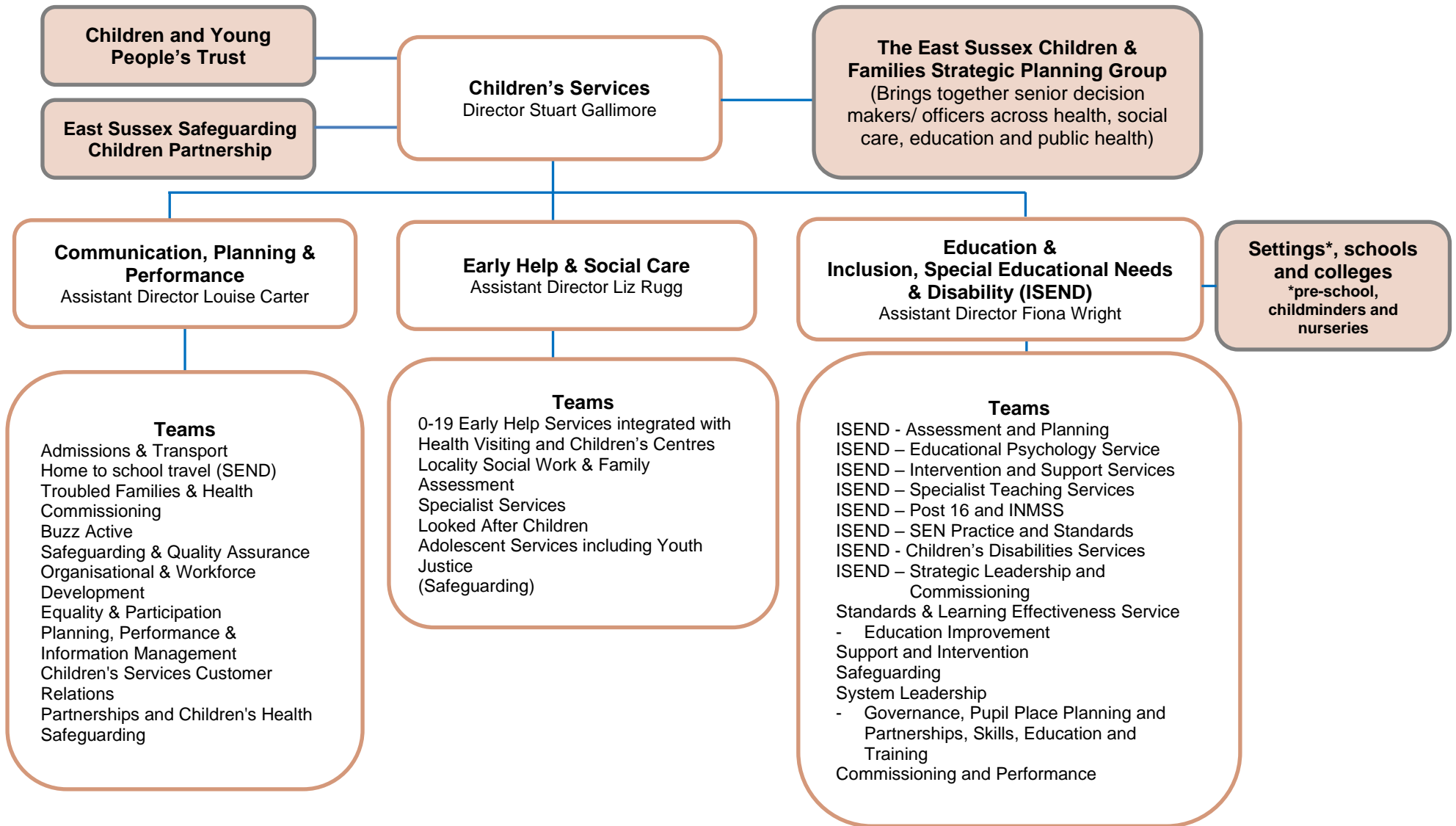
1.11 We will aspire, within the resources available, to deliver the best possible services and minimise any negative impacts of savings, including on our ability to sustain or improve performance. This is reflected in the performance targets we have set.

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

5. All vulnerable people in East Sussex are known to relevant local agencies and services are delivered together to meet their needs
6. People feel safe at home
7. 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. Working as One Council, both through the processes we use and how we work across services
12. Working in partnership across the public, voluntary community, and private sectors to ensure that all available resources are used to deliver maximum benefits to local people
13. Ensuring we achieve value for money in the services we commission and provide
14. Maximising the funding available through bidding for funding and lobbying for the best deal for East Sussex
15. To help tackle Climate Change East Sussex County Council activities are carbon neutral as soon as possible and in any event by 2050
16. Applying strategic commissioning to ensure resources are directed to meet local need

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 promote high standards and fulfilment of potential so that all pupils can benefit from at least a good education. We will use our best endeavours in our work with schools to:

- improve the skills and qualifications of pupils;
- increase the number of pupils making good levels of progress at school each year; and
- improve the outcomes of pupils vulnerable to under-achievement.

2.2 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.

School planning and access

2.3 We will plan for the right number of good school places in the right locations in the county. We will:

- use our best efforts to ensure there are sufficient early years and school places where they are needed;
- co-ordinate and administer the admission process; and
- provide home to school transport where we have a statutory duty to do so.

Participation in Education, Training and Employment with Training

2.4 We will work with our partners, within available resources, to promote post 16 participation in education and training, including provision and support for young people with learning difficulties/disabilities. We will work with internal and external partners to prepare young people for work and improve their employability and skills.

2.5 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. We will work with these young people to try and access appropriate employment and training opportunities.

School Improvement

2.6 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. Excellence for All has been our strategy to secure this improvement.

2.7 The updated Excellence for All strategy was published in September 2019. The strategy outlines the shared vision, values and ambitions we, and our partners, have for creating an excellent education system in East Sussex where no pupil or educational establishment is left behind. There is a sharper focus on those who are vulnerable or disadvantaged and on how we will deliver improvement through the partnership structures in the county.

Corporate parents

2.8 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 and a Pathway Plan for each young person 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, so that they can become successful adults.

Attendance and Exclusion

2.9 Across East Sussex, our learners have lower rates of attendance and higher exclusion than their peers nationally. Standards and Learning Effectiveness Service (SLES), and Inclusion, Special Educational Needs and Disability (ISEND) teams will continue to work closely together with schools through the

Behaviour and Attendance Partnerships, Education Improvement Partnerships (EIPs) and the new Primary and Secondary School Improvement Boards to support them to identify ways in which they can develop best practice and secure improvement.

2.10 There will be a continued focus on working with schools to improve the engagement 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 pupils engage in learning and stay in school. In October 2017 we launched the Get a Grip campaign - an innovative approach to challenging parental perceptions about the importance of attendance at school. During this campaign, overall absence rates across the county fell. This campaign has continued, with the latest instalment in 2019 - 'Be a Pushy Parent' – focussing on reducing absence related to minor illness.

2.11 We will continue to share the learning from targeted resource projects, such as the strategic school improvement fund exclusions and attendance projects and the Hastings Opportunity Area attendance strand, to ensure we maximise impact across the county.

2.12 It is essential that educators understand that all behaviour has a cause and a purpose and staff must actively identify what the behaviour is communicating and support that underlying need through reasonable adjustments to the curriculum, environment, provision and behaviour policies. Development work through ISEND/SLES strategic change is focussed on this central premise. Our new 'Therapeutic Thinking' programme for schools develops understanding and confidence in this area; building capacity in our schools to meet needs, increase learner engagement and reduce exclusion.

Keeping vulnerable people safe

2.13 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. In July 2018 Children's

Services was inspected under the Inspection of Local Authority Children's Services (ILACS) and judged to be outstanding overall.

Early Help

2.14 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. We will deliver this via an integrated service with health visitors as part of the 0-19 Early Help service where it helps us manage the demand for higher cost services.

2.15 Since Autumn 2016, the Children and Young People's Mental Health and Emotional Wellbeing Transformation Board has been developing a number of initiatives to improve the Mental Health and Emotional Wellbeing of children and young people. This has included:

- a schools Mental Health and Emotional Wellbeing Adviser to work with schools so that they become more confident in supporting their pupils;
- a successful bid to develop Mental Health in Schools teams (see 2.33);
- the Single Point of Advice (SPOA), an integrated 'front door' between Children's Services and the Child and Adolescent Mental Health Service (CAMHS) to streamline referral pathways and get children and families the right help more quickly; and
- the roll out of the iRock drop in centres across the county.

The Joint Targeted Area Inspection in February 2020 had a focus on the emotional wellbeing/mental health of children and young people locally and the inspection team commended many of the initiatives and services that are in place in the County. A multi-agency action plan is being developed to improve services still further and that planning will also be linked to a Sussex wide review of CAMHS services that is due to be published imminently.

Multi-agency early help and child protection system

2.16 We continue to work effectively with partners as part of the multi-agency early help and child protection system. This system 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 Partnership).

2.17 We will provide a statutory social care offer to safeguard children at risk of harm. This includes protecting children, looking after children who are in our care, helping care leavers become successful adults, and managing efficient and effective fostering adoption and residential services.

- When it's clear that a social worker is needed the SPOA will work with one of the two Multi Agency Safeguarding Hubs (MASH), either in Eastbourne or Hastings, which co-locate police and social work staff so that responses are joined up, effective and prompt.
- The Child Protection Information Sharing system is now embedded and 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. The effectiveness of the system will be reviewed in 2020.

Children's Social Care

2.18 Children's Services use IDACI (Income Deprivation Affecting Children Index) expected rates to measure our performance against comparable authorities. IDACI ranks areas in England from the most to the least deprived, IDACI expected rates are calculated using statistical techniques. Many performance indicators in East Sussex are below IDACI which suggests that East Sussex is managing to keep activity levels below that of other similarly deprived authorities. Although the numbers of children protected via formal interagency CP plans remains above IDACI, increased and sustained focus on activity has seen a reduction. The table below sets out comparative data for CP plans

	March 2019 East Sussex	March 2020 East Sussex	IDACI 2019/20
The rate per 10,000 of children with a CP plan	55.5 (588 children)	50.9 (542 children)	43 (457 children)

2.19 There are pressures across the system and a rise in demand and costs as a result of external factors, for example:

- Increased costs for placements for often very complex children who can't be cared for within the family setting. As a result, we will consider whether the Council can develop more places in our children's homes. We are also developing more supported housing options for older young people by contracting with partners.
- Working with the West Sussex County Council, Brighton and Hove City Council and Surrey County Council to implement the Regional Adoption Agency, Adoption South East, in line with the Government.
- The Council has committed to taking the equivalent of 0.07% of the total child population over three years as Unaccompanied Asylum Seeking Children (UASC) which will mean the Council caring for about 72 UASC in total. The amount that the Council can recoup from Central Government is insufficient to cover the costs for these children and this becomes particularly acute when they become care leavers to whom the Council has ongoing support responsibilities.

2.20 We will work with partners to prevent young people from offending and to respond effectively when they do and to develop our response to the criminal exploitation of children.

2.21 In 2020/21 the Council has allocated additional funding for two projects: an extension to the existing Family Group Conference Service which allows wider family networks to develop plans to support children who are in need of protection or who may enter care and No Wrong Door, a model developed successfully in North Yorkshire, which has seen a significant reduction in the numbers

and costs of supporting children and young people who are on the edge of care or who are in the care system.

Accommodation provision for vulnerable young people

2.22 As corporate parents we will continue to ensure that looked after children live in a place where they are safe and cared for. We continue to work in partnership with colleagues from the District and Borough Councils and with a range of providers from both the private and voluntary sectors to extend and develop housing options for vulnerable young people. This includes care leavers with severe, complex and/or multiple needs (aged 16 – 25) and young homeless people under 18.

Helping people help themselves

2.23 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. Following a review, the early help aspects of this support will be increasingly targeted on family keywork as we know that this both helps families and helps the Council manage demand for more expensive services. As part of the plan to deliver the outcomes of the Early Help review, 16 children's and youth centres have been retained in areas of highest need.

2.24 Our draft Early Help Strategy proposes to offer targeted services to families at risk of needing social care intervention (at level 3 of the [continuum of need](#)):

- Family keywork targeting the specific vulnerabilities that can escalate into crisis, such as parent mental ill health, substance misuse, and domestic violence – maintaining activity to at least 7% of baseline levels, including external funding.
- Focussed interventions with families at risk of needing social care intervention where that is appropriate, to maximise the number of vulnerable families supported.
- Evidence-based and targeted family group work, where that is appropriate, to support keywork and maximise the number of vulnerable families worked with.

- Evidence-based youth work with vulnerable young people, in support of keywork.

2.25 Ongoing government funding has now been confirmed for the Troubled Families programme in 2020/21. We will use this to support keywork and we will also work with partners to identify as many external funding streams as possible to sustain family support programmes and youth work. The volunteering programme will be sustained in our 0-19 Early Help Service so that individual and communities can lead activities that promote health, wellbeing and good development for children.

Inclusion, Special Educational Needs and Disability (ISEND)

2.26 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 SEND achieve their ambitions and ensure young people have a successful transition to adulthood. We will:

- carry out statutory assessments of pupils with SEN, who have significant barriers to learning;
- use our best endeavours to secure the right education provision for those with the greatest need;
- fulfil our statutory duties to safeguard and promote the welfare of disabled children who meet the threshold under the Continuum of Need; and
- where possible, work to build capacity in Early Years setting to ensure vulnerable young children can attend pre-school settings from two years old and can be supported to attend and succeed in mainstream school.

2.27 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.

2.28 In 2018 we undertook a review of the High Needs Block consultation with partner agencies and parents/carers to identify recommendations that will ensure that pupils with SEND have good

educational outcomes and are able to access high quality SEN provision in their local community.

2.29 As a result of this piece of work, we are undertaking a number of activities to improve the quality and value of SEND provision across the county. These include:

- A new Quality Mark for Inclusion, which sets out expectations of what local schools should provide pupils with SEND.
- The development of new specialist facilities attached to mainstream schools to allow more pupils to attend their local school alongside peers and to improve practice in mainstream schools.
- Development of the post-16 offer across our local further education providers to increase the range of provision available to young people.

2.30 This informed the development of the SEND Strategy 2018 – 2021 which is designed to improve outcomes for pupils with SEND across East Sussex. The Strategy has four shared strategic aims which were jointly identified by professionals from education, health and social care and parent/carers and community groups:

- Improving communication with families, children and young people.
- Building capacity for inclusion in settings, schools, colleges and services.
- Effective transition at every stage including advanced planning of the journey of the child.
- High quality provision, services, outcomes and aspirations.

2.31 We provided considerable support to free school applicants and the county was successful in securing agreement for four new schools (three special schools and one alternative education provider) from the Department for Education in April 2017. The first school, The Workplace, an alternative provision free school, is planned to open in 2020.

2.32 We have also supported two new Specialist Facilities to open in primary schools (from September 2019), in Hailsham and Hastings, which will offer additional provision for pupils with autism.

Capital bids have also been agreed for two secondary facilities to support children with Specific Learning Difficulties (and associated SEN) in the east and the west of the county which will allow more children with SEN to remain in their local communities.

2.33 We are developing a coordinated strategy of support for schools and colleges to meet the mental health and emotional well-being needs of pupils, ensuring that advice for schools across ISEND and partners is consistent and evidence-based. The county has been successful in its bid for the provision of three Mental Health Support Teams (MHSTs) as part of the government's trailblazer scheme, working across 60 schools and providing early mental health support for a population of 24,000 pupils.

2.34 An accredited Emotional Literacy Support Assistant (ELSA) programme has been introduced to build the capacity of schools in providing a first response to pupils' emotional needs.

Making best use of resources

2.35 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 our work with children and young people and families is effective and that we are investing in the right interventions.

2.36 Income generation is one of the key challenges where there is economic uncertainty. We have developed a range of successful traded services, for example Buzz Active, ISEND and SLES services and our schools information governance service. We will maximise income generation through our traded offer with schools and review fees and charges.

2.37 We will reduce management and administrative posts where possible to retain the resources available to the front line. We will review our policies and procedures to ensure best use of resources. We will also deliver services and provide access to services very differently in some areas, for example by continuing to:

- shift routine advice to the public and professionals from phone services to web pages;
- communicate with clients online when that is appropriate;
- collaborate with colleagues using web tools to avoid unnecessary travel time;
- learn from joined-up data across partnerships; and
- use technology to its maximum potential in our joint working across the service.

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

2.39 The top issue voted for by young people in the East Sussex 2019 Make Your Mark campaign was Protect the Environment with 7,707 votes which focused on protecting the environment from the effects of climate change for the next generation; and that local and national governments should move towards carbon neutral

alternatives. The Youth Cabinet will continue to work on ideas and meet with relevant professionals to agree their priority campaign for 'Protecting the Environment' including professionals from county, district and borough councils, schools, Councillors and other decision makers.

2.40 Annual Procurement Forward Plans were introduced during 2019/20 to enable the Council to maintain an oversight of procurement activity across a full range of Council services. The Forward Plans also enable the Procurement team to plan ahead and prioritise resources on the projects where they can add most value. Procurement Officers worked with their service stakeholders and commissioners to develop the Forward Plans for each directorate area across the Council. For 2020/21, there will be an estimated three projects being worked on by Procurement over £1m in value, covering the areas of this Portfolio. Attached as Appendix 1 are the details of these projects

Performance Measures and Targets

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2018-23 Outcome Summary
Driving sustainable economic growth							
Cllr Standley	The percentage of eligible 2 year olds who take up a place with an eligible early years provider CP	ESCC 84% National Average 72%	ESCC 86% National Average 68%	Equal to or above the national average	Equal to or above the national average	Equal to or above the national average	All children engage, attain and progress well from early years into education, training and employment Delivery outcomes 3 and 4
	The percentage of pupils achieving a "good level of development*" at the Early Years Foundation Stage CP <i>*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</i>	Ac year 17/18 ESCC 76.5% National Average 71.5%	Ac Year 18/19 ESCC 76.0% National Average 71.8%	Ac Year 19/20 Measure not being monitored as assessments cancelled due to Covid-19	Ac Year 20/21 At or above national average	Ac Year 21/22 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 17/18 ESCC 64% National Average 65%	Ac Year 18/19 ESCC 62.7% National Average 65.3%	Ac Year 19/20 Measure not being monitored as assessments cancelled due to Covid-19	Ac Year 20/21 No more than 5 percentage points below national average	Ac Year 21/22 No more than 5 percentage points below national average	
	Average Progress 8 score for state funded schools CP <i>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</i>	Ac year 17/18 ESCC -0.03 National -0.02	Ac Year 18/19 ESCC -0.06 Nat Average -0.03	Ac Year 19/20 Measure not being monitored as exams cancelled due to Covid-19	Ac Year 20/21 No more than 0.2 points below national average	Ac Year 21/22 No more than 0.2 points below national average	

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2018-23 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 CP	Ac Year 17/18 ESCC 49% National Average 51%	Ac Year 18/19 ESCC 45.9% National Average 51.5%	Ac Year 19/20 Measure not being monitored as exams cancelled due to Covid-19	Ac Year 20/21 No more than 7 percentage points below national average	Ac Year 21/22 No more than 7 percentage points below national average	The gap for disadvantaged pupils at all Key Stages is kept as small as possible 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 CP	Ac Year 17/18 ESCC 33.2 National Average 36.8	Ac Year 18/19 ESCC 33.5 National Average 36.8	Ac Year 19/20 Measure not being monitored as exams cancelled due to Covid-19	Ac Year 20/21 No more than 6 points below national average	Ac Year 21/22 No more than 6 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) CP	93.9%	93.7%	Monitoring will continue, but no target set due to COVID- 19	To be set 2020/21	To be set 2021/22	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) CP	86.4%	86.3%	Monitoring will continue, but no target set due to COVID- 19	To be set 2020/21	To be set 2021/22	
	The proportion of academic age 16-17 year olds whose Education, Employment and Training (EET) situation is not known	1.3%	1.2%	No more than 3%	No more than 3%	No more than 3%	

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2018-23 Outcome Summary
Cllr Standley	Proportion of Primary schools judged by Ofsted to be good or outstanding	ESCC 89.9% National Average 86.7%	ESCC 94% National Average 87.8%	Measure not being monitored as inspections are unlikely to resume before April 2021 due to Covid-19	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 82.1% National Average 75%	ESCC 88.5% National Average 76.2%	Measure not being monitored as inspections are unlikely to resume before April 2021 due to Covid-19	No more than 2 percentage points below the national average	No more than 2 percentage points below the national average	
	Proportion of Special schools judged by Ofsted to be good or outstanding	ESCC 100% National Average 91.8%	ESCC 100% National Average 91%	Measure not being monitored as inspections are unlikely to resume before April 2021 due to Covid-19	At or above the national average	At or above the national average	

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2018-23 Outcome Summary
Cllr Standley	<p>The percentage of exclusions in primary schools per school population in that year.</p> <p>(i) Fixed term</p> <p>(ii) Permanent</p>	<p>Ac Year 17/18</p> <p>(i) ESCC 2.22%</p> <p>National Average 16/17 1.37%</p> <p>(0.85 points above national average)</p> <p>(ii) ESCC 0.06%</p> <p>National Average 16/17 0.03%</p> <p>(0.03 points above national average)</p>	<p>Ac Year 18/19 (i) ESCC 1.92%</p> <p>National Average 17/18 1.4%</p> <p>0.52 points above national average</p> <p>(ii)ESCC 0.07%</p> <p>National Average 17/18 0.03%</p> <p>0.04 points above national average</p>	<p>Ac Year 19/20</p> <p>Measure not being monitored due to Covid-19 and school closures</p>	<p>Ac Year 20/21</p> <p>(i) No more than 1.5 percentage points above national average</p> <p>(ii) No more than 1.0 percentage point above national average</p>	<p>Ac Year 21/22</p> <p>(i) No more than 1.5 percentage points above national average</p> <p>(ii) No more than 1.0 percentage point above national average</p>	<p>Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment</p> <p><i>Delivery outcome 4</i></p>

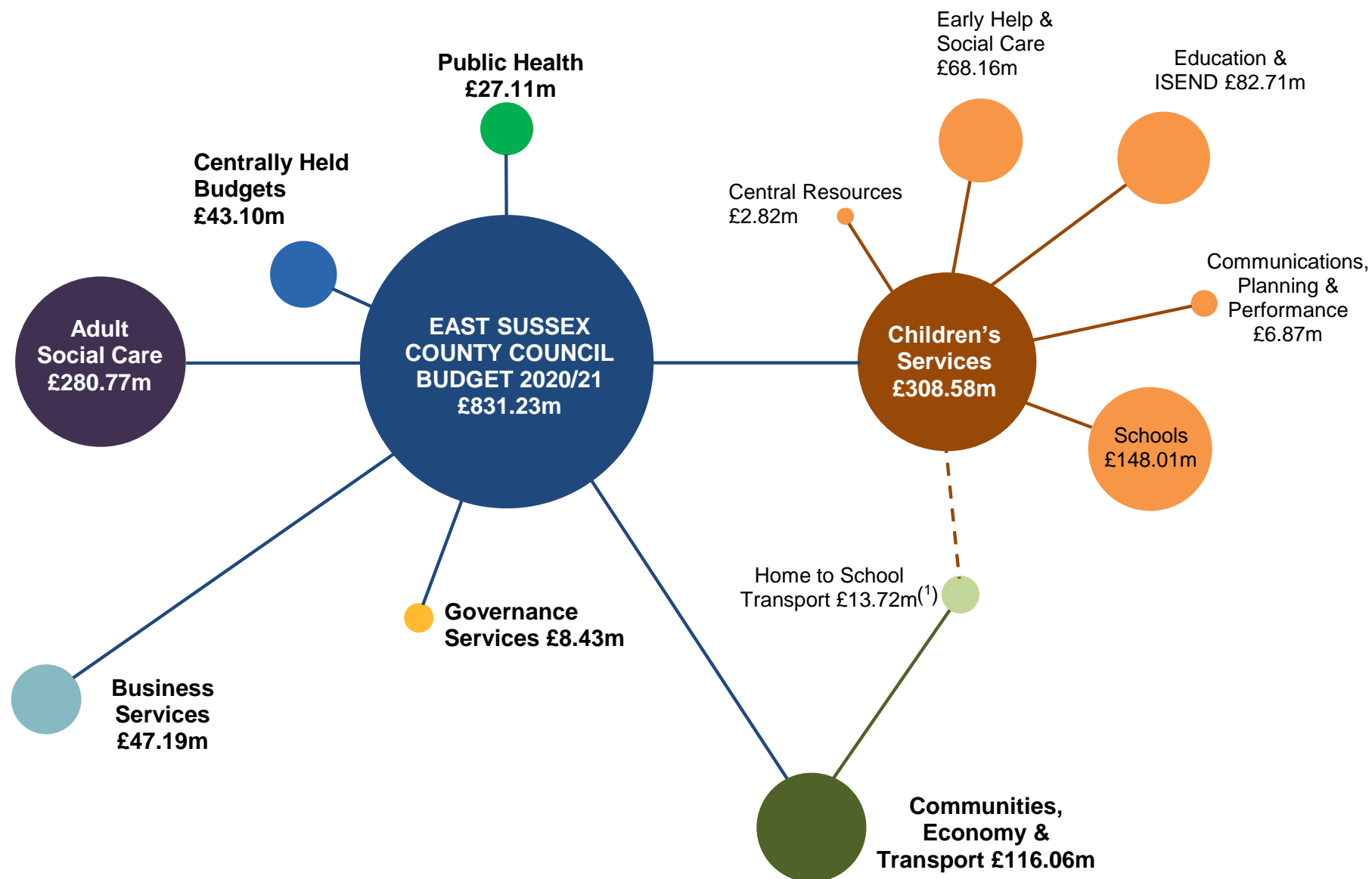
Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2018-23 Outcome Summary
Cllr Standley	The percentage of exclusions in secondary schools per school population in that year. (i) Fixed term (ii) Permanent	Ac Year 17/18 (i) ESCC 11.6% National Average 16/17 9.4% (2.2 points above national average)	Ac Year 18/19 (i)ESCC 13.41% National Average 17/18 10.13% 3.28 points above national average	Ac Year 19/20 Measure not being monitored due to Covid-19 and school closures	Ac Year 20/21 (i) No more than 3 percentage points above the national average (ii) No more than 1.5 percentage points above the national average	Ac Year 21/22 (i) No more than 3 percentage points above the national average (ii) No more than 1.5 percentage points 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>
	The percentage of children in primary schools who are persistently absent	Ac Year 17/18 10.41% National average 16/17 8.3% (2.11 points above the national average)	Ac Year 2018/19 ESCC 9.40% National Average 17/18 8.70% 0.7 points above the national average	Ac Year 19/20 Measure not being monitored due to Covid-19 and school closures	Ac Year 20/21 No more than 3 percentage points above the national average	Ac Year 21/22 No more than 3 percentage points above the national average	

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2018-23 Outcome Summary
Cllr Standley	The percentage of children in secondary schools who are persistently absent	Ac Year 17/18 ESCC 15.02% National average 16/17 13.5% (1.52 points above the national average)	Ac Year 18/19 ESCC 17.12% National Average 17/18 13.9% 3.22 points above the national average	Ac Year 19/20 Measure not being monitored due to Covid-19 and school closures	Ac Year 20/21 No more than 3 percentage points above the national average	Ac Year 21/22 No more than 3 percentage points 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 17/18 ESCC -1.49 National Average -1.2	Ac Year 18/19 ESCC -1.33 National Average -1.23	Ac Year 19/20 Measure not being monitored as exams cancelled due to Covid-19	Ac Year 20/21 No more than 0.5 points below the national average for LAC	Ac Year 21/22 No more than 0.5 points below 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	86%	84%	Monitoring will continue, but no target set due to COVID-19	To bet set 2020/21	To bet set 2021/22	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	87%	78%	Monitoring will continue, but no target set due to COVID-19	To bet set 2020/21	To bet set 2021/22	
	The percentage of Care Leavers at university	10%	10.53%	10%	10%	10%	

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2018-23 Outcome Summary
Keeping vulnerable people safe							
Cllr Tidy	Rate of children with a Child Protection Plan (per 10,000 children) CP	55.5 588 children	50.9 542 children	To be reviewed at Q2 2020/21 due to impact of Covid-19	To be reviewed at Q2 2020/21 due to impact of Covid-19	To be reviewed at Q2 2020/21 due to impact of Covid-19	Children at risk from significant harm are kept safe <i>Delivery outcomes 5 and 12</i>
	Rate (of 0-17 population) of referrals to children's social care services (per 10,000 children) CP	406	393	535	535	535	
	Rate (of 0-17 population) of assessments completed by children's social care services (per 10,000 children) CP	341	333	526	526	526	
	Rate of Looked After Children (per 10,000 children) CP	57.3 607 children	56.5 601 children	Maintain 2019/20 outturn of 56.5 601 children	Maintain 2019/20 outturn of 56.5 601 children	Maintain 2019/20 outturn of 56.5 601 children	
	Number of Care Leavers in Bed and Breakfast accommodation (aged 16 – 18)	No care leavers placed in B&B accom.	No care leavers placed in B&B accom.	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) CP (Adoption Scorecard)	2015-18 ESCC 454 days National Average 486 days	2015-18 ESCC 448.7 days National Average 486 days	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>
	First Time Entrants (FTE) to the Youth Justice System per 100,000 population aged 10-17	150FTE per 100,000 of population	236FTE 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	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)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2018-23 Outcome Summary
Helping People help themselves							
Cllr Tidy	The proportion of children who receive a new birth review	81%	84.9%	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	78%	85.1%	85%	90%	90%	
Cllr Standley	Percentage of EHCP (Education, Health and Care Plans) annual review meetings where the child gave their view and/or participated CP	88%	88.5%	85%	85%	85%	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>
Cllr Standley	The proportion of respondents to the feedback surveys who agree that things have changed for the better as a result of ISEND Provider Services	70%	74.8%	65%	60%	60%	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 the 0 – 19 Early Help Service CP	91%	89%	80%	80%	80%	
	Number of households eligible under the government's Troubled Families programme receiving a family support intervention CP	654 Cumulative 3,278	1,028 Cumulative 4,306	345	To be set June 2021 pending information from Government	To be set June 2021 pending information from Government	Families supported by family keywork achieve their goals and the Council is able to maximise 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	2018/19			2019/20			2020/21		
	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net
Central Resources	1,645	(1,299)	346	1,573	(1,091)	482	2,820	(1,453)	1,367
Early Help and Social Care	55,593	(8,845)	46,748	59,475	(8,904)	50,571	68,160	(11,113)	57,047
Education and ISEND	78,425	(3,832)	74,593	84,605	(5,501)	79,104	82,708	(2,000)	80,708
Communications, Planning and Performance	7,111	8,116	15,227	7,627	9,021	16,648	6,874	10,396	17,270
DSG Non Schools	-	(68,259)	(68,259)	-	(69,491)	(69,491)	-	(67,564)	(67,564)
Schools	142,999	(142,999)	-	142,131	(142,131)	-	148,014	(148,014)	-
Total Children's Services	285,773	(217,118)	68,655	295,411	(218,097)	77,314	308,576	(219,748)	88,828

Capital Programme

Capital Programme, Gross £000						
Lead Member	Project	Total for Scheme	Previous Years	2020/21	2021/22	2022/23
Cllr Tidy	House Adaptations for Disabled Children's Carers Homes	**	**	50	50	50
	Conquest Centre redevelopment	356	341	15	-	-
Cllr Standley	Schools Delegated Capital	**	**	791	760	729

**Rolling programme: no total scheme value

Appendix 1: Annual Procurement Forward Plans

Details of all projected Children's Services procurements over £1m during 2020/21 are provided below.

Service	Contract Description	Start date for procurement work to begin (estimated)	Start date of new contract(s) or extension (estimated)
Looked After Children	Framework for Provision of Foster Care Services	01/09/2020	01/04/2021
Education & ISEND	Targeted Information, Advice & Guidance Service	01/03/2021	01/10/2021
Public Health	Health Visiting	01/10/2019	01/04/2020

Adult Social Care and Health

Portfolio Plan 2020/21 – 2022/23

This plan was originally drawn up, ready for 1 April 2020 and prior to the coronavirus pandemic. We are currently assessing the impact that the pandemic will have on our priorities and planning assumptions. We have updated the plan in July and will continue to do so when there is further clarity on the effect the response to the virus has had on Council services.

July 2020

Contents

Contents	2
Cabinet Portfolio Lead Members	3
Portfolios Overview	4
Operating Principles.....	7
Structure Chart.....	8
Delivering Priority Outcomes.....	9
Performance Measures and Targets	20
Gross revenue budget.....	28
Revenue Budget	29
Capital Programme	31
Appendix 1: Annual Procurement Forward Plans	32

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 Improving the wellbeing of East Sussex residents drives this portfolio plan. The particular demands facing Adult Social Care and Health (ASCH) locally reflect local demographic changes, financial constraints over the last decade, and the need to integrate more closely with health and develop closer working with the voluntary and community sector. We are also awaiting the publication of the Government's Green Paper on the future of Health and Social Care funding. This Portfolio Plan describes our local response to the opportunities and challenges outlined above.

1.2 East Sussex has a growing elderly population, already at levels that will not be reached nationally for decades. Compared to 2019, by 2023 there will be an increase in the population of working age people (age 18-64) of 4,620 (1.5%), however the population of older people (age 65+) will increase by 12,170 (8.4%) to 157,090. Of those, 4.3% of people will be aged 85+, a significantly greater proportion than England, 2.7%. East Sussex will be ranked 2nd in England for the highest proportion of population 85+.

1.3 While the population will be getting older, the level of need will also be increasing. By 2023 40,120 older people (age 65+) are projected to have a limiting long term illness whose day to day activities are limited a little (up 9.9%), 30,750 limited a lot (up 10.8%). 12,020 older people (65+) are projected to have dementia (up 10.0%).

1.4 The wellbeing of East Sussex residents remains at the heart of our approach, and is reflected in the ASCH core offer. The Adult Social Care (ASC) budget has made savings of over £10 million from 2018/19 onwards. The most recent savings being from within the Working Age Adults and Meals in the Community services.

1.5 The ASC core offer reflects the wider financial context, alongside our demographic position and is a commitment to:

- Provide information and advice for all adults seeking care and support;

- Assess need and arrange help for individuals and their carers who are eligible for support from Adult Social Care;
- Provide support that reduces the need for social care in the longer term and/or prevents the need for a more expensive service; and
- Safeguard vulnerable adults who are at risk of harm or abuse.

1.6 Our core offer is underpinned by being efficient and providing value for money. It will include preventative services insofar as this reduces immediate demand for more expensive, statutory services.

1.7 Work continues with NHS partners to transform health and care services in East Sussex. We need to deliver efficiencies and develop an integrated health and social care system in order to improve health and wellbeing; enhance care, quality and experience for local people; and make the best use of our combined resources to ensure sustainable services as part of the wider Sussex Health and Care Partnership.

1.8 Locally the health sector faces a potential funding gap of £120m by 2023/24. The absence of a long-term funding settlement through a Green Paper on the future of Social Care funding also creates considerable uncertainty. The financial challenges in the local system are reflected within social care and the NHS nationally.

1.9 The wider (Pan) Sussex Health and Care Partnership provides services to over 1.7 million people at a cost of £4bn. Having recently undergone a reorganisation to change from the Sussex and East Surrey STP to the Sussex Health and Care Partnership, it now comprises seven CCGs and several statutory providers (excluding GP providers). Further changes are proposed as outlined below.

1.10 The partnership has produced the Sussex Health and Care Plan. It aims to improve lives, extend lives and save lives by focusing on keeping people healthier for longer and giving our local populations the right care, in the right place at the right time. The

plan represents a response to the ever-changing local health and care needs of our populations and the national ambitions and expectations set out in the NHS Long Term Plan.

1.11 More locally, a detailed place-based East Sussex Health and Social Care Plan has been developed by the Council and health partners. Providers already work closely together across East Sussex for the benefit of local people, and we will continue to develop these relationships. The bedrock of the East Sussex health and care model is close and effective working between primary and urgent care, community and mental health services, social care and the voluntary sector.

1.12 East Sussex has been covered by three Clinical Commissioning Groups (CCGs): High Weald Lewes Havens (HWLH); Hastings and Rother (H&R); and Eastbourne Hailsham and Seaford (EHS). This will move to a single East Sussex CCG in April 2020, the co-terminosity with the Council is to be welcomed and will allow for a more joined up approach to commissioning. East Sussex will have 12 Primary Care Networks (PCN's).

1.13 PCN's will be the unit of delivery for primary and community health and care providers responsible for delivering care in the neighbourhood – bringing social, physical and mental health together and delivery closer to home. PCNs will include social care and the voluntary sector, as well as neighbourhood health services.

1.14 The participation of communities and residents in setting health and social care outcomes, helping shape how social care and health is delivered and how we meet forthcoming challenges sits at the heart of our offer.

1.15 Work between CCGs and the Council is widely recognised for the significant improvements it has made including:

Reductions in delayed transfers of care – with the daily average of delays improving from 108 in April 2017 to 47 in September 2019.

- Reductions in the length of time patients stay in hospital – down by one day on average which means 1,000 fewer bed days each month, every month.
- Reductions in unnecessary hospital admissions – between October 2018 and September 2019 82% of people seen by

our Crisis Response team had not been readmitted to hospital within a month.

- A 26% reduction in the daily average number of super stranded patients (length of stay of 21 days or more) occupying beds at East Sussex Healthcare NHS Trust (ESHT) hospitals, between April 2018 and September 2019.
- Over 17,000 people have been helped by our benefits and debt advice service which we set up to reduce money-related health problems.

1.16 However, despite these improvements, we have not yet reduced the level of activity and the costs of that activity sufficiently. Against this backdrop, transformation of services and the further integration of Health and Social Care is not only desirable as a cost efficient way forward; it is required in order to ensure the delivery of effective health and social care services can continue to be provided to people in East Sussex.

1.17 The core offer from the Council, mentioned previously, will underpin this work, establishing the contribution from ASC and making sure that collaboration with the NHS supports our strategic aims.

1.18 Closer working with the voluntary and community sector, taking an asset-based approach to communities and understanding the importance of participation in communities health all underpin our approach. This work dovetails with the approach taken through public health commissioning.

Safer Communities

1.19 The East Sussex Safer Communities Partnership continues to deliver positive outcomes for local people against a diverse and challenging agenda. 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 our community.

1.20 Over the next five years, a number of drivers and enablers will have the potential to directly or indirectly affect the community safety landscape. Developments in technology will present even more opportunities for specific areas of criminal and law

enforcement exploitation. Political and economic pressures and instability will continue to drive legal and illegal migration, regionally and globally.

1.21 Serious and Organised Crime (SOC) continues to be a particular focus of our work and includes preventing vulnerable adults, young people and our communities from being exploited by serious and organised criminals in relation to county lines, modern slavery & human trafficking and fraud related-harm.

1.22 The Serious Violence Strategy¹ sets out a new challenge for Community Safety Partnerships and other local partners. Preventing and protecting individuals from becoming victims of serious violent crime, including knife crime, requires a multiple strand approach involving a range of partners across different sectors such as education, health, social services, housing, youth services, and victim services.

1.23 The new East Sussex Drug and Alcohol service was launched in June 2019. This service works with a range of partners from all sectors to minimise the harm caused by substance misuse and to support those affected to reach their full potential.

1.24 We will continue to work with Brighton & Hove City Council and other commissioners to deliver a new, shared, specialist service for victims and/or survivors of domestic violence and abuse, sexual violence, and other forms of violence including stalking, harassment and harmful practices. The new service will go live from October 2020.

Public Health

1.25 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.

1.26 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.

1.27 The Council is undertaking a comprehensive review of Public Health, which will include a focus on how the Public Health grant is spent. The review will report in 2020.

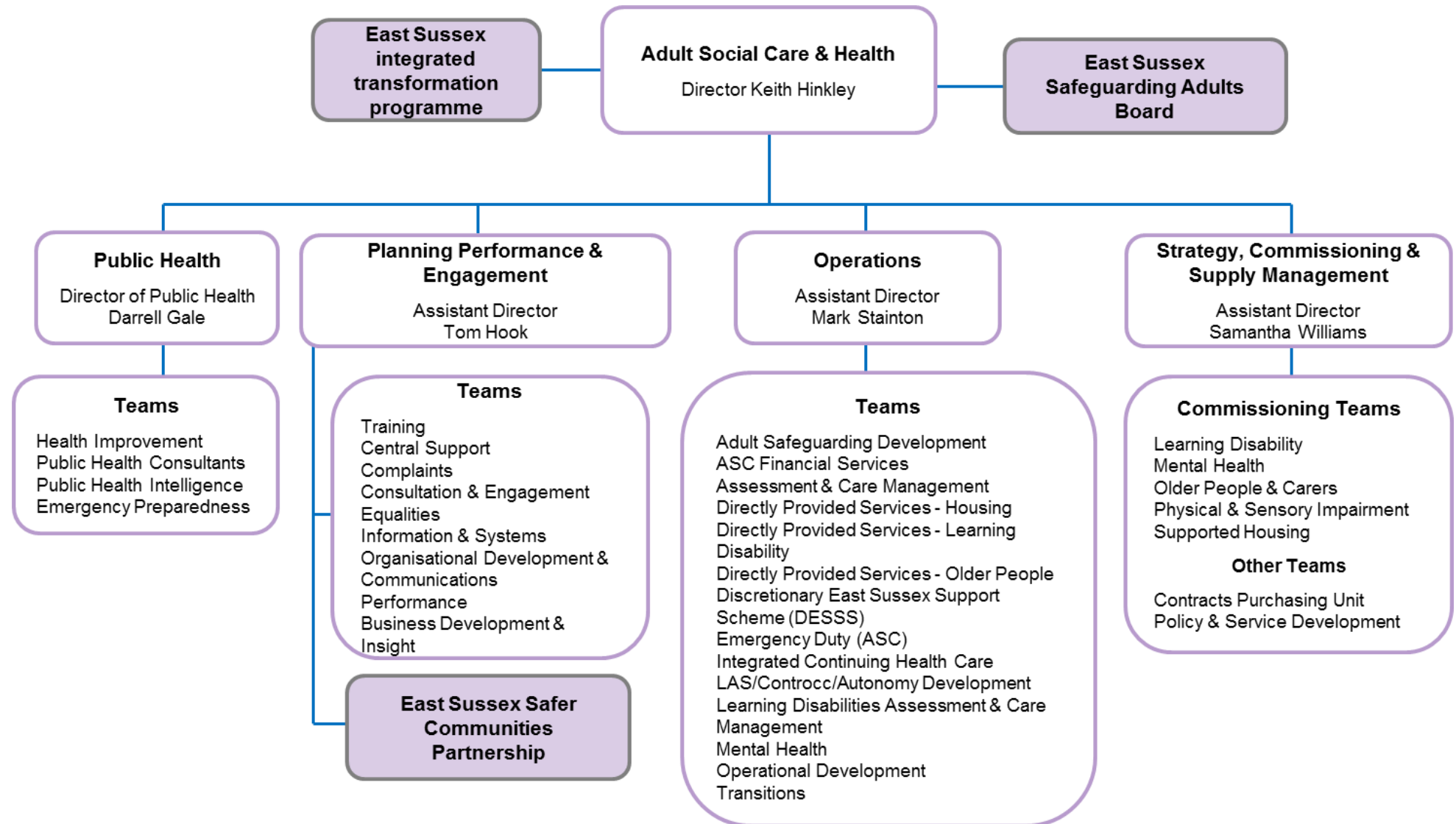
¹ HM Government - Serious Violence Strategy April 2018

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

5. All vulnerable people in East Sussex are known to relevant local agencies and services are delivered together to meet their needs
6. People feel safe at home
7. 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 are working with local stakeholders, including economic development and local business support networks to develop an East Sussex Healthy Workforce programme to support local employers to take action to create and maintain healthy workplaces, that helps their employees to improve their health and wellbeing. Alongside this, the public health integrated lifestyle service, One You East Sussex, will continue to roll out a programme of targeted NHS Health Checks. This includes working with employers to offer NHS Health Checks and advice and support to enable people to make lifestyle changes to improve their health, in particular targeting employees who are unlikely to take up their check via their GP.

2.2 ASCH is a major contributor to the East Sussex economy – In East Sussex there were an estimated 21,000 jobs in adult social care split between local authorities (9%), independent sector providers (83%) and jobs for direct payment recipients (9%) in 2017. Adult social care has an experienced ‘core’ of workers. Workers in East Sussex had on average 8.2 years of experience in the sector and 71% of the workforce had been working in the sector for at least three years.

2.3 In 2017 the adult social care sector was estimated to contribute £38.5 billion per annum to the English economy and in the South East region this contribution was estimated to be between £6.7 and £8.1 billion. Almost half of this is estimated to be the wage bill of the sector.

Keeping vulnerable people safe

2.4 The Safeguarding Adults Board (SAB) is a multi-agency partnership, made up of statutory and voluntary partners as well as lay-members, established to promote well-being and oversee Safeguarding Adults work county-wide. The SAB areas of focus are:

- Adults, carers and the local community assisting to shape the work of the SAB and safeguarding responses.

- Ensuring the SAB provides strategic leadership to embed the principles of safeguarding across agencies and contribute to the prevention of abuse and neglect.
- Establishing robust feedback mechanisms on safeguarding policies and procedures.
- 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.
- Ensuring learning from reviews is effectively embedded into practice to facilitate organisational change across agencies.
- Ensuring the workforce is equipped to support adults appropriately where abuse and neglect are suspected. This will include emerging themes of coercive control and domestic abuse, modern slavery, cuckooing, and safeguarding rough sleepers.

2.5 The East Sussex Safer Communities Partnership continues to deliver positive outcomes for local people against a diverse and challenging agenda. 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.

2.6 The following Partnership priority areas were approved by the Safer Communities Board in September 2019 and will be the focus of our 2020/21 Safer Communities Partnership Business Plan:

- Preventing vulnerable adults, young people and our communities from being exploited by serious and organised criminals in relation to county lines, modern slavery & human trafficking and fraud related-harm.
- Preventing and protecting individuals from becoming victims of serious violent crime, including knife crime.
- Preventing and protecting individuals from the serious harm of domestic violence & abuse, rape & sexual violence and abuse, stalking & harassment and harmful practices.

2.7 A cross-cutting theme throughout all of our priority areas is raising awareness of online safety and encouraging young

people to develop a positive and healthy relationship with social media, the internet and mobile phones.

2.8 In addition to the priorities adopted by the Partnership, there are other workstreams identified through the community, partnership processes and statutory requirements that are maintained as business as usual:

- Preventing violent extremism through education & training, and protecting and supporting individuals through the Channel programme.
- Assisting in the implementation of the offender management strategies through our joint work at the reducing re-offending sub group of the Surrey Sussex Criminal Justice Board.
- Helping people recover from drugs and alcohol misuse and preventing premature death.
- Raising awareness and identifying hotspots, patterns and repeat victims of anti-social behaviour and hate crime within the community, and work with key partners to improve and manage partnership responses.
- Co-ordinating the delivery of Restorative Justice and community resolutions throughout the Criminal Justice process by working with victims, offenders and partners.
- Supporting young people who have been identified as being at risk of engaging in serious violence and gang behaviour through Reboot, the early intervention youth programme.
- Supporting the Sussex Police prevention teams with engagement within our communities.

2.9 Further details on our current Partnership priorities and our other workstreams can be found in our Safer Communities Partnership Business Plan, Safe in East Sussex website and quarterly newsletters.

2.10 Substance Misuse Treatment & Recovery

- The new drug and alcohol treatment service launched in June 2019 and is working to improve the lives of individuals, families and communities affected by substance misuse disorders.

- The service is delivered by a specialist provider combining specialist services with the use of existing assets within the community, combined with the continued support of mutual aid projects. This holistic approach will support more people to reintegrate back into the wider community and allow them to make a positive contribution and live lives free from substance misuse.
- We will continue to support the development of interventions; services and projects which help sustain recovery from drug and alcohol dependence in the county.
- We will work in partnership with a range of partners including Public Health, Community Safety Partnerships and the Police on a range of initiatives to ensure substance misuse is viewed as both population health issues as well as considering the broader impacts of substance misuse on the wider community.
- We will continue to develop initiatives which address new and emerging trends within substance misuse including reducing the misuse of prescription drugs, ensuring there is a more joined up approach to support those with a dual diagnosis and addressing recreational drug use.
- We will continue to develop and support a range of initiatives which aim to reduce the number of drug related deaths in the county, including undertaking two confidential inquiries a year into those drug related deaths that have occurred within East Sussex. A drug related death overview group has been convened to ensure all learning from these deaths is applied at an operational level.

We will support the development of early intervention projects to reduce the misuse of drugs and alcohol.2.11 Domestic Violence and Abuse, Sexual Violence, and other forms of Violence:

- We will continue to work with Brighton & Hove City Council (BHCC) and other commissioners to deliver a new, shared, specialist service for victims/survivors of domestic and sexual abuse.
- During the year, alongside BHCC, we will refresh the Domestic Abuse Strategy, which addresses domestic violence and abuse, sexual violence, and other forms of violence including stalking and harassment and harmful practices.

- This will include further stakeholder consultation to inform service development through recommissioning, and for the development of the strategy delivery plan.
 - Measuring outcomes effectively and with clear purpose to maintain focus on the experience of victims and survivors is a key focus of the partnership, and will remain so with the introduction of a revised Pan-Sussex strategy with localised delivery plans, and the recommission of specialist services in 2020.
 - We will ensure professionals have the skills and confidence to respond to violence and abuse. This includes:
 - Delivering Domestic Abuse Training as part of a 'Whole Family Approach' for practitioners from Children's Services and ASC and other professionals.
 - We will review local training needs and seek to address any gaps in the current training offer, in particular in relation to coercive control, as well as sexual violence and harmful practices.
 - We will develop the local Champions Network, to bring together practitioners from a range of agencies and to further strengthen community and agency responses across the county.
 - We will work in partnership to increase survivor safety and wellbeing, including:
 - Working with housing providers to ensure victims are supported to remain in their homes wherever possible.
 - Testing new approaches to supporting victims with multiple complex needs in local refuges.
 - Continuing to develop our local Multi-Agency Risk Assessment Conference (MARAC) process to better manage complex and repeat cases and ensure effective links to Children's Services and ASC.
 - Developing resources for professionals around domestic violence and abuse.
 - Reviewing access to talking therapies for victims of sexual violence and developing provision locally. We will also look at developing provision for victims of domestic violence.
 - Ensuring that violence and abuse are reflected in the refreshed Sussex Safeguarding Adults Policy and Procedures.
 - We will hold perpetrators to account by:
 - Developing a profile of domestic violence perpetrators in East Sussex, including the family and community contexts within which they operate, the identification of multiple perpetrators and whether there are wider safeguarding issues that need to be considered.
 - Supporting the delivery of new/pilot programmes that work with perpetrators to change their behaviour.
 - Working in partnership to develop coordinated services working with perpetrators to stop cycles of abuse.
- 2.12 We will continue to provide a number of programmes, through our Public Health budget to help ensure vulnerable people are safe including:
- Initiatives to address fuel poverty to help the most vulnerable to remain warm and well. A Warm Home Check service will provide home visits, advice and home improvement measures to support those most vulnerable to keep warm and well; it will also offer tailored advice to anyone living in a cold home. A website offers information on local services and support: www.warmeastsussex.org.uk.
 - Partnership work with East Sussex Fire and Rescue Service to provide child safety advice and equipment, such as stair gates, to vulnerable families with young children.
 - 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.
 - Commissioning the healthy child programme (health visitors as part of a 0-5 integrated service and the School Health Service for 5-19 year olds) to support and improve health and wellbeing of children, young people and parents of under 5's.

2.13 Impacts of Covid-19

Clinically Extremely Vulnerable People

2.14 As of 7th July there are a total of 21,233 people identified as clinically extremely vulnerable in East Sussex, and therefore shielded. Of these 12,874 (61%) are currently registered on the central government Extremely Vulnerable Person (EVP) service.

Led by the ASC&H Housing & Support Solutions Team, call groups were set up to make contact with all shielded people who were not in receipt of a Adult Social Care commissioned and funded service (day care; home care; direct payments; nursing or residential placements; adult placement; extra care). These call groups were comprised of staff from Libraries, Homeworks, STEPS, ESCC Parking Team, Children's Services, WELbeing, and a small local Independent Call Centre.

Calls were made to ensure support is in place to people who have been identified by the NHS, as someone at risk of severe illness if they catch covid-19 because they have an underlying disease or health condition that means if they catch the virus, are more likely to be admitted to hospital than others.

Up to 7th July calls have been made to 18,205 people who are Shielding, and 3,404 follow up calls to people on the EVP service who required further welfare calls. Additionally work is in progress to contact the 2,183 people who were receiving a government food box (as at 30th June) to signpost them to alternative forms of support when the Shielded Group is paused and government food parcels cease at the end of July.

A range of signposting, advice and forms of support was offered to shielded people as part of the contact including:

- For those who require NHS volunteer support (food/medication etc), a referral was made on the GOOD SAM website;
- Details for Care for the Carers where the shielded person had a family member/friend/neighbour providing essential care who may need additional support;
- Referral for an ESCC Essentials Food box where the person is experiencing ongoing issues accessing food e.g.

dietary/cultural or insufficient supplies due to size of household

- Information on independent hot meal providers
- Referral to HSCC if person has personal care or mobility needs, or safeguarding risks identified

Where no contact has been made through a phone call, a letter has been sent with information of support options and contact details for getting in touch with ASC&H. Where a response has not been received following a letter we have been working with East Sussex Fire and Rescue Service and British Red Cross who are undertaking a face to face welfare visit.

In addition to the call groups above, operational teams within ASC&H Teams have been contacting shielded people in receipt of ASC commissioned and funded services and people known to teams who may be vulnerable although not classified as Extremely Clinically Vulnerable (such as those over 70). An ESCC Shielded Helpline was also established, managed by the ASC&H Complaints Team and supported by HSCC and the training team.

ASC&H regularly receives reports from the Police and other concerned parties regarding Vulnerable Adults – letters have been sent to 2,309 people who were reported as vulnerable to ASC since the beginning of 2020.

ESCC food distribution service

2.15 Led by the ASC&H Equality and Inclusion Team, a new food distribution service was rapidly set up in April for people shielding at home that had not yet received their food parcel from the national government and had no other access to food and essentials during lockdown. Since then over 8,000 food boxes have been delivered and over 1,700 calls handled through the shielded helpline. Staff from across every department pulled together to deliver the service, a vital lifeline for hundreds of residents, and now the team's focus is on supporting people's transition back to doing their own shopping. Teams involved include; Libraries, Training, Community Safety, the Transport Hub, Procurement, Contract Management, ISEND, CET Archaeology, the Planning Policy and Development Management Team, ESBAS, CS Customer Relations and the Courier Service.

Care sector impacts

2.16 Since March 2020 all parts of the social care sector have been responding to the pandemic, including making changes to service delivery to care for the most vulnerable people in our population during lockdown, physical distancing, shielding and isolation, as well as to discharge pathways to rapidly allow for surge capacity in hospitals within our system.

In East Sussex this has been supported by regular communication and sharing of information and guidance, training and good practice and daily monitoring of the sector to support business continuity and provide rapid multi-disciplinary support in emergency situations. This has included specific steps taken by the Council and Clinical Commissioning Group to alleviate short-term financial pressure on care homes, home care, extra care, Direct Payments and Personal Assistants and commissioned services as a result of responding to COVID-19

An East Sussex Care Homes Resilience Plan has been developed to draw together our work as a health and social care system on infection prevention and control, training, PPE, reducing workforce movement, quarantining, stepping up NHS clinical support, comprehensive testing and building the workforce. A process has been put in place to monitor the delivery of mutual aid support to care homes jointly across primary, community, acute and social care with representation from care sector leads.

Our care sector has reported high levels of ongoing concern about the cost and supply of PPE, staff and client testing, workforce challenges and the impact on short, medium and long term financial outlook caused by COVID-19 and the ongoing need to prevent and control infection. For example, maintaining social distancing is particularly challenging for some services like Day Services, where capacity is significantly reduced in a buildings based environment; high levels of voids in residential and nursing homes, combined with ongoing COVID-19 outbreaks present particular financial and operational challenges for care homes. In June we distributed the first allocation of Infection Control Fund made to East Sussex from National Government to support the whole market, the second allocation will be made in July. We will continue to work as a whole

health and social care system to manage existing and new challenges and requirements as they arise from COVID-19, and deliver co-ordinated support to enable our local independent care sector to provide safe, effective care for our population. This will focus on all aspects of social care, including care homes, home care, Personal Assistants, Extra Care, and supported housing, and for the Council will be managed alongside significant financial risks that have arisen from the pandemic.

Personal Protective Equipment

2.17 Since April we have been issuing supplies of PPE across the county to a range of internal and external teams, including providers, GPs, pharmacies and crematoriums. This has included masks, gloves, aprons, waste bags, body bags and eye protection, and to date we have issued 1,224,316 items of PPE. To enable this a team of volunteers from across Adult Social Care have been undertaking a variety of tasks such as the management of requests and inboxes, picking and packing, manning a collection hub at St Marys House and undertaking deliveries.

Community Hubs

2.18 Support to a wider cohort of vulnerable people has been provided through Community Hubs. Community Hubs are led by a partnership of District and Borough Councils, Voluntary Action (VAs) organisations, and other local voluntary community and social enterprise (VCSE) organisations. ESCC, in partnership with the NHS, has supported the Community Hubs to establish and become operational by convening regular updates and meetings, supporting communications and data gathering, and helping to identify issues and overcome barriers. Over 6000 people have been in contact with their District & Borough Councils to access support through Community Hubs, and the cross-sector partnership has supported many more people through a variety of other access points.

Community Hub partners have begun discussions on the role of Hubs in supporting vulnerable people during the next phases of coronavirus pandemic. The Hubs have provided a vital service to vulnerable residents during the pandemic so far. As lockdown and

social distancing measures ease demand has fallen and evolved, but there is a need to anticipate new types of demand driven by future phases of the pandemic and the longer term impact on economic insecurity, health and wellbeing. We are now working together to consider what is required from Community Hubs in the future, and the role of each partner. Partners also recognise that organisations and communities at every level have played a vital role in the local response to the pandemic. We need to develop our understanding of the sustainability of this support and work together to meet local need. For the time-being, Community Hubs remain available for anyone struggling to cope with the effects of coronavirus until at least the 31st August.

Helping people help themselves

2.19 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 support they need without unnecessary delay. Between April and July 2019, HSCC received an average of just over 11,380 contacts per month, this compares to an average of around 11,210 per month in the same period in 2018 (a 1.5% increase).

2.20 The integrated community health and social care services are implementing Discharge To Assess (D2A)/Home First pathways. The pathways are designed to avoid prolonged stays in hospital for people awaiting assessment or commissioned services to enable their discharge. Where possible D2A will aim to avoid unnecessary admissions to hospital, and where an admission is necessary, it will ensure that people are discharged as soon as is safe and practical, back to their own homes or to a D2A bed to have their assessments and services arranged outside of an acute hospital.

2.21 Frail adults across East Sussex can receive Technology Enabled Care Services (TECS), to help manage risks and maintain independence at home. TECS includes Telecare, which offers a range of sensors and detectors to meet different needs, such as

wearable alert buttons, fall detectors or medication dispensers. The sensors can be monitored 24/7 by a local contact centre. Environmental sensors, such as smoke alarms or flood detectors are also linked to the centre for automatic alerts. Individuals can also benefit from scheduled live or recorded telephone calls to provide welfare checks or reminders during periods of reablement.

2.22 Adults across East Sussex can access our reablement service, which works with adults for a time limited period to support them to maximise their independence and reduce the need for ongoing care and support.

2.23 Our Occupational Therapy service offer preventative clinics around the county where adults and carers can access advice and information on maintaining independence, as well as access some daily living equipment without the need for a full statutory assessment.

2.24 Occupational Therapists are now based within each of the District and Borough Housing teams across the county, working jointly with Housing Officers to assess for and support the provision of major adaptations in a timely manner to support people to remain at home safely and with maximum independence.

2.25 We have introduced new online tools to support people to access information, establish the likelihood of being eligible for Social Care, and get an indication of whether they would need to pay for their care and support. These tools can assist people in getting the right information at the right time and to provide information to support the assessment process in a way that suits them

2.26 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. This involved collaborating with NHS England to provide the HIV treatment and care, and prison sexual health in reach services through the one provider.

The East Sussex Sexual Health Comprehensive Needs Assessment was published in August 2019. The findings will inform the priorities for the East Sussex Sexual Health Commissioning Strategy over the next five years.

East Sussex are one of twelve partners across four countries implementing an INTERREG 2 Seas European project examining wider aspects of sexual health and developing models of intervention for those aged over 45.

Our aims for 2020/21 are to explore access to oral contraception through community pharmacies including quick start of contraception when emergency hormonal contraception has been requested. The intention is to reduce footfall in commissioned face to face services and increase value for money whilst retaining access and quality of provision. We will also explore alternative forms of service access and review sexual health service priorities for the county.

Healthy Living – We will continue to provide behaviour change support to people through our One You East Sussex service, via an integrated service delivery model that provides one-stop shop support. People accessing the service receive tailored packages of support which enable them to address all of their risk factors (smoking, low physical activity, excess weight etc.) through a single service, and in a way that's most likely to work for them.

Asset Based Wellbeing Programme – We have commissioned an asset based wellbeing programme, Making it Happen, which aims to build the confidence of local people to come together in their neighbourhoods and take action to create stronger communities. The programme recognises that every person has their own individual strengths and every neighbourhood has a wealth of positive things happening in it. Through strengths based and community driven community building, the programme aims to increase social connection, improve people's confidence and capability to contribute to their community, and increase our understanding of the factors that influence healthy communities. The programme is targeted in neighbourhoods where levels of deprivation are greatest.

Drugs and alcohol – The Alcohol Partnership, facilitated by Public Health, brings together a range of partners (including Council Children's Services, the NHS, district and borough community safety and licensing leads, and Sussex police) to address alcohol-related harm in East Sussex. As a partnership we have commissioned a social marketing campaign to discourage parents from supplying alcohol to young people; established a Safe Space to reduce alcohol-related A&E attendance during the night time economy in Hastings; established community alcohol partnerships in high risk areas and promoted responsible sales and targeted 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 our GPs to offer and provide: NHS Health Checks to all their eligible patients in 2020/21 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 the targeted provision of toothbrush packs to strengthen advice given by health visitors, taking a common risk factor approach across the county by promoting: healthy eating, smoking cessation and reducing alcohol consumption, we plan to continue a train the wider workforce model, with the aim of improving the oral health of vulnerable groups, including 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: 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 2020/21 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. To provide support to anyone whose role includes health promotion, the East Sussex Health Promotion Resource Service provides a range of high quality online, printable and hard copy health promotion resources.

Workforce development – Our Making Every Contact Count (MECC) training programme provides frontline practitioners with the knowledge, skills and confidence they need to deliver healthy lifestyle brief advice interventions as part of their everyday interactions with end users.

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 have been commissioned or established, this includes: advice and training for nurseries and children's centres on healthy eating and physical activity; Personal, Social and Health Education (PSHE) Hubs which offer school-to-school support; a relationships and sex education support programme; 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. We will continue to support nurseries, schools and colleges to develop their whole-settings approaches to health improvement. We will further develop the Healthy Active Little Ones (HALO) programme for early years settings, offer support to schools to introduce statutory relationships & sex education and health education, and explore the introduction of a health improvement quality scheme for schools.

Children's weight management – In 2020/21 we will continue to establish our children and young people's weight management services, as part of our comprehensive whole system approach to obesity.

Making best use of resources

2.27 ASC continues to work in partnership with our local NHS providers in taking a system-wide approach to the planning and delivery of health and social care. Together we spend over £1bn on health and social care in East Sussex. 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 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.

2.28 Reportable Delayed Transfers of Care (DToC) have been improving since April 2017, with the daily average of delays improving from 108 in April 2017 to 47 in September 2019. There has been a focus on the number of super stranded patients (length of stay of 21 days or more) occupying beds at ESHT hospitals, and this has seen significant improvements. We will be continuing to implement a number of actions to reduce DToC within the county including:

- implementation of the Ambulatory Care/Acute Medical (including Frailty) Assessment Model at both Eastbourne District General and Conquest Hospitals;
- increased multi-agency focus on patients with longer length of stays;
- 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.

2.29 One of the key ways of delivering a more effective and efficient service is to continue to develop a more integrated service model with colleagues in the NHS. Over the last several months work has been underway to look at the best opportunities to continue to take forward integrated health and care in our area, and deliver the best care for our residents. As a result, over the next year community services will be working more closely together in four main areas:

- In Eastbourne, nursing and social care teams are coming together to trial working from a shared base, to support joint working and co-ordination of care. This pilot will guide how joint working works best, and will include engagement with primary care, mental health and voluntary services.
- Joint working between the Council and ESHT Occupational Therapy staff will be developed, to share skills, best practice and help create capacity.
- New 'Home First' pathways are being tested. These are new, joined up pathways designed to get people home from hospital sooner, and to make sure that assessments for community support and decisions about longer term care are not made in hospital.
- Work will also take place to look at the best ways for different teams and services to work together to provide integrated, rapid response care to people at home, to support discharge from hospital and avoid unnecessary hospital admissions.

2.30 A major component of the transformation programme is to continue 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 wider than just emergency care provided in accident and emergency (A&E), other hospital departments, 999 and ambulances, which are set up to respond to serious or life-threatening emergencies. The overarching vision was to adopt an integrated system-wide approach creating a long-term sustainable solution for local people. This in part was achieved through a collaborative senior operational group called Operational Executive (OPEX) and which remains in place to continue the partnership work between the Local Authority, CCGs and the Acute Trust.

Some of the current and forthcoming developments include:

- The introduction of an Integrated Discharge Team (IDT) across ESHT. The IDT is made up of professionals from physiotherapy, occupational therapy and social care. The team are working together to ensure the safe and timely discharge of patients from ESHT, and to avoid people spending

unnecessary days in hospital. This new way of working links closely with the Home First pilot, where people are discharged from hospital to be assessed by therapy staff at home.

- 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 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 a greater number of A&E departments.
- Developing Urgent Treatment Centres (UTCs), which have been nationally mandated to ensure that people receive the same levels of services wherever they are in the country. Our UTCs will be GP and/or consultant-led, open at least 12 hours a day, seven days a week, and be equipped to diagnose and deal with many of the most common ailments people attend A&E for. UTCs will ease the pressure on hospitals, ambulance services and GP practices for urgent care cases.
- Alongside plans to develop UTCs we are also improving access to general practice by extending access to appointments outside normal hours, to include evenings, weekends and bank holidays, making it easier for people to access GP services at a time more convenient to them. We have begun the roll out of 40,000 additional GP appointment slots per year across Eastbourne, Hailsham & Seaford CCG and Hastings & Rother CCG.

2.31 Annual Procurement Forward Plans were introduced during 2019/20 to enable the Council to maintain an oversight of procurement activity across a full range of Council services. The

Forward Plans also enable the Procurement team to plan ahead and prioritise resource on the projects where they can add most value. Procurement Officers worked with their service stakeholders and commissioners to develop the Forward Plans for each

directorate area across the Council. For 2020/21, there will be an estimated 21 projects being worked on by Procurement over £1m in value, covering the areas of this Portfolio. Attached as Appendix 1 are the details of these projects.

Performance Measures and Targets

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2016-21 Outcome Summary
Cllr Maynard	Number of hospital bed days lost due to delayed transfers from hospital care (Daily average) CP	47.9	47.1	39.8	39.8	39.8	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	9.3	7.7	11.5	11.5	11.5	
	Number of hospital bed days lost due to delayed transfers from hospital care due to local NHS (Daily average) CP	42.4	38.3	24.4	24.4	24.4	
	The proportion of service users discharged from the Joint Community Rehabilitation Service that do not require on-going care	73%	72%	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	87.6%	83.6%	≥83.8%	≥83.8%	≥83.8%	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	31.5%	32.9%	≥34.3%	≥34.3%	≥34.3%	Delivery outcomes 8 and 9.

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2016-21 Outcome Summary
Cllr Maynard	The proportion of clients who find it easy to find information about services (Adult Social Care Survey)	75.5%	75.7%	>73.1%	>73.1%	>73.1%	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	765	921	390	390	390	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 (Adult Social Care Survey)	49.2%	52.4%	≥50.0%	≥50.0%	≥50.0%	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 (Adult Social Care Survey)	19.7	19.7	≥19.5	≥19.5	≥19.5	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 (Adult Social Care Survey)	81.7%	82.5%	≥80.6%	≥80.6%	≥80.6%	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 (Adult Social Care Survey)	72.1%	68.3%	>67.3%	>67.3%	>67.3%	Adults who use adult social care services are satisfied by what they receive. Delivery outcomes 7 and 9.

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2016-21 Outcome Summary
Cllr Maynard	Satisfaction rates for people with mental health conditions arising from NHS mental healthcare	81.2%	81.8% of respondents 'positive')	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	52.0%	47.4% 'extremely likely' to recommend	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend	
	Outcomes for people with mental health conditions arising from NHS mental healthcare: number of people entering treatment	9,412	9,513	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	54.6%	51.2%	50%	50%	50%	
	Percentage of interventions for Joint Community Rehabilitation started within their required timescales	69%	69%	65%	65%	65%	Services are provided in a timely manner. Delivery outcomes 8, 9 and 11.
	Percentage of Health and Social Care Connect referrals triaged and progressed to required services within required timescales CP	85.6%	84%	90%	90%	90%	Services are provided in a timely manner. 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	96.8%	98%	95%	95%	95%	Monitor the number of contacts from health professionals that aren't taken any further. Delivery outcomes 8, 11, 12 and 13.
	Number of people receiving support through 'STEPS to stay independent' and Homeworks CP	5,280	4,261	3,300	3,300	3,300	Adults can maintain their independence. Delivery outcomes 8, 9 and 10.
	National outcome measure: Achieve independence for older people through rehabilitation/intermediate care	92.8%	90.5%	>90%	>90%	>90%	

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2016-21 Outcome Summary
Cllr Maynard	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	8,513 people receiving TECS	8,629 people receiving TECS	8,500 people receiving TECS	8,500 people receiving TECS	8,500 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	222	246	10% increase on 2019/20 outturn	10% increase on 2020/21 outturn	10% increase on 2021/22 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	92.0%	92.9%	>90.5%	>90.5%	>90.5%	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 (NQSW) recruited per relevant team per year across all the care groups	11	1 per relevant team	≥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)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2016-21 Outcome Summary
Cllr Maynard	Number of new service user interventions started through One You East Sussex as part of the Integrated Lifestyle Service CP	7,036	6,432	7,000	7,000	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	1,268	689	600	600	600	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 2015/16 (five year period) CP	51.7%	49.3%	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.

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2016-21 Outcome Summary
Cllr Maynard	The number of children who commence a weight management programme	New measure 2019/20	104	Review system approach to obesity and weight management	Target to be set following review	Target to be set following review	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.
	Percentage of first attendances at a Genito-Urinary Medicine (GUM) clinic seen within two working days	95.5%	95% (April to September)	95%	95%	95%	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.
	Chlamydia rates - Rate of positive tests for Chlamydia in young people aged 16 to 25 years per 100,000 population	1,690	1,572 (April to September)	1,800	1,800	1,800	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.

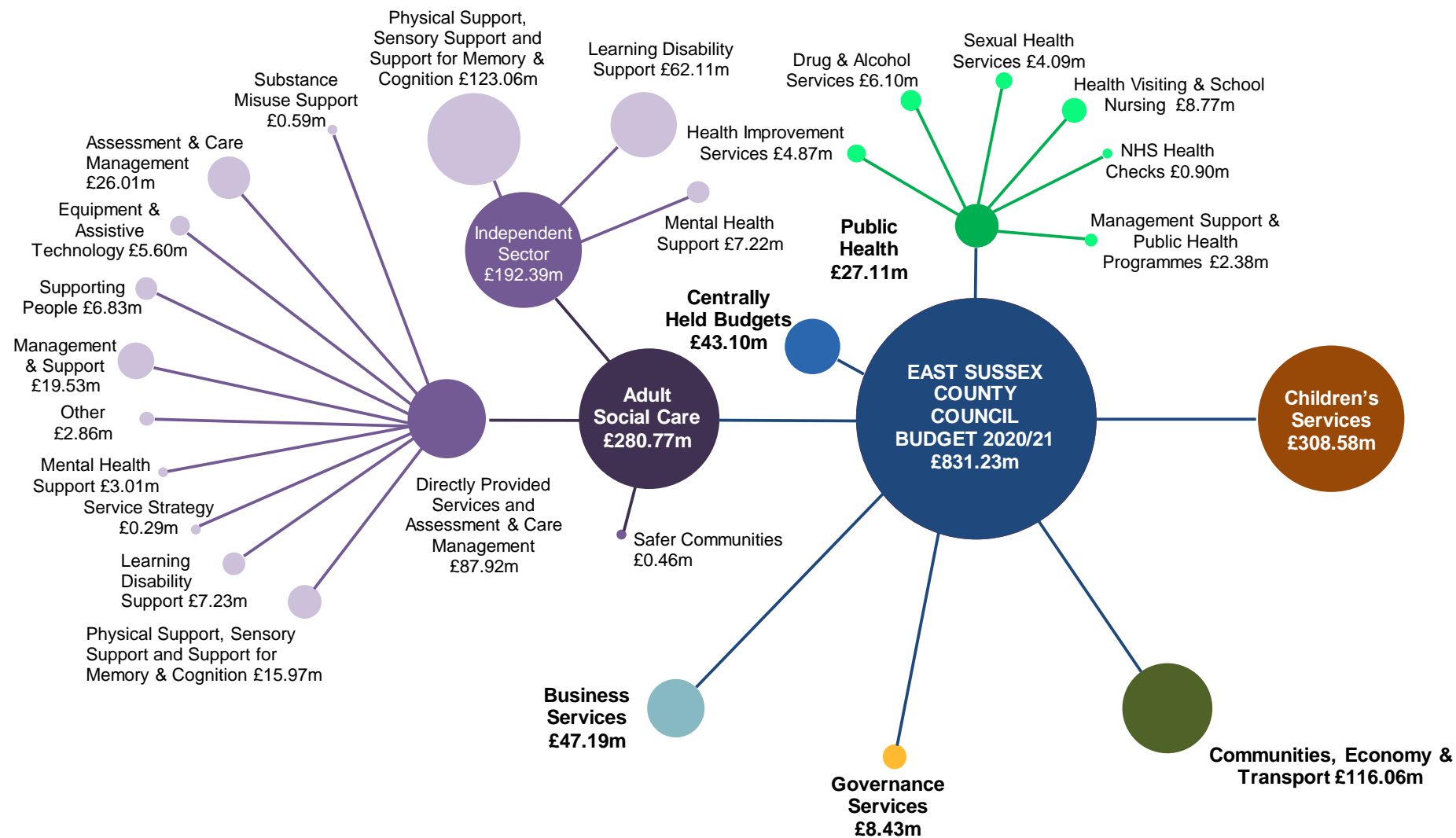
Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2016-21 Outcome Summary
Cllr Maynard	JSNAA relaunch	New measure 2019/20	Deferred due to COVID	Carry out user survey and identify improvements	Implement user survey improvements	TBC	The Joint Strategic Needs & Assets Assessment (JSNAA) website will be relaunched and will include new user friendly data tools. Delivery outcomes 12 and 13
	Number of households vulnerable to the effects of living in a cold home that have received a Warm Home Check	308 against a target of 450	486	600	600	600	Protecting individuals and communities from the effects of living in a cold home, taking action to improve the health and wellbeing of those most vulnerable to the effects of fuel poverty. Delivery outcomes 5, 6, 7, 8, 9 and 15.
	Through the Drug and Alcohol Innovation Fund 2020/21, commission services that sustain the development of the recovery community in East Sussex CP	New measure 2020/21	New measure 2020/21	Commission services	To be set 2020/21	To be set 2021/22	The rates of people entering recovery from drug and alcohol misuse are maximised and the stigma associated with misuse is reduced Delivery outcomes 5, 9 and 10.
Cllr Bentley	The % of people affected by domestic violence and abuse who feel safe upon leaving the service CP	88%	96%	88%	88%	88%	To enable vulnerable people who have been affected by domestic violence to feel safe and have the skills they need to improve their wellbeing and their self-esteem. Delivery outcomes 5, 6, 7, 8 and 9.

Lead Member	Performance measure (CP = Council Plan)	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2021/22 Target	2022/23 Target	2016-21 Outcome Summary
Cllr Bentley	When they leave the service the % of those affected by rape, sexual violence and abuse who have improved coping strategies CP	80%	96%	88%	88%	88%	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, 8, 9.
	The % of people accessing mutual aid recovery services who feel more confident as a result of using the service	New measure 2019/20	82%	80%	80%	80%	Increase the confidence of those people in recovery, who benefit from mutual support and motivation from likeminded individuals. Delivery outcomes 5, 6, 7, 8, 9 and 10.
	The % of people accessing mutual aid recovery services who feel they can manage more independently as a result of using the service	New measure 2019/20	90%	80%	80%	80%	Increase the coping strategies for those in recovery, who benefit from mutual support and provide them with skills which enable them to be more independent, in control of their lives and maintain their recovery. Delivery outcomes 5, 6, 7, 8, 9 and 10.
	The number of community safety training and awareness raising sessions delivered to organisations within the county, including schools, staff, partners and the wider community	New measure 2019/20	167	100	100	100	Provide early effective training and awareness to organisations within East Sussex, including schools, staff, partners and the wider community around community safety Delivery outcomes 5, 6, 7, 8, 9 and 10.

CP = Council Plan

Gross revenue budget

Revenue Budget 2019/20



Revenue Budget

Revenue Budget £000									
Divisions	2018/19			2019/20			2020/21		
	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net
Adult Social Care:									
Physical Support, Sensory Support and Support for Memory & Cognition	109,635	(42,408)	67,227	114,782	(42,589)	72,193	123,062	(45,149)	77,913
Learning Disability Support	53,941	(4,307)	49,634	56,941	(4,302)	52,639	62,109	(4,424)	57,685
Mental Health Support	7,091	(1,043)	6,048	7,437	(1,042)	6,395	7,222	(1,071)	6,151
Subtotal Independent Sector	170,667	(47,758)	122,909	179,160	(47,933)	131,227	192,393	(50,644)	141,749
Physical Support, Sensory Support and Support for Memory & Cognition	15,169	(4,532)	10,637	15,742	(4,875)	10,867	15,969	(5,491)	10,478
Learning Disability Support	7,196	(528)	6,668	7,161	(544)	6,617	7,225	(287)	6,938
Mental Health Support	211	(187)	24	3,008	(2,984)	24	3,008	(2,985)	23
Substance Misuse Support	591	(115)	476	591	(115)	476	591	(115)	476
Equipment & Assistive Technology	7,240	(3,930)	3,310	6,304	(3,346)	2,958	5,599	(3,101)	2,498
Other	5,150	(3,745)	1,405	3,097	(1,943)	1,154	2,860	(1,707)	1,153
Supporting People	6,512	469	6,981	6,253	736	6,989	6,833	(310)	6,523
Assessment and Care Management	25,047	(2,763)	22,284	25,943	(2,991)	22,952	26,011	(3,022)	22,989
Management and Support	14,199	(24,346)	(10,147)	14,248	(26,682)	(12,434)	19,532	(29,049)	(9,517)
Service Strategy	569	(45)	524	290	0	290	291	0	291
Subtotal Directly Provided Services and Care Management	81,884	(39,722)	42,162	82,637	(42,744)	39,893	87,919	(46,067)	41,852
Total Adult Social Care	252,551	(87,480)	165,071	261,797	(90,677)	171,120	280,312	(96,711)	183,601
Safer Communities	522	(186)	336	336	0	336	461	0	461
Total Adult Social Care incl. Safer Communities	253,073	(87,666)	165,407	262,133	(90,677)	171,456	280,773	(96,711)	184,062
Public Health:									
Health Improvement Services	7,235	(2,777)	4,458	5,989	(1,626)	4,363	4,867	0	4,867
Drug and Alcohol Services	6,101	0	6,101	6,101	0	6,101	6,101	0	6,101
Sexual Health Services	4,110	50	4,160	4,110	50	4,160	4,088	50	4,138
Health Visiting and School Nursing	8,769	0	8,769	8,769	0	8,769	8,769	0	8,769
NHS Health Checks	778	0	778	778	0	778	898	0	898

Revenue Budget £000									
Divisions	2018/19			2019/20			2020/21		
	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net
Management Support and Public Health Programmes	2,659	345	3,004	2,156	223	2,379	2,383	(340)	2,043
Public Health Grant	0	(27,270)	(27,270)	0	(26,550)	(26,550)	0	(26,816)	(26,816)
Public Health CCG and Other Income	0	0	0	0	0	0	0	0	0
Draw from General Reserves	0	0	0	0	0	0	0	0	0
Sub Total for Core Services	29,652	(29,652)	0	27,903	(27,903)	0	27,106	(27,106)	0
One Off Projects Funded from Project Reserve	0	0	0	0	0	0	0	0	0
Total Public Health	29,652	(29,652)	0	27,903	(27,903)	0	27,106	(27,106)	0

Capital Programme

Capital Programme, Gross £000						
Lead Member	Project	Total for Scheme	Previous Years	2020/21	2021/22	2022/23
Cllr Maynard	Greenacres	3,781	2,687	1,094		
	House Adaptations Fund over and above disabled facilities grant to adapt properties to enable people to stay in their own homes	**	**	50	50	50

**Rolling programme: no total scheme value

Appendix 1: Annual Procurement Forward Plans

Details of all projected CET procurements over £1m during 2020/21 are provided below.

Service	Contract Description	Start date for procurement work to begin (estimated)	Start date of new contract(s) or extension (estimated)
Housing & Support Solutions	Block Nursing Beds Dynamic Purchasing System	01/07/2019	01/10/2020
Housing & Support Solutions	Domiciliary Care Services	01/06/2019	27/10/2021
Housing & Support Solutions	Care & Support at Extra Care Housing Schemes	01/04/2020	25/10/2021
Housing & Support Solutions	Extra Care Housing Newington Court	01/04/2020	25/10/2020
Housing & Support Solutions	Telecare	01/11/2020	01/04/2021
Housing & Support Solutions	Provision of a Housing Support Service within a Refuge	01/09/2019	01/10/2020
Housing & Support Solutions	Supported Accommodation services	01/04/2020	01/01/2021
Housing & Support Solutions	Homeworks	01/09/2019	21/11/2020
Housing & Support Solutions	Floating Support Service West	01/09/2019	21/11/2020
Housing & Support Solutions	Floating Support Service East	01/09/2019	21/11/2020
Housing & Support Solutions	Carers Respite Service	01/02/2021	01/10/2021
Safer Communities	Domestic Violence & Sexual Violence support services	01/12/2019	01/12/2020
Learning Disabilities	Hastings and Rother Properties	01/05/2020	01/04/2021
Learning Disabilities	Care and Support services at Gilda Close	01/06/2020	01/04/2021
ASC Operations - Assessment & Care Management	Health & Social Care Connect clinical nurse advisor service	01/03/2020	01/10/2020
Joint Commissioning	Integrated Community Equipment Service	01/04/2020	01/04/2021
Joint Commissioning	Stairlift Supply & Installation	01/04/2020	tbc
Mental Health	Elva Court	01/12/2019	06/10/2020
Health Improvement	Warm Home Check Service	01/04/2020	06/11/2020
Health Improvement	Integrated Lifestyle Services	01/06/2020	07/08/2021
Sexual Health	Specialist Sexual Health Services	01/01/2020	01/04/2021