

Adult Social Care and Safer Communities

Portfolio Plan 2015/16 – 2017/18

June 2015



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Our Priorities and Operating Principles

Our Priorities

The Council has set four priority outcomes:

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

Operating Principles

The Council has agreed three operating principles:

- ❖ **Strategic commissioning:** using an evidence-based approach to assess and meet the needs of local people in the most effective way. We will specify and deliver appropriate services to secure the best outcomes and value for money for residents.
- ❖ **One Council:** working as a single organisation both through the processes we use, and how we work. We will work in a well connected way across Council teams so we harness all our energy and resources towards achieving our priorities and remove duplication. We will judge our success against outcomes for the whole population and the organisation (and whole local public sector) not against the interests of a particular group, team or department.
- ❖ **Strong partnerships:** recognising we are one part of a wider system, we will work effectively with partners across East Sussex, the South East 7 and South East Local Enterprise Partnership and the wider public sector as appropriate to ensure we learn from others, secure best value for money and maximise impact for our residents.

Portfolio Policy

Policy Overview by Lead Member

1.1 2015/16 is the final year of the current three year savings programme, which set a £27.8 million savings target for Adult Social Care. Delivering savings of this scale have impacted across a range of Adult Social Care functions and services and given the profile of spend across the department; it has been necessary to deliver a significant proportion of these savings from the Community Care budget.

1.2 Throughout the 2013/14 to 2015/16 medium term financial plan, our aim has been to minimise the impact of savings on clients and carers; aiming to develop and find different and more cost effective ways of meeting individuals care needs within the context of having to reduce care packages by an average of 30%. We have increased the numbers of people receiving direct payments to give more flexibility and control to people over how their needs are met. We have also expanded our capacity for providing reablement support and short term interventions, enabling people to regain skills and confidence to remain living safely and independently in their own homes, whilst also reducing the need for ongoing care and support.

1.3 We routinely monitor and assess the impact that reducing peoples care packages is having, and we are acutely aware that this is a difficult and challenging time for clients, carers and staff. Providing accurate and timely information and having open and honest dialogue with clients, their carers and families is particularly important when the level of care people receive might be changing. Client surveys show us that people are feeling less satisfied about the level of choice they have; 94% feel they have been treated with dignity and respect and 80% are satisfied with their quality of life. Satisfaction levels are generally lower for carers and we have ensured that carers services are protected, in order to maintain the levels of support available to them.

1.4 Last year we referenced the Care Bill which, once law would bring significant change to Adult Social Care. On 14 May 2014, the Care Bill was passed into law as the Care Act 2014. As anticipated, the Act introduces major reforms to the legal framework for Adult Social Care, to the funding system and to the duties of local authorities and rights of those in need of social care. The Act consolidates much of the existing best practice as well as placing a number of new duties on the Local Authority. Some significant changes include offering support for people who would have previously funded their own care; implementing new rights for carers, putting them on the same footing as the adults they care for; implementing a lifetime cap on the amount people have to pay towards their care costs; and making sure that information and advice about care and support is available to everyone, at every stage that is relevant.

1.5 We will be implementing the Care Act in East Sussex throughout 2015/16, in accordance with the Guidance and Regulations. We are committed to working collaboratively with Local Authorities across the region to ensure we are taking a consistent approach to implementation wherever we can. We are currently looking at how we can best meet the anticipated increase in demand for social care support and ensuring we are well placed to meet the new duties as set out in the Act.

1.6 Looking forward, the financial challenges remain and we know that demand for both health and social care services continue to increase. We also know that we need to change the way we organise health and social care services in East Sussex, to better meet the needs of our community. Doing nothing is not an option.

1.7 East Sussex's four health and social care commissioning organisations (the three CCGs and the County Council) together spend around £935 million every year on services for local

people. We all need to work together to make sure we spend 100% of that £935 million, funded by tax payers, better and more effectively so that every penny really counts. We want to reduce our reliance on acute services and invest much more in high quality primary and community services to ensure this support is more readily available for local people.

1.8 East Sussex Better Together is our programme to help us and the NHS work together so we can ensure high quality and affordable care now and for future generations. Our shared vision is that within 3 years there will be a fully integrated health and social care economy in East Sussex that makes sure our population receives proactive, joined up care and supports everyone to live as independently as possible.

1.9 To further improve the way we work together and to ensure local community needs are understood, we have in place a Health and Wellbeing Board. The priorities and key tasks contained within the Health and Wellbeing Strategy 2013-2016 are supported by a range of Adult Social Care activity for adults and older people, aimed at improving outcomes, reducing inequalities and helping to manage or reduce demand in future years.

1.10 In May 2014 I took on the Lead Member role for Community Safety, working with the Safer Communities Partnership to ensure East Sussex remains a safe place for residents and visitors. East Sussex County Council (ESCC) has been awarded White Ribbon status due to its level of commitment to increasing awareness on the issue of domestic abuse and providing services aimed at reducing the number of crimes and incidents.

1.11 Delivering the East Sussex Safer Communities Partnership Domestic Abuse Strategy (2014/19) is a priority for the Partnership. The Strategy sets out a multiagency approach to working together, to support all our residents of East Sussex to have safe, equal, abuse free relationships. The strategy includes reviewing our training to raise awareness of groups of people who are less likely to report, and further develop behaviour change programmes for perpetrators of domestic abuse.

1.12 In 2014/15 the Coalition Government's 'Transforming Rehabilitation' Agenda was implemented, with the creation of a new National Probation Service to manage offenders assessed as High Risk of Serious Harm and local Community Rehabilitation Companies, who manage low and medium risk of harm cases. In 2015/16 we will develop our partnership working with these new organisations to ensure that the needs of communities, victims and offenders are identified and addressed.

1.13 We work closely with the Drug and Alcohol Action Team Board, which is the key strategic partnership in overseeing the plans to address substance misuse. A new East Sussex Substance Misuse Strategy will take effect in 2015 and cover a five year period. This will build on the progress made so far and continue to concentrate on those people who currently cause greatest harm to themselves and others, and every effort will be taken to identify those who are more likely to make decisions that will cause damage and harm in future.

1.14 During the period covered by this Portfolio Plan, Adult Social Care and Community Safety will experience unprecedented levels of change. Whether driven by financial, policy or legal change, we remain committed to ensuring we continue to improve outcomes for clients, carers, residents and visitors in East Sussex.



Lead Member: Councillor Bill Bentley
Lead member for Adult Social Care & Community Safety

Delivering the Priority Outcomes

2.1 From 2015/16 we will see the beginning of unprecedented levels of change within Adult Social Care and this will have a significant impact on the way in which we will meet our priority outcomes.

2.2 The Care Act brings together existing care and support legislation into a new set of laws built around people's wellbeing, needs and goals. It represents the most significant reform of care and support in more than 60 years. The Care Act for the first time puts carers on the same footing as those they care for and sets a limit on the amount people have to pay towards the cost of their care. Most of the duties come into force in April 2015 including a new national minimum eligibility threshold for care and support. The cap on care costs will operate from April 2016.

2.3 In addition, not only in East Sussex but in health and social care systems across the country, significant challenges are being faced. These challenges come from a growing population, particularly in the over 65s, increasing number of people living with long term conditions, advances in medical technology and rising patient and public expectations.

2.4 To improve this, 'East Sussex Better Together' will see the three East Sussex Clinical Commissioning Groups and ESCC working together to improve the care and support that people receive. By working together to decide how we spend our combined budget of around £935 million, we can design joined-up services around the needs of patients and service users while bringing about the fundamental changes that are needed.

❖ Driving economic growth

2.5 To promote economic growth, we are introducing a number of schemes to help people access and retain employment. Supported employment contracts have been commissioned to support people with mental health conditions, physical disabilities and sensory impairments and learning disabilities to gain and sustain employment. A new service has also been commissioned to support carers to secure, retain or return to employment and access education and training.

❖ Keeping vulnerable people safe

2.6 Ensuring vulnerable adults are safe remains a key priority for Adult Social Care and the Safer Communities Partnership. The work undertaken by the department, alongside other organisations through the Safeguarding Adults Board ensures that any suspected abuse is investigated. To ensure continuous improvement in this area, a number of work streams have been identified including delivering awareness raising campaigns, ensuring investigations focus on client outcomes through the Making Safeguarding Personal project, increasing the use of formal and informal advocacy in safeguarding, and developing joint/ multi-agency training opportunities.

2.7 In addition, work is being undertaken to prepare for the implementation of the changes resulting from the Care Act which has a number of significant impacts on adult safeguarding including:

- Making Safeguarding Adults Boards statutory;
- Making safeguarding enquiries a corporate duty for local authorities;
- Making Serious Case Reviews mandatory;

- Placing duties to co-operate over the supply of information;
- Placing a duty on local authorities to find advocacy for people who do not have anyone else to speak up for them where they have a substantial difficulty in communicating;
- Re-enacting existing duties to protect people's property when in residential care or hospital; and
- Placing a duty of candour on providers about failings in hospital and care settings and create a new offence for providers of supplying false or misleading information.

2.8 The Safer Communities Partnership ensures continuous improvement in this area by undertaking a strategic assessment of community safety in order to select priorities for joint work and plan activity for the forthcoming year. The current priorities selected by the East Sussex Safer Communities Partnership are to:

- To support and protect vulnerable victims of anti-social behaviour and hate crime by ensuring processes and initiatives are focused on the more vulnerable within our communities;
- To ensure residents and communities are free from domestic abuse and are less socially tolerant of it. To increase people's ability to have healthy relationships, increase safety for people at risk of abuse and hold perpetrators to account, requiring them to change their behaviour;
- To work in partnership to identify offenders and re-offenders to address their needs, change their behaviours and reduce the likelihood of future offending and the number of victims;
- Continue to reduce first time entrants into the criminal justice system, re-offending in young people and the use of custody by tailoring effective interventions based on risk that where appropriate involve the whole family;
- To reduce the crime, anti-social behaviour and social harms caused by substance misuse. This will include targeting those who commit offences to purchase drugs, supporting people in their recovery and expanding on the work that has already began in relation to the issue of novel psychoactive substances;
- To improve road safety across East Sussex by reducing the number of people killed and seriously injured, and reducing the incidents of anti-social driving by encouraging closer involvement of the community;
- To increase the safety and wellbeing of people who experience rape or sexual violence & abuse including their confidence to report, improve people's understanding of consent, reduce the acceptance of sexual abuse or exploitation and hold perpetrators to account;
- To work in partnership on the PREVENT agenda and raise awareness of professionals so they can identify and safeguard vulnerable people at risk of being radicalised; and
- To increase partnership working to help bring together local services that are in place to meet the needs of the street community. This will help to identify and address the concerns associated with street communities, including crime, anti-social behaviour, homelessness and substance misuse;

2.9 In order to improve the identification of people who are most vulnerable in East Sussex, we will continue to measure satisfaction from our commissioned services by monitoring:

- The percentage of domestic abuse victims reporting improved safety following the completion of their Multi-Agency Risk Assessment Conference (MARAC) action plan;
- The number of domestic abuse victims reporting satisfaction and benefit from Independent Domestic Violence Advisor (IDVA) intervention;

- The percentage of high risk victims of anti-social behaviour or hate crime who have reported an increase in how safe they felt from the beginning of the Safe from Harm intervention to the end; and
- The proportion of clients of the Safe from Harm service completing service user evaluations who report satisfaction with the service.

❖ **Helping people help themselves**

2.10 Wherever possible, we will try to find ways of enabling people to help themselves. Not only does this promote their independence through allowing them to arrange support that is tailored to meet their needs and circumstances, it also reduces the need for more expensive forms of support.

2.11 Several preventative and early intervention services have been commissioned through the voluntary and community sector to support people to help themselves and to develop resilience. For example, the East Sussex Disability Association have been commissioned to provide information and advice by Occupational Therapists on community equipment that can help people live more independent lives without requiring more direct support. Additionally, short term services and training have been commissioned for carers to develop coping skills and sustain the caring role.

2.12 There are a number of ways in which we help people to help themselves. If possible, we will signpost people to services in the voluntary and community sector and from April 2014 to March 2015, 23% of requests for support from new clients resulted in the provision of information and advice, or signposting to other services.

2.13 Under the Care Act 2014, Local Authorities must establish and maintain a service to provide people in their areas with information and advice relating to care and support for adults and support for carers. As a department, we are constantly trying to improve the information and advice that is available to people. Two of the tools we have to do this are East Sussex 1Space and Support With Confidence. East Sussex 1Space provides online access to a growing directory of over 1,800 wellbeing services and support groups for all ages across the county. Between April 2014 and March 2015, a total of 43,511 people accessed the directory and work is being undertaken to further increase this number. Voluntary and community sector services like Age UK and Care for the Carers have also been commissioned to take a more coordinated approach to sharing information with local people.

2.14 Support With Confidence is a joint venture between Adult Social Care and Trading Standards which helps people find care and support services that they can trust. People and organisations that have been accepted are vetted and approved on grounds of quality, safety and training. By March 2015, 141 members had registered with the service.

2.15 The introduction of our new Social Care Information System will enable clients (self-funders and council funded) to manage their care and their interactions with the Council and their providers online. It also enables care accounts to be established, managed and monitored via an online account. This functionality will enhance our ability to meet both 2014 Care Act requirements and the 2015 requirements around care accounts.

2.16 Wherever possible, support is now provided in the form of a personal budget. This is an amount of money allocated to someone to meet their social care needs. Clients can choose to manage the personal budget themselves in the form of a direct payment, or they can

choose the care and support they want but opt for the council to manage the budget. This is called self-directed support. Providing support in this way significantly increases the control clients have over the care they receive and as a result, empowers them by increasing their independence.

2.17 We are promoting the use of Telecare equipment in the community wherever it meets the needs of an individual and supports the prevention of carer breakdown. Telecare provides a range of personal and environmental sensors in the home that can alert to a 24/7 call monitoring centre to enable people to remain safe and independent in their own homes. Between January and December 2014, the number of clients and carers using Telecare increased from 3,500 clients 4,200. Growth is expected to continue through 2015/16 and is forecasted to reach approximately 5,000 people by March 2016. We are exploring ways of working with CCGs and other NHS colleagues to develop the use of Telecare to support prevention of hospital admissions.

❖ **Making best use of our resources**

2.18 To ensure that we are working efficiently and providing the best possible service to customers, we are currently undertaking a programme of change called 'GoAgile'. GoAgile aims to make the workforce more responsive and efficient by enabling them to work flexibility through the increased use of mobile technology and more flexible workspaces.

2.19 2015 will also see the replacement of the client database that is used by Adult Social Care and Children's Services with the system going live in autumn 2015. Liquidlogic, the new system, is a more intuitive, easy to use system than the existing one and will offer a more efficient recording process for staff in both departments. The system will also offer a self-assessment tool, allowing local residents to complete an assessment of their needs prior to a formal assessment. As well as underpinning the key principles of personalisation, this will also enable the department to work more efficiently.

Universal Services

Forward Plan

3.1 We use the term Universal Services to describe any services that support all of our client groups regardless of their level of need. For example, any sign-posting services, carers services and support for people who self-fund will be included in this category. In addition to these services, this section includes the majority of the national performance measures that we are required to report against as they are not age specific.

❖ Driving economic growth

3.2 The ability for East Sussex residents to be able to support themselves financially is an important part in promoting their independence. The Supporting People programme subsidises a number of programmes that improve people's opportunities for employment and gain access to paid work. For example, Home Works supported 591 people to access paid work in 2014/15 and 888 people to participate in training and education to improve work opportunities and there are plans to increase contact with housing support services to 1,450 people to help them improve their employment opportunities.

❖ Keeping vulnerable people safe

3.3 Ensuring people are safe remains the departments highest priority. Adult Social Care works alongside a number of other agencies such as East Sussex Healthcare NHS Trust, Sussex Police, Sussex Partnership NHS Foundation Trust, South East Coast Ambulance Service, East Sussex Fire and Rescue Service and Trading Standards to ensure that people in East Sussex are safeguarded from harm, given safe care and enabled to live their lives independently and free from abuse.

3.4 There were 4,010 alerts of abuse received in East Sussex between April 2014 and March 2015. This is an 11% increase on the number of alerts reported during 2013/14 (3,607 alerts).

3.5 Once an alert is received, a decision is made about whether to investigate it or not. Of the 4,010 alerts received in East Sussex, 847 went on to be investigated. This equates to 21% of the alerts received. The remaining alerts were either managed through care management procedures or were not taken any further.

3.6 The introduction of the Care Act will bring significant changes to the whole of the safeguarding agenda. One of these changes will be increasing the emphasis on involving the person and the outcomes that the adult wishes to achieve. East Sussex has already started this work through the Making Safeguarding Personal project and once embedded, lessons learnt through previous investigations will inform future practice. This will be monitored through the completion of Performance & Quality Assurance Framework based reviews.

3.7 Another area that we will be focusing on will be the increased use of advocacy, particularly in safeguarding situations. Again, the Care Act places a duty on the local authority to find advocacy for people who do not have anyone else to speak for them and have a substantial difficulty with communication. One of the activities being undertaken is to ensure the Mental Capacity Act is embedded in practice and promote the use of Independent Mental Capacity Advocates.

3.8 We are continually seeking to improve the way we safeguard adults from abuse and this year a new approach to evaluating the quality of safeguarding activity and identifying learning in Adult Social Care started. The revised model for auditing safeguarding investigations includes analysis of decision-making, risk and safeguarding planning within a team-based approach. It has been tailored to support the development of outcomes-focused practice and the personalisation of safeguarding. Piloted in August 2014, the audit highlighted a number of aspects of good practice as well as areas for improvement, the learning from which will inform changes to practice in the future.

❖ **Helping people help themselves**

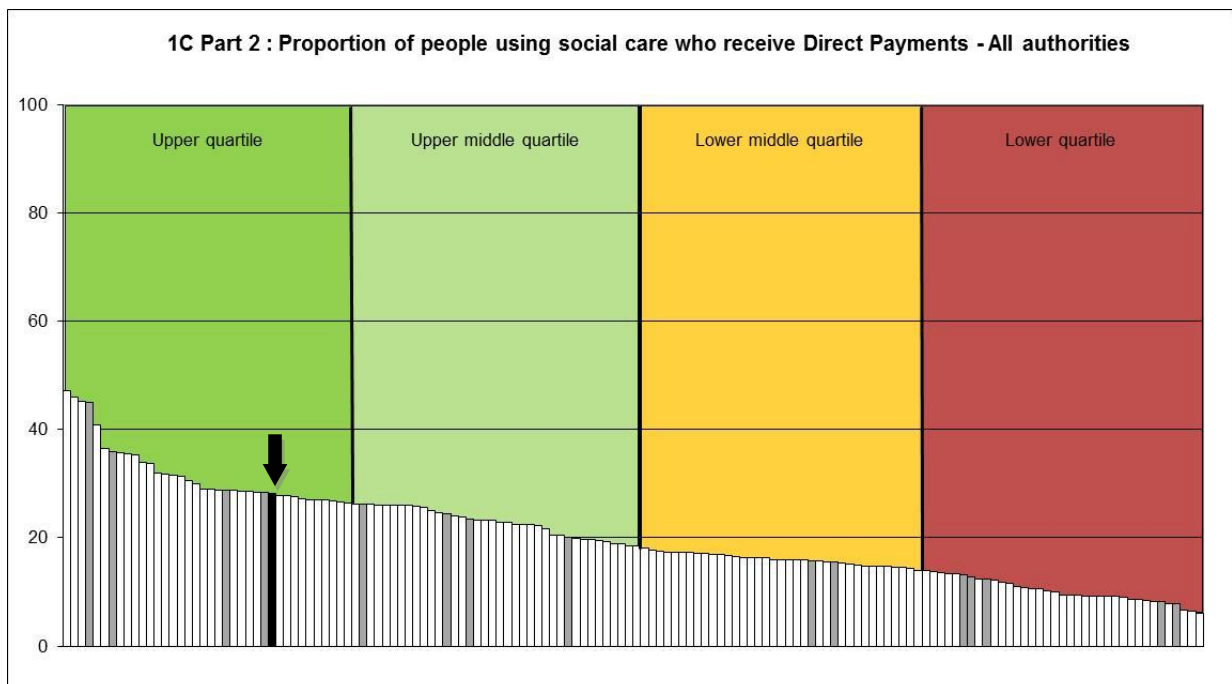
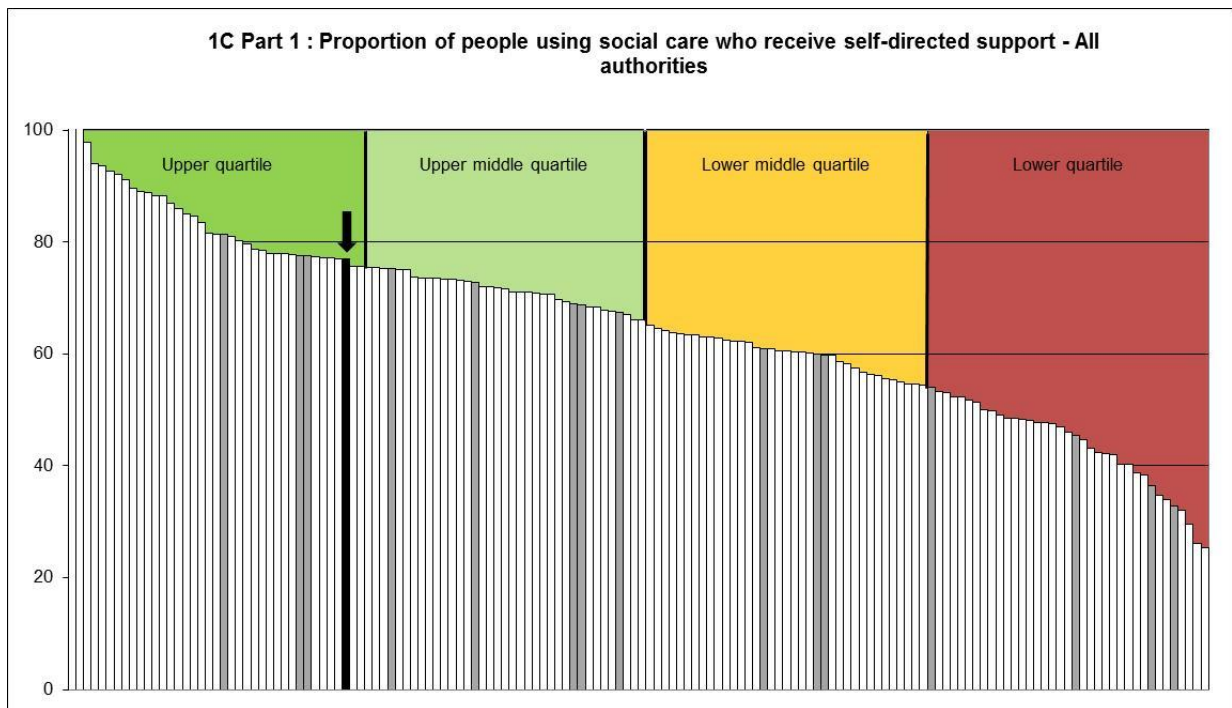
3.9 By helping people to help themselves we are trying to maximise peoples ability to live independently as well as delivering better outcomes and reducing the need for more expensive services.

3.10 Last year we ensured that people had access to a core offer of information, advice and signposting about what is available in their local area. This is something that we will continue to develop over the forthcoming year. To make this information more accessible to people we will update the Adult Social Care part of the ESCC website. By doing this we will make content more accessible on mobile devices and make it easier for people to find an answer or complete a task by publishing fewer downloadable documents and cutting down the amount of information on pages too.

3.11 We will also continue to promote schemes such as Support With Confidence and develop East Sussex 1 Space as a means to ensure that people are able to quickly access information about a range of support options available in their local area.

3.12 Self directed support remains a key focus for the department as a means of offering greater control to clients and carers over how their care and support is provided. However, the need for substantial savings over the forthcoming years will mean that the direct payments and personal budgets offered will have a greater focus on personal care needs, with less emphasis on domestic activities of daily living as part of the redefined Adult Social Care offer. Clients will however be advised about how they can access support for domestic tasks of daily living through other means and services have been commissioned to facilitate this.

3.13 Benchmarking results for 2013/14 show that of the people who are assessed as being eligible for services, East Sussex is the 36th highest performing authority out of 150 authorities when it comes to the provision of self-directed support, and 28th highest in relation to the provision of direct payments, highlighting the successes we have had in providing these forms of support to our clients. (Please note that the calculations for these measures have changed since 2013/14 so comparisons between the two years should not be made.)



3.14 One of the ways in which we will reduce the need for more expensive care and hospital admissions is to provide reablement services. Reablement helps people to do things for themselves rather than having to have things done for them. It is an active process, supporting people to regain skills and increase their confidence and independence.

3.15 The Joint Community Rehabilitation service is one of these services, providing rehabilitation and reablement support in partnership with the local NHS trust by providing short term support to people in their own homes. In 2013/14, 80% of people discharged from the service needed no on-going care. In 2015/16, the target is less than this at 60% however this reflects the intentions of the service to focus on clients with more complex needs.

3.16 In addition to the services provided by the Joint Community Rehabilitation service we have also commissioned reabling homecare as part of the recent Community Services

Tender. Reabling homecare provides people with the opportunity to practice and regain skills for independent living. Contracting with the independent sector will provide greater capacity and equity across East Sussex, to ensure more people can benefit from reabling homecare which will reduce the need for ongoing care and support.

3.17 In 2014/15 a new national outcome measure was introduced to look at the proportion of new clients who received short-term services during the year, where no further request was made for ongoing support. In the context of this measure, short-term support is defined as 'short-term support which is designed to maximise independence'. This measure will therefore provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support which results in no further need for services. Between April 2014 and March 2015, 88.8% of people (new clients) who received short-term services had no further request made for ongoing support, this equates to 516 new clients having no ongoing support following short-term support to maximise independence, out of 584 clients.

3.18 We also monitor the number of existing clients who receive episodes of short term services to maximise independence. Of the 1,352 episodes (for both new and existing clients) between April 2014 and March 2015, a total of 376 (27.8%) resulted in no services provided as no needs were identified. It should be noted also that 532 (39.3%) resulted in ongoing low level support only.

3.19 We work with housing providers, care and support providers, district, borough and health colleagues to develop and provide housing options which will support clients and their carers to remain living independently.

3.20 To date 5 extra care housing schemes have been developed (one in each district and borough) which provide 186 social rented and 31 shared equity flats as alternative living accommodation to residential care. A further 2 schemes will open in 2015/16. Bentley Grange, a 45 unit scheme in Hailsham will be completed in the summer of 2015 and the Orangery in Bexhill will provide an additional 58 units from early 2016.

3.21 Looking further ahead, over the next 3-4 years, proposed additional schemes are planned for Lewes and West St Leonards. These schemes will increase the number of places available in extra care schemes in East Sussex by around 110.

3.22 We are also investing in supported housing in the county. Elva Court, Ninfield Road, is a new supported housing scheme development being built in Sidley, Bexhill and will provide 13 one bedroom flats for people with Adult Social Care mental health care and support needs. The scheme is a partnership between Ability Housing Association, Rother District Council and ESCC and its scheduled completion date is autumn 2015.

3.23 Prevention and early intervention is key to avoiding the need for more costly interventions. In 2014/15, investment in housing support services has meant that over 6,000 people were actively supported by Home Works and STEPS to achieve and maintain independent living. This includes supporting and coaching people to achieve economic well-being, keep themselves safe, improve their mental and physical well-being and access training and employment opportunities.

3.24 In 2014/15, the Supporting People programme also funded over 4,500 units of accommodation with housing support, including refuges for women escaping domestic violence, shared houses for people experiencing mental health issues or homeless individuals and families with complex needs, and accommodation and support for young

people at risk including young parents. During their stay in these services people are supported to learn the skills to enable them to return to, and maintain, independent living.

3.25 The Supporting People commissioners have worked in partnership with the East Sussex Advice Partnership over the last two years to establish a Welfare Reform project delivering a county wide Helpline and Welfare Benefits Experts to support people affected by changes in the benefits system to access their benefit entitlements, including appeals where necessary. In 2015/16 this project has been enhanced in the Hastings and Rother area through joint investment with the Hastings and Rother CCG and will deliver a service to the whole population with a specific focus on older people, people with mental health issues and young families. Between April 2013 and December 2014 the total amount of projected and actual income gains for people helped by the project was over £5 million.

3.26 Over a number of years, we have consistently adopted a policy of supporting more people at home and reducing the reliance on long-term care. Recognising and valuing carers is key to the success of this policy. To help carers in their caring role and have a life outside caring, we have developed and funded a number of initiatives.

3.27 Through the 2014 Commissioning Grants Prospectus, Adult Social Care and the NHS invested £3.358 million in commissioning a range of voluntary sector providers to deliver services to carers. These services will provide information and advice, support and activities, short breaks, crisis services, training, vocational services, counselling, the Carers Discount Card and engagement.

3.28 The Carers Breaks Dementia Engagement Team is an Adult Social Care service that offers short respite breaks to carers through engaging with people with dementia to identify appropriate community activities or one to one support. The team also runs Dementia Supper Clubs held monthly across the county in pubs and cafes for carers and people with dementia to meet together socially. During 2015/16 the team will be piloting an expansion to the service across all client groups who need additional social care support to access community services to meet their social care needs and their carers.

3.29 To support carers who are caring for people with mental health conditions, we have commissioned the Improving Carers' Experience (I.C.E) project. The I.C.E project aims to produce good quality information for carers of people who have mental health problems (such as depression, anxiety, psychotic conditions, bi-polar disorder etc). The project will offer carers' information courses and provide a booklet and website containing information that carers have said they find relevant and useful. Other activities will include offering training to local staff on carers' needs and how to work with and support them.

3.30 The Children and Families Act amends section 17 of the Children Act to require both Adult Social Care and Children's Services to be proactive in identifying young carers, gives all young carers the right to an assessment on appearance of need. Together, the two pieces of legislation link to require that the assessment of a young carer is joined up with the assessment of the adult that they care for, and that both assessments remove any inappropriate caring responsibilities the young person has.

3.31 Services already in place include East Sussex Young Carers which was commissioned through the 2014 Commissioning Grants Prospectus to provide information, advice and support to young carers. This is currently the primary resource available for assessing young carers under 16. A Project Manager has been appointed for a 12 month period (04/15-03/16)

to scope and lead on implementing whole family work across Adult Social Care and Children's Services. Key outcomes for this work will include:

- Proactive identification
- Inclusive assessment
- Shared planning
- Coordinated intervention
- Joint case audit

❖ **Making best use of our resources**

3.32 The 2014 Prospectus awards were finalised in July with 62 awards made with a total value of £10 million. These grants are offered to a range of voluntary and community sector organisations to provide a range of services which will support people to retain their independence. The 2013 Prospectus ran from October 2013 to September 2014. Through this an average of 19,336 people were supported through Prospectus funded services per quarter.

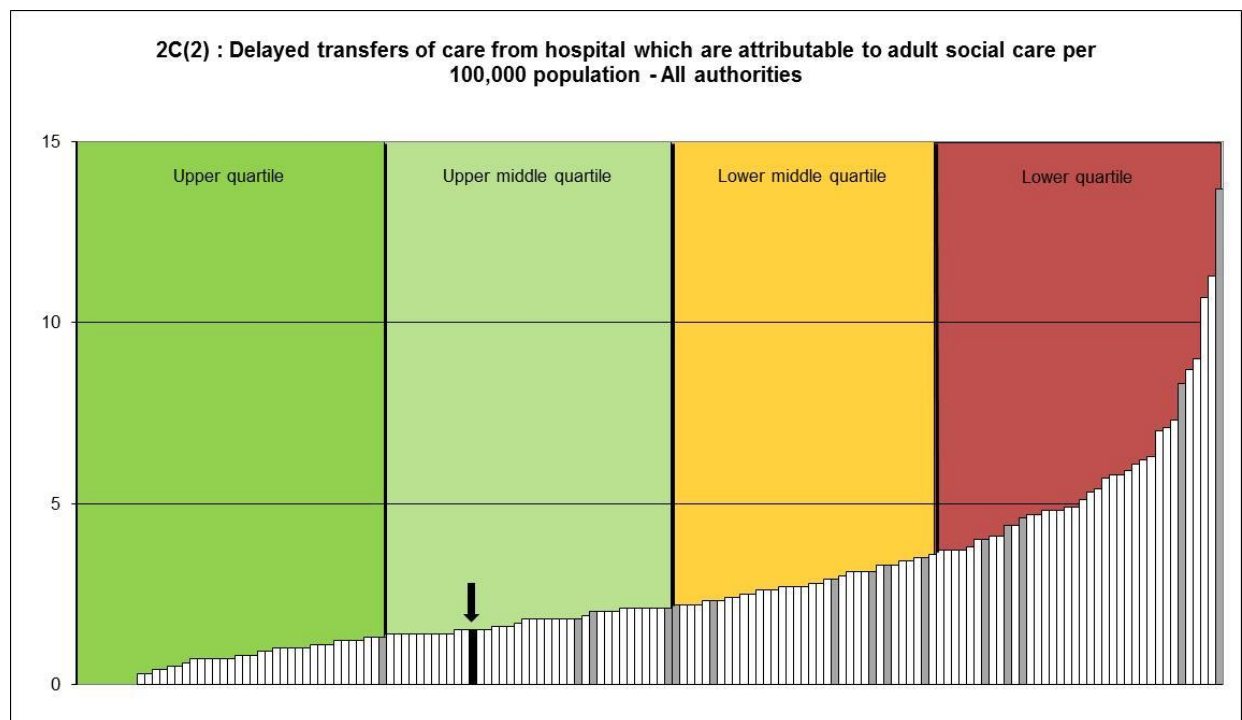
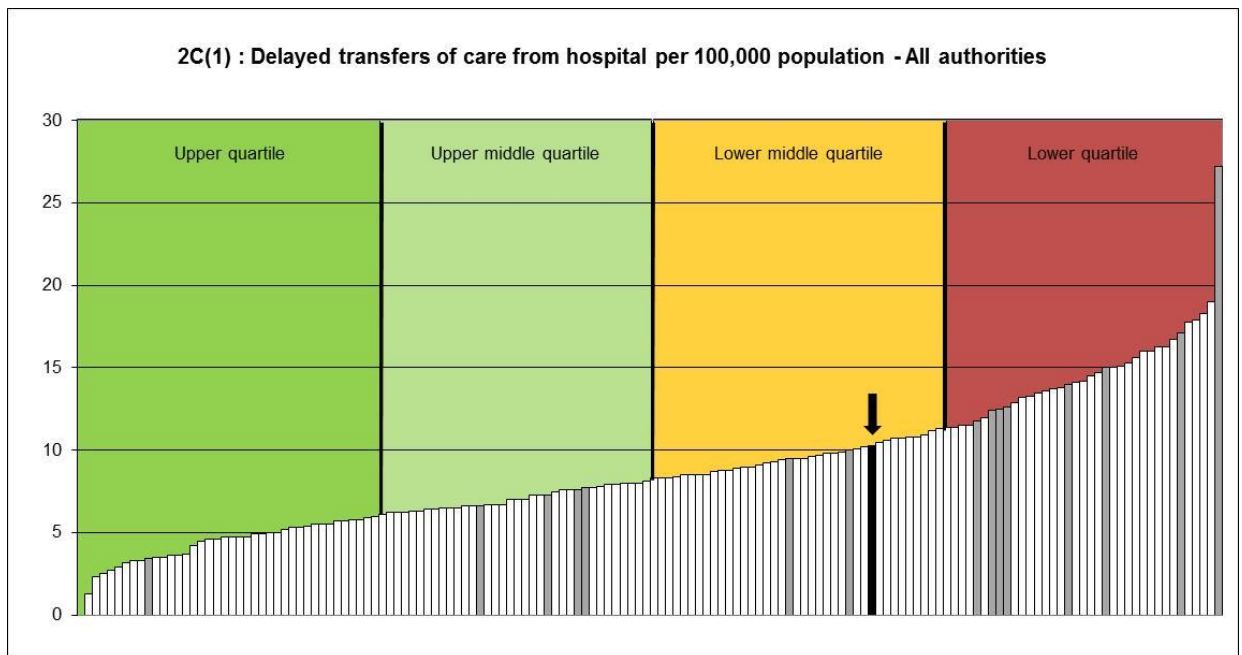
3.33 During times of crisis, we have a service that provides the most vulnerable adults with items to help them to deal with emergency situations and remain in their own homes. This is the Discretionary East Sussex Support Service (DESSS). Despite a 53% cut in central government funding for the service, we will continue to provide this support however the items provided, and the circumstances we will provide them in will have to reduce.

3.34 To ensure the service is run as efficiently as possibly, applications will be made online, reducing the amount of staff time taken up in answering calls. In addition, vouchers for food and utilities will be distributed from a number of locations around the county, streamlining the provision of emergency items.

3.35 As a result of the steadily reducing take up of meals in the community, a consultation was undertaken to ascertain whether this model of service provision was still the most appropriate. Following a three month consultation, on 27 January 2015, Cabinet agreed not to retender the meals contract once it expires in September 2015. Cabinet also agreed to establish an Approved Provider List and retain the subsidy pending development of the market. As a result of these changes, plans are currently being drawn up to manage the transition process once the new model is operational.

3.36 Reducing delayed discharges from hospital is another key aspect of ensuring East Sussex residents can remain independent as people are able to get back to familiar surroundings. Prompt discharge also reduces the costs to the local authority, which, with the introduction of the Care Act, will increase from £100 to £130 per person per day when the delay is attributable to Adult Social Care.

3.37 In 2013/14, East Sussex had the 46th highest number of delays per 100,000 people (out of 150 authorities). The number of people whose delays were attributable to Adult Social Care, per 100,000 people aged 18 and over was much lower and nationally we were ranked 101st.



Performance data and targets

Performance Measures CP = Council Plan Measure HWB = Health and Wellbeing Board Strategy	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
National outcome measure: Proportion of people whose transfer of care from all hospitals is delayed, per 100,000 population	10.3	10.0	10.1	10.0	10.0	10.0
National outcome measure: Proportion of people whose transfer of care from all hospitals is delayed due to Adult Social Care, per 100,000 population	1.50	1.32	1.34	1.34	1.34	1.34
Increase the proportion of service users discharged from the Joint Community Rehabilitation Service that do not require on-going care	80%	60%	76.6%	65%	65%	65%
<p>Increase the number of people accessing information and advice about services through:</p> <p>i) Increasing the number of services registered on East Sussex 1 Space CP</p> <p>ii) Increase the number of people accessing information and advice through East Sussex 1 Space website CP</p> <p>iii) Increase the number of providers registered with Support With Confidence CP</p>	<p>1,563</p> <p>24,054</p> <p>132 members</p>	<p>300 additional services registered</p> <p>20% increase on 13/14 outturn</p> <p>158 members (20% increase)</p>	<p>1,874 services</p> <p>43,511 site visits (28% repeat visitors & 72% new visitors)</p> <p>141 providers</p>	<p>250 additional services registered</p> <p>20% increase on 14/15 outturn</p> <p>20% increase on 14/15 outturn</p>	<p>250 additional services registered</p> <p>20% increase on 15/16 outturn</p> <p>20% increase on 15/16 outturn</p>	<p>250 additional services registered</p> <p>20% increase on 16/17 outturn</p> <p>20% increase on 16/17 outturn</p>
Maintain the number of people supported through Prospectus funded services	17,396 on average per quarter	17,396 on average per quarter	G	15,397 on average per quarter	15,397 on average per quarter	15,397 on average per quarter
Maintain the provision of floating housing support to vulnerable adults to avoid homelessness	6,416	5,523	G	5,523	5,523	No target set beyond 2016/17
National outcome measure: The proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey) CP	68.7%	Establish baseline	84.3%	84%	84%	84%
National outcome measure: The proportion of carers who say they have no worries about personal safety (Carers Survey)	NA	85-90%	86.1%	No survey undertaken	85-90%	No survey undertaken
Improve safeguarding through completing Performance & Quality Assurance Framework based reviews CP	New measure	Complete 6 team/area reviews	G	Complete 6 team/area reviews	Complete 6 team/area reviews	Complete 6 team/area reviews
Monitor the new local safeguarding outcome measure CP	New measure	Establish baseline	G	81% of outcomes either met or partially met	81% of outcomes either met or partially met	81% of outcomes either met or partially met
National outcome measure: Proportion of working age adults and older people receiving self-directed support (new zero based review measure for people in receipt of long-term support) CP	New measure	Establish baseline	100%	100%	100%	100%
National outcome measure: Proportion of working age adults and older people receiving direct payments (new zero based review measure for people in receipt of long-term support) CP	New measure	Establish baseline	42%	45%	45%	45%
The proportion of people who received short-term services during the year, where no further request was made for ongoing support CP	New measure	Establish baseline	88.8%	88%	88%	88%
Increase the proportion of clients who find it easy to find information about services (Adult Social Care Survey)	81.2%	Establish baseline	72.5%	72%	72%	72%
National outcome measure: Carer reported quality of life (Carers Survey)	NA	8.1	7.9	No survey undertaken	8.1	No survey undertaken

Performance Measures CP = Council Plan Measure HWB = Health and Wellbeing Board Strategy	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
National outcome measure: Overall satisfaction of carers with social services (Carers Survey)	NA	45.3% say they are either very or extremely satisfied	40.7%	No survey undertaken	45.3% say they are either very or extremely satisfied	No survey undertaken
National outcome measure: The proportion of carers who report they have been included or consulted in discussions about the person they care for (Carers Survey)	NA	73.3%	71.0%	No survey undertaken	73.3%	No survey undertaken
Number of carers known to Adult Social Care (those assessed, reviewed and/or receiving a service during the year) CP	NA	Establish baseline	6,936	Re-establish baseline in light of Care Act	To be set once 15/16 result is available	To be set once 15/16 result is available
National outcome measure: Proportion of people who use services, who reported that they had as much social contact as they would like (Adult Social Care and Carers Survey)	New measure	Establish baseline	47.9%	47%	47%	47%
National outcome measure: Self-reported experience of social care users quality of life (Adult Social Care Survey)	19.3	Establish baseline	19.4	19.4	19.4	19.4
National outcome measure: The proportion of people who use services who have control over their daily life (Adult Social Care Survey)	81.3%	Establish baseline	79.4%	79%	79%	79%
National outcome measure: Overall satisfaction of people who use services with their care and support (Adult Social Care Survey)	67.5%	Establish baseline	65.8%	65%	65%	65%
Improve the experience for people with mental health conditions arising from NHS mental healthcare (HWB)	Satisfied 86% Very satisfied: Postcard survey 68% Questionnaires 38%	Of the cohort: i) 80% satisfied or very satisfied ii) 50% extremely likely to recommend	89% of respondents 'positive' 56.1% 'extremely likely' to recommend	Of the cohort: i) 80% satisfied or very satisfied ii) 50% Extremely likely to recommend	To be set once 15/16 result is available	To be set once 15/16 result is available
Improve the outcomes for people with mental health conditions arising from NHS mental healthcare (HWB)	New measure	Establish baseline	G	i) 7,500 people entering treatment ii) 50% completing treatment iii) Waiting times of 75% within 6 weeks & 95% within 18 weeks	To be set once 15/16 result is available	To be set once 15/16 result is available
Improve the experience of care for people at the end of their lives (HWB)	New measure	Establish baseline	R	Establish baseline	To be set once 15/16 result is available	To be set once 15/16 result is available

Performance Measures CP = Council Plan Measure HWB = Health and Wellbeing Board Strategy	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
East Sussex Better Together: Design and implement an Integrated Strategic Commissioning Framework (Including Co-Commissioning) CP	New measure	New measure		i) Commissioning structure implemented in shadow form by June 2015 ii) Integrated commissioning framework developed by September 2015 iii) Framework and structure implemented by March 2016	No targets set beyond 2015/16	No targets set beyond 2015/16
East Sussex Better Together: Develop and implement Health and Social Connect (HSCC) CP	New measure	New measure		HSCC implemented by April 2016	No targets set beyond 2015/16	No targets set beyond 2015/16
East Sussex Better Together: Introduce locality Community Health and Social Care Teams CP	New measure	New measure		Full implementation of delivery model by October 2015	No targets set beyond 2015/16	No targets set beyond 2015/16
Care Act: Ensure individuals with eligible needs have a care account that shows the total cost of meeting those needs over time CP	New measure	New measure		April 2016	No targets set beyond 2015/16	No targets set beyond 2015/16

Revenue	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£000	£000	£000
Gross Budget (A)	45,635	45,947	48,343
Government Grants (B)	(44)	(47)	(2,422)
Fees and Charges (C)	(250)	(268)	(268)
Other Income* (D)	(4,707)	(7,689)	(7,089)
Net Budget (A-B-C-D)	40,634	37,943	38,564

*Other income in all years includes contributions from other organisations and contributions from reserves

Capital Programme £000							
Capital	Description		Total for Scheme	Previous Years	2015/16 Budget	2016/17 Budget	2017/18 Budget
Extension to Warwick House	An existing library that will be developed into a hub of community services, including library services, an older people's day service and a nine-flat supported housing scheme for people with learning disabilities	Gross	7,339	7,120	219	0	0
		Net	6,519	6,308	211	0	0
Social Care Information System	Jointly with Children's Services, replacement for the current care management information system	Gross & Net*	4,000	1,766	2,234	0	0
Binder Lane & Bentley grange	Binder Lane - 45 extra care housing units plus Bentley Grange - 10 flats of supported accommodation for people with learning disabilities	Gross	1,000	500	500	0	0
		Net	500	0	500	0	0
Extra Care Housing – Bexhill on Sea	Funding to facilitate the development of extra care in Sidley	Gross	790	720	70	0	0
		Net	390	320	70	0	0
Refurbishment of Facilities to meet Care Quality Commission Standards	Continuing programme to ensure ASC properties meet regulatory standards	Gross & Net*	374	310	64	0	0
House Adaptations	Continuing programme to fund over and above disabled facilities grant to adapt properties to enable people to stay in their own homes	Gross	3,349	2,533	299	250	267
		Net	3,348	2,532	299	250	267

*Fully funded by ESCC

Older People's Services

Forward Plan

4.1 The majority of services provided by Adult Social Care come under the universal offer as they are available to anyone, however, there are services provided that specialise in supporting older people. These services tend to focus on supporting people and their carers (many older people have carers or may be carers themselves) to continue to live independently and maintain their physical health and mental wellbeing. Therefore priority is given to ensuring support is available to help and /or manage changes to lifestyle/ health/ social/ housing issues people experience as they get older. This will include:

- managing the prevention of falls and long term conditions such as diabetes;
- physical mobility issues and sensory impairment;
- preventing admittance to hospital;
- prevention of social isolation which can have an adverse effect on physical and mental health; and
- providing support for people who have, or may have dementia.

4.2 One of the key tasks within the Health and Wellbeing Strategy is to enable people to manage and maintain their mental health and wellbeing so that they and their carers are able to manage their condition better and maintain their physical health.

4.3 By 2030 the number of people in England aged over 65 will go up by 50% and the number of people aged 85+ and over will double. This has implications for ESCC as employees gain caring responsibilities, or are affected themselves and experienced people leave employment before retirement age. As a service provider ESCC can improve people's lives through sensitive and dementia aware service delivery, across all departments. Adult Social Care is actively supporting the emergence of Local Dementia Action Alliances (LDAAs) across the county. For example, the Bexhill LDAA is working with local businesses including banks, leisure services and shops to draw up action plans. They have held a public event hosted by the De La Warr to raise funds and local awareness. There are LDAAs emerging in Eastbourne and Hastings and others expected in different parts of the county.

❖ Helping people help themselves

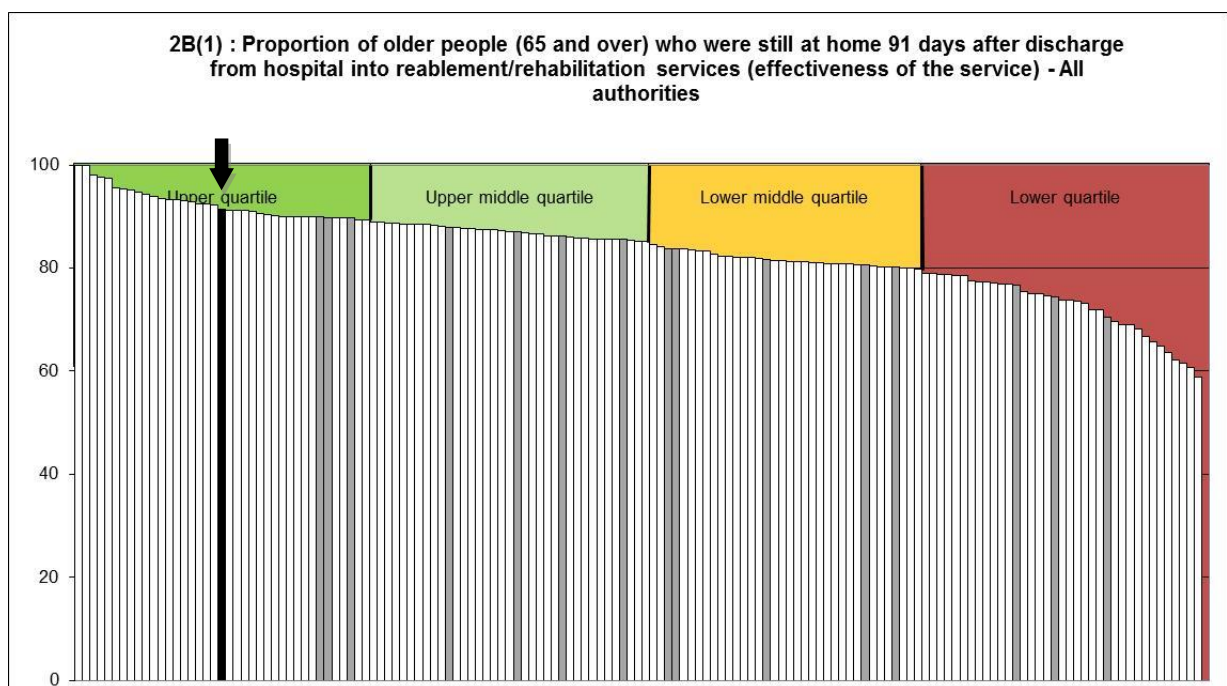
4.4 The East Sussex Memory Assessment Service was launched in October 2012 as a single point for routine referral for anyone with suspected dementia. Between April 2014 and March 2015 a total of 1,995 people were referred to the Memory Assessment Service against a target of 1,624.

4.5 The new East Sussex Memory Support Service (MSS) started in November 2013. This service is for people living in East Sussex of all ages with a formal diagnosis of dementia as well as people with a learning disability. The MSS is designed for those at the mild to moderate stage of the dementia journey and offers a programme of support usually lasting 8 to 12 weeks. If it's appropriate and if it's what a client wants, they will be offered a referral to the Memory Support Service after receiving a diagnosis of dementia from the Memory Assessment Service. The Memory Support Service delivered 271 sessions between April 2014 and March 2015.

4.6 Referral activity into Memory Assessment Services across the County continues to increase and additional capacity has been commissioned in each CCG area. This will further support achievement of the 67% national diagnostic target by April 2015.

4.7 A broad range of services have been made available through the commissioning grant prospectus for older people and their carers which focus on supporting people to leave hospital, preventing social isolation and loneliness and improving health and well being. These include home from hospital services, good neighbour schemes, befriending services for people living with dementia, support for people to attend activities of their choice and make new friendship groups, healthy living clubs and health walks, volunteering opportunities and information and advice services.

4.8 To make sure we are supporting people through the rehabilitation process, we monitor the percentage of older people aged 65 and over who left hospital for rehabilitation / reablement, who are at home 91 days after they left hospital. Between April 2014 and March 2015, a total of 1,213 older people left hospital and went on to receive reablement or rehabilitation services. Of these, 1,101 (90.8%) were at home 91 days after leaving hospital. In addition we continue to ensure that short term practical support is provided to older people and their carers to enable them to leave hospital in a timely way and receive the support they need when they return home. These services are provided by the voluntary sector and help to prevent unnecessary admission/ readmission to hospital.



Performance data and targets

Performance Measures CP = Council Plan Measure HWB = Health and Wellbeing Board Strategy	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
Commission new service capacity to achieve diagnostic rate of 70% of the estimated local prevalence of dementia by 2016/17	40%	50%	CO	60%	70%	No targets set beyond 16/17
Number of people receiving support through 'STEPS to stay independent' CP	2,044	1,700	2,297	1,700	1,700	1,700
National outcome measure: Achieve independence for older people through rehabilitation/ intermediate care	88%	88%	90.8%	90%	90%	90%
Increase the number of people referred to the Memory Assessment Service CP	1,468	1,624	1,995	2,146	To be set once 15/16 result is available	To be set once 15/16 result is available
Reduce the number of older people admitted to hospital due to falls per 100,000 population (HWB)	23.8% increase on 2012/13 position (April-Feb data plus March projection)	1% reduction on previous year	CO	2% reduction on 2013/14 baseline	3% reduction on 2013/14 baseline	No targets set beyond 16/17

Revenue	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£000	£000	£000
Gross Budget (A)	91,572	85,115	82,634
Government Grants (B)	0	0	0
Fees and Charges (C)	(26,050)	(25,607)	(24,599)
Other Income* (D)	(8,848)	(9,487)	(10,353)
Net Budget (A-B-C-D)	56,674	50,021	47,682

*Other income in all years includes contributions from other organisations

Capital Programme £000							
Capital	Description		Total for Scheme	Previous Years	2015/16 Budget	2016/17 Budget	2017/18 Budget
Older Peoples' Day Opportunities	Development of innovative services	Gross & Net*	536	329	207	0	0

*Fully funded by ESCC

Working Age Adults

Forward Plan

5.1 As mentioned previously, there are many services that support working age adults that fall under the universal offer as they support older people also. This section covers the services that are specifically aimed at supporting people who are in transition between Children's Services and Adult Social Care, and those that specifically support people aged 18-65. Examples of these services include support for people with learning disabilities to gain employment and settled accommodation, and support for people with autism.

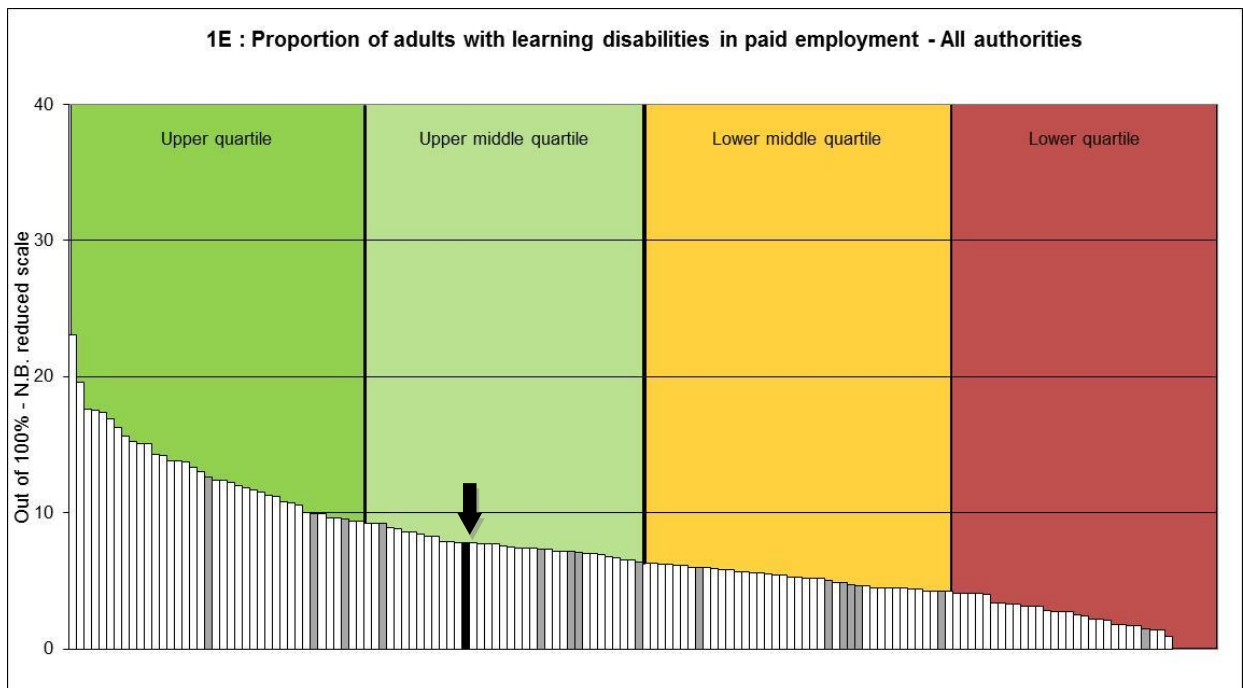
❖ Keeping vulnerable people safe

5.2 A TeleCheck service was piloted in 2013/14 to offer telephone support to people who needed a call reminder to eat, drink, take medication or to have someone check on their wellbeing. These have been offered to over 100 people so far. The pilot has been extended and is planned to be mainstreamed for eligible clients.

❖ Helping people help themselves

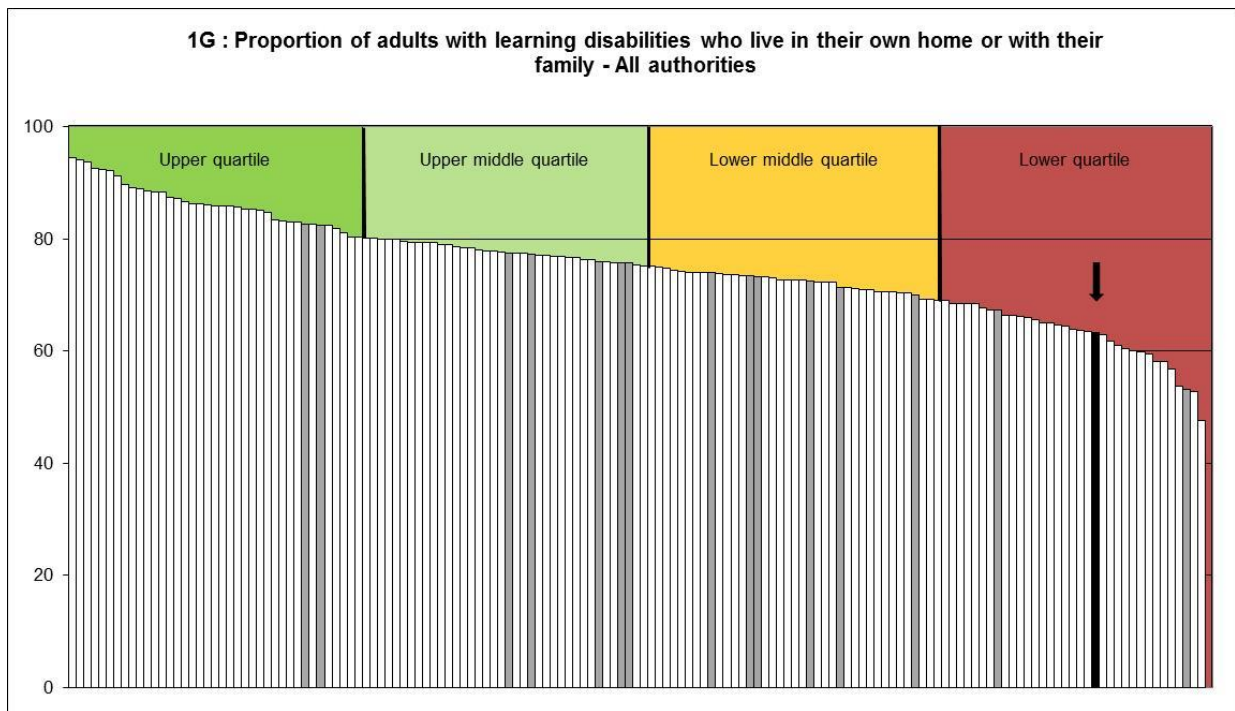
5.3 We are keen to support people with learning disabilities into paid and voluntary employment and currently have a number of initiatives in place to help people to find employment. Project SEARCH is an initiative that supports people with learning disabilities to obtain paid employment through working collaboratively with the Local Authority, Health, Education and host employers to provide young people with experiences of a number of jobs and potential career paths. We are also working with Peppenburg to provide retail and customer skills training to adults with learning disabilities. Referrals to the project come from ChoiceES so once the training is completed; people are then supported into further employment.

5.4 Between April 2014 and March 2015, 249 people were in paid or voluntary employment out of a total of 1,033 people with a primary support reason of Learning Disability known to Adult Social Care; this equates to 24.1%. The chart below shows our 2013/14 national position in relation to paid employment only.



5.5 Of the newly commissioned supported accommodation units in Learning Disability Services, Warwick House in Seaford and Gilda Close in Polegate are now fully operational and all flats are occupied. This has added a further 19 flats to the portfolio of supported accommodation for people with learning disabilities in East Sussex. These schemes help by providing a degree of independence with the added security of help nearby if needed. Additionally, information about the benefits of Telecare is being promoted within Supported Living and Extra Care schemes to support increased independence.

5.6 A further 10 flat, capital development scheme at Binder Lane in Hailsham is anticipated to come online from late summer 2015. Sussex Partnership NHS Foundation Trust has developed an 8 flat scheme in Eastbourne for people with Learning Disabilities, complex needs and challenging behaviour. It is anticipated that this development will enable people with complex needs, who would otherwise be in residential care or assessment and treatment units, to be able to more fully participate as active members of their community, by the provision of specialist intensive support services from the Trust.



5.7 The transition for young people between Children’s Services and Adult Social Care can often be challenging. The Transitions Service has been set up to support these people to live as independently as possible. The types of support provided include helping young people to find courses, jobs and accommodation as well as access to sports clubs and other groups. The Transitions team are being supported with increased Telecare training to enable them to provide greater independence to children transitioning to Adult Social Care services.

5.8 The Transitions Service has developed its Local Offer in line with the requirements of the Special Educational Needs and Disabilities (SEND) Reforms that came into being from September 2014. The reforms require each local authority to set out its “Local Offer” of services and support for young people with SEND and their families in a way that is easily accessible and clear to understand. The Local Offer is available via the Council’s website.

5.9 One of the key commissioning intentions of the Inclusion Special Educational Needs and Disabilities (ISEND) Joint Commissioning Strategy 0-25 is to continue to develop and refine the offer to 16-25 year olds with SEND in the County. This Strategy is being developed in Children’s Services with input from the relevant Adult Social Care Staff, Schools and Colleges, young people and their carers.

5.10 Due to increased demand and numbers of young people receiving a service from the Transitions team, the service has developed a duty system that aims to quickly respond to day to day queries and issues, and allow for a more streamlined allocation of clients to allocated workers.

5.11 Autism is known as a spectrum condition both because of the range of difficulties that affect adults with autism and the way that these present in different people. In line with ‘Think Autism’ – the Department of Health update to The Autism Strategy, the East Sussex Autism Partnership Board (APB) oversees and guides the work that Adult Social Care do to support individuals with autism and their carers. Two key initiatives from the APB are working with the Library Service to make environments more ‘autism friendly’ and developing a reference group of self-advocates.

5.12 We will work with partners to develop either a separate autism friendly room or a clearly defined autism friendly area within one or two libraries. This designated space will benefit from a range of environmental adaptations creating a calmer environment with less distraction and lower stimulation. All environmental factors will be considered to create the right environment e.g.: lighting, sound, décor and the use and layout of space. These will either be modified or installed to a specification conducive to autism friendly environments. We will also assess what adaptations can be made across all libraries, either specifically for each library or more mobile equipment that can be used as a shared resource. For example using mobile work stations, clearer signage etc.

5.13 The APB is improving the way we capture the views of people with autism by developing a reference group. The group will be invited to contribute to the APB, consult on topics and identify emerging themes relevant to people with autism. The group will be facilitated and will be represented at the APB.

Performance data and targets

Performance Measures CP = Council Plan Measure	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
Proportion of adults with learning disabilities in paid and voluntary employment CP	22.9%	22.9%	24.1%	24.1%	24.1%	24.1%
National outcome measure: Proportion of adults with learning disabilities who live in their own home or with their family	63.3%	65%	69%	69%	69%	69%
The proportion of young people aged 16-25 in receipt of self directed support	New measure	Establish baseline	80%	80%	80%	80%
Engage with young people in Transition and their families/ parents and carers.	100% of young people in transition provided with a named worker	i) All young people in transitions will be allocated a named worker from their 17th Birthday	i) 91% received an allocated named worker	i) All young people in transitions will be allocated a named worker from their 17th Birthday	i) All young people in transitions will be allocated a named worker from their 17th Birthday	i) All young people in transitions will be allocated a named worker from their 17th Birthday
	100% of full assessments and indicative budgets provided within timescales	ii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday	ii) 100% received assessment and indicative budget	ii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday	ii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday	ii) All young people in Transitions will receive a full assessment and indicative budget within 18 Months of their 17th Birthday

Revenue	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£000	£000	£000
Gross Budget (A)	74,000	71,004	71,196
Government Grants (B)	(193)	(200)	0
Fees and Charges (C)	(5,361)	(5,385)	(5,341)
Other Income* (D)	(2,599)	(2,384)	(2,413)
Net Budget (A-B-C-D)	65,847	63,035	63,442

*Other income in all years includes contributions from other organisations

Capital Programme £000							
Capital	Description		Total for Scheme	Previous Years	2015/16 Budget	2016/17 Budget	2017/18 Budget
Westfield Lane, Hastings	13 supported accommodation flats for people with learning disabilities	Gross & Net*	585	4	581	0	0
Ninfield Road, Bexhill - LD or MH Supported Accommodation	13 supported accommodation flats for people with mental health diagnosis	Gross & Net*	410	205	205	0	0
Greenwood, Bexhill-on-Sea	10 supported accommodation flats for people with learning disabilities	Gross & Net*	463	412	51	0	0
LD Service Opportunities	Funding to support the review of Learning Disability day services	Gross	2,478	1,035	1,030	413	0
		Net	578	565	10	3	0
LD Extra Care Project	Aligned to the development of Battle Road, Hailsham	Gross & Net*	350	150	200	0	0

*Fully funded by ESCC

Adult Social Care Budget Summary

Revenue	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£000	£000	£000
Older People	56,674	50,021	47,682
Working Age Adults	65,847	63,035	63,442
Universal Services	40,634	37,943	38,564
Management and Support	6,257	7,400	7,645
TOTAL	169,412	158,399	157,333

Forward Plan

6.1 The following section provides a brief overview of the work going forward for each of the 2015/16 priority areas, which have been selected by the Safer Communities Partnership.

Reducing the impact of Anti-Social Behaviour (ASB) and hate crime

6.2 ASB and hate crime can have an adverse impact on the lives of individuals, and a detrimental effect on the wider community and environment. Residents across East Sussex have said that ASB is a key priority to them and this is also reflected in the five year Safer in Sussex Police and Crime Plan. Over the last 12 months, reported ASB incidents have shown a downward trend, with the last 7 months seeing reports remain consistently below the previous year by between 5% and 6%. Reported ASB in East Sussex has fallen by 5.3% (-891) in the last 12 months to March 2015, but long term sustainable solutions require us to invest time and actions to tackle it effectively.

6.3 The Anti-Social Behaviour, Crime and Policing Act 2014 has been introduced and the new powers and tools took effect from October 2014. The new legislation provides more effective powers for tackling ASB, which will provide better protection for victims and communities, act as a real deterrent to perpetrators and give victims a say in the way their complaints are dealt with. We have been working with local Community Safety Partnerships to produce guidance, and deliver workshops and training.

6.4 In East Sussex, victims who are considered to be most vulnerable get a dedicated keyworker from the Safe from Harm Service. The service, which is run by the Sussex Community Development Association, was re-commissioned by the East Sussex Safer Communities Partnership in October 2013. The service provides support to high risk victims of anti-social behaviour and hate crime across East Sussex. To date, 88% of people reported an increase in how safe they felt from the beginning of the Safe from Harm intervention to the end.

6.5 We are members of the Sussex Restorative Justice (RJ) Partnership Group (September 2014). This group is managed as a programme of work and has developed a coordinated multi-agency strategy and plan. We have been given the opportunity to invest in some resources for targeted service provision and to develop RJ, with partners, to support victims of crime in East Sussex. RJ resources will be expanded in 2015 with the introduction of a new post based at Bexhill Police Station which is the first to be dedicated to RJ delivery full time

Improving the identification of domestic abuse and agency responses

6.6 Domestic abuse is often a hidden problem. On average one in four victims report domestic abuse to the police. In East Sussex the partnership has focused on tackling the harm caused by domestic abuse by addressing four key areas of work through the implementation of a five year domestic abuse strategy which was launched this year. The four key areas of work are:

- Increased survivor safety and wellbeing;
- People have safe, equal and abuse free relationships;
- Increased social intolerance and reduced acceptance; and

- Perpetrators are held to account and are required to change their behaviour.

6.7 The East Sussex Safer Communities Partnership is working on a number of communication actions linked to the four main outcomes of domestic abuse. This includes:

- Constructing a communications strategy in order to develop awareness among groups, and increase self or third party reporting, among groups that have been identified as being most likely to be affected by domestic abuse; and
- Identifying non-traditional routes where members of groups that face additional barriers to seeking help or leaving an abuse, including individuals from black and minority ethnic, lesbian gay bisexual and transgender communities, heterosexual men and older people.

6.8 The Partnership response to domestic abuse aims to improve the identification of people most at risk and deliver effective multi-agency responses. The Safer East Sussex Team continues to provide strategic and policy support to the East Sussex Domestic Abuse and MARAC Steering Group and commissions the Independent Domestic Violence Adviser (IDVA) service.

6.9 Last year we reviewed our MARAC processes and implemented some changes to streamline the process, improve timeliness of discussions and increase capacity for officers. Learning from this review will inform the wider pan Sussex review of MARAC processes, with the aim to increase resilience in service delivery and improve outcomes for complex cases that repeatedly are discussed at the MARAC.

6.10 We will ensure that our domestic abuse performance framework is robust and measuring the right activity and outcomes to inform partnership working and commissioning through the implementation of the East Sussex Safer Communities Partnership Domestic Abuse Strategy Action Plan 2014-2019.

6.11 Ongoing work includes the increasing identification of domestic abuse and the confidence of the public to tell partnership organisations about abuse. This has resulted in ESCC being awarded White Ribbon status due to its level of commitment to increasing awareness on the issue of domestic abuse and providing services aimed at reducing the number of crimes and incidents.

6.12 The increase of reporting of domestic abuse has been highlighted as a priority in the Sussex Police and Crime Commissioner Police and Crime Plan 2013/17.

6.13 ESCC, with Brighton & Hove, is developing a shared approach to commissioning and strategy, which includes:

- A Joint Lead Commissioner, with responsibility for commissioning arrangements and strategic leadership;
- A Joint Strategy and Partnership Officer, who will support the lead commissioner. Based in East Sussex they will work across East Sussex and Brighton & Hove, overseeing the implementation of the Domestic Abuse Strategy and Action Plan within East Sussex, and supporting the implementation of linked areas of work across the two authorities; and
- Joint commissioning arrangements from October 2015.

Delivering and improving responses and identification of rape, sexual violence and abuse and exploitation

6.14 The Home Office definition of sexual violence is 'any behaviour perceived to be of a sexual nature which is unwanted and takes place without consent or understanding' includes:

- Rape and sexual assault;
- Sexual violence (by partners, family members and by strangers);
- Sexual harassment;
- Child sexual abuse;
- Child sexual exploitation; and
- Sexual exploitation associated with trafficking and the sex industry.

6.15 The Saturn Centre, Sexual Assault Referral Centre (SARC) is a partnership service geared towards dealing with victims of sexual violence and is funded by Sussex Police, West Sussex County Council, ESCC and Brighton and Hove City Council and NHS England. The SARC is available to victims of rape or sexual assault, over the age of 14. The service includes specialist forensic examination, dedicated support workers to provide advice and a listening ear, sexual health services and support through the criminal justice system.

6.16 We are collaborating with Brighton and Hove City Council to commission a Domestic Abuse and Sexual Abuse Service from October 2015.

6.17 The East Sussex Local Safeguarding Children Board offers a programme on Child Sexual Exploitation (CSE) raising awareness of CSE; it identifies early indicators and explains the complexities of the issue. It also provides information on where to signpost young people for help and support and effective intervention within both civil and criminal processes.

6.18 With evidence of the number of serious sexual offences having increased during the first quarter of this year compared to last year, further work with partner agencies is needed to raise awareness around the issue of 'consent' and look to promote behaviour change to help reduce the number of sexual assaults in the night time economy. There is a need to get a wide range of organisations on board to support this work and the partnership needs to ensure that any work around this target those deemed as most vulnerable.

Reducing re-offending by high risk offenders

6.19 Nationally, it is estimated that 50% of crime is committed by 10% of offenders; the most prolific 0.5% commit 10% of crimes. Repeat offenders are often some of the most socially excluded in society. They will typically have chronic and complex health and social problems such as substance misuse, mental health needs, homelessness, unemployment and debt.

6.20 Integrated Offender Management (IOM) is a multi-agency way of managing those offenders who cause the greatest harm to our communities, targeting offenders with serious substance misuse, debt, homelessness, mental health issues and/or unemployment.

6.21 In East Sussex the creation of the Safer East Sussex Team has enhanced the partnership approach and ensured real collaborative working. A more effective alignment of operational activity together with partnership strategic priorities has reduced the levels of reoffending.

6.22 The Reducing Offending Board is responsible for setting the strategic direction and holds partners to account for their performance. Partners are drawn from the statutory and voluntary sectors to deliver 'Integrated Offender Management' (IOM) in community and custodial settings. The IOM team targets individual offenders using the agreed criteria and by the application of a 'traffic light' system which ensures that resources are targeted towards those who pose the most concern.

6.23 The Reducing Offending Board met in January 2015 to set the priorities for the next year, some current areas of concern include:

- Accommodation is one of the biggest problems facing offenders. Without secure accommodation the likelihood of relapse into offending is heightened;
- Budgetary reductions across all agencies are a threat to current and future investment in initiatives to reduce crime; and
- Changes to benefit and access to financial support increasingly place pressure on offenders and their families increasing conflict and potential risks of re-offending

6.24 From June 2014 and following the government's 'Transforming Rehabilitation: A Strategy for Reform', the work managed by Surrey and Sussex Probation Trust was split between Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC) and the National Probation Service (NPS). Offender assessment, services to courts, enforcement and the management of offenders posing a high risk of harm will now be managed by the NPS.

6.25 The management of the remaining (majority) of offenders will be the responsibility of the Community Rehabilitation Company (CRC). Ownership of the CRC will pass from the Justice Secretary into private ownership in early 2015. This is in accordance with the government's stated intention which is to open up to new rehabilitation providers from the voluntary and private sectors. The management of offenders who pose the highest risk of re-offending and who form our IOM cohort will be included with the group transferring to new rehabilitation providers. Through the gate services for those with sentences of less than 12 months will begin during 2015.

Reducing drug related offending, supporting recovery and reducing harm for those who continue to use drugs

6.26 The impact of drug misuse can be far reaching, affecting many areas of personal, public and community life. These include crime, physical and mental health issues, relationship difficulties and family breakdown.

6.27 The link between substance misuse and offending has long been established. In East Sussex there is evidence of particular links between drug misuse and acquisitive crime, with drugs being a particular motivation for burglary (dwelling and other than dwelling) and theft.

6.28 There are three main elements to tackling drug misuse in East Sussex; adult drug and alcohol treatment, young person's drug and alcohol treatment and reducing supply through enforcement.

6.29 During the past year, the Drug and Alcohol Action Team (DAAT) has been focusing on achieving the commitments it set out in the East Sussex health and social care commissioning strategy for substance misuse, 'Developing Recovery Communities: 2012-2015'. The Drug and Alcohol Need Assessment was undertaken during 2014/15, and once complete, will be published on the DAAT's website, www.safeineastsussex.org.uk

6.30 National strategies have shifted the focus from drug treatment to a recovery orientated system, which has given rise to the development of a mutual aid programme across East Sussex. One of the areas of success from the Commissioning Strategy Substance Misuse 2012-15 was the development of the recovery communities, of which we will be continuing to support. An annual 'treatment plan' is developed each year to describe how the next priorities in the strategy will be implemented; drawing on additional business intelligence in annual needs assessments.

6.31 Commissioning has increased the incentives for engaging more people in treatment, and enabling more people to complete treatment successfully. 'Test on arrest' is used to identify drug misusing offenders. Effective communication between police, probation, courts, and prison and community treatment services ensures that care is continuous. People who leave treatment unsuccessfully are quickly followed up. Community and prison treatment programmes focus on recovery.

6.32 A new East Sussex substance misuse strategy will be completed this year to begin in 2016. This will be a five year strategy, which will have a significant impact on the other areas of the Safer Communities Partnership's Business and Action Plan including domestic abuse, anti-social behaviour, road safety, offending and sexual exploitation. It will also impact and link in with other key strategies in place across the county including:

- The East Sussex Alcohol Strategy 2014-19: for a healthier and safer East Sussex; and
- The current Police and Crime Commissioners Plan 2014/17 identifies drugs and alcohol as being a contributory factor in the harm caused to individuals and communities and the plan outlines four priority areas that the PCC are keen to address: Anti-social behaviour, domestic abuse and violence, road safety and cybercrime.

6.33 The Partnership recognises the need to tackle the problems associated with new psychoactive substances, and the recently published 'New Psychoactive Substances Review: Report of the Expert panel' (October 2014) discusses the Governments current legislative and operational responses to the challenges associated with these and how to move this forward.

Promoting health and reducing harm caused by alcohol misuse

6.34 The East Sussex Alcohol Strategy 2014-19: for a healthier and safer East Sussex has been implemented and outlines three priority areas which will contribute to improving community safety outcomes through effective partnership working:

- Develop Individual and collective Knowledge, skills and awareness towards alcohol;
- Provide early help, interventions and support for people affected by harmful drinking; and
- Create better and safer socialising.

6.35 Developing knowledge, skills and attitudes towards alcohol is important as 25% of adults in East Sussex are estimated to be increasing and higher risk drinkers. By undertaking community engagement and using social marketing tools to include campaigns around health awareness messages as well as other areas of community safety, we would like to promote behaviour change which will see less people drinking alcohol to harmful amounts and lessening the impact this has on the community.

6.36 The second priority addresses the need for early help and interventions, and focuses on a greater use of alcohol Identification and Brief Advice (IBA) in health and non-health settings, and recognises the importance of effective alcohol education in schools. For those

dependent drinkers where specialist treatment may be required, the new integrated drug and alcohol recovery services operates out of three sites to make treatment more accessible to those in rural areas, and there is also a focus on increasing the number of 60+ in treatment.

6.37 The third priority focuses on addressing alcohol related anti-social behaviour and crime, and we recognise this is a key area in order for residents of East Sussex to feel safe where they live. This includes a partnership approach in managing both the on and off license trades and will see the expansion of the Hastings 'Reduce the strength' campaign as well as introducing this in Eastbourne.

6.38 Good progress is being made in delivery of the Health and Wellbeing Strategy objective to 'enhance the alcohol care pathway from prevention through to recovery and involving a range of health, care and other partners'. The alcohol steering group has been leading on co-ordinating multi agency work across the county to address the harms of alcohol use. A cross agency communications plan has been agreed and the health improvement team have been working with individual partners on the alcohol steering group to update their sections and agree a co-ordinated plan for campaigns across the year e.g. the partnership ran specific campaigns on drink driving, targeting students, alcohol related violence, and awareness of the health harms of alcohol as part of Dry January. A training programme to enable frontline staff to raise alcohol issues with their clients and contacts has been commissioned and is being delivered across the county. Peer led recovery services have been commissioned through the East Sussex Commissioning Grants Prospectus.

Reducing the number of people killed or seriously injured on the roads of East Sussex

6.39 Our aim is to create a safer environment for all road users, significantly reduce life changing injuries and eliminate fatalities. This is first and foremost because of the human cost, but also because of the economic impact, due to congestion and the demand on health and emergency services. No single organisation can tackle road safety on their own so it is essential that we work with organisations in the Sussex Safer Roads Partnership (SSRP) and other interested parties to achieve a sustained reduction in road casualties and reduction in anti-social driving.

6.40 The greatest cost of serious and fatal crashes is the loss of lives and the trauma and impact on families and friends, on other people involved in the crash and even on the emergency services and other agencies involved with the incident.

6.41 East Sussex is a very rural county with a poorly developed trunk and primary route network, with no motorways and few dual carriageways. It is nationally recognised that the majority of fatal road crashes occur on the rural road network. It is therefore important that appropriate action is taken to reduce these numbers to a minimum and it is in line with this that road safety is one of East Sussex's priorities.

6.42 In June 2014 the SSRP produced the 2014-2030 road safety strategy with the vision to create a safer environment for all road users, significantly reduce life changing injuries and eliminate fatalities.' The strategy has been agreed by all statutory authorities across Sussex and supersedes each individual strategy thereby uniquely creating one pan Sussex strategy. Reducing the number of people killed and seriously injured and reducing anti-social driving is the responsibility of everyone and is most effectively tackled through partnership working.

6.43 The contribution our partners make is crucial and reflects the recognition that improving road safety requires a co-ordinated effort across multiple public services and input from local community groups and volunteers. Community Safety Partnerships are developing local road safety plans that reflect the issues and aspirations of local communities. SSRP will work with these partnerships to co-ordinate targeted education and publicity campaigns. The Council will deliver eight school safety zones between 2015/16 and 2016/17 and will provide Bikeability training and School Crossing Patrols where there is a local need.

Listening and responding to community concerns

6.44 Key to planning the community safety activity in East Sussex is seeking the views of local residents and using this, alongside information we hold as agencies, to inform our business planning processes. It is also important that we can tell the community how we are tackling their concerns.

6.45 The Strategic Assessment, on which partnership priorities are selected at a strategic level, looks at community concerns gathered through the Sussex Police Local Neighbourhood Survey and the partnership's Community Safety Questions in the East Sussex Reputation Survey.

6.46 The Resident's Panel survey has been replaced by a telephone based reputation survey, administered by the East Sussex Communications Team. The East Sussex Safer Communities Partnership agreed a set of community safety questions that have been built into the reputation survey. Young people's views will be gathered, on their perceptions of community safety and crime, via the East Sussex School's Survey.

6.47 The Sussex Police Crime Commissioner has consulted with young people through the Sussex Youth Commission Conversations. This work is ongoing and a number of recommendations will be taken forward by a newly formed Independent Advisory Group for Young People. The Youth Commission have gathered the views and opinions of 2,000 young people across Sussex on five key priority areas:

- Abuse: including domestic abuse, sexual abuse and rape
- Drug and alcohol crime
- Bullying: including cyber-bullying
- Offending and reoffending
- Relationship between young people and the police

6.48 The Safer East Sussex Team has consulted with a range of equalities groups on business plan priorities and this feedback has been fed into the annual Strategic Assessment. We will continue to share relevant data and information to equality groups which will inform them of trends, patterns and crime reporting amongst individuals with protected characteristics in order for their work and support to be more directed in relation to community safety.

Preventing violent extremism

6.49 Prevent is one of the four elements of CONTEST, the government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. It is the Prevent strand of work that local authorities, statutory organisations, policing and a range of community organisations are concerned with delivering, enhanced by their understanding of local context.

6.50 In June 2011, the Government reiterated its commitment to the prevention of radicalisation as an integral part of the counter-terrorism strategy by publishing a revised, more focused, Prevent strategy. The strategy addresses all forms of terrorism and focuses work to prevent radicalisation on three key objectives;

- Challenging ideology that supports terrorism;
- Protecting vulnerable individuals; and
- Supporting sectors and institutions where there is a risk of radicalisation.

6.51 Prevent work across East Sussex is continuing to be jointly developed between the Sussex Police and the East Sussex Safer Communities Partnership.

6.52 Guidance entitled – 'Prevent-Supporting Individuals Vulnerable to Recruitment by Violent Extremists in East Sussex', with the purpose of setting out the local authority's corporate response to the Prevent strand of the Counter Terrorist Strategy has been developed for ESCC frontline staff and managers. This guidance provides details of the local inter-agency process of identifying and referring individuals to the Channel Process (Channel is the name given to the referral and support process).

Street Communities

6.53 A member of the street community is defined by Sussex Police as: 'A person who spends a significant amount of time on the streets or other public area and who may or may not have accommodation and will have a substance misuse issue and / or a mental health issue and / or have a chaotic history'.

6.54 Anti Social Behaviour (ASB) reports concerning rough sleepers over the last 12 months have included issues such as abusive or aggressive behaviour, assaults and discarded needles, amongst others.

6.55 The number of incidents of reported street drinking has decreased by an estimated 24% this year compared to 2013/14 and in the 12 months to March 2015, 82% of all ASB reports of Street Drinkers came from Eastbourne and Hastings. This compares to 87% for the same period in 2012/13 and 91% in 2013/14.

6.56 During 2015/16 we will establish a set of criteria to determine who of this cohort is in need. Following this we intend to consult with street communities to identify how services for this group could be improved. This will include ensuring their physical and mental health needs are met through improved access to primary health care.

Commissioned Services

6.57 The following services are commissioned to deliver the Safer Communities and DAAT partnership outcomes:

- We are collaborating with Brighton and Hove City Council to commission a Domestic Abuse and Sexual Abuse Service from October 2015. Advice, support and advocacy will be provided to adults who are at risk of serious harm from domestic abuse or who have experienced rape or sexual abuse. The work of this service forms part of the multi-agency work to tackle domestic abuse, particularly the MARAC. This work primarily focuses on safeguarding where it has been established that there are indicators that serious harm, for example serious injury, psychological damage or homicide, are present.
- Specialist services to support victim / survivors of domestic abuse and rape & sexual abuse: These are commissioned from the CRI Domestic Abuse Service and Survivor's Network respectively, with both services providing independent advisors who support victim / survivors immediate safety, needs and recovery from domestic abuse and rape & sexual abuse respectively. This includes support, where appropriate, through the Criminal Justice process. The aim is to reduce repeat victimisation and improve victim / survivors understanding of their experiences and ability, and confidence to access support.
- Sexual Assault Referral Centre: ESCC is part of a pan-Sussex commissioning consortium for a Sexual Assault and Referral Centre, based in Crawley and with aftercare support and psychological therapies delivered by local organisations. The Sexual Assault Referral Centre is available to victims of rape or sexual assault, over the age of 14. The service includes specialist forensic examination, dedicated support workers to provide advice and a listening ear, sexual health services and support through the criminal justice system;
- Safe from Harm: This is a support service for high risk victims of ASB and Hate Crime. As part of a victim centred approach to tackling crime and ASB, ESCC has re-commissioned a support service, for those who have been identified as being at risk, as a result of being a victim of serious or persistent ASB and targeted harassment from other members of the community. The service aims to reduce the level of distress experienced through a range of practical measures and emotional support and forms part of a multi-agency approach. At the end of September 2014, 88% of people reported an increase in how safe they felt from the beginning of the Safe from Harm intervention to the end; and
- Adult Drug and Alcohol Treatment (DAAT) Services: The Adult Social Care and Mental Health Joint Commissioning Team lead commissioning for adult drug and alcohol treatment services. The Safer East Sussex Team supports the strategic planning for the DAAT Board. The commissioning function for young people's substance misuse drug and alcohol treatment services is undertaken in Children's Services.

6.58 On the 1st April 2014, East Sussex commissioned an integrated drug and alcohol service for the whole of the county from three hubs across the county. The commissioning of the Support and Treatment for Adults in Recovery service (STAR) was designed to encourage providers to work with some of the most complex individuals, with longer substance misuse histories, who previously may have been considered 'too difficult' to work with.

6.59 Specialist Family Services (SWIFT) is delivered through Children's Services. SWIFT provides a specialist service for families with adults who have a drug or alcohol treatment need who are involved with Children's Services.

6.60 Adult Social Care commissions residential care for drug and alcohol use disorders. Residential care is provided in a wide range of settings by different providers.

6.61 Inpatient treatment is provided in a hospital setting by Sussex Partnership NHS Foundation Trust, and also as part of some residential care placements.

6.62 The Drug and Alcohol Recovery Team (DART) is an integrated service within HMP Lewes that is funded by NHS England. DART provides clinical and psychosocial support to all prisoners requiring support at HMP Lewes.

6.63 A community development approach has been taken to develop sustainable recovery communities. The work has focused on supporting people in recovery to establish mutual aid groups that can help other people, and promote visible recovery in local communities.

6.64 The annual Adult and Young People's Drug and Alcohol Treatment Needs Assessment and Annual Treatment Plans are published on the East Sussex Safer Communities Partnership website: <http://www.safeineastsussex.org.uk/drug-and-alcohol-action-team.html>.

Links to other Partnerships

6.65 The community safety partnership priorities are cross cutting and the following plans support the delivery of the broader Community Safety agenda:

- Children's Services Portfolio Plan: Under 19s Substance Misuse Treatment Service; Targeted Youth Support; Youth Justice; Schools, Family Keywork Project;
- Economy, Transport and Environment Portfolio Plan: Trading Standards, Road Safety;
- Adult Social Care Portfolio Plan: Safeguarding Vulnerable Adults, Prevention of Abuse Strategy, Drug and Alcohol Treatment Commissioning; and
- Strategic Management and Economic Development Portfolio Plan, Public Health section: support community safety objectives in the work they undertake to tackle the wider determinants of health and supporting healthy lifestyles e.g. reducing alcohol consumption.

Performance data and targets

Performance Measures CP = Council Plan Measure	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
Percentage of Independent Domestic Violence Advisor (IDVA) service users who feel safe	New Measure	80%	-	80%	80%	80%
The percentage of Independent Domestic Violence Advisor (IDVA) service users who feel confident asking for help and support when they need it CP	New Measure	New Measure	New Measure	80%	80%	80%
Percentage of Independent Sexual Violence Advisor (ISVA) service users who feel safe	New Measure	80%		80%	80%	80%
Percentage of Independent Sexual Violence Advisor (ISVA) service users who feel confident asking for help and support when they need it CP	New Measure	New Measure	New Measure	80%	80%	80%
The proportion of clients of the Safe from Harm service completing service user evaluations who report satisfaction with the service	New measure	85%	-	85%	85%	85%
The proportion of clients of the Safe from Harm service reporting an increase in how safe they feel from the beginning of the Safe from Harm intervention to the end	New measure	85%	-	85%	85%	85%

Performance Measures CP = Council Plan Measure	2013/14 Outturn	2014/15 Target	2014/15 Outturn	2015/16 Target	2016/17 Target	2017/18 Target
Implement the second year of the 5 year Domestic Abuse Strategy and action plan	New measure		-	Work to be completed by March 2016	No targets set after 2015/16	No targets set after 2015/16
Implement the second year of the 5 year Alcohol Strategy Action Plan	New Measure		-	Work to be completed by March 2016	No targets set after 2015/16	No targets set after 2015/16

*Final outturns are provided in the June refresh. Draft plans use RAG ratings and estimates (est) where available.

Safer Communities Budget Summary

Revenue	2013/14 Budget	2014/15 Budget	2015/16 Budget
	£'000	£'000	£'000
Gross Budget (A)	832	661	668
Government Grants (B)	0	0	0
Fees & Charges (C)	0	0	0
Other Income* (D)	(421)	(251)	(251)
Net Budget (A-B-C-D)	411	410	417

* Other income in all years includes contributions from other organisations