

# **Adult Social Care and Health Portfolio Plan 2021/22 – 2023/24**

July 2021

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## 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, Community safety, the Voluntary Sector and all ancillary activities.

## 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.

1.2 East Sussex has a growing elderly population, already at levels that will not be reached nationally for decades. Compared to 2020, by 2024 there will be an increase in the population of working age people (age 18-64) of 4,407 (1.4%), however the population of older people (age 65+) will increase by 12,252 (8.3%) to 159,200. 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 2024, 41,060 older people (age 65+) are projected to have a limiting long-term illness whose day to day activities are limited a little (up 10.4%), 31,500 limited a lot (up 11.2%). 12,350 older people (65+) are projected to have dementia (up 10.7%).

1.4 In December 2019 a new coronavirus (subsequently named COVID-19) emerged and quickly spread throughout the globe, being declared a pandemic by the World Health Organisation on 11 March 2020. The UK government introduced the Health Protection (Coronavirus) Regulations 2020 for England in February to put in place measures to delay spread of the virus by introducing powers to keep individuals in isolation where public health professionals believed there was reasonable risk. On 23 March a stay-at-home order was announced, which came into force on 26 March and was partially lifted on 1 June. The Coronavirus Act 2020 was passed on 25 March which sought to increase capacity in the health and social care sector and easements in the Care Act 2014 local authority responsibilities. These changes temporarily relaxed local authorities' duties to conduct needs assessments and prepare

support plans to enable us to prioritise services offered to ensure the most urgent and serious care needs are met. The UK government has also created additional specific responsibilities for local government which affect Adult Social Care and Public Health along with the other departments in the Council, such as supporting those who were advised to shield by quarantining at home due to being Clinically Extremely Vulnerable.

1.5 The UK Government subsequently arranged risk into tiers. Areas were placed into the relevant tier based on transmission rates, with varying levels of restrictions to reduce transmission. East Sussex was in Tier 1, which was Medium Risk, due to the rate of positive tests per 100,000 people. However, as transmission rates increased and resulted in an increase in burden on NHS hospital beds, a national lockdown was implemented from 3 November to 2 December. Following this lockdown, the categorisation and criteria for the Tiers was tightened. East Sussex was placed into Tier 2, High Risk, which places restrictions on the hospitality sector.

1.6 Adult Social Care and Health has had to respond to this health emergency by adapting the way we provide support to vulnerable adults. Prior to the pandemic most assessments of need would be undertaken through visits to clients' homes or to assessment clinics. The need to observe social distancing and the stay at home order has resulted in the majority of assessments and other contacts being undertaken by telephone, video conferencing and/or email. Other areas impacted by the requirement to ensure social distancing have been our directly provided services, independent sector care homes and home care providers, occupational therapy services and financial assessments.

1.7 It has been recognised that a longer-term review of the adult social care and health model is needed to ensure that support continues to be provided while the pandemic is ongoing. The Adult Social Care and Health Programme has therefore been initiated to recommend new ways of working that ensure we continue to meet our statutory responsibilities under the Care Act and any new responsibilities specific to the pandemic. The Programme has a

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number of workstreams which cover the contact and assessment pathway and associated support functions and is governed by the Departmental Management Team. The Programme will need to take into account the potential long-term impacts of COVID-19 on our population as we are seeing increasing levels and complexities of individuals needs due to a decline in general physical health and interruptions in their care and support. There are also the impacts of “long COVID” to consider, which seem to be affecting a proportion of those who have suffered with the virus for a number of months afterwards.

1.8 The Programme will seek to deliver new models of working, which will change the way we communicate with clients and partner organisations. We will need to develop new systems to enable quick and easy methods for people to access and update their information. Alongside improving outcomes and maximising efficiency this will also enable us to contribute towards the Council’s Climate Change Agenda through reduced travel. However, our IT systems are not currently fit for purpose to facilitate this communication easily, particularly for those who struggle to use computers. We will be very mindful of the challenges and barriers to digital communication as we develop alternative ways to communicate that keep our clients and their families, and our staff, safe from COVID-19.

1.9 Despite these significant and unprecedented challenges to how we operate the ASC offer remains unchanged. We will continue 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.
- Safeguard vulnerable adults who are at risk of harm or abuse.
- Work efficiently and provide value for money.

1.10 At the time of writing, a number of vaccines against COVID-19 are proving viable and efficacious. There is a hope that we will

see a gradual return to life as it was before the pandemic, however, this is not guaranteed and we therefore need to continue to prepare and plan our services with the ultimate aim of keeping our vulnerable clients and staff as safe as possible.

1.11 The Council’s partnership work with the NHS takes place in the wider context of the Sussex Health and Care Partnership (SHCP), which formally became the Sussex Integrated Care System (ICS) in April 2020. East Sussex is one of three place-based partnerships within the Sussex ICS, (alongside Brighton and Hove and West Sussex), with the Council being a lead partner with our local NHS in the East Sussex Integrated Care Partnership. Together we have agreed our East Sussex Health and Social Care Plan which sets out our shared Council priorities and commitments in the NHS Long Term Plan, and our ambitions to deliver greater levels of integrated care, early intervention and prevention to improve health and wellbeing outcomes and reduce health inequalities in our population

1.12 In November 2020 NHS England and NHS Improvement (NHSEI) published *‘Integrating Care: Next steps to building strong and effective integrated care systems across England’*. This sets out proposals to support greater collaboration in 2021/22 across health and social care partners, and options for giving ICSs a firmer footing in legislation from April 2022. It describes how providers of primary care, community health and mental health services, social care and support, community diagnostics and urgent and emergency care should work together, with meaningful and delegated budgets, to join up services through partnerships at place level to create the following offer to their populations:

- Access to clear advice on staying well.
- Access to a range of preventative services.
- Access to simple, joined up care and treatment when this is needed.
- Access to digital services (with non-digital alternatives) that put the citizen at the heart of their own care.
- Access to proactive support to keep people as well as possible, where they are vulnerable or at high risk.
- Joint approaches to employment, training, procurement and

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volunteering activities and use of estates, allowing the NHS to play a full part in social and economic development and environmental sustainability.

- Linking with other public and voluntary services that have an impact on people's day to day health for example through improving local skills and employment or ensuring housing and accommodation opportunities.

1.13 In 2021/22 we will continue to strengthen our integrated approaches to planning, commissioning, delivering and transforming services across health and social care, and our work with our District and Borough Council and Voluntary and Community Sector (VCS) partners, to further develop all the elements of this offer for our population.

### **Integrated commissioning for population health**

1.14 Working together to respond to the pandemic response has accelerated and influenced our integrated commissioning leading to:

- Greater levels of collaborative working across commissioners and providers to design and agree service developments, pathways, and models of care, and a shared responsibility for delivery.
- An integrated support offer for providers across all sectors from our health and social care commissioning teams including support for care homes and ongoing improvements to quality and clinical care, and development of services and new models of care across different care settings.

1.15 In 2021/22 in the context of our developing Sussex Integrated Care System we will work together with NHS commissioners to build on this and develop a framework setting out how we will jointly deliver our commissioning functions for our East Sussex population, covering:

- Our understanding of our population's health and care needs, and understanding demographic modelling and demand for care and the wider determinants of health, including using data analysis and information to underpin how integrated commissioning and our approach to population health is

developed.

- Planning and prioritising how to address those needs, improve residents' health and tackle health inequalities, and agreeing the shared outcomes that our place-based Integrated Care Partnership will deliver.
- Shaping models of integrated care, services and investment decisions and bringing together our collective resources and allocating them so that they can have the most impact for our population.
- Informing modelling of demand and capacity requirements now and in the future – including understanding the relationship between capacity requirements in different parts of the system, for example bedded capacity across acute, community health and nursing/residential care, to support delivery of our target operating model for community health and social care services.

1.16 Our approach will include working across our wider partnership including with our emerging Primary Care Networks, District and Borough Councils and Voluntary and Community Sector (VCS) partners to develop our wider integrated working in communities in East Sussex. This will enable a coordinated approach to supporting prevention and wellbeing and taking action together on the causes of ill-health and health inequalities.

1.17 As a result of our work in 2021/22, by April 2022 we aim to have in place a way of coordinating our work in communities across East Sussex, driven by the data and insight all of our organisations hold, that enables our Integrated Care Partnership to deliver the shared priorities and outcomes that are important for our population.

### **Provider collaboration and integration across health and social care**

1.18 During 2020/21 our overall focus for integration as a health and social care system has been the way we can further integrate our services to support people during the COVID-19 pandemic, including our out of hospital support and discharge hubs to ensure timely discharge and appropriate care.

1.19 Our well-established integrated management arrangements

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and community health and social care services target operating model (TOM) have been critical enablers of our pandemic response, where this has required coordination and grip across our system. For example, our community bedded care has achieved optimum treatment length of stays, and this has been maintained this during and after the first phase of the pandemic.

1.20 We have already taken steps to remove the barriers to our health and social care staff working effectively together, including co-locating teams in Eastbourne to increase care coordination and multi-disciplinary working for people with complex long term care needs; piloting Home First hospital discharge pathways to support people to leave hospital and have their needs assessed in either their own homes or in care home settings, and; increasing shared access to key summary information through IT development.

1.21 We have reviewed our overarching community health and social care services TOM to take account of the learning during the pandemic and agreed the projects that will further embed the TOM in 2021/22 as part of our integration programme. Projects cover embedding hospital discharge hubs, the development of integrated community rapid response teams, further roll out of Home First hospital discharge pathways and the shared IT developments to support the delivery of joined up health and social care.

1.22 To support this, in 2021/22 we will also jointly explore how we can best organise ourselves with our NHS provider partners to deliver the next phase of health and social care integration for our residents, including:

- How we can pool our resources further and combine our planning and delivery functions to deploy our collective resources and have the most impact for our population.
- The further potential for generic roles and shared or joint line management arrangements, building on the arrangements that we have already put in place to support integrated care delivery.
- Working with our emerging Primary Care Networks and providers of mental health and wellbeing services, to collaborate on providing a care and support offer that can be wrapped around high risk and vulnerable people who have long term conditions and complex care needs.

1.23 Work will take place in 2021 to agree the scope, roadmap, and milestones for delivering the next phase of integration by April 2022. There will be a key focus on team building and development across our services and organisations to build ownership of how are plans fit with the broader offer to our communities in East Sussex and developing the proposals to deliver it.

## Safer Communities

1.24 The breadth and diversity of the East Sussex Safer Communities Partnership empowers us to continue creating innovative multi-agency platforms to educate and increase resilience in the community. We continue to build new relationships and respond to new challenges brought on by the COVID-19 pandemic as well as explore new ways to mitigate against harm to individuals, families and communities.

1.25 The diversification of social media and other digital technology creates new avenues for criminals and abusers to exploit our most vulnerable people, but equally creates new routes for our partnerships to foster relationships, promote confidence and establish community resilience.

1.26 Political and economic pressures within the UK and internationally will also influence the means and opportunities for criminals to exploit vulnerable people as well as the community's ability to respond effectively to them in good time. We therefore continue to establish new networks and create targeted programs to meet those new, emerging and established risks.

1.27 We are growing our networks across our partners our strategies to reaffirm our commitments to address the diverse and interconnected risks associated with serious and organised crime, including county lines, modern slavery & human trafficking and fraud related harm. There is a key focus to finding pathways to reduce harm through contextual safeguarding strategies using expertise across public and voluntary & community sectors. By providing further public education and co-ordinating early-intervention strategies we commit to further reducing and mitigating the harms caused by misinformation, isolation and exploitation by organised criminals.

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1.28 We are developing more multi-agency approaches to tackling drug and alcohol-related harm by sharing expertise in policing & probation, public health, and the voluntary & community sector. Through engaging law enforcement, diversionary approaches, and treatment & recovery services together we continue to tackle drug-related crime, reduce supply, and prevent death or serious harm to provide the stability users and their families to integrate within their communities.

1.29 Our work in preventing and protecting individuals from becoming victims of serious violent crime, including knife crime, is strengthening as we remodel our relationships with professionals in education, health, social services, housing, youth services, and victim services. Our serious violence reduction strategies will centre on identifying and intervening to prevent risk and harm early, especially for habitual weapons carriers and those in social networks linked to drug use/supply and organised crime.

1.30 We will be commissioning and delivering more specialist services alongside Brighton & Hove City Council and other commissioners for victims and survivors of domestic violence and abuse, sexual violence, and other forms of violence including stalking, harassment and harmful practices. We will be working across our partnership to review our working practices to ensure our services are connected, efficient and focused on providing long-term effective support for victims and survivors by integrating them back into their local communities. New services will go live from April 2021.

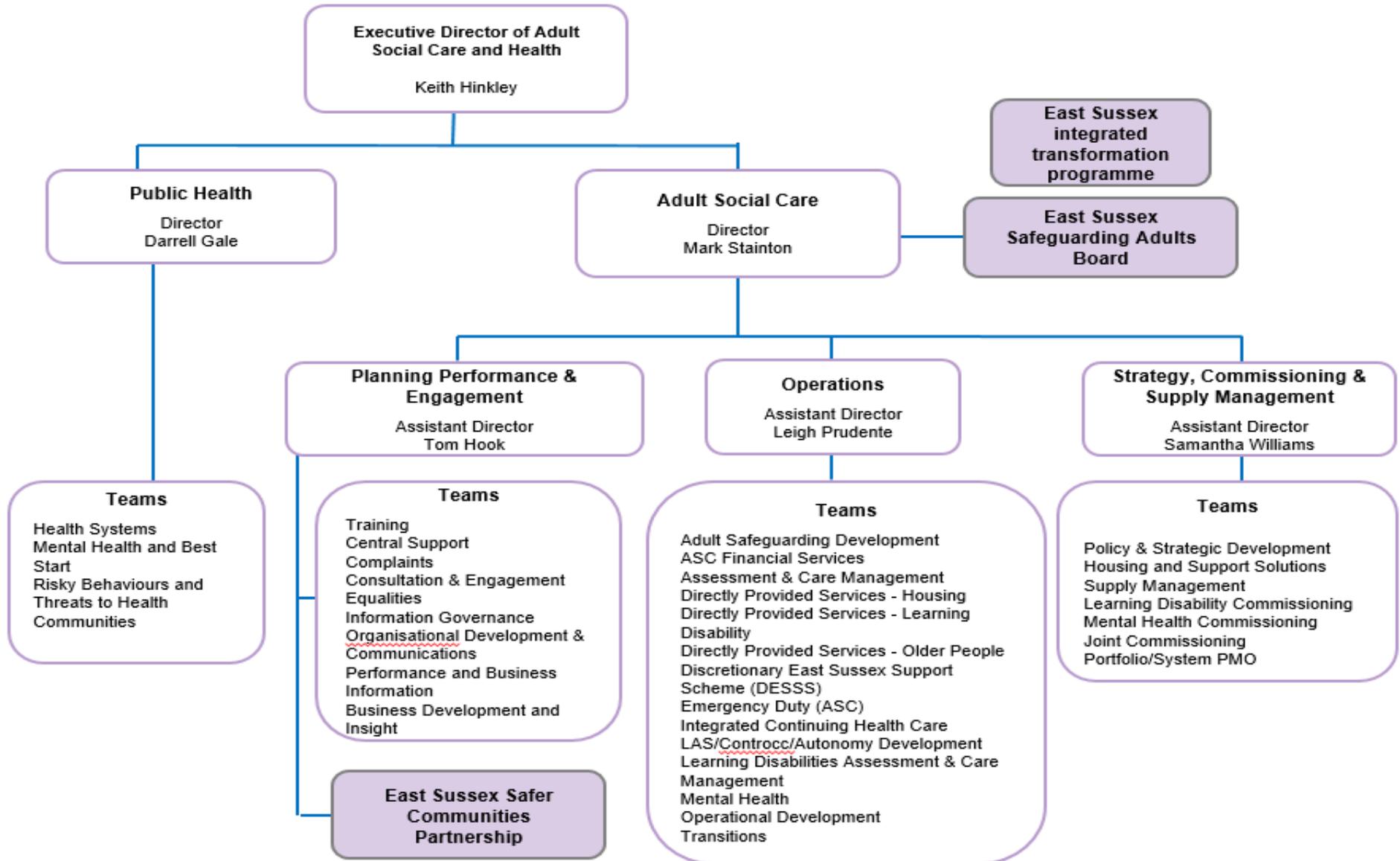
## Public Health

1.31 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.

1.32 The pandemic has brought about some very specific new tasks and functions for Public Health and the challenges of adapting services and responding to new and emerging needs will continue to shape much of our work. This does not change the role of Public Health or the challenges identified pre COVID-19. 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.

1.33 The Council had started a comprehensive review of Public Health including how the Public Health grant is spent. We have adapted our approach and aim to marry up the needs and demands identified before COVID-19 with the needs and demands brought about by COVID-19 to ensure a coherent and effective future work plan.

# 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 in the short and long term. Making best use of resources in the short and long term 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. East Sussex businesses are supported to recover and grow through the delivery of the Economy Recovery Plan
2. The county's employment and productivity rates are maximised
3. Individuals, communities and businesses thrive in East Sussex with the environmental and social infrastructure to meet their needs
4. The workforce has and maintains the skills needed for good quality employment to meet the needs of the future East Sussex economy
5. The value of our role as both a significant employer and a buyer of local goods and services is maximised
6. All children progress well from early years to school leaver and into education, training and employment

#### Keeping vulnerable people safe - delivery outcomes

7. All vulnerable people in East Sussex are known to relevant local agencies and services are delivered together to meet their needs
8. People feel safe at home
9. People feel safe with services
10. We work with the wider health and care system to support people affected by Covid-19 to achieve the best health outcomes possible

#### Helping people help themselves - delivery outcomes

11. Commissioners and providers from all sectors put people first when providing services and information to help them meet their needs
12. The most vulnerable get the support they need to maintain their independence and this is provided at or as close to home as possible
13. Through our work with others, individuals and communities are encouraged to maintain and develop local mutual support systems



#### Making best use of resources in the short and long term - delivery outcomes

14. Working as One Council, both through the processes we use and how we work across services
15. Delivery through strong and sustained partnership working across the public, voluntary community, and private sectors to ensure that all available resources are used to deliver maximum benefits to local people
16. Ensuring we achieve value for money in the services we commission and provide
17. Maximising the funding available through bidding for funding and lobbying for the best deal for East Sussex
18. To help tackle Climate Change East Sussex County Council activities are carbon neutral as soon as possible and in any event by 2050

## Driving Sustainable Economic Growth

2.1 The COVID-19 pandemic has had a severely negative impact on the UK's economy. The global tourism sector has been decimated and many industries have been affected. In East Sussex in November 2020 there were 26,000 more people claiming universal credit or JSA than in March 2020. 31% of working age people in the population were receiving the government employment support scheme by July 2020, with a higher than the national average of people affected.

2.2 The Community Hubs, which were set up with District and Borough councils and other partner organisations to support the Clinically Extremely Vulnerable population, had been contacted by 6,400 people by November 2020 for help with food and supplies, and information and advice.

2.3 An increase in poverty levels is therefore predicted as a result of the pandemic, with a number of businesses failing and a rise in redundancies and unemployment rates. This is likely to have an impact on population health and future demand for care and support, as having enough money for daily living is one of the biggest determinants of health outcomes.

2.4 Adult Social Care and Health (ASCH) is seeking to support the delivery of this priority by continuing to provide Community Hubs as a key source of support to those in need of food and supplies during the pandemic. The telephone line for the Community Hubs has been incorporated into the Health and Social Care Connect contact centre with dedicated resources to manage incoming calls and make outgoing calls to those deemed at risk.

2.5 ASCH is a major contributor to the East Sussex economy – In East Sussex there were an estimated 19,000 jobs in adult social care split between local authorities (8%), independent sector providers (84%) and jobs for direct payment recipients (8%) in 2019/20. Adult social care has an experienced 'core' of workers. Workers in East Sussex had on average 9.1 years of experience in the sector and 73% of the workforce had been working in the sector for at least three years.

2.6 Adult social care is a growing sector. Across England it has increased by 9% since 2012, and in the South East region it increased by 8% since 2012. If the workforce grows proportionally to the projected number of people aged 65 and over then the number of adult social care jobs in the South East region will increase by 37% (from 260,000 to 360,000 jobs) between 2020 and 2035.

2.7 In 2019/20 the adult social care sector was estimated to contribute £41.2 billion per annum to the English economy. Almost half of this is estimated to be the wage bill of the sector.

2.8 We have continued to support people working in independent care settings by changing the training we provide from classroom settings to blended training. Care providers and their employees can continue to undertake essential training to enable them to continue to work safely and legally with their clients.

2.9 A number of measures have been put in place to support staff wellbeing during this period, including regular webinars that staff can access to sustain morale whilst working remotely.

2.10 We are establishing a new workplace health programme which aims to support employers, from micro through to large, to develop their credentials as healthy workplaces and to take a lead role in health promotion. The East Sussex Workplace Health Accreditation Scheme will be launched Spring 2021 and will support improvements to employee health and wellbeing whilst providing recognition for good practice. Embarking on the accreditation process will be free and available to any business that is based, or has sites, in East Sussex. Other initiatives included within the programme: the delivery of expert led webinars to support business during and after the COVID-19 pandemic; a new website containing information, resources, and training available to employers and signposting; and regular monthly newsletters.

## Keeping vulnerable people safe

2.11 Our top priority currently is to limit transmission of COVID-19 which has a particularly devastating effect on the elderly. This has meant that we have had to change the way in which we

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communicate with people, moving to telephone and online communication in place of face to face conversations where this is appropriate. The ASCH Programme will develop new ways to conduct assessments safely and to ensure that safeguarding vulnerable adults remains a priority within everything we do. Where we need to visit or meet with clients or their families, staff will use the necessary personal protective equipment (PPE) to reduce the risk of transmission.

2.12 The ASCH Programme is looking at the implications of COVID-19 on current care and support models by identifying those who have been most vulnerable during the pandemic and considering how their needs for care and support may have changed. We will identify and review models of care and support that may not be sustainable in the current circumstances and look for ways to invest in new and enhanced models which will meet any unmet needs.

2.13 These include changes to the way we provide services directly to clients. In Older People's services we have had to reduce the number of places available at our day centres to ensure people attending are able to maintain social distancing. In Learning Disability Day Services, we have temporarily changed the way we run sessions from two to three sessions per day, with a new evening session now offered. Our ability to offer transport for clients to access the day services across both older people and learning disability has been affected by the need for social distancing in vehicles. Transport has been prioritised for those who need it. In all day services we have made structural changes to ensure our clients and staff can access the buildings safely. Staff across both services have been incredibly flexible and understanding to be able to implement these temporary changes.

2.14 A key area of focus for the ASCH Programme is maintaining good social work practice throughout the pandemic. We will continue to audit case files to identify any areas of concern. The impact of the pandemic on our workforce has meant working from home for most people, not always in ideal situations, particularly in regard to sensitive conversations with clients and their representatives. We will be exploring ways in which we can offer

more flexible support, for example into the early evening and at weekends, where there is a need for this.

2.15 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.

2.16 The East Sussex Safer Communities Partnership continues to build relationships with partners across Sussex to meet its evolving challenges, including the changes in patterns of crime, abuse and isolation enabled or exacerbated by the COVID-19 pandemic. Those with complex and interconnected needs like substance dependence, mental ill-health and unsustainable accommodation remain increasingly vulnerable to neglect and exploitation.

2.17 In order to promote safe, healthy and sustainable communities it consults with agencies across business, health & social care and the community/voluntary sector to deliver education, intervention and prevention strategies across a range of areas. The

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Partnership is consulting with its members to refine their working goals and strategies in line with upcoming legislative changes:

- The Serious Violence Bill, placing new duties on schools, police, councils and health authorities to prevent serious violence.
- The Domestic Abuse Bill, aiming to reform how the justice system and partner agencies work with victims of domestic abuse.
- The National Probation Service and regional Community Rehabilitation Companies merging in June 2021.
- Changes to the Channel management process under the government's Prevent anti-extremism program, giving more responsibility and autonomy to local government safeguarding panels.
- New recommendations arising from an independent review of the Modern Slavery Act.

2.18 The Partnership agreed the following four priority areas for this year: Serious Organised Crime; Serious Violent Crime; Domestic Violence & Abuse, including Rape & Sexual Violence and Abuse, Stalking & Harassment and Harmful Practices; and Drugs- and Alcohol-Related Harm.

2.19 It retains its focus in other areas where progress continues to be made within the Partnership and where other partnerships lead on major projects: Preventing Violent Extremism; Supporting Offender Management Strategies by Addressing Accommodation Issues; Supporting the Safer Sussex Road Partnership; and Preventing and Addressing Anti-Social Behaviour and Hate-Crime

Running through all these areas is its responsibility to increase public consciousness of online safety to promote a positive and healthy relationship to digital media.

2.20 In tackling Serious Organised Crime it is:

- Safeguarding young people who are at risk of exploitation by offering intervention programs in schools as part of local contextual safeguarding, a whole-community approach to promoting learning, safety and independence.
- Delivering its Communities Against Exploitation Campaign together with key partners to build community resilience against

serious & organised crime by revealing its origins, warning signs and how to report it.

- Supporting people accessing East Sussex's Community Hubs by sharing Community Safety information and awareness-raising material.
- Delivering Against Exploitation workshops to young people to recognise exploitative and abusive patterns of behaviour and where to get help.
- Co-ordinating activity across the Council to meet the requirements of the Modern Slavery Act by raising awareness amongst staff and the community, risk assessing its supply chains with commissioners and contractors, and helping deliver targeted staff training and multi-agency training sessions to single points of contact.
- Supporting the pan Sussex Anti-Slavery Network in creating strategies to eradicate modern slavery and exploitation.
- Raising awareness of emerging fraud and scam trends to its partners through newsletters and direct training.
- Partnering with Sussex Police and Trading Standards to identify, support and educate people vulnerable to fraud through Operation Signature, under ESCC's duty to safeguard against financial abuse enshrined in the Care Act.
- Growing its community-based Charter Partners and developing scams and fraud awareness material for dissemination across this network.
- Delivering the Get Safe Online programme alongside Sussex Police to encourage active learning about cyber-crime and prevent residents becoming victims.

2.21 Within its work to prevent and address Serious Violent Crime it is:

- Collaborating with its partners to expand the scope and achievements of the East Sussex Violence Reduction Unit (VRU), set up to address and prevent serious violence.
- Highlighting current and proposed VRU campaigns to partners and other agencies to keep them aware of pre-emptive opportunities to intervene where children, young people & adults are at risk of committing serious violence or suffering its effects.

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- Creating and evaluating violence prevention strategies by intelligence-sharing with partners to produce perpetrator profiles, highlighting offenders' risks, vulnerabilities, and networks.
- Giving resources and guidance to partners to support them in tackling local issues surrounding serious violence.

2.22 It works to tackle Domestic and Sexual Violence and Abuse by:

- Working alongside the Office of the Police and Crime Commissioner and NHS East Sussex CCG to deliver more specialist services for survivors of domestic & sexual abuse from April 2021.
- Evaluating how the pan-Sussex Strategic Framework for Sexual Violence & Abuse is governed to reduce duplicated effort and develop tools to reliably measure the efficacy of its services while still highlighting the experience of victims and survivors.
- Consulting with partners across Sussex to create multi-agency Action Plans to help us intervene early, change perpetrators' behaviour, and help families and communities recover.
- Providing training to professionals across health, community, and social care through its local Champions Network to encourage early and effective prevention, outreach and intervention.
- Working with housing providers, refuges, and therapists to trial new approaches for managing complex & repeat cases of abuse, alongside creating new resources for professionals.
- Refining its Multi-Agency Risk Assessment Conference (MARAC) process to improve ASC's links to primary healthcare services to ensure the wellbeing of survivors.
- Creating profiles of serial domestic violence perpetrators in East Sussex by considering wider family, community, and safeguarding contexts.
- Creating coordinated services new perpetrator-centred programs to challenge behaviour, stop cycles of abuse and promote positive relationships.

2.23 To reduce Drugs and Alcohol-Related Harm it is:

- Providing services and guidance for users, families and communities affected by drug & alcohol misuse through the Council's Drug and Alcohol Treatment Service. This is delivered by specialist providers using existing resources and local community aid projects to care for and integrating participants into society where they can make positive contributions.
- Working closely with local health and social care teams to create 'wrap-around' intervention programs for substance misusers, addressing wider social, housing and health issues to achieve better integration and confidence in living away from dangerous links to substance misuse.
- Growing and re-mapping its joint working with Public Health, Sussex Police & other community safety partnerships to ensure drug & alcohol misuse is treated as a broader health and community safety issue.
- Developing & refining Project Adder – an initiative combining specialists in social care, community drug rehabilitation and prison in-reach – to offer diversionary, treatment and enforcement programs to reduce drug-related offending and death from crack and opiate misuse in Hastings.
- Completing specially themed Drug Related Death conferences in areas like homelessness and trauma-informed care to reflect on good practice, areas for improvement how to integrate its approach with Public Health and other community professionals.

## Public Mental Health

2.24 We will continue to pursue a range of projects and initiatives aimed at improving the mental health and wellbeing of East Sussex residents. This includes new work to help mitigate the additional impact of COVID-19, for example: understanding and addressing loneliness and social isolation; community development work aiming to increase sources of support and help seeking amongst men; aiding schools to better help young people with emotional based school avoidance. We will also continue to support schools in their role, through leading on the Schools and Colleges Mental Health Network and developing the School Health Service mental health Tier 2 offer.

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2.25 The multi-agency East Sussex Suicide Prevention Group coordinates suicide prevention activity through the suicide prevention action plan. The East Sussex Coastal Suicide Prevention Group has a reinvigorated work plan, underpinned by a newly established research programme and a strong partnership approach.

2.26 East Sussex Public Health also take a lead role in delivering the ICS suicide prevention programme which takes a wide and varied approach to addressing some of the key risk factors for suicide. This includes: social media campaigns; training for frontline staff; development of General Practitioner training roles; A&E brief intervention follow-up; bereavement support; Real Time Surveillance systems; and bespoke advice for people at risk of debt.

## Housing

2.27 Key plans include work both to reduce the likelihood of homelessness; and how best to support people who are homeless (including those newly at risk/made homeless due to COVID-19) and people who previously had been rough sleepers. The work includes both new works related to COVID-19 and work that was underway prior to the pandemic. Prior to COVID-19, the annual DPH report 2020 on Health and Housing included recommendations to both reduce homelessness and to support who are insecurely housed. New roles of link workers for people living in temporary and emergency accommodation are being developed to provide holistic assessments of people's health, well-being, social and finance/ employment needs. Since COVID-19, new roles have been developed and are in place to support those people into pre-employment and employment support (the new Employment Co-ordinators); support to people who had been rough sleepers (a new Clinical Psychologist and two new mental health workers to support trauma-based care; access to dental care and flu jab; support to winter night shelter alternative accommodation; support to engage to enable access into pre-employment support). Other work includes an approach to better link housing and planning.

## Warmer Homes

2.28 Public Health continue to work closely with system partners to lead on a comprehensive fuel poverty reduction programme. Central to this is the free Warm Home Check service providing advice and offering funded home improvements for the most vulnerable, enabling them to keep warm and well at home. Externally funded partnership projects also provide either first-time central heating or low-carbon heating and home insulation for low-income households living in the least energy efficient homes. We raise awareness through communications activities and training health, housing and social care professionals and voluntary sector workers to support identification and referral of vulnerable people who live in a cold home.

## Healthy Child Programme

2.29 Public Health are lead commissioners for the Healthy Child Programme, which includes the provision of the School Health Service and Early Help Integrated Service (Health Visiting/ Children's Centres). Over the next two years, we plan to continue with the implementation of the recently launched East Sussex Healthy Schools Programme, and embedding of the Healthy Active Little Ones (HALO) programme for early years settings (which now supports a broader range of health and wellbeing topics and includes an awards programme). Other planned developments include: School Health Service mental health and PSHE offer; East Sussex wide expansion of the successful Hastings Antenatal Project; developing and strengthening offer to young parents and provision of perinatal of counselling project for parents a partnership approach to reducing Sudden Infant Death and childhood injuries (and the re-commissioning of the East Sussex Child Home Safety Advice and Equipment Service); and initiatives to support peri-natal mental health and new fathers. We will also continue to support the delivery of high quality personal, social, health and economic (PSHE) education through the ongoing development of East Sussex PSHE Hubs and commissioned support.

**Impacts of Covid-19**

Health Protection - Impacts of Covid-19

2.30 Significant work continues to keep pace with rapid developments in guidance, data production, testing sites and test and trace services.

2.31 The work of Infection control has extended well beyond the usual remit during the pandemic. Work will continue to commission rapid rollout of training programmes for care and education settings. Work will also continue to promote screening programmes and flu vaccinations. We continue to have a joint collaborative and co-ordinated approach to supporting East Sussex care settings including care homes, extra care housing and supported housing in managing COVID-19 outbreaks with the aim of reducing transmission, protecting the vulnerable and preventing increased demand on healthcare services. Infection control support for care homes is normally provided by CCGs. During the pandemic we have supported the training being delivered by commissioning a provider to provide bespoke service IPC COVID-19 training and we will continue to support where requested.

2.32 During the Pandemic response we have been working collaboratively with the NHS and ICS in Sussex on the National/ Regional Influenza Programme. The programme will target areas of lower uptake, especially BAME, pregnant women and areas of deprivations.

2.33 We will participate in providing clinical leadership and advice to inform the delivery of the COVID-19 Vaccination Programme across Sussex Integrated System. We act as clinical professionals to inform on subject matter including on immunology, infection prevention and control, public health, vaccination service provision, pharmaceutical technology and regulation and medical, nursing, Allied Health professionals and pharmacy professional practice. It is too early to present any meaningful information on the rollout of a vaccine but logistically this will be an enormous undertaking with great deal of effort required by all those working in social care and health.

2.34 It is difficult to convey the sheer amount of data that has been generated by multiple sources. It has been painstakingly pieced together to help inform decision making and rearranged and presented in different ways to ensure it can be clearly understood by partners, stakeholders and the public and that they are on the journey of understanding with us.

2.35 The Clinical Cell started in March and has successfully responded to internal and external queries working with teams across the council and across Districts and Boroughs to bring in specialist advice and support for a range of situations including:

- Support in accessing COVID-19 testing for specific individuals and groups that fall outside of mainstream testing options.
- Advice on interpreting national guidance.
- Care home visiting policy and procedures and the role of Director of Public Health in assessing the local epidemiological picture to enable care home visits.
- Responding to queries raised by Councillors and Members of Parliament on behalf of their constituents.
- Support for the local tracing partnership team and management of escalations.
- Supporting the NHS and Health system working on logistic planning to prepare for the roll -out of COVID-19 vaccination.

2.36 A Local Outbreak Plan is in place and has been subject to continued update to reflect local learning and latest guidance. The plan outlines the action needed for outbreaks to support care homes and schools, high risk places, settings and communities and vulnerable people. The development of this plan was led by public health but a collective effort across a range of partners, including all parts of the Council, Police, Public Health England, ESHT, CCG, Districts and Boroughs, Sussex Resilience Forum, Health Watch.

2.37 A number of one-off projects are underway, some of which are mentioned here, to complement and support existing work within the system. As the funding is one-off, proposals are designed to effect change which will remain after the end of the project, through building system capability, supporting groups to work together, mitigating against some of the impacts of lockdown (such as increased alcohol consumption, impacts on mental health and

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loneliness and social isolation) or reinforcing the positive side-effects of lockdown (such as increased physical activity, housing rough sleepers).

2.38 Access to testing has improved alongside increases in lab processing capacity at a national level. We have worked across the system to help set up:

- Three local testing sites (LTS) in Bexhill, Eastbourne and Hastings. We are in discussion for additional LTS sites in Wealden.
- Numerous locations where we deploy Mobile Testing Units (MTU) sites for 2-3 days.
- The Regional Testing Site (RTS) at Plumpton racecourse (in West Sussex RTS also operate at Tangmere and Gatwick).

2.39 Tracing was passed to Local Authorities in late November to contain COVID-19 onward transmission. The programme is known as Local Tracing Partnerships. The purpose is to trace people who have tested positive for COVID-19 (defined as a 'case') whom the national COVID-19 test and trace team have failed to contact.

The national team attempt to trace for 34 hours after which the case is passed to the East and West Sussex County Council (ESCC/WSCC) combined local tracing partnership team. The call centre (based in WSCC but using local phone numbers) will check all case details with District and Borough records and attempt contact by text and phone. Failure to trace the case may mean that District and Borough Environmental Health Officer teams attend the home address to provide advice on isolation and assess where there might be additional needs or further action required. In some cases, welfare checks by the police will be required.

### Clinically Extremely Vulnerable People

2.40 As of 2 June 2021 there are a total of 38,073 people identified as clinically extremely vulnerable in East Sussex. The definition of people considered CEV has broadened as part of the new Risk Model, defined by the Government. Originally, there were 21,672 CEV people identified in East Sussex, with a further 5,431 (under 70 years old) and 11,066 (over 70 years old and those under 70 in formal care settings) added on 15 and 22 February, respectively.

2.41 The below sets out an overview of work undertaken throughout the first national lockdown and 12 weeks of shielding (March to July), the second national lockdown (5 November to 2 December 2020), and the third period of restrictions (20 December 2020 to 31 March 2021).

2.42 Clinically extremely vulnerable people (CEV) were given specific advice, and in East Sussex were supported via:

- National registration and supermarket priority schemes (via the National Shielding Support Service, NSSS), and requests for local authority call back, which are completed by the County Council's Health and Social care Connect (HSCC).
- Proactive contact to assess CEV needs and ensure they're met, completed by the Council via email when available and calls on a prioritised basis via external call centres.
- Local online advice and helplines supporting access to food and basic support.
- 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. Approximately 11,500 food boxes were delivered to over 1,000 households between April and end of July.
- Public information campaigns by the Council, online and offline.

2.43 Support to a wider cohort of vulnerable people was 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. The Community Hubs have continued as the public's main point of contact for advice and help with general pandemic-related concerns. They are integrated with business as usual contact centres and will currently continue until 31 March 2021.

2.44 Demand for people needing support with meeting their basic needs or access to food and contact to the Community hubs was significantly lower during the second national lockdown in November. The key factors influencing lower demand than the previous lockdown are thought to include:

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- Familiarity with the concepts and practicalities of social distancing and other restrictions.
- Shorter expected duration of the measures.
- Greater emphasis in national and local messaging and offer on independence, choice and self-support with help from families, friends, neighbours and NHS Volunteer Responders.
- Better joint working across system partners.
- Continuity of key services, which were more disrupted in the first lockdown.
- Better planned, improved and more targeted services following on from learning and planning from the first wave.

2.45 It is unclear at this stage the impacts of COVID-19 in the following areas: those with long term conditions; the impacts on people's mental health and wellbeing; the impact of delayed access to health services; and the reported numbers of people experiencing long COVID-19. These areas will continue to be monitored and the operational response to these will be delivered through Public Health and Adult Social Care as part of the broader whole system response.

### Personal Protective Equipment

2.46 Since April 2020 we have issued over 3 million emergency supplies of PPE across the county to a range of internal and external teams, including providers, GPs, pharmacies, and crematoriums. We continue to supply PPE to internal teams and to meet the needs of external services where emergency supply is required.

### Care sector impacts

2.47 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.

2.48 An East Sussex Care Homes Resilience Plan was 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. In June and July 2020 we distributed the first allocations of Infection Control Fund made to East Sussex from National Government to support the whole market, and the second allocation is in progress.

2.49 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.

### **Helping people help themselves**

2.50 Health and Social Care Connect, the ASCH contact centre, has continued to operate fully throughout the pandemic and will continue to provide a single point for information, advice and access to community health and social care services 7 days a week, from 8am to 8pm, with the addition of the Shielded Line support for periods of national or local lockdowns. HSCC operates from offices to allow robust telephony and IT systems to be used, ensuring that staff can respond to the high numbers of calls received on a daily basis. The ASCH Programme will develop the systems already in use to enable these to be used as effectively from a home base as from the office, for those staff who are self-isolating or for periods when it is not possible to physically accommodate the full team in the office, to ensure there is no impact on the service provided.

2.51 Between April and December 2020, HSCC received an average of just over 11,700 contacts per month, this compares to an average of 11,470 per month in the same period in 2019 (an increase of 2%).

2.52 Hospital discharges to social care settings during the pandemic have been managed by NHS staff, which is a temporary shift from the usual process where people in hospital requiring care

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on leaving will be assessed by social workers based in the hospital, and have their assessed care needs met through the adult social care department. With NHS staff taking the lead on managing discharges a number of clients have been discharged to community care settings which will in time revert to the ASCH department for ongoing funding. It is likely that these settings will be at a higher cost than would have been negotiated through the ASCH Brokerage service, and this will have an impact on our budget in the future. In the initial response to the pandemic the care home sector was affected by residents who were discharged from hospital without being tested for COVID-19, leading to some infections within care settings. There is also now a new requirement for care home providers to input into a national Capacity Tracker tool which provides the Government with oversight of bed capacity in the health and social care system. We are increasing the resources within the Supply Management service to provide additional support and engagement with care homes and home care providers to help the sector remain sustainable.

2.53 The integrated community health and social care services have implemented 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.

2.54 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.

2.55 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.

2.56 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.

2.57 Occupational Therapy services have been affected by the pandemic through the requirement for staff to work from home and to temporarily suspend the clinics which were in operation for people requiring assessments and equipment. The need to ensure social distancing to reduce transmission of the virus to vulnerable adults has seen a risk assessment approach to visits, with people with lower needs being triaged to a pilot Virtual Assessment process. A new, temporary clinic is being explored to provide an assessment centre based on health clinic models whilst the normal OT clinics are suspended. There are a number of protective factors which will need to be considered and implemented if clients are to access the clinic, and these need to be manageable. OT assessments in the longer term will be dependent on robust systems and processes to enable these to be undertaken remotely where this is clinically appropriate. OT services are also looking to the future, by establishing an Occupational Therapy Apprenticeship Scheme with Brighton University, and extending our student placement offer to include physiotherapists and paramedics. It is anticipated that these measures will help with recruitment and retention to keep the OT service stable and functioning. We will need to be responsive to the anticipated increase in demand for OT services through our clients suffering deconditioning and lack of access to health management services during the pandemic lockdown period, and through the effects of long COVID on those who are and will suffer with the longer term post-viral effects.

2.58 One of our key objectives, which has been highlighted and prioritised by the pandemic, is to invest in systems which will enable clients to access information, advice and support using digital

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platforms. A virtual assistant, or 'chatbot', is going to be developed for the Blue Badge service which will provide much quicker answers to questions than the telephone and email service does currently. We will expand the systems we already have in place to open these to clients who wish to access their case information. Clients will be able to provide documentary evidence much more quickly and easily than at present, reducing the administrative burden on both them and on our staff.

### Health Systems

2.59 Over the next three years we will continue our systematic approach to prevention, health improvement and reducing health inequalities through the services we commission and the approaches we take to meet population health needs in the following areas:

- We will work with General Practice and community providers to embed proportionate universalism into the mandated NHS Health Check programme, as a foundation to reducing inequalities in health outcomes. We will ensure that our partners within the Integrated Care Partnership and Integrated Care System understand, support and maximise the programme's impact as a systematic intervention to identify, prevent and reduce the risk of cardiovascular and other non-communicable diseases. We aim to improve the subsequent entry from health checks to interventions that address smoking, harmful alcohol consumption, obesity, sedentary lifestyles and the detection of conditions such as hypertension, hypercholesterolemia, nondiabetic hyperglycaemia/ diabetes and atrial fibrillation. We will ensure good quality checks are reaching the right people through regular monitoring of coverage and performance. We will support efficiencies where appropriate to align checks with other existing programmes e.g. learning disability or BAME health checks.
- In spring 2021 we will launch the updated East Sussex Healthy Weight Partnership plan (2021-2026) which is a whole systems approach to supporting healthy weight developed collaboratively with partners during 2019/20. We are also working to improve oversight and profile of the Partnership within the emerging Integrated Care Partnership and Integrated Care System. We

will continue to work with partners across East Sussex to implement the plan which covers nutrition physical activity from wider determinants, e.g. increasing opportunities for active transport and the availability of healthy affordable food, through prevention activities and interventions such as individual weight management programmes. We aim to ensure strong links to our communities and to clinical services to deliver improvements in population health. As a result of the extensive food poverty revealed by COVID-19 we are also working with partners in each district and borough to set up or strengthen local food partnerships as a means of improving food security and availability for our population. In recognition of the benefits of exercise and access to outdoor space on mental as well as physical health we will work collaboratively with colleagues on joint projects to improve outcomes for our population

- We will work with the commissioned integrated wellbeing and lifestyle service One You East Sussex to continue to adapt weight management, smoking cessation, health checks and behaviour change services as the COVID-19 pandemic passes, ensuring that successful and popular remotely provided services continue to be provided where appropriate, and that face to face services can be reinstated for those who would benefit most from them. We aim to work collaboratively with newly emerging NHS health improvement programmes for weight management and smoking cessation to ensure synergies are maximised and duplication minimised, and to improve uptake of services by people identified through NHS Health checks in primary care as being able to improve their health through accessing interventions.

### Planning

2.60 A new post of Strategic Lead for Creating Healthy Places will support the county and district and borough councils to best enable the built and natural environment to improve health and wellbeing and reduce inequalities. This will be enacted through supporting planning policy, development management and health impact assessment. There will be a strategic framework including the Public Health priority areas for getting health into place.

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Ultimately a small team will support this work, based in the district and borough planning teams.

### Asset based community development

2.61 Public Health continues to commission an Asset Based Wellbeing Programme (Making it Happen). This is delivered by Sussex Community Development Association and partner organisations, supporting target communities in East Sussex to make positive change in their neighbourhoods. This is a 5.5 years programme that started in September 2019 and is initially focussed on 17 neighbourhoods within East Sussex. It uses the principles of Asset Based Community Development to build the confidence and capability of people to come together to tackle issues that matter to them most, with a focus on what is positive and works well in particular populations. The programme contributes to the Council's 'Helping People to Help Themselves' priority, encouraging residents and communities to work together to build better local communities, meet local need, and support individuals to stay independent. An evaluation partner will seek to understand the impact that the programme is having on key outcomes such as people feeling more connected to their community.

### EU SHIFT Project

2.62 We are a project partner of a European 2 Seas project titled SHIFT examining the sexual health needs of those aged over 45. Initial reports from this study have started a public conversation about sexual health in the over 45s being reported through national and international press

### Sexual Health services

2.63 Access to contraception and STI services remains greatly reduced due to COVID-19 service delivery model restrictions. Drop-in sessions are not possible, and access is dependent on phone triage. Often phones are engaged or there are long waits. This is giving rise to a significant drop-in activity and poses worrying long term health and social care outcomes.

2.64 Of particular concern is the continued and significant reduction in Sexually Transmitted Infections (STI) and HIV testing. There has been a rising rate in the use of Emergency Hormonal

Contraception (EHC) and abortion in all ages and a repeat abortion rise. Induced abortion for termination of pregnancy implies that contraception supplies have been exhausted, missed or not used. Aside from the obvious emotional cost, the financial cost of induced abortion is significantly higher than contraception or EHC.

2.65 Condom provision has dropped by 65% compared to the previous year in the absence of face to face services. Limited coil and implant services are slowly resuming. Services are encouraging self-administration of contraceptive depot injections. Online provision of STI and HIV testing has been extended. Online provision of EHC and contraception starter packs (bridging) has been procured to September 2022 and includes chlamydia screening, pregnancy testing and condoms for those requesting EHC from the Council. Online provision of condoms has been expanded to all those aged over 13 years of age.

2.66 The risks for East Sussex residents include the potential for undiagnosed communicable STIs (and onward transmission including HIV), increased unintended pregnancy and the negative sequelae of both. The challenges of and fall out from COVID-19 pose significant pressures for our usual aims to promote good sexual health.

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

2.67 It is very helpful in the wider context of the pandemic and the history of austerity that the Council is not required to make any savings in 2020/21, which means that Adult Social Care and Health does not need to consider making cuts to the services we provide. The pandemic has of course meant that resources have been diverted into the emergency response and business continuity and supporting the independent sector to continue providing care. The additional costs of the pandemic have been funded from national grants from Government which has been used for: planning and delivery of support to CEV's; contacting CEV's, triaging and signposting; food access; funding allocated to district & borough councils, the VCSE, town & parish councils and mutual aids; and; project leadership, management, coordination, project delivery and general Council 'back office' costs to support CEV's.

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2.68 There are a number of other areas which have been identified through the ASCH Programme for further investment to ensure that we are in the best position possible to support our vulnerable residents despite the constraints of the pandemic. We will invest in developing online tools to enable people to engage with us in a way that suits them, including a user-friendly online financial assessment tool to reduce the need for face to face financial assessments and makes clear at an early stage whether a client is likely to need to pay towards their care. Investment in the programme will be managed within the overall Adult Social Care three-year financial plan. This recognises that the schemes within the programme will deliver realisable benefits in the medium term. The financial impact of these schemes will be monitored as part of the department's ongoing demand modelling and is expected to deliver a net financial benefit in the longer term.

2.69 Overall our plans to revisit and refresh our previous (pre-pandemic) plans for how we can further develop our ICP and integrated delivery of services in East Sussex, are designed to make best use of our collective resources and improve our population's health and outcomes. This includes our work to agree where our integrated working can have the most significant impacts for our population, and what we will need to deliver during 2021/22 to further strengthen our ICP by 2022.

2.70 To ensure we make continuous progress our in year integration programme focusses on our collective shared priorities across children and young people, community, urgent care, planned care and mental health with an emphasis on the shared quality, efficiency, and productivity gains that can be made through integrated working, as well as improving outcomes.

2.71 At the beginning of 2020/21 the programme was paused in order to deliver the pandemic emergency response. We have since made significant progress as a system to update and reset our in-year integration programme in order to incorporate the learning from new ways of working that were rapidly developed as part of our emergency response, and sustain new models of delivery where there have been agreed benefits.

2.72 As part of this we have reviewed our overarching target operating model (TOM) for community health and social care services across the county that was agreed in 2019/20, in light of the learning from delivering the response to COVID-19, and taking account of the recently published Hospital Discharge Service Guidance. The following areas are now the revised priority projects which will be delivered in the coming 12 – 18 months:

- **Joint review and development of hospital discharge processes** - embedding the hospital discharge hubs that have been developed as part of the pandemic response, including for out of county acute pathways.
- In the context of the above work some specific projects to support Home First Pathways:
  - **Developing a multi-disciplinary, integrated rapid response community team** to support delivery of Home First Pathway 1 (hospital discharge to own home with a package of support), and;
  - **Reviewing Home First Pathway 3** (discharge to temporary nursing or residential beds for assessment), across acute and community health and social care processes and a strategic approach to commissioning, procurement and supplier management of beds.
- **Continuing to implement the use of SingleView** - in community health and social care and linking other key systems in order to give a summary view for staff across more key services.

2.73 A critical focus for our system will continue to be avoiding attendance and admissions to hospital where alternative services can be provided, and ensuring that patients are discharged to their own homes or into appropriate care settings in a timely and appropriate way.

2.74 Our current system focus has necessarily shifted to the immediate collaborative working required to rapidly improve the flow of patients Medically Ready for Discharge (MRD) from hospital, as we move into the winter period. This includes increased use of Home First Pathway 1 (discharge to a person's own home with a package of care), an increase in same day discharges, and more

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effective utilisation of Discharge to Assess (D2A) and community bed provision. This work will complement the broader community programme of work set out above, which is designed to embed more sustainable system working in this area and improve longer term health and wellbeing for frail older people and those with multiple long-term conditions. We expect to see impacts being evidenced over the next three months as the new processes start to embed, and these will be further formalised in 2021/22 as part of our community TOM.

2.75 It is also the intention to establish strong links between the community health and social care TOM and our system work in the following areas:

- Developing and delivering a system approach to supporting care homes through building on the East Sussex Care Homes Resilience Plan, clinical support offer and mutual aid support and the primary care Directed Enhanced Service developments to deliver a cohesive model of support to the care market.
- The potential to develop a strategic partnership approach to workforce with Primary Care Networks, community health providers and Adult Social Care relating to allied health professional and new practitioner roles.
- Links with wider integrated working in our communities, including the work to develop a sustainable model for the Community Hubs that were created by the Council, district and borough councils, the VCSE, and CCG in response to COVID-19 and lock down.

2.76 A project is also taking forward further expansion of the High Intensity User service that was successfully introduced last year in East Sussex, refining the offer and delivering to a wider potential cohort of people who frequently use emergency services including opportunities to collaborate with Brighton and Hove.

2.77 Work has been taking place to develop and shape a single plan and integration programme for Mental Health services in East Sussex and the following key areas of focus have been agreed for project development in 2021/22:

- **Emotional wellbeing services** – developing integrated teams aligned with Primary Care Networks to ensure improved access to a wide range of primary care based mental health services, including Improved Access to Psychological Therapies (IAPT) and Health in Mind
- **Community Services enhancements** – to provide a consistent range of specialist services for adults with personality disorders, eating disorders and rehabilitation in line with the NHS Long Term Plan commitments
- **Housing and supported accommodation needs and pathways** – working with district and borough council partners as part of wider work on accommodation related support to ensure a focus on mental health accommodation needs

### Primary care

2.78 General Practice and Community Pharmacy play a vital role, given their footfall, for opportunistic delivery of public health commissioned services including smoking cessation, NHS Health Checks and contraception and STI testing. COVID-19 has seriously affected access to primary care. The situation prompted earlier and additional review of service delivery and how they might be made more effective through targeting, signposting to specialist services and aligning with existing service provision.

### Publicly owned green space

2.79 We plan to work with partners in East Sussex to develop a methodology for understanding the natural capital, social and health and wellbeing value of publicly owned green spaces. The aim is that these methodologies will support organisations to understand the potential of green and open spaces in public ownership for delivering benefits for nature and people - thus increasing their relevance across a range of public sector objectives including climate change, health and wellbeing, biodiversity and environmental quality.

### Public Health as a centre for excellence

2.80 We will continue to host four Foundation Year doctors and at least one Speciality Trainee in Public Health. We will enable our team to be 'research ready' and develop and strengthen links with

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our local universities and other academic partners including the National Institute for Health Research.

### Arts and Culture

2.81 Public Health are working with partners to explore ways of bringing the health and wellbeing benefits of engaging with and participating in creative and artistic activities to the wider population through health and care services. Everyday Creativity is a COVID-19 recovery project under development focusing on groups most affected by the pandemic including young people, the homeless, personal assistants, newly unemployed, and residents of care homes and their families.

2.82 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 18 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.

### Impact of COVID-19 on performance measures

2.83 COVID-19 has impacted on the delivery of some performance measures due to the re-prioritisation of services as part of our response to the pandemic. Capacity for rehabilitation and reablement has reduced as a result of COVID-19 due to the temporary redeployment of rehab services to support Covid positive patients in the Community. Additionally, NHS Hospital Discharge Covid-19 Funding has been in place since March 2020 to support the timely discharge of patients from hospital to community. When a person is discharged under this scheme all care is fully funded by the NHS. As a result of this, Direct Payments were not offered as an immediate option but instead discussed with individuals as and when NHS Funding ceased and funding was picked up by Adult Social Care. This in turn has impacted on the performance indicator for Direct Payments and will continue to do so in the first half of 2021/22 as NHS Funding under Hospital Discharge continues.

## Performance Measures and Targets

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2016-21 Outcome Summary
Cllr Maynard	The proportion of service users discharged from the Joint Community Rehabilitation Service that do not require on-going care	72%	<u>56%</u>	>55.0%	>55.0%	>55.0%	Adults who have required support are able to live as independently as possible. Delivery outcome 12.
Cllr Maynard	Percentage of older people who are delayed from discharge when they are medically fit <b>CP</b>	New measure 2021/22	<b>New measure 2021/22</b>	Establish baseline	To be set 2021/22	To be set 2022/23	Adults who have required support are able to live as independently as possible. Delivery outcome 12.
Cllr Maynard	National outcome measure: The proportion of people who use services who say that those services have made them feel safe and secure ( <b>Adult Social Care Survey</b> ) <b>CP</b>	83.6%	<b>Cannot be implemented due to COVID-19</b>	≥87.0%	≥87.0%	≥87.0%	Services received by adults with long term support also have a positive impact on their safety. Delivery outcomes 8 and 9.
Cllr Maynard	National outcome measure: Proportion of working age adults and older people receiving self-directed support <b>CP</b>	100%	<b>100%</b>	100%	100%	100%	Adults are able to take control of the support they receive. Delivery outcomes 11 and 12.
Cllr Maynard	National outcome measure: Proportion of working age adults and older people receiving direct payments <b>CP</b>	32.9%	<u>33.9%</u>	≥34.3%	≥34.3%	≥34.3%	Adults who have required support are able to live as independently as possible. Delivery outcome 12.
Cllr Maynard	The proportion of clients who find it easy to find information about services ( <b>Adult Social Care Survey</b> )	75.7%	<b>N/A</b>	>73.1%	>73.1%	>73.1%	Adults who need our support are able to easily find the appropriate service information. Delivery outcome 11.
Cllr Maynard	Number of carers supported through short-term crisis intervention <b>CP</b>	921	<b>100</b>	390	390	390	To support carers when they most need it to enable them to carry on in their caring role. Delivery outcome 12.

## Adult Social Care and Health

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2016-21 Outcome Summary
Cllr Maynard	National outcome measure: Proportion of people who use services, who reported that they had as much social contact as they would like ( <b>Adult Social Care Survey</b> )	52.4%	N/A	≥50.0%	≥50.0%	≥50.0%	Adults supported by the department do not become socially isolated. Delivery outcomes 7 and 12.
Cllr Maynard	National outcome measure: Self-reported experience of social care users quality of life ( <b>Adult Social Care Survey</b> )	19.7	N/A	≥19.5	≥19.5	≥19.5	To monitor various aspects of quality of life and the impact service provision has. Delivery outcomes 7 and 12.
Cllr Maynard	National outcome measure: The proportion of people who use services who have control over their daily life ( <b>Adult Social Care Survey</b> )	82.5%	N/A	≥80.7%	≥80.7%	≥80.7%	The services received by adults complement their ability to maintain control over how they live their lives. Delivery outcomes 7 and 12.
Cllr Maynard	National outcome measure: Overall satisfaction of people who use services with their care and support ( <b>Adult Social Care Survey</b> )	68.3%	N/A	>68.0%	>68.0%	>68.0%	Adults who use adult social care services are satisfied by what they receive. Delivery outcomes 9 and 12.
Cllr Maynard	Satisfaction rates for people with mental health conditions arising from NHS mental healthcare	81.8% of respondents 'positive')	<b>80.7%</b>	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 12.
Cllr Maynard	Proportion of people with mental health conditions likely to recommend NHS mental healthcare	47.4% 'extremely likely' to recommend	<b>50.3%</b>	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend	The services received by adults complement their ability to maintain control over how they live their lives. Delivery outcomes 7 and 12.

## Adult Social Care and Health

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2016-21 Outcome Summary
Cllr Maynard	Outcomes for people with mental health conditions arising from NHS mental healthcare: number of people entering treatment	9,513	7,483	7,500	7,500	7,500	To monitor the number of people who are being supported by NHS mental health services. Delivery outcome 12
Cllr Maynard	Outcomes for people with mental health conditions arising from NHS mental healthcare: percentage of people completing treatment	51.2%	44.5%	50%	50%	50%	Adults who use mental health services are satisfied by what they receive. Delivery outcome 12
Cllr Maynard	Percentage of interventions for Joint Community Rehabilitation Reablement started within 5 days timescales	69%	59%	60%	60%	60%	Services are provided in a timely manner. Delivery outcomes 11, 12 and 14.
Cllr Maynard	Percentage of Health and Social Care Connect referrals triaged and progressed to required services within required timescales <b>CP</b>	84%	87% (Apr – Feb 20)	90%	90%	90%	Services are provided in a timely manner. Delivery outcomes 11, 14, 15 and 16.
Cllr Maynard	Percentage of Health and Social Care Connect contacts that are appropriate and effective (i.e. lead to the provision of necessary additional services) <b>CP</b>	98%	98% (April – Feb 20)	95%	95%	95%	Monitor the number of contacts from health professionals that aren't taken any further. Delivery outcomes 11, 14, 15 and 16.
Cllr Maynard	Number of people receiving support through housing related floating support <b>CP</b>	4,261	7,829	5,000	5,000	5,000	Adults can maintain their independence. Delivery outcomes 11, 12 and 13.
Cllr Maynard	National outcome measure: Achieve independence for older people through rehabilitation/intermediate care	90.5%	89%	>90%	>90%	>90%	Services are provided in a timely manner. Delivery outcomes 11, 14, 15 and 16.

Adult Social Care and Health

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 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. <b>CP</b>	8,629 people receiving TECS	8,486	8,500 people receiving TECS	8,500 people receiving TECS	8,500 people receiving TECS	To enable adults to maintain their independence. Delivery outcomes 11, 12 and 14.
Cllr Maynard	Number of providers registered with Support With Confidence <b>CP</b>	246	296	326	10% increase on 2021/22 outturn	10% increase on 2022/23 outturn	Increase the options for people who need support ensuring vulnerable people are given effective reliable support to help maintain their independence. Delivery outcomes 8, 9 and 12.
Cllr Maynard	The proportion of people who received short-term services during the year, where no further request was made for ongoing support <b>CP</b>	92.9%	88.1%	>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 12, 16 and 17.
Cllr Maynard	Number of Newly Qualified Social Workers (NQSW) recruited per relevant team per year across all the care groups	1 per relevant team	≥1	≥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 7, 12 and 14.

## Adult Social Care and Health

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2016-21 Outcome Summary
Cllr Maynard	Building upon existing joint and partnership working and in the context of the development of Integrated Care Systems (ICS) design, agree and implement: i - An integrated commissioning model. ii - An integrated provider model for Health and Social Care in East Sussex. <b>CP</b>	New measure 2021/22	<b>New measure 2021/22</b>	Service models developed and approved by the East Sussex Health and Social Care system and an implementation timetable with key milestones agreed.	Service models implemented	No targets set beyond 2022/23	Through joint and partnership working ensure all available resources are used to deliver maximum benefits to local people and achieve value for money Delivery outcomes 10, 15 and 16
Cllr Maynard	Number of households vulnerable to the effects of living in a cold home that have received a Warm Home Check	483	<b>TBC</b>	500	500	500	Protect the most vulnerable people from the harmful effects of fuel poverty and living in a cold home by providing support and interventions to help households keep warm and well. Delivery outcomes 8, 12 and 17.
Cllr Maynard	Healthy Active Little Ones (HALO) Programme: Proportion of early years settings who have gained the HALO Award or HALO Excellence Award (or achieved improvement in line with specified award criteria)	<b>N/A</b>	<b>N/A</b>	20%	40%	60%	Support early years settings to adopt and embed a 'whole-setting approach' to health and wellbeing – including aspects such as policy development, teaching and learning, staff professional development, engaging with parents/carers, and children's voice – contributing to improved school readiness and health & wellbeing outcomes for children and families. Delivery outcome 6.

Adult Social Care and Health

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2016-21 Outcome Summary
Cllr Maynard	East Sussex Healthy Schools Programme: Proportion of schools who have achieved 'Healthy Schools' status via the School Health Check (self-assessment tool).	New measure 2021/22	N/A	25%	50%	75%	Support schools and colleges to adopt and embed a 'whole-school approach' to health and wellbeing – including aspects such as policy development, teaching and learning, staff professional development, engaging with parents/carers, and pupil voice – contributing to improved health and wellbeing outcomes for children and families.  Delivery outcome 6.
Cllr Maynard	Healthy Weight Partnership (HWP) Plan– progress against actions agreed by HWP in three priority areas- food, physical activity, environment:	New measure 2021/22	N/A	Local food partnerships are established in each district and borough and have action plans in place	Place-based physical activity plans, which are co-produced with local partners, are in place in each district and borough	Demonstrate improvement or maintenance across indicators associated with healthy weight and physical activity	Work collaboratively with partners, using a whole system approach, to tackle unhealthy weight (both overweight and underweight) and physical inactivity, with a focus on system-wide prevention and early intervention.  Delivery outcomes 12 and 13.

Adult Social Care and Health

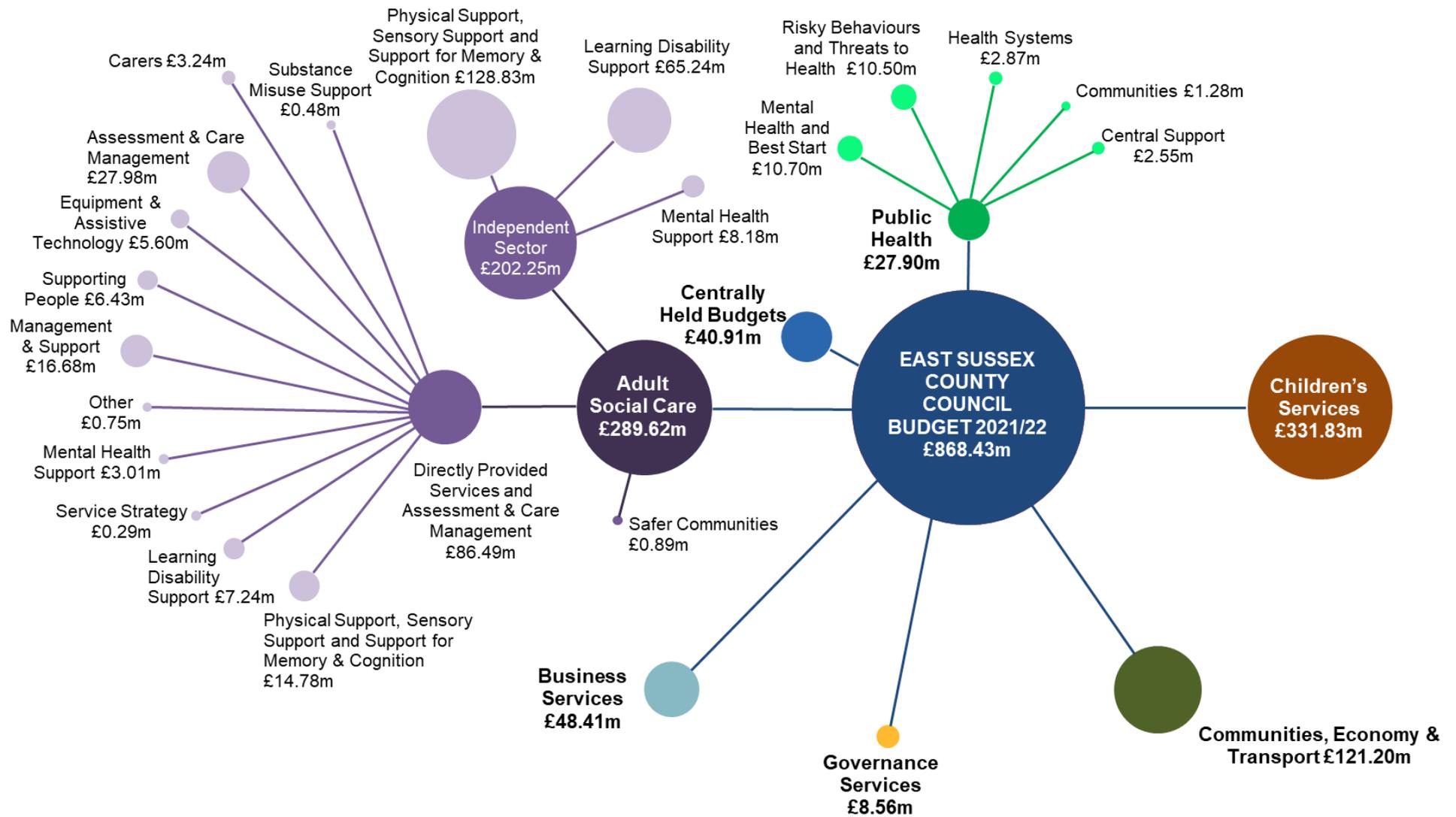
Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2016-21 Outcome Summary
Cllr Maynard	Number of new service user interventions started through One You East Sussex as part of the Integrated Lifestyle Service <b>CP</b>	6,432	<b>4,673</b>	7,000	To be confirmed following PH Review consultation	To be confirmed following PH Review consultation	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 12 and 13.
Cllr Maynard	Improving targeting of NHS Health Checks <b>CP</b>	New measure 2021/22	<b>N/A</b>	100% GP practices recommence delivery of NHS Health Check service including targeted service	45% uptake rate by eligible patients from IMD1 (baseline 38.4%)	50% uptake rate by eligible patients from IMD1	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 12 and 13.
Cllr Maynard	Through the Drug and Alcohol Funding streams commission services that sustain the development of the recovery community in East Sussex <b>CP</b>	New measure 2020/21	<b>Commission services</b>	Commission services	To be set 2021/22	To be set 2022/23	The rates of people entering recovery from drug and alcohol misuse are maximised and the stigma associated with misuse is reduced. Delivery outcomes 7, 12 and 13.

Adult Social Care and Health

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2016-21 Outcome Summary
Cllr Maynard	The % of people affected by domestic violence and abuse who have improved safety/support measures in place upon leaving the service <b>CP</b>	New measure 2021/22	N/A	80%	80%	80%	To enable vulnerable people who have been affected by domestic violence to feel more in control of their life, and better able to make decisions to increase their safety. Delivery outcomes 7, 8, 9, 11 and 12.
Cllr Maynard	When they leave the service the % of those affected by rape, sexual violence and abuse who have improved coping strategies <b>CP</b>	96%	94%	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 7, 8, 9, 11, 12.
Cllr Maynard	The number of community safety training and awareness raising sessions delivered to organisations within the county, including schools, staff, partners and the wider community	167	110	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 7, 8, 9, 11, 12 and 13.

CP = Council Plan

**Gross revenue budget**



Totals may differ from sum of components due to rounding

## Revenue Budget

Revenue Budget £000									
Divisions	2019/20			2020/21			2021/22		
	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net
<b>Adult Social Care:</b>									
IS - Physical Support, Sensory Support and Support for Memory and Cognition	114,782	(42,589)	72,194	120,380	(43,514)	76,866	128,832	(44,007)	84,825
IS - Learning Disability Support	56,941	(4,302)	52,639	63,737	(4,878)	58,859	65,243	(4,877)	60,366
IS - Mental Health Support	7,437	(1,042)	6,394	7,822	(1,805)	6,017	8,178	(2,305)	5,873
<b>Subtotal Independent Sector</b>	<b>179,160</b>	<b>(47,933)</b>	<b>131,227</b>	<b>191,939</b>	<b>(50,197)</b>	<b>141,742</b>	<b>202,253</b>	<b>(51,189)</b>	<b>151,064</b>
Physical Support, Sensory Support and Support for Memory and Cognition	14,864	(3,997)	10,867	14,927	(4,470)	10,457	14,783	(4,473)	10,310
Learning Disability Support	7,161	(544)	6,617	7,163	(236)	6,927	7,244	(237)	7,007
Mental Health Support	3,008	(2,984)	24	3,008	(2,985)	23	3,008	(2,985)	23
Substance Misuse Support	591	(115)	476	591	(115)	476	476	-	476
Equipment & Assistive Technology	6,304	(3,346)	2,958	5,599	(3,101)	2,498	5,599	(3,101)	2,498
Other	460	-	460	434	-	434	745	-	745
Supporting People	6,253	736	6,989	6,830	(310)	6,520	6,434	(310)	6,124
Assessment & Care Management	25,943	(2,991)	22,952	26,528	(3,558)	22,970	27,983	(3,361)	24,622
Carers	3,515	(2,821)	694	3,188	(2,494)	694	3,239	(2,545)	694
Management & Support	14,248	(26,682)	(12,435)	19,607	(29,004)	(9,397)	16,684	(28,916)	(12,232)
Service Strategy	290	-	291	290	-	290	290	-	290
<b>Subtotal Directly Provided Services and Assessment and Care Management</b>	<b>82,637</b>	<b>(42,744)</b>	<b>39,893</b>	<b>88,165</b>	<b>(46,273)</b>	<b>41,892</b>	<b>86,485</b>	<b>(45,928)</b>	<b>40,557</b>
<b>Total Adult Social Care</b>	<b>261,797</b>	<b>(90,677)</b>	<b>171,120</b>	<b>280,104</b>	<b>(96,470)</b>	<b>183,634</b>	<b>288,738</b>	<b>(97,117)</b>	<b>191,621</b>
Safer Communities	336	-	336	484	(25)	459	885	(425)	460
<b>Total Adult Social Care incl Safer Communities</b>	<b>262,133</b>	<b>(90,677)</b>	<b>171,456</b>	<b>280,588</b>	<b>(96,495)</b>	<b>184,093</b>	<b>289,623</b>	<b>(97,542)</b>	<b>192,081</b>
<b>Public Health:</b>									
Mental Health & Best Start	9,431	-	9,431	10,429	-	10,429	10,705	-	10,705
Risky Behaviours and Threats to Health	10,770	50	10,820	11,318	50	11,368	10,500	50	10,550
Health Systems	3,216	-	3,216	3,083	(17)	3,066	2,866	-	2,866

Adult Social Care and Health

Revenue Budget £000									
Divisions	2019/20			2020/21			2021/22		
	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net
Communities	1,138	(398)	740	643	-	643	1,278	-	1,278
Central Support	3,349	(1,006)	2,344	3,846	(1,649)	2,197	2,554	(981)	1,573
Public Health Grant	-	(26,550)	(26,550)	-	(27,702)	(27,702)	-	(26,971)	(26,971)
<b>Total Public Health</b>	<b>27,904</b>	<b>(27,904)</b>	<b>0</b>	<b>29,318</b>	<b>(29,318)</b>	<b>0</b>	<b>27,902</b>	<b>(27,902)</b>	<b>0</b>

**Capital Programme**

Capital Programme, Gross £000						
Lead Member	Project	Total for Scheme	Previous Years	2021/22	2022/23	2023/24
Cllr Maynard	Greenacres	2,598	2,454	144	-	-
	House Adaptations Fund over and above disabled facilities grant to adapt properties to enable people to stay in their own homes	**	**	50	50	50

\* Project extends beyond 2021/22. \*\*Rolling programme:

## Appendix 1: Annual Procurement Forward Plans

Details of all projected ASC procurements over £1m during 2021/22 are provided below.

<b>Service</b>	<b>Contract Description</b>	<b>Start date for procurement work to begin (estimated)</b>	<b>Start date of new contract(s) or extension (estimated)</b>
Housing & Support Solutions	Block Nursing Beds Dynamic Purchasing System	July 2019	April 2022
Housing & Support Solutions	Residential & Nursing Dynamic Purchasing System	July 2019	April 2022
Housing & Support Solutions	Domiciliary Care Services	June 2019	February 2023
Housing & Support Solutions	Care & Support at Extra Care Housing Schemes	April 2020	February 2023
Housing & Support Solutions	Supported Accommodation service at McKendrick House/Pathways	April 2020	July 2021
Housing & Support Solutions	Homeworks	September 2019	November 2021
Housing & Support Solutions	Floating Support Service West	September 2019	November 2021
Housing & Support Solutions	Floating Support Service East	September 2019	November 2021
Learning Disabilities	Hastings and Rother Properties	May 2020	January 2022
Joint Commissioning	Integrated Community Equipment Service	August 2021	April 2023
Housing & Support Solutions	Telecare	August 2021	April 2023
Health Improvement	Integrated Lifestyle Services	June 2020	August 2021
Sexual Health	Specialist Sexual Health Services	May 2021	October 2022
Payments	Direct Payment Client Support Services	July 2021	April 2022
Payments	Direct Payment Client Support Services	July 2021	April 2022
Mental Health	Provision Community Connectors Services in East Sussex (Lot 1)	October 2021	April 2022
Mental Health	Transformational Mental Health Services	October 2021	April 2022
Sexual Health	Web based HIV & STI sampling and diagnostics	February 2022	November 2022
Housing & Support Solutions	East Sussex Domestic Violence and Abuse Refuge Service	November 2020	November 2021

Data subject to change according to the RPPR process'

# Children's Services

## Portfolio Plan 2021/22– 2023/24

July 2021

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## Cabinet Portfolio Lead Members

### **Councillor Bob Bowdler**

#### **Lead Member for Children and Families**



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

Principal service area responsibilities covered in this plan include child protection and family support, fostering and adoption for children, residential care for children, youth justice, youth service and all ancillary activities.

### **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 Our planning processes for 2021/22 and beyond have taken into consideration the immediate and future impact of the pandemic alongside other trends and pressures and reflect recovery alongside ongoing work.

1.3 In our response to the pandemic we made changes to the way we work. These changes were based on robust assessment of what is needed to effectively deliver services to children and young people and their families. We will consider any lessons learned that have arisen from the local pandemic response to ensure we continue to provide services to those that need them safely, effectively and efficiently.

1.4 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 in addition to the impact of the pandemic.

1.5 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.

1.6 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.

1.7 Working to mitigate the impacts of the pandemic 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).

1.8 We will further develop the Integrated 0-19 Early Help service and a whole system, whole family approach to support us to create a more sustainable system and to improve outcomes for children, young people and families.

1.9 During the pandemic we saw a rise in the number of children on child protection (CP) plans, in part due to CP plans not ceasing as it was difficult to end plans safely if children were not being seen regularly at school and some contact by social work staff was happening virtually. We will continue our targeted work to focus on a safe reduction in the number of plans assuming that we will be able to continue with face to face visiting and schools remain open.

1.10 Our partnership infrastructure with schools, colleges, early years settings and providers, is the key local mechanism for delivering our shared ambitions and improving educational outcomes for all children and young people in the county. We will help schools to create a sustainable self-improving school system which meets the needs of all pupils and prepares them for the next stage in their education and lives.

1.11 During the pandemic there has been an increased expectation on councils to support schools during lockdown to provide places for vulnerable children and children of key workers, to support with the provision of remote learning and then to play a key

## Children's Services

role in the full return to education. In this new context, the Standards and Learning Effectiveness Service (SLES) will have an additional focus for the 2020/21 academic year on:

- Planning, preparation and support for schools in potential local lockdowns;
- Increased support for vulnerable pupils, including safeguarding, addressing learning loss and ensuring attendance;
- Ongoing co-ordination of services for schools including monitoring the progress of vulnerable schools and supporting them to make rapid improvement;
- Managing the impact of Covid-19 on early years providers and ensuring that we maintain sufficient places for the future; and
- Supporting young people into education, employment and training during a period of rising unemployment and economic downturn that will disproportionately impact 18 - 24 year olds.

1.12 We will 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 good mental health, emotional wellbeing and resilience; and removing barriers to accessing education close to their local communities. In particular, we will extend our work with all educational settings to develop their understanding of children's behaviour and continue to roll out training in the Therapeutic Thinking approach to reduce the occurrence of behaviour that is difficult and dangerous. 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 emotional wellbeing, which improves outcomes for all learners in the setting. We maintain our focus on supporting schools to secure good attendance of their pupils and reduce the number of learners they exclude.

1.13 During the pandemic we saw an increase in the demand for support for children who experienced poor mental health and emotional wellbeing. We will continue to target work around these children and families, and support schools to develop their universal offer so that children can access timely interventions.

1.14 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. Our five key priority areas are:

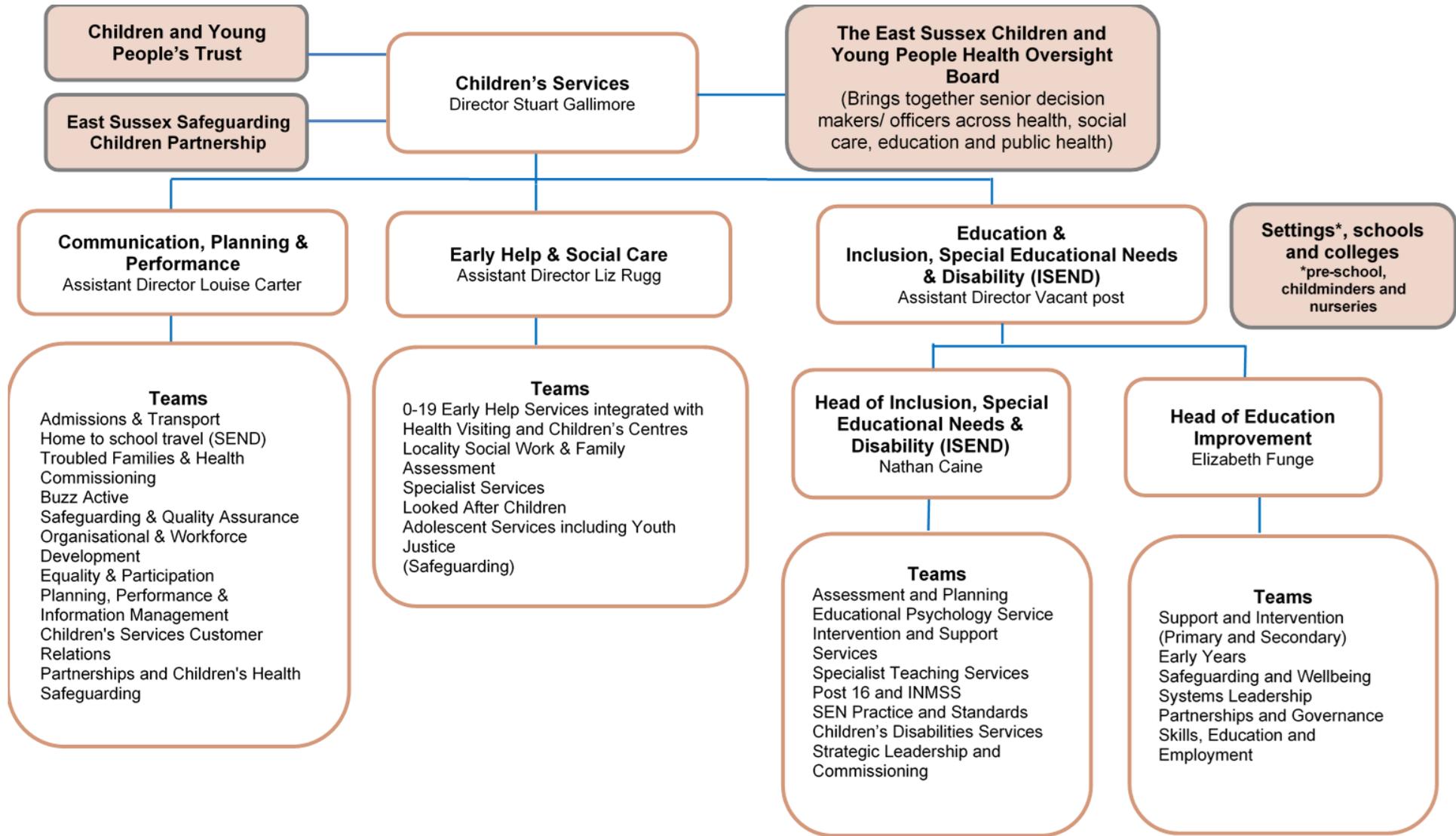
- universal child health offer;
- children and young people's mental health and emotional wellbeing;
- safeguarding (including contextual safeguarding);
- looked after children; and
- disability pathways.

1.15 Through the partnership network of organisations which constitute the Children and Young People's Trust, we aim to work across health, social care, education, and criminal justice. We will work with partners in the statutory and voluntary sector to progress our priorities. We will continue to work with partners to support them to bring in additional resources to focus on three priority areas:

- involving young people in developing preventative services;
- enhancing support for parents and carers; and
- partnership working with schools and colleges to improve outcomes.

1.16 We will aspire, within the resources available, to deliver the best possible services within the changing context of Covid-19 and minimise the impacts including on our ability to sustain or improve performance. This is reflected in the performance targets we have set.

# 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 in the short and long term. Making best use of resources in the short and long term 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. East Sussex businesses are supported to recover and grow through the delivery of the Economy Recovery Plan
2. The county's employment and productivity rates are maximised
3. Individuals, communities and businesses thrive in East Sussex with the environmental and social infrastructure to meet their needs
4. The workforce has and maintains the skills needed for good quality employment to meet the needs of the future East Sussex economy
5. The value of our role as both a significant employer and a buyer of local goods and services is maximised
6. All children progress well from early years to school leaver and into education, training and employment

#### Keeping vulnerable people safe - delivery outcomes

7. All vulnerable people in East Sussex are known to relevant local agencies and services are delivered together to meet their needs
8. People feel safe at home
9. People feel safe with services
10. We work with the wider health and care system to support people affected by Covid-19 to achieve the best health outcomes possible

#### Helping people help themselves - delivery outcomes

11. Commissioners and providers from all sectors put people first when providing services and information to help them meet their needs
12. The most vulnerable get the support they need to maintain their independence and this is provided at or as close to home as possible
13. Through our work with others, individuals and communities are encouraged to maintain and develop local mutual support systems



#### Making best use of resources in the short and long term - delivery outcomes

14. Working as One Council, both through the processes we use and how we work across services
15. Delivery through strong and sustained partnership working across the public, voluntary community, and private sectors to ensure that all available resources are used to deliver maximum benefits to local people
16. Ensuring we achieve value for money in the services we commission and provide
17. Maximising the funding available through bidding for funding and lobbying for the best deal for East Sussex
18. To help tackle Climate Change East Sussex County Council activities are carbon neutral as soon as possible and in any event by 2050

## Children's Services

### **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 work with schools and colleges 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:

- ensure there are sufficient early years and school places where they are needed, including SEND provision;
- 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 vulnerable groups and 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. This will include developing and utilising new online resources and virtual engagement activities and

events, in response to the restrictions imposed due to the pandemic.

2.5 We will support post-16 providers to understand and respond to local skills needs and economic priorities and how these have changed as a result of the pandemic. Agreed actions will be driven forward through the East Sussex Economy Recovery Plan, under the priority mission 'Building Skills, Creating Jobs'. We will work with partners to ensure we make best use of the opportunities and initiatives announced as part of the Government 'Plan for Jobs' response to the pandemic, including Kickstart, Youth Hubs, Sector Based Work Academies, incentives for apprenticeships and traineeships and an increase in work coaches to help ensure all young people have the opportunity to progress into the world of work.

#### 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 and a focus on high quality learning, leadership and governance will drive this forward.

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. Excellence for All will be updated in 2021. It will address our learning from the pandemic and the ways in which we can harness the creative solutions we developed to tackle the challenges of lockdown, to long-term effect.

#### 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

## Children's Services

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. This ensures that they can make progress in line with their peers and achieve better in school than children in care nationally, so that they can become successful adults. We have extended support for our care leavers who become parents including the establishment of Care Leavers Council/parents group/peer mentoring for older care leaver parents to mentor new parents.

### 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 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.

2.11 We will 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.

### 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.

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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 has been developed to improve services still further and that planning will also be linked to the findings of a Sussex wide review of Children & Young Person's Emotional Health and Wellbeing Service Review which was published May 2020.

### 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 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) which cover the whole of East Sussex and are based in Eastbourne and Hastings. The MASH 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.

### 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 Child Protection (CP) plans remains above IDACI. Higher rates of children on CP plans are not feeding through to increases in looked after children where numbers have stayed broadly stable and below IDACI.

2.19 There are pressures across the children's social care 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 we have launched the Regional Adoption Agency, Adoption South East, in line with the Government timescale. Working in a regional way will bring a greater range and number of adopters so that we can find loving permanent homes for children more quickly.
- 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) and to participate actively in the National Transfer Scheme which will mean the Council caring for about 72 UASC 16-18 in total. The amount that the Council can recoup from Central Government is insufficient to cover the costs for these children and young people and this becomes particularly acute when they become care leavers to whom the Council has ongoing support responsibilities.

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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 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. Unfortunately given the impact of the pandemic it has proved difficult to take either project forward but we plan to pick up progress in 2021.

### 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.

### Holiday activities and food programme

2.23 Children's Services will be taking a lead in the development of the Holiday Activities and Food Programme (HAF) for East Sussex. Funds have been made available to every local authority in England to coordinate free holiday provision, including health food and enriching activities for children who receive benefits-related free school meals. This Department for Education programme aims to cover the Easter, summer and Christmas holidays in 2021. The programme will deliver six weeks of activity (four hours a day, four days a week). This will cover one week at Easter, four weeks in the summer and one week in the Christmas holidays.

## Helping people help themselves

2.24 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, working with families with specific vulnerabilities such as parental substance misuse and/or mental ill health. 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.

2.25 Ongoing government funding has now been confirmed for the Supporting Families (previously Troubled Families) programme in 2021/22. We will use this to support keywork and we will also work with partners to promote a whole system, whole family approach and identify as many external funding streams as possible to sustain family support programmes and youth work.

2.26 The East Sussex Children & Young People's Trust (CYPT) hosted a series of six workshops during August and September 2020 to engage with partners across the multi-agency workforce about our shared experiences of supporting families during the pandemic and to identify areas of development to improve our whole system, whole family working and our response to the Supporting Families [Early Help System Guide](#)

2.27 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)

2.28 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

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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;
- 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; and
- build on our learning from the challenges arising when ensuring continuity of education during the pandemic to ensure that schools continue to prioritise education for the most vulnerable.

2.29 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.

2.30 We will ensure that pupils with SEND have good educational outcomes and are able to access high quality SEN provision in their local community education and care settings. We will also ensure that there is a sufficiency of specialist educational placements to provide for the forecast numbers of children with the most complex SEND.

2.31 The SEND Strategy 2018 – 2021 which is designed to improve outcomes for pupils with SEND across East Sussex has four shared strategic aims which were jointly identified by professionals from education, health and social care and parent/carers and community groups. These aims have been used to shape activities across the service to ensure that tangible improvements are made to the provision for children with SEND:

- 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.

2.32 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 and Ropemakers Academy, a special school for children with social, emotional and behavioural difficulties opened in September 2020. The Flagship School, a special school for children with autism and social, emotional and mental health difficulties is due to open in September 2021.

2.33 We have also supported two new Specialist Facilities to open in secondary schools (from September 2020), in Lewes and Robertsbridge, which will offer additional provision for pupils with autism. Based on the success of these, and the specialist facilities in primary schools that were opened in 2019, we are looking to develop the facilities programme further and bring more capacity to local mainstream schools.

2.34 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 is consistent and evidence-based. During the pandemic, we developed new offers to children, families, and schools to support emotional wellbeing and we will use the understanding gleaned through these to inform future developments. The county was also successful in its bid for three Mental Health Support Teams (MHSTs) as part of the government's trailblazer scheme, which will become fully operational in summer 2021 working across 45 schools and providing early mental health support for a population of 24,000 pupils.

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### **Making best use of resources in the short and long term**

2.35 We will contribute to the Council's priority outcome of making best use of our resources and using our learning from the pandemic to ensure our services are 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, our schools' Information Governance Service, ISEND and SLES services. We will maximise income generation through our traded offer with schools and review fees and charges.

2.37 We will look to maximise government funding to provide opportunities for the employment of young people through apprenticeships and the Kickstart scheme.

2.38 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 service users digitally where appropriate;
- collaborate with colleagues using web tools to avoid unnecessary travel time; and
- use technology to its maximum potential in our joint working across the service.

2.39 We are developing a digital strategy for children's services to co-ordinate digital activity and to plan future developments. The strategy will build on the innovative practices introduced due to new ways of working during the pandemic and embed changes in working practices that reduce the need to travel/encourage less travel. It will help us to maximise technology, avoiding duplication

and ensure efficiencies. It will also help us to ensure that children and families and staff are supported to use technology safely.

2.40 We are working to improve the use of our data by using the Ministry of Housing Communities and Local Government's (MHCLG) Data Maturity Model which is part of their approach to assist local strategic partnerships responsible for the Supporting Families [Early Help System](#). Through this we want to use data to further our understanding of needs across East Sussex and specific areas within the county, optimising services and support, and efficiently evidencing successful family outcomes.

2.41 The phase 2 new build extension of Lansdowne secure children's home, which was recently completed includes several credentials which will assist with lowering the carbon emissions of the site. These include:

- a ground source heat pump which provides the building with heating or cooling depending on the time of year. This was sized to accommodate the recent extension;
- 14 new solar photo voltaic roof panels which will provide the building with an estimated annual generation of approximately 4800 kWh; and
- as part of the Phase 2 car parking provision, we have suitable power infrastructure to install 2 Electric Vehicle (EV) Charging points, once a county-wide EV Charging strategy has been agreed.

2.42 The new Specialist Facility, which opened at Lewes Priory in September 2020, offering additional provision for pupils with autism (see paragraph 2.32) has large solar panels on the roof which will provide much of the power for lighting.

2.43 Tackling Domestic Violence and Protect the Environment /Tackling Plastic Pollution were the top issues voted for by young people in the East Sussex in the 2020 Make Your Mark national ballot. The Youth Cabinet is working with Community Safety Partnership, Public Health, Children's Services and others, to gather pupils' views about violence against women and girls and co-produce school-based resources to encourage positive

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relationships. Last year, the Youth Cabinet developed a youth-led schools environment audit, which will be promoted to schools in East Sussex and will be used as a template for schools to use nationally in 2021.

2.44 The Youth Cabinet campaigns will include ensuring the views of children and young people's experiences during the pandemic are shared with decision-makers. They will continue to encourage proactive communication with young people about the impact on their education, family, emotional wellbeing and social life. Priority issues identified through the UK Youth Parliament will be discussed jointly by the East Sussex Youth Cabinet and the Children in Care Council in order to inform their 2021 campaigns.

2.45 We will work with partners, for example, through the Children and Young People Trust and the Children and Young People Health Oversight Board to involve young people in supporting equality priorities. This will include working with them to improve understanding and the experiences of different groups of people. The Youth Cabinet will also promote guidance for schools on promoting a whole school approach to equality and the race equality guidance.

2.46 We will progress our Equality Strategy working with our communities, council and external partners and staff, especially through the CS Equality Champions Group and the Early Help and

Social Care Equality Leads Group. The priority areas for equality are to improve:

- effective data collection and monitoring related to equality protected characteristics;
- fair access and positive outcomes from inclusive services;
- effective engagement with groups and people with equality protected characteristics or from minority and marginalised backgrounds;
- inclusive partnerships and commissioning;
- personal safety and tackling harassment;
- workforce knowledge and understanding; and
- diversity and inclusion in recruitment and retention.

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

2.48 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 2021/22, there will be an estimated four 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)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2018-24 Outcome Summary
Cllr Standley	The percentage of eligible 2 year olds who take up a place with an eligible early years provider <b>CP</b>	ESCC 86% National Average 68%	<b>ESCC 90% National Average 69%</b>	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 4 and 6
Cllr Standley	The percentage of pupils achieving a "good level of development*" at the Early Years Foundation Stage <b>CP</b> <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 18/19 ESCC 76.0% National Average 71.8%	<b>Ac Year 19/20 Measure not monitored as assessments cancelled due to COVID-19</b>	Ac Year 20/21 Measure will not be monitored as assessment results will not be published	Ac Year 21/22 To be set 21/22	Ac Year 22/23 To be set 22/23	All children engage, attain and progress well from early years into education, training and employment  Delivery outcomes 4 and 6
Cllr Standley	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 18/19 ESCC 62.7% National Average 65.3%	<b>Ac Year 19/20 Measure not monitored as assessments cancelled due to COVID-19</b>	Ac Year 20/21 Measure will not be monitored as assessment results will not be published	Ac Year 21/22 To be set 21/22	Ac Year 22/23 To be set 22/23	All children engage, attain and progress well from early years into education, training and employment  Delivery outcomes 4 and 6
Cllr Standley	Average Progress 8 score for state funded schools <b>CP</b> <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 18/19 ESCC -0.06 Nat Average -0.03	<b>Ac Year 19/20 Measure not monitored as exams cancelled due to COVID-19</b>	Ac Year 20/21 Measure will not be monitored as exam results will not be published	Ac Year 21/22 To be set 21/22	Ac Year 22/23 To be set 22/23	All children engage, attain and progress well from early years into education, training and employment  Delivery outcomes 4 and 6

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Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2018-24 Outcome Summary
Cllr Standley	The percentage of disadvantaged pupils achieving at least the expected standard in each of reading, writing and maths at Key Stage 2 <b>CP</b>	Ac Year 18/19 ESCC 45.9% National Average 51.5%	<b>Ac Year 19/20 Measure not monitored as assessments cancelled due to Covid-19</b>	Ac Year 20/21 Measure will not be monitored as assessment results will not be published	Ac Year 21/22 To be set 21/22	Ac Year 22/23 To be set 22/23	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  Delivery outcomes 4 and 6
Cllr Standley	The average Attainment 8 score for disadvantaged pupils <b>CP</b>	Ac Year 18/19 ESCC 33.6 National Average 36.6	<b>Ac Year 19/20 Measure not monitored as exams cancelled due to Covid-19</b>	Ac Year 20/21 Measure will not be monitored as exam results will not be published	Ac Year 21/22 To be set 21/22	Ac Year 22/23 To be set 22/23	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  Delivery outcomes 4 and 6
Cllr Standley	The percentage of young people meeting the duty of RPA (Raising the Participation Age) by either participating in education, training or employment with training or undertaking re-engagement provision at academic age 16 (Year 12) <b>CP</b>	93.7%	<b>94.9%</b>	93%	93%	93%	Young people participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects  Delivery outcomes 4 and 6

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Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2018-24 Outcome Summary
Cllr Standley	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	86.3%	89%	86%	86%	86%	Young people participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects Delivery outcomes 4 and 6
Cllr Standley	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%	Young people participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects Delivery outcomes 4 and 6
Cllr Standley	Proportion of Primary schools judged by Ofsted to be good or outstanding	ESCC 94% National Average 87.8%	Measure not 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	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 Delivery outcome 6

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Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2018-24 Outcome Summary
Cllr Standley	Proportion of Secondary schools judged by Ofsted to be good or outstanding	ESCC 88.5% National Average 76.2%	<b>Measure not monitored as inspections are unlikely to resume before April 2021 due to Covid-19</b>	No more than 2 percentage points below the national average	No more than 2 percentage points below the national average	No more than 2 percentage points below 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  Delivery outcome 6
Cllr Standley	Proportion of Special schools judged by Ofsted to be good or outstanding	ESCC 100% National Average 91%	<b>Measure not monitored as inspections are unlikely to resume before April 2021 due to Covid-19</b>	At or above the national average	At or above the national average	At or above the national average	All children attend a school that is judged to be at least good by Ofsted. All children progress well from early years, through compulsory schooling, into education, training and employment  Delivery outcome 6
Cllr Standley	The percentage of exclusions in primary schools per school population in that year. (i) Fixed term (ii) Permanent	Ac Year 18/19 (i) ESCC 1.92% National Average 17/18 1.4% <i>0.52 points above national average</i>  (ii) ESCC 0.07% National Average 17/18 0.03% <i>0.04 points above national average</i>	<b>Ac Year 19/20 Measure not monitored due to COVID-19 and school closures</b>	Ac Year 20/21  Measure not being monitored due to COVID-19 and school closures	Ac Year 21/22  To be set 21/22	Ac Year 22/23  To be set 22/23	Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment  Delivery outcome 6

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Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2018-24 Outcome Summary
Cllr Standley	The percentage of exclusions in secondary schools per school population in that year: (i) Fixed term (ii) Permanent	Ac Year 18/19 (i)ESCC 13.41% National Average 17/18 10.13% <i>3.28 points above national average</i>	<b>Ac Year 19/20</b> <b>Measure not monitored due to COVID-19 and school closures</b>	Ac Year 20/21 Measure not being monitored due to COVID-19 and school closures	Ac Year 21/22 To be set 21/22	Ac Year 22/23 To be set 22/23	Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment  Delivery outcome 6
	Ac Year 18/19 (ii)ESCC 0.27% National Average 17/18 0.20% <i>0.07 points above the national average</i>						
Cllr Standley	The percentage of children in primary schools who are persistently absent	Ac Year 2018/19 ESCC 9.40% National Average 17/18 8.70% <i>0.7 points above the national average</i>	<b>Ac Year 19/20</b> <b>Measure not monitored due to COVID-19 and school closures</b>	Ac Year 20/21 Measure not being monitored due to COVID-19 and school closures	Ac Year 21/22 To be set 21/22	Ac Year 22/23 To be set 22/23	Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment  Delivery outcome 6
Cllr Standley	The percentage of children in secondary schools who are persistently absent	Ac Year 18/19 ESCC 17.12% National Average 17/18 13.9% <i>3.22 points above the national average</i>	<b>Ac Year 19/20</b> <b>Measure not monitored due to COVID-19 and school closures</b>	Ac Year 20/21 Measure not being monitored due to COVID-19 and school closures	Ac Year 21/22 To be set 21/22	Ac Year 22/23 To be set 22/23	Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment  Delivery outcome 6

Children's Services

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2018-24 Outcome Summary
Cllr Bowdler	Average Progress 8 score for Looked After Children (LAC) CP	Ac Year 18/19 ESCC 1.35 National Average 1.25	<b>Ac Year 19/20 Measure not monitored as exams cancelled due to COVID-19</b>	Ac Year 20/21 Measure will not be monitored as exam results will not be published	Ac Year 21/22 To be set 21/22	Ac Year 22/23 To be set 22/23	All children progress well from early years, through compulsory education, into education, training and employment  Delivery outcomes 4 and 6
Cllr Bowdler	The percentage of LAC participating in education, training or employment with training at academic age 16 (Year 12) CP	84%	<b>87%</b>	80%	80%	80%	Looked after Children participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects  Delivery outcomes 4 and 6
Cllr Bowdler	The percentage of LAC participating in education, training or employment with training at academic age 17 (Year 13) CP	78%	<b>75%</b>	70%	70%	70%	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  Delivery outcomes 4 and 6

Children's Services

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2018-24 Outcome Summary
Cllr Bowdler	The percentage of Care Leavers at university	10.53%	13%	10%	10%	10%	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 Delivery outcomes 4 and 6
Cllr Bowdler	Rate of children with a Child Protection Plan (per 10,000 children) CP	50.9 543 children	49.4 525 children	49.4 525 children	To be set 2021/22	To be set 2022/23	Children at risk from significant harm are kept safe Delivery outcomes 7 and 15
Cllr Bowdler	Rate (of 0-17 population) of referrals to children's social care services (per 10,000 children) CP	393	359	≤539	≤539	≤539	Children at risk from significant harm are kept safe Delivery outcomes 7 and 15
Cllr Bowdler	Rate (of 0-17 population) of assessments completed by children's social care services (per 10,000 children) CP	333	303	≤557	≤557	≤557	Children at risk from significant harm are kept safe Delivery outcomes 7 and 15
Cllr Bowdler	Rate of Looked After Children (per 10,000 children) CP	56.5 601 children	57.6 612 children	57.6 612 children	To be set 2021/22	To be set 2022/23	Children at risk from significant harm are kept safe Delivery outcomes 7 and 15
Cllr Bowdler	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 Delivery outcomes 7 and 8

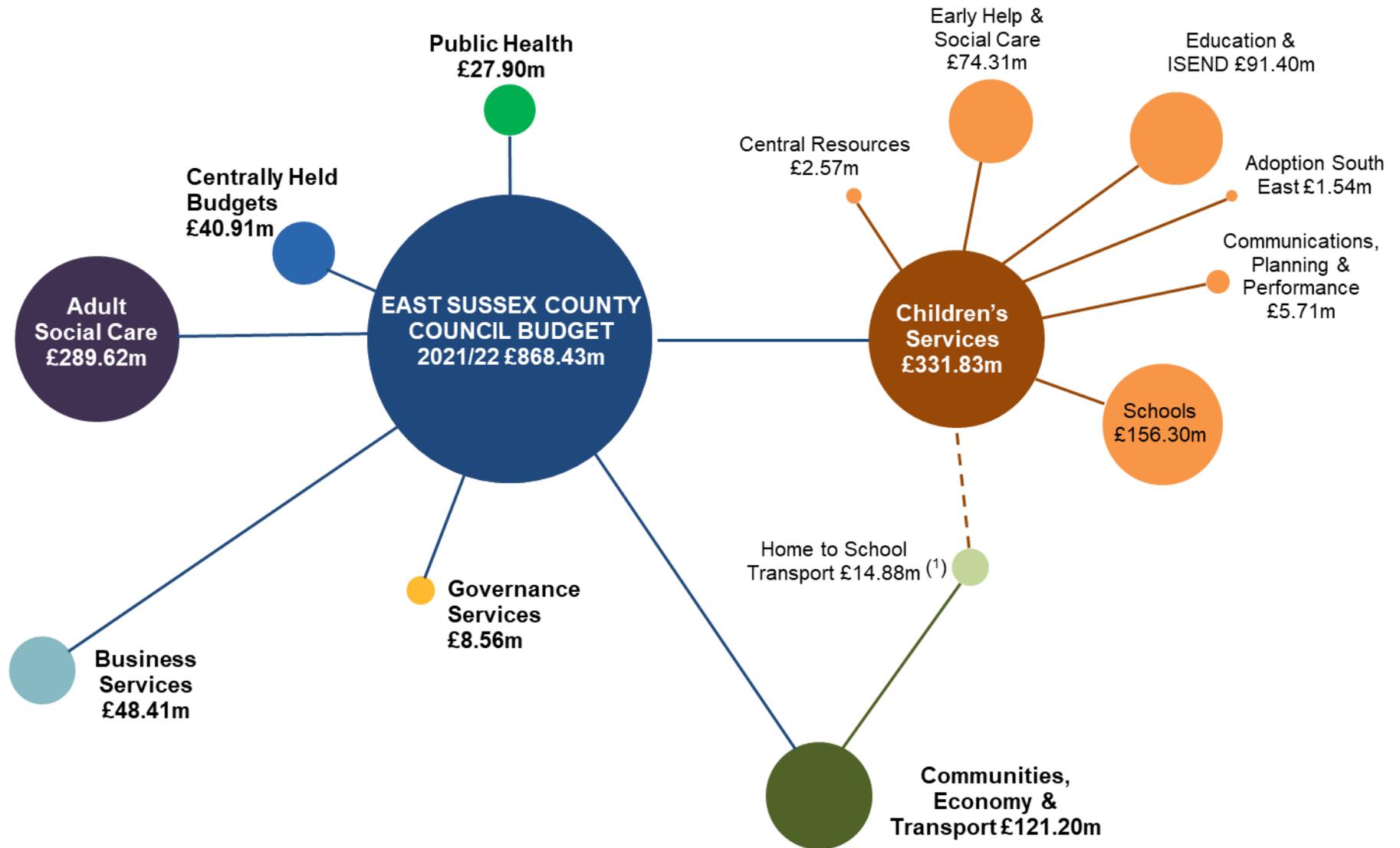
Children's Services

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2018-24 Outcome Summary
Cllr Bowdler	First Time Entrants (FTE) to the Youth Justice System per 100,000 population aged 10-17	242 FTE per 100,000 population	142 FTE per 100,000 population (Q3 data awaiting Q4 outturn)	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  Delivery outcome 7
Cllr Bowdler	The proportion of children who receive a new birth review	84.9%	67.5%	75%	80%	85%	Newborn 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  Delivery outcome 11
Cllr Bowdler	The proportion of children who receive a 1 year review	85.1%	79.2%	80%	85%	85%	Newborn 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  Delivery outcome 11
Cllr Standley	Percentage of EHCP (Education, Health and Care Plans) annual review meetings where the child gave their view and/or participated CP	88.5%	94.1%	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.  Delivery outcome 11

## Children's Services

Lead Member	Performance measure (CP = Council Plan)	2019/20 Outturn	2020/21 Outturn	2021/22 Target	2022/23 Target	2023/24 Target	2018-24 Outcome Summary
Cllr Standley	The proportion of respondents to the feedback surveys who agree that things have changed for the better as a result of ISEND Services	74.8%	<b>74.9%</b>	60%	65%	65%	The services provided are making a difference to the lives of service users.  Delivery outcome 11
Cllr Bowdler	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 <b>CP</b>	89%	<b>91%</b>	85%	85%	85%	The services provided are making a difference to the lives of service users.  Delivery outcome 11
Cllr Bowdler	Number of households eligible under the government's Supporting Families programme receiving a family support intervention <b>CP</b>	1,028 Cumulative 4,306	<b>816</b>	900	To be set 2021/22 pending information from Government	To be set 2022/23 pending information from Government	Families supported by family keywork achieve their goals and the Council is able to maximise payment by results claims.  Delivery outcomes 11 and 13

# 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	2019/20			2020/21			2021/22		
	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net	Gross	Income + Net Recharges	Net
Central Resources	1,573	(1,091)	482	2,639	(1,171)	1,468	2,573	(1,368)	1,205
Early Help and Social Care	59,572	(8,904)	50,668	67,560	(11,305)	56,255	74,314	(13,088)	61,226
Education and ISEND	84,605	(5,501)	79,104	89,112	(1,770)	87,342	91,401	(2,184)	89,217
Communications, Planning and Performance	7,530	9,021	16,551	5,070	12,196	17,266	5,709	12,774	18,483
Adoption South East	-	-	-	1,114	(226)	888	1,537	(561)	976
DSG Non Schools	-	(69,491)	(69,491)	-	(74,381)	(74,381)	-	(75,831)	(75,831)
Schools	142,131	(142,131)	-	146,200	(146,200)	-	156,300	(156,300)	-
<b>Total Children's Services</b>	<b>295,411</b>	<b>(218,097)</b>	<b>77,314</b>	<b>311,695</b>	<b>(222,857)</b>	<b>88,838</b>	<b>331,834</b>	<b>(236,558)</b>	<b>95,276</b>

**Capital Programme**

Capital Programme, Gross £000						
Lead Member	Project	Total for Scheme	Previous Years	2021/22	2022/23	2022/23
Cllr Bowdler	House Adaptations for Disabled Children's Carers Homes	**	**	50	50	50
Cllr Standley	Schools Delegated Capital	**	**	760	729	0

\* Project extends beyond 2021/22. \*\*Rolling programme: no total scheme value

## Appendix 1: Annual Procurement Forward Plans

Details of all projected Children's Services procurements over £1m during 2021/22 are provided below.

Data subject to change according to the RPPR process

<b>Service</b>	<b>Contract Description</b>	<b>Start date for procurement work to begin (estimated)</b>	<b>Start date of new contract(s) or extension (estimated)</b>
Looked After Children	Framework for Provision of Fostercare Services	March 2022	April 2023
Education and ISEND	DPS for Standards and Learning Effectiveness Service (SLES)	April 2021	September 2022
Education and ISEND	Targeted Information, Advice & Guidance Service	March 2021	October 2021
Looked After Children	Therapeutic Adoption Care (formerly Post Adoption Support)	June 2021	April 2022