East Sussex assessment

How we assess local authorities.

Assessment published: <date of publication>

About East Sussex

Demographics

East Sussex is a local authority within the South East of England, with 5 district councils in their boundary. There is a population of 546,000 people with a mixture of market towns, rural and coastal communities. East Sussex has an index of multiple deprivation score of 4. However, there are areas of great deprivation within East Sussex with 6.7% of the area now in the most deprived decile.

The population is largely people aged between 18 to 64 years old. There is an ageing population in East Sussex with 26% of the population aged 65 or over, compared to the England average of 18%. 20% of the county's population are aged over 70 years old, compared to the England average of 13.7%. East Sussex has a higher percentage of people who identify as White British at 93.88%. 2.26% of people identify as Mixed or Multiple, 2.13% identify as Asian or Asian British, 0.82% identify as Black, Black British, Caribbean or African and 0.91% of people identify as other in East Sussex.

There is an Integrated Care System (ICS) covering the whole of Sussex and an NHS Sussex Integrated Care Board (ICB). There are 2 acute hospitals within the local authority area, 5 community hospitals and 1 Sussex wide mental health provider.

East Sussex has been under no overall control politically since 2023, with a Conservative minority administration. There are 50 elected members made up from 23 Conservative, 12 Liberal Democrats, 5 Labour, 5 Green, 2 Independent Democrats and 3 Independent.

Financial facts

- The Local Authority estimated that in 2023/24, its total budget would be **£829,131,000.00**. Its actual spend for the year was **£936,062,000.00** which was **£106,931,000.00 more** than estimated.

- The Local Authority estimated that it would spend **£275,813,000.00** of its total budget on adult social care in 2023/24. Its actual spend was **£288,828,000.00**, which is **£13,015,000.00 more** than estimated.

- In 2023/34 **30.86%** of the budget was spent on adult social care.

- Approximately **10290** people were accessing long term Adult social care support, and approximately **1975** people were accessing short term support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

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Overall Summary

Local Authority rating and quality statement scores

Good: Evidence shows a good standard (67%)

Summary of people's experiences

People's views were mostly positive about the local authority. Although, there were delays for Care Act assessments. When people were supported by the local authority, they felt listened to, their views respected and that their care plan was person centred.

People had carers assessments completed for them, however, there was mixed reviews about the effectiveness of carers reviews and the support people received throughout the assessment. The local authority had recognised a gap in their carers' offer and had been working with people to co-produce a new carers strategy.

People told us they had a positive experience with the local authority's reablement offer. It had supported them to re-gain independence after a hospital admission, and they were provided with exercises and equipment to support their return home independently.

People had been working in co-production with the local authority around their website and ensuring information on there was accessible and easy read documents were available for people. They told us they were looking at the removal of acronyms in documents so that information provided by the local authority was more accessible to people.

The local authority had an Involvement Matters Team which was a co-production group for people with lived experience. This team would support with co-production of strategies and development of local authority services. People told us they felt their feedback was listened to and used to implement change.

Summary of strengths, areas for development and next steps

There were waiting lists in place for all Care Act processes across East Sussex. There was a plan of reducing these which was a clear focus for the local authority, but work was still ongoing around this. Data was shared across all local authority staff, so all staff had a clear understanding of targets. There was clear leadership oversight of the waiting lists in place to ensure people remained safe.

The local authority was developing Integrated Community Teams to provide partnership working with the local authority front line teams and health professionals, housing and the voluntary, community, faith and social enterprise (VCFSE) sector to ensure robust and consistent support for people. At the time of the assessment this was in the early stages of development and delivery.

The local authority had recognised a gap within care provision for people with complex needs, which meant support was taking longer to be put into place for people or they were needing to be placed out of area. The local authority was working on supported living accommodation and working in partnership with providers, the ICB and district councils to solve this gap in care provision.

Co-production was a real strength for the local authority, they regularly involved experts by experience and people using services to input on strategic commissioning and local services. The local authority had created co-production panels such as the citizens panel and the Involvement Matters Team, who were made up of people who used services and supported the voice of people in East Sussex.

There were delays around hospital discharge within East Sussex due to the capacity of discharge to assess beds. This was causing longer stays for people in hospital putting pressure on people, the local authority and partners. The local authority was working with partners to address this issue.

Local authority staff had good knowledge and clear understanding of their role within safeguarding and the processes in place. These processes supported people to remain safe. Staff worked in partnership with the local Safeguarding Adults Board and had a Safeguarding Development Team Lead sitting within each locality team to ensure oversight. Staff felt well supported within their decision making around safeguarding.

The local authority had structures and processes in place. The workforce was passionate about supporting people to achieve positive outcomes and there was a strong leadership team in place to support them. The local authority had good knowledge of their area, the people living there and the demographics. There were challenges in terms of discharge and gaps within the care market.

The local authority had clear development, and improvement plans in place around waiting lists, discharge delays and prevention strategies. Although they were not fully implemented at the time of the assessment, action plans were in place and being worked towards. There were also plans in place around the development of supported living properties to support the gap in care provision.

Theme 1: How the local authority works with people

Assessing needs

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People could easily access the local authority's care and support services through multiple channels, including online and self-assessment options. People told us their initial contact with the local authority was easily accessible and they could contact them by telephone. The local authority hosted a single point of contact for adult social care and community health services called Health and Social Care Connect (HSCC). The HSCC was developed in collaboration with NHS partners to provide accessible information, advice and guidance for people in one place. HSCC was a service operating 24 hours a day, 7 days a week all year round and could be contacted by people or professionals in a range of ways such as, email, telephone, type talk, British Sign Language (BSL) and through their IT portal.

Referrers could access multiple health and care pathways through HSCC, with qualified nursing staff who also triaged referrals when required. Local authority staff such as, social workers, would undertake Care Act assessments once triaged. HSCC provided access to out-of-hours urgent response services for adult social care and community health. They could provide or signpost information and advice or send the contact as a referral to the most appropriate service within adult social care or community health. Out-of-hours could also refer to urgent response services and emergency duty services if required. Staff told us that when a person required an assessment, the team would gather all the relevant information and would triage the call to see which team would best suit the service needed.

The approach to assessment and care planning was person-centred and strength based. The approach reflected people's right to choice, built on their strengths and assets and

reflected what they wanted to achieve and how they wished to live their lives. People told us they felt listened to throughout their Care Act assessment and that their views were heard and respected. People told us they appreciated being able to be supported by a family, friend or carer. People received copies of their assessment or review once these were completed. Care plans documented clear processes for people to follow if they were to need further support from the local authority or their needs had changed before their next review. People told us how they would contact the local authority if they needed to.

A strengths-based approach document demonstrated the local authority's approach to assessments, noting the assessor should use an approach that looked at a person's life holistically, considering their needs in the context of their skills, ambitions, and priorities. Care plans were person centred focusing on what's important to the person and focusing on their strengths and what they could do. Staff told us they used a strength-based approach within Care Act assessments and focused on what people could do.

Adult Social Care Survey (ASCS) 2024 data showed 66.80% of people were satisfied with care and support in East Sussex, which was better than the England average of 62.72%. 80.58% of people who feel that they have control over their daily life, which was better than the England average of 77.62% and 48.29% of people who reported that they had as much social contact as they wanted with people they like, which was better than the England average of 45.66%. This was reflected in the feedback we received from people.

The local authority was in the early stages of developing their Integrated Community Teams (ICT). These were broken down into 5 locality areas across the county. The local authority was working with partners such as, primary and community health services, borough and district councils, mental health, the ICB and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations to develop an integrated offer of health, care and wellbeing throughout the ICTs. The aim was this would support assessments and streamline support for people who needed services.

Timeliness of assessments, care planning and reviews

Assessments, care planning and reviews were not always completed in a timely manner or up to date and the local authority had waiting lists in place. Some people told us they had initial contact with the local authority in February 2024, and an assessment was not started until June 2024. Data provided by the local authority showed the median days wait for Care Act assessments was 17 days and the maximum was 345 days. There were 86 adults who had waited more than 6 months for an assessment. Leaders told us they were aware people waiting for Care Act assessments could mean their needs deteriorated whilst not receiving support. However, they were trying to ensure they were meeting people's needs in the interim and minimising the wait where they could.

In April 2024 the local authority initiated a project to reduce waiting times for assessments and improve performance on reviews. Local authority data provided showed there were 1368 people with an overdue care review by 0-6 months, 503 people who were overdue by 6 to 12 months and 703 people were more than 12 months overdue for a review. Data from the Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT) 2024 showed 57.39% of long-term support clients were reviewed, this was similar to the England average of 58.77%.

The average wait time from first contact with the local authority to start of an adult's initial assessment was 36.7 days, the median waiting time was 17 days. The local authority implemented improved standard communications for people awaiting an assessment. For cases that were non-urgent, people would receive a letter of information on estimated waiting times, who to contact if their needs were to change and information on other local support services available. Leaders told us work had been carried out to look at people who were currently waiting to identify if prevention methods could be implemented before a Care Act assessment took place. Leaders worked with HSCC to identify prevention methods at the first initial contact.

In 2023 the local authority had undertaken assurance work to ensure that robust arrangements were in place to manage risks associated with waiting lists. While this work highlighted that every team had appropriate arrangements for managing waiting lists, there were differences in how each service managed this and they recognised the need to streamline processes. This was addressed in 2024 when an enhanced, standard, process for managing waiting lists and communicating with people on waiting lists was implemented across adult social care. Staff told us they look at each person's case and assess if they were safe. Staff could discuss cases with more senior staff or could go straight to the local authority adult safeguarding hub. Cases were prioritised using a RAG rating with urgent cases taking priority and cases were constantly reevaluated and reprioritized. Staff told us waiting lists were managed by local authority senior Management, however, they were regularly communicated to front line team members so they had an awareness of numbers of people waiting.

Performance on waiting times was reported monthly and formally reviewed every 6 weeks at the Waiting Times Steering Group. The Waiting Times Steering Group was created in line with the April 2024 project to improve waits. Waiting times were also reviewed 6 monthly at the Improvement and Assurance Board, to ensure visibility and accountability. Staff told us they shared waiting list data with both the steering group and board, as well as with the senior leaders at the local authority. Leaders told us they had a good understanding of waiting lists and improvements were being made. Heat maps were produced with data on waiting lists (showing the areas of high and low numbers) and sent out weekly. This supported the management of key performance indicators (KPI).

Assessment and care planning for unpaid carers, child's carers and child carers

The needs of unpaid carers were recognised as distinct from the person with care needs and assessments, support plans and reviews for unpaid carers were undertaken separately. People told us the local authority had completed carers assessments for them, however, there were mixed reviews about the effectiveness of them and the support they received through the assessment. Local authority staff completed carers assessments and reviews and there were carer assessment specialists who completed assessments at the front door to the local authority. Survey of Adult Carers in England (SACE) 2024 data showed 26.16% of carers felt that they had control over their daily life, which was somewhat better compared to the England average of 21.53%. 33.28% of carers reported that they had as much social contact as desired, which was similar compared to England average of 30.02%.

There was a carers pathway operational instructions document which provided guidance for all operational staff on carers' pathways. A carer's assessment could be completed with the carer over the phone or face-to-face. It could also be completed by the carer, and this was known as a supported self-assessment. Practitioners were expected to consider a person's needs and wishes when deciding the best way to carry out the carer's assessment. If a carer contacted the local authority requesting that their overdue review was completed, the team would complete a review on the phone or refer to a locality team if the review could not be completed over the phone.

Care Act assessments for unpaid carers were not always completed in a timely manner. Local authority data provided showed there were 301 unpaid carers waiting for a Care Act assessment. The median wait was 1 days, and the maximum wait was 298 days. Staff told us it had been identified they were supporting a high number of carers in crisis, including those who were unpaid carers for individuals who self-funded their care and support. A partner organisation was commissioned for 2 posts to complete unpaid carers reviews and had just been funded for additional posts to support the local authority with the back log of carers assessments. Partners told us the local authority were aware of their backlog for assessments, and they were aware the local authority had funded additional posts to help reduce this. Leaders expected this additional resource would speed up the assessment process and reduce waiting times.

Unpaid carers could be provided with advocacy, benefit advice, personal budgets and counselling. Different teams across the local authority told us they were encouraged to provide extra support for unpaid carers, this could be in the form of extra visits, phone calls or being on the end of the phone when needed. Unpaid carers were contacted within 28 days of first contact, although this could be just to inform them of their position on a waiting list. Survey of Adult Carers in England (SACE) 2024 showed 7.41% of carers accessing training for carers which was better than England average of 4.30% and 43.24% of carers were satisfied with social services which was somewhat better than the England average of 36.83%. 79.05% of carers felt involved or consulted as much as they wanted to be in discussions which was better than the England average of 66.56%.

Care Act assessments for young unpaid carers were completed in a timely manner. Local authority data provided showed there were 21 people waiting for an assessment as of 30TH June 2024. The median wait was 20 days and the maximum wait was 39 days. The local authority commissioned an external provider to support young unpaid carers in the county. They offered reassessments and reviews to all young unpaid carers at 1-year from their previous assessment or when they became aware of a change in circumstance for the family. The family or unpaid carer could contact them at any point to request a review or reassessment and there was no waiting list in place for these. They reported that 70% of young carers have a review or reassessment each year.

Help for people to meet their non-eligible care and support needs

People were given help, advice, and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. HSCC was the single point of access for adult social care, where they would signpost, provide information and give advice to people if they did not have eligible care needs. Staff were able to see if the person had been in contact with them before and any advice given. HSCC would use the online directory to find services to signpost people to. Staff provided an example of a

case that was not eligible for Care Act provision, but the person was experiencing loneliness and isolation. Through signposting to a buddy service they were able to support the person to reduce their isolation without the need of a commissioned service.

Leaders told us HSCC were trained in providing signposting, information, advice and guidance and if somebody had contacted before they would review the local authority response and whether the person did need further Care Act support. The local authority had not got a systemic approach to the management oversight or recording of contact for people with non-eligible needs at the time of assessment to monitor whether signposting had been effective for people.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. The local authority had an eligibility criteria policy and guidance in place to ensure consistency in decisions was applied. Where people were not happy with decisions made about their care and support people could make an appeal or complaint.

The local authority had an appeals process guidance in place to support the completion of an assessment or review. It supported staff through the range of reasons people may appeal, the process of appeal and complaints process if the appeal could not be resolved. The local authority had provided data for the number of appeals for care act assessments, support and funding. They had received 48 appeals of which 40 had been closed and 8 remained open for period 2023/24. Out of 48 appeals, 19 were upheld and 4 were partially upheld.

The local authority had a 2-stage process for appeals. Stage 1 would be allocated to a Team Manager to collate all information which would then be reviewed by senior managers for a decision. The Team Manager would then contact the person with the outcome. If the person was unhappy with this, this would go to stage 2 where the Assistant Director of Operations would decide an outcome. The Team Manager would then contact the person with the outcome of this.

There was a total of 19 appeals which were agreed from stage 1 of the local authority's appeal process. There were 7 appeals at stage 2 of which 4 were closed and 3 were currently open. Majority of the themes were in relation to property disregard and disability related expenditure.

Financial assessment and charging policy for care and support

Financial assessments for people were not always completed in a timely manner and there were large waiting lists for support. Local authority data provided in December 2024 showed 311 people were waiting for a financial assessment. The median wait for a financial assessment was 1days and the maximum days wait was 190 days. The number of people waiting for a financial assessment had reduced by 29% since the start of 2024.

Information around financial assessments was not always made clear to people. Some people told us they had been provided with information on care charges, and costs were clearly identified. Whilst others told us they did not understand the financial assessment process and there was a lack of communication from the local authority on how financial

contributions were calculated. Financial assessment and charging were one of the service areas with the highest complaints rate at 59 complaints. Although, this did see a reduction of complaints by 34% compared to the year before. The uphold rate of complaints was 64% which was higher than the departmental average.

Partners told us sometimes processes within the local authority were quite slow, with financial assessments being an area for improvement. However, the local authority recognised this. Consequently, the local authority had initiated a project to improve financial assessments by improving waiting times for people and reducing waiting lists. Also improving communication regarding financial assessments including working with volunteers from the Citizen Panel to design and test new versions of written communications.

There was a charging for care and support policy in place as part of the financial assessment process, where mental capacity and communication needs were assessed before the financial assessment. Third parties such as people's representative's and interpreters were involved during the financial assessment, as and when needed. As well as a charging for care and support policy there was a Financial Assessment process which was intended to provide guidance for operational staff, and finance and benefits assessment staff on financial assessment processes.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations. The local authority had commissioned an independent advocacy provider to deliver all statutory advocacy services across the county, which included Care Act advocacy. This supported people who lacked capacity or had significant difficulty in engaging with Care Act processes so they could access the assistance they needed. In 2023/24 their advocacy provider supported people in 2,562 instances.

Partners told us the local authority had a good understanding of advocacy services. The knowledge and understanding of advocacy within the senior members of the team was good, but this could vary in front line staff teams. Partners were involved in providing training to address any gaps in advocacy knowledge and raising awareness of advocacy services.

Staff told us advocacy was easily accessible, and they were able to make referrals to the advocacy provider. Local authority staff were able to contact the advocacy provider via telephone to discuss any urgent referrals or discuss anything before a referral is made. From the point the referral was made it was around a 2 week wait for an advocate to be allocated to support. Advocacy would support people to communicate through Care Act processes and the advocate provided a written report to the social worker within a week.

Supporting people to lead healthier lives

Score:

3 - Evidence shows a good standard

What people expect:

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority works with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. The local authority had a preventative service offer which included their telecare only support to around 4,500 people which supported people to remain at home. Telecare is technology that enables people to remain independent and safe in their own homes. There was also a range of Public Health preventative services, including warm homes grants and an integrated health and wellbeing service. People told us they used the technology offer of a lifeline alarm. This offered them assurance when they were at home alone that they could access support quickly if they needed to and supported them to remain living independently at home.

Leaders told us about the preventative agenda of the local authority which included embedding Occupational Therapists and assistant Occupational Therapists within districts and boroughs. These staff were upskilled to trusted assessor roles so they could assess for straight forward adaptations and support people to remain at home. A trusted assessor is a suitably qualified person who carries out assessments of health and/or social care needs to facilitate speedy and safe transfers from hospital.

People told us the local authority had supplied them with equipment around their home enabling them to return home after a hospital admission. The local authority had clear guidelines and instructions set out on how staff in the local authority would secure the provision of minor adaptations for people who have eligible needs, and who lived in East Sussex. The provision of minor adaptations applied to people regardless of whether they lived in public or private housing. The local authority website had information on help to use or move around your home safely. It told people how they could apply for equipment

and if they were eligible for equipment. Major adaptations guidance set out the process and funding of major adaptations in properties.

The local authority worked with partners on preventative offers to support people to remain healthier for longer. Each year the local authority worked with a local organisation supporting to organise a 2-month long programme of events focussing on older people keeping physically, emotionally and socially active. ASCS 2024 data showed 93.04% of people who use services who feel clean and presentable, which was similar to England average of 93.28%. 94.88% of people who use services who get adequate food and drink, which was somewhat better compared to the England average of 93.71%.

Survey of Adult Carers in England (SACE) 2024 data showed 15.07% of carers able to spend time doing things they value or enjoy, which was similar to England average of 15.97%. 93.47% of carers who found information and advice helpful, which was significantly better than the England average of 85.22%. ASCS 2024 data showed 75.46% of people who reported that they spend their time doing things they value or enjoy, which was somewhat better compared to the England average of 69.09%.

Provision and impact of intermediate care and reablement services

The local authority had a Joint Community Reablement and Rehabilitation (JCR) service. The JCR was made up of two complementary services, adult social care provided JCR's specialist domiciliary reablement care which was free for up to 6 weeks. East Sussex Healthcare NHS Trust provided the JCR occupational therapy and physiotherapy. The two parts of the service worked in tandem or independently dependent on people's needs. Staff told us they worked closely with the NHS to identify any ongoing therapy needs for people. Adult social care funding for JCR provided the care and support and there were no waiting lists in place for this service. JCR offered short term packages of care with an emphasis on the person regaining their independence to return home. JCR worked within local hospitals and would meet with health care professionals daily to see who may be able to be supported by the project.

JCR was originally commissioned to support people to maintain independence in the community, however, JCR now supported hospital discharges with 43% of referrals from acute wards. Around 3% of referrals were from gateway wards that support admission avoidance. JCR reablement worked with around 2000 people a year. A key indicator for the service would be at the end of the intervention the client would no longer require a package of care. In 2023/24 72% of clients did not require on-going care after receiving JCR support. ASCOF 2024 data showed 90.77% of people 65+ still at home 91 days after discharge from hospital into reablement/rehabilitation, which was somewhat better than the England average of 83.70% and supported the evidence we found.

People told us they had used the local authority's reablement service within a care home following a hospital admission, which was an intermediate care reablement service. Reablement support was provided to people for several weeks which enabled them to regain independence and return home. People told us this service was very good and provided them with daily exercises and equipment needed to support their reablement.

Access to equipment and home adaptations

Local authority data in June 2024 provided showed people awaiting assessments for equipment were 254 OT assessments and 66 Sensory assessments. The median wait time was 4 weeks for OT and 7 weeks for Sensory and the maximum wait was 22 weeks for OT and 24 weeks for Sensory. 90% of assessments were completed within 28 days, and all cases were triaged by risk and prioritised by category. However, waiting times meant people were not always getting support at times this was needed.

The local authority described their Occupational Therapy (OT) offer as a key component of their prevention priority. They offered OT clinic appointments to people with relatively straight forward needs, and requiring a preventative service so they can be seen quickly. Simple equipment was prescribed immediately, and minor adaptations were done via photographs and measurements brought to the clinic or a follow up visit.

Leaders told us they would invite people to the OT clinics, and they could test out and see which equipment best suited them prior to making any decisions. This promoted independence and kept people at the centre of the assessment and in control of their own support. There were 3 sites for OT clinics which were in Bexhill, Lewes and Eastbourne. The OT's worked in a strength-based practice way identifying what people can do rather than what they can't do and looking at the least restrictive option in terms of support and adaptations.

People told us they received walking aids from OTs for indoor use as well as walking aids to support them outdoors. They had follow up appointments on their equipment and knew who to contact if they needed further support around equipment. Local authority data provided showed people awaiting equipment following an assessment were 525 cases. The maximum waiting time for equipment was 148 days. It had been identified the wait would generally be because of specialist equipment. The local authority considered making a referral to the Housing Solutions Worker where available in all cases where an adaptation was not technically feasible or was likely to cost more than £10,000. The guidance also highlighted what would constitute as a standard or complex need and how to apply for the Disability Facilities Grant (DFG). Mandatory DFG were administered by the housing department of the local district or borough council.

The Integrated Community Equipment Service (ICES) covered the process and purchasing of community equipment provided to assist people with daily living needs. The equipment provider was responsible for the procurement, delivery, collection, repair, maintenance, decontamination and disposal of community equipment including skin pressure relief.

The local authority Occupational Therapists (OTs) had been seconded into District and Borough Councils. This had allowed for integrated working with housing related services, including larger housing adaptations. Assessments were undertaken regardless of whether the person lived in public or private sector housing. Individuals who were identified as self-funding were offered information and advice, including on major adaptations, to ensure their needs were appropriately met. They provided equipment and minor adaptations via the Integrated Community Equipment service.

There were around 8,000 users of monitored Technology Enabled Care (TEC) alarms; these were only available to people who met Care Act eligibility criteria. Staff told us there

were opportunities within commissioning around TEC such as, Robotic pets as companions. An example was provided where a robotic cat had a significant positive impact for one person which supported the person confidence to leave their home for a hospital procedure. There were clear intentions by the local authority around the use of TEC aligning the current service with the requirements of health partners. This included links with Telehealth and implementing a mobile response service, implementing a short-term service to support hospital discharge and placing a greater importance on the information received from equipment used in people's homes. The local authority were continuing to develop their technology offer.

Staff told us about challenges with equipment commissioning around implementing adaptations to property, particularly private rental properties. To overcome this, they expanded the range of equipment adaptations available for providers for example, temporary steps instead of structural changes. If equipment was not available, they could spot purchase through local suppliers, providing better outcomes for people.

Provision of accessible information and advice

There were guidelines in place for staff working in HSCC as this was the first point of contact for people accessing services or advice. The guidelines expected on initial calls was to collect information, signpost and give advice. Staff told us the aim is to make every contact count and there was an emphasis on ensuring support was provided for every call whether that be a further Care Act assessment need, signposting to another service or information sent out. ASCS showed 67.35% of people who use services find it easy to find information about support, which is similar to England average of 67.12%. People gave mixed responses in relation to accessible information about services. Some people told us they were emailed documents to review information and advice that could support them, whilst others said they did not receive information or had to ask for information.

The local authority's website had guidance on how to access adult social care services and information and advice for people already using services. There was East Sussex Community Information service directory on their website which provided information for people trying to find services, events and activities. People told us the online directory was an online service that was not promoted enough as a useful resource.

There was also a directory called 1space, this allowed people to search for what they were looking for, such as specialist services within their locality areas and this would then provide a list of services in East Sussex.

Staff showed us 1Space and told us the directory was updated annually to ensure information was correct. The site was accessible where you could change format and language however this was not necessarily straightforward and instructions for changing the language were only in English. Health and Social Care Connect referred people to the website and should someone need further assistance with digital access (digital exclusion), staff would encourage them to go to a local library, or they would print it off for them if needed. Staff told us the most common thing people had looked for on the site was support with maintaining independence, but it was not clear to what extent this data was used to inform other areas or decision making within adult social care.

The local authority website outlined support and services offered for unpaid carers. Information could be provided in fact sheets, care line magazine online or an e-newsletter.

Leaders told us the scrutiny board were looking at unpaid carers support and making sure that signposting to services was readily available for them. The Survey of Adult Carers in England data showed 71.90% of carers who find it easy to access information and advice, which was better than England average of 59.06%.

The local authority had a clear goal for services to simplify language and communication used to make information easier to understand. BSL leaflets and videos were accessible and included information about assessments, ongoing support, charging, independent advocacy, unpaid carers support and making a complaint.

Direct payments

People told us they received direct payments from the local authority. The direct payment process was easy to understand, and payments were received on time and as planned. The Adult Social Care Outcomes Framework (ASCOF) 2024 data showed 28.12% of service users who receive direct payments, which was somewhat better than the England average of 25.48%. 39.72% of service users aged 18-64 who receive direct payments, which was similar to England average of 37.12% and 17.01% of service users aged 65 and over who receive direct payments, which was somewhat better than the England average of 14.32%.

The local authority had a direct payments policy in place which stated direct payments should be offered to everyone where possible to provide flexibility, and choice of care and support received. Everybody would have all the relevant information and time to make an informed decision regarding whether they would like a direct payment.

Staff told us members of the Direct Payments Team and social workers were able to undertake joint visits to people to explain direct payments and the process involved. An example was provided where a joint visit took place for a person and their unpaid carer. There was some confusion around direct payments and what this support could offer and what the carers role was in direct payments. The joint visit enabled local authority staff to go through direct payments in more detail, provide information in an accessible format and discuss different account options.

There was a direct payment champion in each neighbourhood team, and they would come together to meet every 4 weeks. They ran drop in events fortnightly where people who receive direct payments and local authority staff could come in for support. There were 1388 people who received direct payments in East Sussex, however, there was a slight downwards trend due to a variety of reasons such as people moving from living at home to care homes, and the accessibility of people being able to recruit personal assistants (PA).

Staff told us since the COVID-19 pandemic there had been less uptake for people who wanted to work in a PA role. The local authority was doing advertisements to try and attract people to the roles and support this. The local authority had a strategic partnership in place with an external agency for direct payments, who could support people with finding and employing PA's. There was a recruitment and training platform where PA's could advertise their availability for work and people looking to find a PA could advertise their job vacancy.

There was a Service Development Manager to oversee direct payments and develop the offer of direct payments in two phases. These phases were to improve the current

processes based on the feedback and knowledge the local authority already have, and co-produce with local people, direct payment users and other stakeholders, a direct payments action plan to support greater up take of these.

There was a direct payment action plan 2023/25 which supported plans to raise awareness within local authority teams of direct payments, provided training and support to staff around direct payments. There were improvements identified with responsible people named. Staff told us that training on direct payments had been delivered to all neighbourhood teams to raise awareness of direct payments.

Equity in experience and outcomes

Score:

3 - Evidence shows a good standard

What people expect:

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority understood its local population profile and demographics. It analysed equality data on social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes. The local authority had an Equality, Diversity and Inclusion (EDI) Strategy 2024 to 2027. The strategy focused on 4 key areas, delivering leadership on equality and demonstrating commitment, engaging effectively with residents to make improvements, delivering quality services that reflected the diverse needs of local people and building a diverse workforce with equality confidence, knowledge and skills.

The strategy included baseline measures so that the local authority could monitor progress and evaluate effectiveness. The Performance Board oversaw the progress of this strategy and data was used to direct work and monitor outcomes. Staff told us data was provided to the Performance Board and to operational teams. Operational teams would discuss the data in team meetings and look at how they can improve the data sets from an operational level. The EDI strategy action plan was co-developed with a range of groups, including those representing people who used services, staff, VCFSE partners and the ICS.

The local authority had a good understanding of their local demographics which included rural areas. The local authority provided examples of how Equality Impact Assessments (EqIA) had improved quality and action planning. For example, the EqIA was used to support the provision of transport and additional drivers to facilitate access to learning disability day services for those affected by rurality and complex needs. EqIA were undertaken as part of the EDI strategy. The local authority used surveys, demographic information and feedback from stakeholder forums to undertake a rigorous assessment of impact and avoid unintended, unequal consequences of change. Staff told us EqIA's took place as part of the commissioning process, identifying actions needed under equality

matters in line with the EDI strategy ensuring appropriate communication so seldom heard groups were not excluded from access to services.

The local authority had good knowledge of current and future challenges for example, coastal economic challenges and coastal climate challenges. Leaders told us they were looking at the what the future effects of climate change had on people living in coastal communities that could lead to health inequalities such as, the rising temperatures and the impact this can have on people. They were working with care providers in coastal areas around adapting care plans for people. For example, the majority of care homes had conservatories attached to them which people living there would like to use and may not understand the effects this could have on their health in hot weather. There was a health impact assessment underway to look further into these challenges and how this may impact on people.

The People Scrutiny Committee held a review of the EDI strategy. This was to identify key groups of people less likely to engage with services. The local authority had gathered data internally and from partners in the Voluntary, Community and Social Enterprise sector (VCFSE), staff engagement sessions and engagement with intermediaries representing seldom heard communities. 6 monthly reviews had taken place to review actions suggested by the scrutiny committee,

The scrutiny review of EDI identified several communities who were seldom heard. Gypsy, Roma and Traveller communities were one of the groups recognised due to cultural barriers and finding it hard to build trust with others outside of the community. This led to poor health, inequalities in accessing health care and poor access to education. The review led to recommendations being made to address gaps in equalities and to reach seldom heard groups. The local authority had a Gypsy Roma Traveller team to support and engage with the community. The team did not conduct assessments but would refer or signpost onto appropriate teams, such as the neighbourhood team and they supported members of the community through assessment processes.

The local authority was working to provide services appropriate to people's cultural needs for now and in the future. The local authority was a part of the community of practice circle which aimed to address concerns of LGBTQ+ people about future care in care homes or in their own home. The local authority worked with providers around EDI in their services which included, LGBTQ+ inclusivity for older people. There were plans within the local authority EDI strategy for training, improved engagement with partners working with LGBTQ+ community and improved understanding of data including gaps. Leaders told us they had less diversity in the local authority area than other places in England and they were using and understanding census data to get a picture of who and where people were in East Sussex, this included a deeper understanding of the LGBTQ+ communities. The local authority had included consideration to reaching harder to reach communities such as, LGBTQ+, refugees and asylum seekers and those digitally excluded within their adult social care strategy and had created a communication plan.

Inclusion and accessibility arrangements

The local authority had an Accessible Information Standard policy and Sourcing Interpreting, Translation and Communication support guidance in place. This supported with ensuring people could access and understand information that was provided to them.

Staff would consider people with a disability, impairment or sensory loss, and ensured they were able to get information in a format they understood.

The local authority provided clear guidance for staff about using interpreters and translators. This included when to use a qualified interpreter, the process for requesting an interpreter or translation, and a checklist for working effectively with an interpreter. Staff told us they always looked at communication methods for people and how best to communicate with them before starting any work. They would look at advocacy, picture boards, Makaton and easy read documents to ensure the person could be involved in the Care Act process.

There was a corporate Translation and Interpreting Framework of preferred translation providers. There were direct contact details for all interpreter providers on the framework so that they could also be accessed in an emergency or out-of-hours. Leaders told us the local authority had translation services they used which staff had been trained on and knew how and when to access the service. They would translate all core documents and strategies into the most used languages. Staff told us the translation service was easy to use and had a positive impact on providing care and support. Partners told us the local authority could do more when it came to sharing equality diversity and inclusion work sharing data, to help stakeholders better understand the needs of the local community.

The local authority worked with people to develop accessibility of information. People told us they had been working in co-production with the local authority around their website and ensuring information on there was accessible and easy read documents were available for people. They told us they were looking at the removal of acronyms in documents so people could better understand information.

Staff told us data from people with protected characteristics was recorded to gain a deeper understanding of the needs of the county. Looking at communication needs and disabilities, this information could provide a better understanding of the population. An example was provided about the Ukrainian community. The data allowed the local authority to look at the needs of the Ukrainian community better and identify additional support that would be required.

BSL users were able to contact the local authority using a BSL interpreting service. This was a free of charge service that allowed people to connect via video call to an interpreter, who would then call the local authority and translate information between them. Staff gave us an example where a person had contacted the local authority and had used BSL interpreters. The use of this service allowed the person to fully express their needs to the local authority and make sure their voice was heard.

Theme 2: Providing support

Care provision, integration and continuity

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The Joint Strategic Needs Assessment (JSNA) identified the current and future health and wellbeing needs and strengths of local communities. There were clear plans to improve local people's health and wellbeing and reduce health inequalities in East Sussex. The local authority had a much older population profile than the country as a whole and deprivation levels that varied significantly across the county. There were 5 JSNA priorities which had been agreed at the East Sussex Health and Wellbeing Board which were, building blocks of good health, importance of a life course approach, reducing health inequalities, improving healthy life expectancy and mental health and wellbeing.

There was an information service site that bought together research and analysis resources to provide information and intelligence statistics on the social, economic and demographic character of East Sussex. Data was divided into different areas, these included but were not limited to health and social care, deprivation, housing and crime and community safety. The local authority had detailed guidance about using the site and the different types of data available on it.

The local authority analysed data from several sources to look ahead and acknowledge emerging and future needs. This included data from the 2024 State of the County, Focus on East Sussex report, JSNA and the research site. The Market Position Statement highlighted data points around the following as of most interest to the adult social care market to help guide and influence service development, age, disability, population change, life expectancy, long term illness, dementia, people receiving long term support, deprivation and multi-morbidity and the adult social care workforce.

Partners told us the local authority had a good understanding of the needs of the local community and that they would seek input from stakeholders to understand local needs if there were any gaps in their knowledge. They considered the local authority to have good

insight into local health inequalities. They also confirmed the local authority provided translation services to people where needed.

Local authority data provided showed there were a total of 342 out of area placements. 60 of these were made in the last 12 months. Out of area placements for older people were nearly always made at the request of the person or their family, as market capacity locally was not an issue. For younger people, particularly where they had multiple complex needs, it could be the case that their needs may be more difficult to meet locally. This included specialist services for people with sensory impairments or specific health conditions. Sometimes, out of area placements for younger people were made at their request, a common reason being they wanted to stay living in an area where they had attended college or similar. The local authority had recognised specialist services as a gap within care provision and the local authority were looking to increase the market to support people.

Staff told us challenges identified were increasing in complexity of people's needs. Housing for specialist need was an unmet need, and they were currently offering interim support packages whilst they worked towards making longer term decisions and preparing providers to deliver necessary care. An example was provided where a person transitioning from children's services to adult services with challenges and they needed to prepare the new provider. They signposted the new provider to trauma informed training specifically to that individual and supported them to hire staff who spoke the same language.

Market shaping and commissioning to meet local needs

The local authority Market Position Statement January 2025 told us that there were around 2,719 people in receipt of a homecare package. There were 3 'primary' homecare areas in East Sussex (Hastings and Rother, Eastbourne and Polegate and Seaford and Havens) with 2 Lead Providers covering each. There were a further 6 'secondary' homecare areas, with each having a single lead provider. The local authority reported that for the year 2023/24, capacity exceeded demand in the homecare market. This led to the approved list for care providers being closed to new applicants. ASCS 2024 data showed 74.30% of people who use services who feel they have choice over services, which is somewhat better than the England average of 70.28%.

Staff told us commissioning teams had oversight of commissioned services with providers after the contract was delivered and this added a lot of value. It provided on-going management, overview of quality and service delivery, and held providers to account for the contract. They provided advice and guidance to the provider market, particularly for supported living, setting expectations and understanding of needs, fitting with regulated services and good practice guidance. To ensure safe working conditions for staff, commissioners told us, the new contracts now have a clear statement about modern slavery, providers have been engaged with to ensure this is understood. Staff told us they were adaptive to changing markets. An example of this was the strategic mental health VCFSE provider that had flexibility built into the contract to adapt to future needs.

Partners told us the local authority's model of commissioning was accessible and supportive of all providers. There was good dialogue, and they met quarterly with the local authority contracts and commissioning team to look at Key Performance Indicators (KPI)

which were set at the beginning of a contract. KPIs set could be reviewed at any time, and they were able to be adjusted dependent on the service.

Ensuring sufficient capacity in local services to meet demand

The local authority had identified there was a gap in provision for people with very complex and challenging needs and the lack of suitable provision presented a significant issue across partners, especially when placements broke down. Leaders told us there was a gap for services for young male autistic adults. The local authority Market Position Statement acknowledged there was a gap in provision in the county for people with particularly complex and challenging conditions. The local authority told us they had well established and positive relationships with the small number of providers who were able to support these individuals in very specialised placements, however, they said they were often only able to find appropriate accommodation out of the county. To try to address the demand for highly specialist placements within county, the local authority had partnered with system colleagues which included the Integrated Care Board, Mental Health Foundation Trust and District and Borough colleagues to plan a strategic approach to look at how they could collectively respond to this challenge.

There were 139 supported living accommodation services for people with a learning disability. The local authority was looking to work with providers to increase opportunities to meet the needs of younger adults, and to increase supported living accommodation for people with complex needs and behaviour that require specialist support. The local authority told us they were increasing capacity in the supported living market for people with a learning disability by reconfiguring 3 bungalows from residential care to supported living and remodelling another council site to create 7 self-contained flats.

There were 120 providers and 165 services for older people's residential and nursing care. 53 providers and 110 services for specialist residential and nursing care. Around 87% of placements were provided by independent operators or small groups, compared to the national average of 56% and occupancy levels averaged 80%.

Staff told us there were Staying Well hubs in Lewes, Bexhill, Hastings, Eastbourne and Uckfield that could offer support to those diagnosed with mental health conditions. There was a waiting list but referrals generally took 2-4 weeks. The local authority provided a range of community mental health support services which were free and available to any adults living in East Sussex who were living with mental health challenges. These services included but were not limited to, 7 Wellbeing centres providing community-based support, peer support services and staying well spaces.

Providers told us there was an emphasis on prevention, delaying the needs for people and as a result they had been involved in workshops around the prevention strategy. Providers thought more could be done between the local authority and VCFSE to get ahead, in order to prevent closure of services and support more prevention. There was not sufficient care and support available to meet demand. The number of referrals for supported living accommodation exceeded the number of available vacancies in the market, specifically for people with additional or complex needs or who were seeking a particular accommodation type or locality. Data provided by the local authority for the length of time people had waited for their homecare or supported living service to begin due to lack of capacity was 5 days. The total number of people on the waiting list was 4. The reason for waiting was one person required a care worker that could speak another language, one requested specific

call times and two were in rural locations, one of which required a small package that providers deemed commercially unviable.

Data provided by the local authority for the number of time people had waited for their residential or nursing home service to begin due to lack of capacity was 11.5 days for residential general, 10.9 days for residential dementia, 10.9 days for nursing general, and 12.8 days for nursing dementia. Some people may wait a little longer for more specialised services, for example if bariatric care is required (for people who are overweight or obese).

The local authority had 3-day services for people with a learning disability Beeching Park in Bexhill, Linden Court in Eastbourne and St Nicolas Centre in Lewes. People told us they had a choice out of day services they wanted to use, and the service was suitable for their needs. Transport was provided for people using the day service to and from their house.

Staff told us they had a contract hierarchy for homecare with 6 lead providers and 43 approved providers. They would approach lead providers first and subsequently go through approved list after that. Timescales for high priority support was 3.3 days and low priority 4.3 days. Individuals' choice of provider would overrule the hierarchy and could move to a direct payment option if that was required. The implementation of this provider framework had happened recently in recognition of changes necessary to ensure a sustainable market.

Ensuring quality of local services

Partners told us they provided quarterly performance reports to the local authority as part of their quality assurance processes. They were able to provide information on trends, themes and concerns which could impact their work. The local authority had a risk assessment tool used for both working age and older people's residential and nursing care homes. The risk assessment tool drew on a range of data and intelligence sources and provided an appropriately weighted score for each service. The data covered a wide range of variables including CQC ratings, capacity and occupancy, placement activity, pricing and safeguarding or other concerns. This profile was used to inform the work and priorities of the Market Support Team and provided service level information impacts should a service move into a business continuity situation.

The Market Support Team supported 176 providers and services over 600 visits or virtual support calls and meetings during 2023. The team-maintained knowledge of the provider market and risks through CQC ratings, meetings with local CQC Inspectors, care home providers, and meetings with the Integrated Care Board (ICB) through the multi-agency Market Oversight Panel (MOP). CQC data showed 76.62% of Nursing care homes in East Sussex had been rated as good, 77.66% of Residential care homes had been rated as good, 72.63% of Home care service providers had been rated as good and 83.33% of Supported Living providers had been rated as good.

Partners told us there had been challenges when there was a change in need and an individual required a new assessment and uplift of support hours, resulting in the provider not being paid correctly for completing the extra support. Providers felt they had to go from team to team and in one example had waited 6 to 8 months for this to be rectified.

Ensuring local services are sustainable

Local authority data provided showed there were 10 contract hand backs relating to service closures in the last 12 months of which 6 were residential care homes, 1 supported living service and 3 homecare services. A further homecare service decided it was no longer able to sustain a viable business due to its position on the contract hierarchy as they were lower on the list of suppliers that the local authority would approach.

The local authority told us they had transitioned from an actual care delivered to rostered care method of funding and operated a model with two lead providers in each main geographical area. Providers were previously paid based on specific call times logged by staff, now the local authority were paying what providers have rostered for care being delivered. The rationale behind this change was to ensure sustainability in the market and make sure that staff were paid appropriately with contracts including travel time for staff. Results of this change showed capacity in the home care market had increased, good supply, minor waiting lists and quick allocation of care. The rostered care model could be monitored using data and changes made where necessary for example if travel time needed to be extended.

A number of nursing homes had closed in the past 10 years and the majority of new homes opening had offered residential care. The local authority told us that a key element of pressure moving forward would therefore be the provision of affordable nursing care. They also identified a high concentration of services in the east of the county, which may impact on options and ease of access for people living in the north or west of the county, and that capacity in all areas would need to be increased to meet an increased demand for complex dementia nursing care and older age adults with alcohol or substance misuse issues.

The local authority told us that it provided a range of support to providers, including support from the Market Support Team, weekly provider e-bulletins with 4,500 subscribers, a range of sector specific groups and forums, learning disability, autism and housing partnership boards, support with recruitment and a free training offer. Adult Social Care Workforce Estimates 2024 data showed 50.94% ASC staff with care certificate in progress or partially completed, or completed, which was similar to England average of 55.53%.

There were 3 dedicated staff to support with recruitment of new staff into the care sector from the local authority, through promotion at careers fairs, colleges and universities, the Armed Forces Network, a website targeting people over 50's project, various charities and partnership with recruitment agencies. Candidates were supported with free training, interview preparation and coaching. Lead providers were also offered grant funding towards the costs of recruiting overseas workers. Adult Social Care Workforce Estimates 2024 data showed 5.82% adult social care (ASC) staff vacancy rate which was somewhat better than England average of 8.06% with a 0.28% ASC staff turnover rate which was similar to England average of 0.25%. Leaders told us the local authority did a lot of work around home care and overseas recruitment, over 200 people from Romania, Albania and the Far East were employed which resulted into a number of hours injected into the care market.

Partnerships and communities

Score:

3 - Evidence shows a good standard

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority was committed to improving services and worked in partnership to support this. Partners told us the local authority valued them, and they had strong links with adult social care and public health. They participated in developing local authority strategies through their involvement in the Adult Social Care Strategy Steering Group, Community Oversight Board, East Sussex Health and Care Partnership Board and the Financial Inclusion Group. The local authority had a plan setting out their ambitions and what they planned to achieve by 2027 for example, keeping vulnerable people safe and helping people help themselves. The plan clearly outlined working in partnership with local services to ensure the best outcomes for people living in East Sussex.

Partners told us they worked in partnership with the local authority and other providers to co-ordinate the provision of information and advice across the county. Partners met with the local authority regularly to share learning and ensure consistency as well as reporting activity to help inform their strategies. There was a Health and Social Care Partnership Executive Board that oversaw specific transformation programmes and the Better Care Fund (BCF). A Sussex wide integrated care strategy called Improving Lives Together provided a strategic approach for ensuring the BCF across all parts of Sussex was focused on delivery of key priority areas via a shared delivery plan. The BCF played a significant role in driving improvement in all the key areas through integration and pooling resources to support delivery of shared priorities. Partners told us senior leaders within the local authority were supportive and constructive. They worked together to align aims and goals.

The local authority had integrated aspects of its care and support functions with partner agencies where this was best practice and when it showed evidence of improved outcomes for people. The local authority worked with health partners on 2 section 75 agreements. A section 75 agreement is between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners. The 2 agreements in place were

with the Community Equipment Service (ICES), which facilitated a fully pooled budget for community equipment and minor adaptations. A second was with the Sussex Partnership NHS Foundation Trust which funded posts within adult social care Forensic Teams. Leaders told us relationships with health were robust and provided a strong foundation for conversations about sensitive issues, for example continuing health care funding arrangements.

The local authority worked in co-production with people with lived experience to support the direction of adult social care services. People told us they had a lot of interaction with the local authority and had been involved with a co-production group who supported with staff training, interviews and produced easy read documents. The Involvement Matters Team (IMT) had completed campaigns around health inequalities with local providers and ran workshops which supported peers with staying safe online. The IMT was made up of adults with learning disabilities who used adult social care services. The IMT had a structured plan from 2023 to 2026 to improve the lives of people with a learning disability in East Sussex. People from the IMT were also members of the Learning Disability Partnership Board (LDPB) who met every 3 months. Partners told us work done by the LDPB helped people to socialise and connect with others in their community. For example, they had held a festive party for people to attend helping to prevent loneliness and isolation during December 2024.

Some people told us their experience of the commissioners at the Council was they were too focused with KPIs which measure the number of people accessing services but not the quality of the services delivered. The IMT were heavily involved in co-production and service development across the county. They delivered parts of adult social care training, supported peers to use digital tools safely and created specific questions and KPI's for tenders whilst sitting on tender panels.

The local authority recognised the vital role unpaid carers had in supporting people and had been working on a carer's partnership plan with a target of this being implemented in 2025. This was a 5-year plan and was being co-produced with unpaid carers, the Integrated Community Board (ICB) and partners. Previous negative feedback from some unpaid carers was received on the current carers offer which indicated the service could be improved. The carers partnership plan set out the priorities of a strategic, joined up approach to meet the needs of carers across the county which included future commissioning plans. Staff told us the carers partnership plan was the overarching commitment to unpaid carers from adult social care and the voluntary and community sector.

Arrangements to support effective partnership working

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. Leaders told us the BCF spend was jointly agreed by the NHS and the local authority. The Health and Wellbeing Board was attended by local authority leaders, NHS, public health, police and VCFSE. The board led on the Joint Strategic Needs Assessment (JSNA) development, the shared delivery plan and the BCF. The Better Care Fund provided a range of services through small grants for example dementia training, cookery, arts activities, targeted support for black and ethnic minority carers, carer support in hospices, digital support, and telephone befriending.

The local authority had a long-standing Section 75 agreement in place for the Integrated Community Equipment Service (ICES) which facilitated a fully pooled budget for community equipment and minor adaptations. They had joint funding agreements in place for S117 aftercare with the Integrated Care Board and a section 75 agreement, which funded posts in the adult social care forensic team. Forensic social work is the application of social work to issues and questions related to the law and legal systems.

The local authority is part of the Sussex Integrated Care System (ICS). The NHS Sussex Integrated Care Board (ICB) worked with the local authority as one of the three places in the Sussex ICS area and there was an East Sussex Health and Care Partnership that enabled joint working across organisations to deliver the Health and Wellbeing Board Strategy and associated plans and activities. Leaders told us relationships with the NHS trust were positive and that the local authority and NHS have a mature relationship where they could have difficult discussions and challenge each other. Partners told us they could have open conversations with the local authority and could challenge where needed within these discussions. Partners and the local authority both had a good working relationship with each other and were able to navigate difficult situations together.

People told us about the 'ladder of involvement' which listed from top to bottom, co-production, participation, consultation and information. People told us they had been working in co-production with the local authority for many years on a range of projects, for example, projects relation to wellbeing. This included their involvement in the retendering of the wellbeing services commissioned by the local authority and the Neighbourhood Mental Health Transformation project.

The local authority hosted the Autism Partnership Board, which met at least three times a year and worked to support autistic people and their carers to lead fulfilling and rewarding lives. In response to the National Strategy for Autistic children, young people and adults 2021 to 2026, adult social care and children's services initiated a cross-sector project to co-produce a partnership action plan to implement the strategy in East Sussex. Key development and delivery partners included the Autism Partnership Board, NHS, Autistic people and the Police.

The local authority provided regular and sufficient support working in partnership with care providers. The local authority met regularly with the local registered care association, to support providers. Examples of the support provided were recruitment of staff, regular newsletters and a market support service. The Market Support service was a team within the local authority who would offer support and strengthen the independent care and support market, improve and sustain quality improvements, prevent business failure or service deterioration and identify and address business continuity and sustainability concerns.

Partners told us a 2-year Commissioning Excellence Programme had started from April 2023, which delivered workshops based on practical peer-led learning. The multi-partnership programme aimed to develop East Sussex as a centre of excellence for VCFSE commissioning. This would be done by improving communication, dialogue, trust and understanding between statutory commissioners and VCFSE organisations, to enable the culture shift necessary to achieve sustained change.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. The local authority listened to feedback from people to create better outcomes. People told us in they felt listened to and their feedback was implemented and acted on. An example was provided where people on the East Sussex Lived Experienced Advisory Group questioned the Mental Health Oversight Board why they had not been asked what priorities should be taken over the next year. People told us this was immediately taken on board, and priorities were implemented in consultation with them with immediate effect.

Partners told us they worked jointly with adult social care on discharge and admissions avoidance. They were working together to look at how they could support people in the community where they were ready for discharge, to avoid delays. There was a Discharge to Assess model which saw 80 beds jointly funded by the local authority and health. People could access this support through either health or adult social care led assessments, with the target length of stay being 28 days. Local authority data showed average length of stay was currently 27 days. Staff told us capacity within this model fluctuated and the hospital team was working on different approaches, for example, discharging people with a higher package of care at home to facilitate earlier discharge.

The local authority had Joint Commissioning Teams in place which enabled an integrated approach to commissioning support for people across the health and social care system. They hosted the Adult Social Care and Health Joint Commissioning Team, and the Mental Health Joint Commissioning Team. Jointly commissioned services were available to people whether their support needs were being met by the local authority or the NHS. This avoided unnecessary hand-offs and silo working.

East Sussex Care Homes Plan was a joint plan between the local authority and NHS Sussex which showed the commitment to integration. The plan set out 15 different areas which provided actions, outcomes and timelines for the development of the Enhanced Health in Care Homes service (EHCH). East Sussex Care Homes Group (ESCHG) would oversee the EHCH rollout locally and bring together all care homes related work in the county. Membership of the ESCHG included ICB, local authority commissioners, providers, GPs, Ambulance, Healthwatch, and care home managers.

The local authority was in the process of developing a Carers Partnership Plan which had been coproduced with carers. This would incorporate key themes identified in a Carers Partnership Plan workshop held in February 2024.They were also using previous feedback from a range of surveys and Census data.

Working with voluntary and charity sector groups

The local authority had effective relationships with VCFSE groups. Partners told us they were involved with a group which was a committee of statutory providers and VCFSE members. The local authority DASS co-chaired this with the agency who supported unpaid carers. The meeting provided space for strategic conversations and to co-produce solutions. VCFSE had influence in strategic decision making and Partnership Plus were seeking to strengthen their relationships with the Health and Wellbeing Board. Partnership

Plus was jointly initiated by the local authority and VCFSE to reset the relationship between them to work more collaboratively.

In partnership with the East Sussex VCFSE partners and NHS Sussex the local authority had established the East Sussex Commissioning Excellence Programme, which was aimed to develop East Sussex as a centre of excellence for VCFSE commissioning. Partners told us the commissioning excellence programme had led to changes in how things were commissioned and led to delegation of commissioning. For example, mental health services now had a lead provider model in place which was recognised and actioned through the programme.

Some people told us they had participated in the mental health experts by experience work for a couple of years, and the local authority was passionate about promoting the voices of people with lived experience. An expert by experience is a person who has personal, lived experience of a type of health or care service, or who cares for somebody receiving a service. The local authority had 2 main mental health experts by experience groups. The first group was a dedicated participation service delivered by voluntary care sector partners and the second was their own Experts by Experience Programme who ran workshops to help people develop their skills and confidence to get more involved in co-production opportunities and focus groups for the experts by experience to feed into.

Leaders told us they supported the VCFSE sector and helped them to develop in East Sussex. The local authority had worked hard on relationships with VCFSE and done a lot of collaborative work which they were proud of. Leaders told us they could see the value of the VCFSE as for example, they had supported the rehoming of 2000 Ukrainian migrants in East Sussex. The local authority had commissioned a social consultancy service to carry out a review of voluntary sector activity across the county, to help them understand the support that was available and identify any potential gaps.

Partners told us there were approximately 3500 voluntary sector stakeholders who worked across the county. The VCFSE alliance received some local authority funding to focus on supporting any strategic work. The alliance had been able to provide good support to local authority commissioners to inform them of what was needed locally. They also told us they had supported the local authority to improve working conditions across the sector which had reduced competition and improved collaboration between VCFSE providers.

Theme 3: How the local authority ensures safety within the system

Safe pathways, systems and transitions

Score:

2 - Evidence shows some shortfalls

What people expect:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

There was a case risk management policy which was aimed at all operational staff. This was supported by practice standards, case monitoring documentation and training. Staff told us they had a policy in place when looking at referrals. The team would look at high risk which would be contacted immediately or within 48 hours, medium risk which would be contacted within 1 week and low risk which would be contacted within 2/3 weeks with a contact letter also sent out.

The local authority had quality assurance oversight of the independent care sector ensuring risks to people were minimised, and the care sector was supported. The local authority had a Market Oversight Panel (MOP) which was multi-agency two-weekly forum chaired by adult social care staff. The forum shared information about the independent care sector to identify potential risks to people, understand risks and impacts on the wider market and providers and was a coordinated support to the market. The MOP could make recommendations to suspend a service, which would then be ratified by Departmental Management Team. Other decisions such as the provider agreeing to a voluntary embargo were also considered by the MOP.

There were 2 acute hospitals within the local authority area and 5 community hospitals placed in, Bexhill, Lewes, Crowborough, Uckfield and Rye. There was a hospitals pathway acute in-patient assessments process map for people who were admitted to an acute hospital ward. Useful good practice reminders to staff were outlined on top of the process map for discharge such as; ensure carers are identified and assessed, safeguarding concerns identified and reported, case notes recorded of all conversations and equipment

identified for discharge to be assessed by OTs in hospital. Clear actions outlined for discharge pathways 0 to 3.

Some partners told us they had handed care home contracts back to the local authority and robust procedures and support was in place for them. They received weekly meetings with the local authority to safeguard and manage risks of the closure. Each person had an allocated social worker and partners worked closely with the brokerage team to find suitable alternative placements for people. Partners told us the support was unprecedented for people and staff throughout.

Safety during transitions

The local authority had suitable processes in place to support people with transitions to adult social care. They had a transitions charter in place which set out what young people could expect from the transition service. It highlighted they would be respected, recognised and valued, and their views and opinions would be considered and responded to. People told us they transitioned from children's services to adult services around the age of 18 to 19. They had a social worker visit them every few weeks during the transition period and throughout the process it was clearly identified what was important to the person. Choices of placements and options were offered, with the opportunity to explore care provisions with social workers before agreeing to support.

Services and processes supported a young person with support needs or young carer to prepare for and move successfully from using children's services to using adult services. The Care Act required a local authority's adult social care to carry out a child's needs assessment, known as a transition assessment, for young people approaching their 18th birthday who are likely to have needs for care and support after they reach 18. Staff told us link workers would start working with a person at 14, they would attend all statutory meetings and provided information around the transition. The team would then work with a person who was 17 1/2 years old giving 6 months for the full transition from children services to adult services. Once the core assessments were completed brokerage would start sourcing placements when the person became 18.

There was also a transition service pathway process map which outlined the key age and school years when the transition service or the Children Disability Service support young people in transition to adult social care needs. It had clear information for staff to follow when a Young Person is 17.5 years old in terms of referral and process as well as post education aged 19-25 years.

Hospital discharge was not always completed in a timely manner for people and there were delays with discharging people. Staff told us of the challenges faced by Discharge to Assess (D2A) capacity. The local authority was discussing with system partners capacity in D2A beds. Leaders told us there was an impact on people being delayed in hospital, the ambition was to get people out as soon as possible. Delayed discharge position was discussed monthly within leadership meetings. There had been more than a 10% reduction in hospital delays and there were low delays in terms of NHS community services. The local authority was working with partners to find a solution to the delays with discharge; however, this issue had not yet been resolved at the time of assessment.

Staff told us the discharge to assess team tried to keep consistency of social workers allocated to homes that have D2A beds, to build better relationships with nursing staff and management. This supported joined up care for people to achieve better outcomes. They would aim to complete assessments within 28 days to make longer term plans. Partners told us the D2A assessment bed capacity was reduced which had affected discharge planning.

There were clear processes for practitioners to follow for when a person was discharged from an acute hospital and there were discharged to assess teams from the local authority within the hospitals. There were 4 pathways for discharge called pathway 0,1,2 and 3. Pathway 0 was discharging home with no support, pathway 1 was for a person to return home with care and support, pathway 2 was for reablement at home or intermediate care and pathway 3 would be for people needing to go to D2A beds for further assessment.

Contingency planning

Contingency planning was recorded within people's care plans for either the individual being supported or their unpaid carer. There was a section within support plans which referred to 'Dealing with Risk and Contingency Planning' where local authority staff could record specific contingency plans and risks for people. Some people told us they had not needed support from the local authority for contingency planning, however, they felt the local authority would be supportive if contingency planning was needed such as if care was needed at short notice. Whilst other people had told us they relied on family members support in the event of an emergency.

The local authority had a Business Continuity Plan which covered adult social care essential services for vulnerable adults within the community. The plan covered a range of areas including what to do in the event of staff shortages, loss of a building, technological failure and loss of an external service provider. There was a business continuity manager assigned to each department who was responsible for liaising with the business continuity team and planning coordinating department. The business continuity manager would ensure all staff were aware of the business continuity plans and how they worked.

A Business Continuity Group took overall ownership of the actions of the Business Continuity Plan. In the event of business issues with providers, the Service Solutions Team would negotiate the transfer of care for individuals to alternative service providers.

The Procurement Team would support the service providers with concerns regarding TUPE and contract terms. The Market Support Team would support service providers in addressing disruption or closure and prevent further closures.

The local authority had contingency measures in place to support providers in exceptional circumstances. They had supported services in business continuity situations, including illness, fire, flood and reduced staffing. They initially focused on providing expert advice and supporting the development of an action plan, however, in exceptional cases where time-limited additional help could be provided. Examples included emergency provision of meals, cleaning and hygiene services and support to access temporary care staff. Partners told us where they had supported emergency placements for people the local authority were supportive and kept in close contact with partners to ensure the person remained safe.

The local authority operational teams had Business Impact Assessments which incorporated business continuity plans. There were clear processes in place to manage a council wide incident and there was a volunteer list of Major Emergency Team (MET) responders who had volunteered to support in emergencies.

There was a risk management plan to mitigate and minimise disruption in the event of an emergency such as, loss of buildings, technological failure or staff shortages. The plan covers the impact for critical services and allowed them to explore ways to mitigate risk to protect individuals. There was a departmental emergency plan to support in the identification of vulnerable people and would actively work with families, volunteers and the community to support people in need of support. The DASS and Health were the strategic leads in event of an emergency and were the main leads to co-ordinate and determine the response level from the local authority. The role of adult social care in the event of an emergency was to ensure that adult social care services were delivered within the available resources. All the initial notifications of an emergency went to the departmental emergency manager and then down through the hierarchy of adult social care.

The local authority utilised a flow diagram which provided directions on what actions should be undertaken if a regulated care and support provider reports disruption or closure. The procedure stipulated that client safety and continuity of care for the individuals should be primary with regular meetings to manage the issues. When the local authority received a notification from a provider highlighting future closure there were several actions which must be implemented to manage the risk to the service users accessing the service. The first meeting with the provider would identify a few issues including the timescales of closure, circumstances and gather a full client list. They would ensure that meetings with providers in the event of a closure covered the following subjects, a full situation update, services issues including staff and communication and client management with key information and risks.

Safeguarding

Score:

3 - Evidence shows a good standard

What people expect:

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

Safeguarding is the process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed to be unsuitable do not work with them.

There were effective systems, processes, practices to make sure people are protected from abuse and neglect. Safeguarding referrals were received and triaged by HSCC. There was a dedicated safeguarding team within HSCC called the safeguarding hub. Safeguarding concerns could be raised to HSCC via telephone, email or through an online form. An Emergency Duty Team (EDT) were in place to address urgent issues outside of normal working hours to ensure 24/7 coverage.

Safeguarding enquiries were undertaken by neighbourhood teams and the ethos of 'safeguarding is everyone's business' was embedded across the local authority. Staff told us neighbourhood teams completed safeguarding enquiries to ensure consistency for the person subject to the enquiry as the professional was already known to the person. Adult Social Care Survey 2024 data showed 70.73% of people who use services who feel safe, which was similar to the England average of 71.06%. 84.38% of people who use services who say that those services have made them feel safe which was somewhat worse than the England average of 87.82%.

SACE 2024 data showed 85.43% of carers who feel safe, which was somewhat better than the England average of 80.93%. Within the process of the local authority's client and carer satisfaction survey, Listening to You, there was a unique code to identify people where there may be a safeguarding issue, or if the individual made it clear they wanted a response. Each survey was screened, and if action was needed this was referred to the appropriate team.

The local authority had effective processes for quality assurance oversight of safeguarding. A Safeguarding Development Team (SDT) led on strategic development and improvements to safeguarding for the local authority. The SDT undertook and reported on safeguarding audits and provided support to neighbourhood teams on all areas which related to safeguarding. The team also led on managing allegations against people in positions of trust and had close links to the Safeguarding Development Board Manager and Safeguard Adults Board (SAB).

A case allocation tool had been developed by the SDT which would assess the complexity of a case and identified the level of experience a practitioner undertaking the Lead Enquiry Officer (LEO) role would need. Leaders told us there was a clear business plan and set of priorities for safeguarding. Each neighbourhood team had a member of the SDT. Safeguarding audits were key assurance around practice, and they had increased the number of audits being undertaken as part of quality assurance.

The local authority worked closely with the Safeguarding Adults Board (SAB). There was a clear outline of the role and purpose of the Safeguarding Adults Board and how they worked together with the local authority. There was a plan in place which shared both the local authority and SAB's vision, areas of partnership working and five strategic priorities, which continued unchanged from the 2024-2027 plan. Leaders told us the vision for safeguarding was clear and collectively owned, with an ethos of making sure everyone is safe.

Data provided in the Adult Social Care Workforce Estimates 2024 showed 55.52% of independent/local authority staff completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This was significantly better than the England average of 37.58%. 65.11% of independent/local authority staff completed safeguarding adults training, this was significantly better than the England average of 48.70%.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental ability to do so for themselves. When people in care homes and hospitals are deprived of their liberty in a safe and correct way, to receive care and treatment. This is legally authorised under the Mental Capacity Act 2005 and is only done in the person's best interests and when there is no other way to look after them.

Responding to local safeguarding risks and issues

The SDT recorded learning activity that took place in neighbourhood teams following the publication of a Safeguarding Adult Review (SAR). The SDT used a safeguarding learning checklist to monitor how and when learning had been disseminated. They were working to increase learning opportunities for each future SAR. Learning was disseminated across the local authority and partners through learning briefings at meetings, podcasts and SAR action plans.

Multi Agency Risk Management (MARM) meetings were set up because of feedback from SAR's where it was identified that there had been insufficient opportunities for partners to jointly discuss complex, high risk situations. The MARM brought professionals together to ensure that there was a forum to do this. The MARM meetings had been reviewed and decided to continue to effectively manage risks across the county. The Safeguarding

Adults Board (SAB) would support to identify homelessness needs and there was also a rough sleeping coordinator as part of the MARM.

There was a commissioned SAR's tracker in progress on actioning recommendations. Evidence provided by the local authority on their SAR's tracker showed all the actions rated across nine Safeguarding Adults Reviews were green or amber, this showed actions were actively being worked on and completed. Actions were RAG rated and provided a clear and consistent snapshot of current progress towards publication. Timescales and lead officers were included within the action plan, with expected sign-off dates.

Leaders told us the common themes from SAR's were mental health, substance misuse, alcohol and self-neglect. We were told these needed a focus moving forwards, however, informing other partners was not done in a systemic way currently. The local authority had developed a ulti-agency working policy and had recognised the need for more effective partnership working, with a focus on this over the next few years. When there were multiple different SAR's of a similar nature these would be placed into 8 themes, which management would have oversight of and focus on. There was a safeguarding steering group for adult social care actions where oversight was provided of these taking place. The SAB also produced reports drawing together themes. Staff told us there was an increasing complexity of safeguarding which had resulted in increased focus of reflective practice. This has improved team confidence and capability.

There was an organisational safeguarding pathway in place at the local authority which told us how they managed suspected organisational abuse. It took the form of an algorithm in four stages, concern, decision making and enquiry, planning and review, and closure. The local authority gave past examples of where suspected organisational abuse took place and the decision-making processes around them, the planning of actions, the use of Independent Chairs and the importance of professional curiosity and proportionality. The guidance was currently under review, following feedback from a Local Government Association peer review regarding large scale enquiries.

The local authority had carried out reviews following deaths from domestic violence. In lessons learned they found that there was always a focus on people to manage the risk and keep themselves safe. The review found that agencies must do more to reinforce measures against perpetrators. This included continuing to assess risk, particularly when new information came to light and ensuring professionals had awareness of support options. It also recognised raising awareness for informal carers and health partners, as well as the need to raise awareness of cuckooing across all agencies and safeguarding teams. Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation resulting in them losing control of their property. It's an illegal practice that often involves exploiting individuals who are more vulnerable, isolated or struggling. The property may then be used for criminal activity, including drug dealing, sexual crimes and storing weapons.

Responding to concerns and undertaking Section 42 enquiries

The local authority responded appropriately and in a timely manner to safeguarding concerns. Local authority data told us the number of safeguarding concerns which had developed to section 42 safeguarding enquiries were 1815 in a 12-month period. All section 42 enquiries would be allocated to an LEO within 5 days and there were no waiting lists for allocation. A section 42 enquiry is the action taken by a local authority in response

to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect.

The local authority identified that their safeguarding conversion rate from concern to section 42 enquiry was high, compared to regional comparisons. The local authority Safeguarding Steering Group undertook an audit and found out of 37 cases only 1 should have been logged as a concern. Local authority data showed an audit by the Safeguarding Steering Group concerning the conversion of concerns into general safeguarding enquiries and Section 42 enquiries. The overall conversion rates from February 2023 to January 2024 was 54.2% for general enquiries and 40.2% for Section 42 enquiries. These were higher than the national average, at 33% and 29%. Areas for learning and improvement were identified and recommendations made following the conclusion of the summary report. These included investigating the reasons why the rate of contacts and enquiries were rising and to consider convening staff briefings to improve communication.

Staff told us that safeguarding referral rates could fluctuate with no month looking the same. Staff would look at if cases required additional support from other areas before progression to a S42 enquiry. If issues could be resolved from input from other areas for example, housing, they would try to resolve these first. Managers had oversight of all cases and supported staff with the direction cases needed. If staff decided that a section 42 enquiry was not appropriate and a manager disagreed, the manager would override the decision. There was a safeguarding pathway in place for staff at the local authority. Where safeguarding concerns were not progressed to a section 42 concern the safeguarding pathway would support staff to identify if other support is needed.

The local authority had a high number of people awaiting a DoLS authorisation. Data provided by the local authority for DoLS applications showed there were 961 people on the waiting list. The median wait time was 13 days and maximum wait time was 332 days. The highest risk applications were prioritised for a rapid response. DoLS applications that were prioritised with a 7-day response were for people that did not have a potential Relevant Person Representative (RPR), people that had a Paid RPR or the person had a short-term DoLS in place. Where requests did not meet the above criteria, they were allocated based on the length of time that they had been on the waiting list. To address the waiting times for DoLS and to reduce wait times, the Departmental Management Team (DMT) had agreed to the recruitment of an additional 2.5 posts within the DoLS service to address the backlog. Progress was monitored through the monthly Steering Group for waiting times and reviews, and through the fortnightly Operational Management Team (OMT) meetings.

Relevant agencies were not always informed of the outcomes of safeguarding enquiries when it is necessary to the ongoing safety of the person concerned. Partners told us they did not always receive a response from the local authority when submitting safeguarding concerns. This left providers assuming low level safeguarding's had not been accepted or closed. We also heard when section 42 enquiries were carried out the response from the local authority was inconsistent. In some cases, there had been regular safeguarding meetings between the provider and local authority along with visits from the Market Support team, but this had not happened consistently. They told us whilst there were robust procedures in place, they had found the communication from the local authority regarding the outcomes of referrals to be poor at times. They told us they did not always receive constructive feedback from the local authority when referrals did not meet section 42 criteria and told us there had been some challenges with their relationship due to this.

Making safeguarding personal

Making Safeguarding Personal (MSP) was embedded across the local authority and was included in relevant training. The local authority provided training to their own staff as well as staff working for provider organisations, with training based around safety and safeguarding. A specific training offer of Making safeguarding personal enquiries was offered to LEO's.

The local authority told us auditing was used in relation to safeguarding enquiries. The audit would identify certain areas such as, evidence of the empowerment of people, the protection of people, prevention, proportionality, partnership and accountability. The local authority had audited 37 safeguarding cases for the year 2023/24. The audit's identified MSP was evidenced within safeguarding cases, for example, MSP was at the centre of decision making. People's views were accounted for whilst ensuring the right balance of risk reduction.

The safeguarding adult's pathway in the local authority had an emphasis on the need to ensure that the person subject to enquiry or their representative were kept informed where appropriate. Safeguarding Adults Collection (SAC) 2024 data showed 98.77% of individuals lacking capacity who were supported by an advocate, family or friend which was significantly better compared to the England average of 83.38%.

Theme 4: Leadership

Governance, management and sustainability

Score:

3 - Evidence shows a good standard

The local authority commitment:

Key findings for this quality statement

Governance, accountability and risk management

There were clear and effective governance, management and accountability arrangements at all levels within the local authority. The local authority used Adult File audits to understand how practitioners, teams and services had worked with adults and their family. Each member of staff who completed Care Act assessments would have at least two case files audited each year, completed by the Practice Managers or Senior Practitioners of the person they supervise. Staff told us this was a positive process for quality assurance, accountability and to see where improvements could be made in their practice.

The Quality Practice and Assurance Framework aimed to provide a range of resources to help support service delivery for example, manage risk, monitor and review practice within teams and ensure the voice of the person accessing the service was central. The framework consisted of five components, standards, staff competencies, supervision and appraisal and case file audits. The local authority had quality assurance and resource panels. The purpose of these were to ensure adult care assessments were robust and strength based and that support plans had considered prevention wellbeing and choice. Staff told us the previous audit system had been old and not fit for purpose, prompting the creation of a new quality practice assurance framework and a temporary role, within the Principal Social Worker team, for them to oversee its implementation and develop improved auditing practice. They reported this had been a positive process with good opportunities to share learning and good practice across teams.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were visible, capable and compassionate. The Principal Social Worker hosted and supported a range of forums where professional development materials and opportunities were promoted, and practice issues could be discussed. The local authority had an internal scheme of authorisation by the Director of Adult Social Care dated April 2024. This was a formal document which set out clear lines of delegation from the Director of Adult's Social Care and health to Departmental Management Teams. Staff told us leaders were approachable and supportive at the local authority.

There were clear risk management and escalation arrangements. These included escalation internally and externally as required. There was a Risk Management Framework which set out the local authority's policy on risk management and its strategy for effective identification, assessment and management of risks. Management and

leaders regularly reviewed the register and where appropriate de-escalated or escalated risks. The register included key measures associated with discharging their duties under the Care Act. Each year they had an Internal Audit Strategy and Annual Audit Plan which takes account of identified risk areas.

Performance on waiting times was reported monthly and formally reviewed 6-weekly at the Waiting Times Steering Group. Staff told us they had monthly KPI's that were monitored within the management data pack and that information fed into the performance board. New guidance had been launched on how to manage waiting times and waiting lists. There was a real emphasis on ensuring teams knew the importance of data and accurate recording of data is everyone's role. Leaders told us waiting lists were a key risk area with regards to the management and assurance in relation to keeping people safe. There were mechanisms in place to identify those at risk and manage risk appropriately. The local authority was working to reduce the waiting lists and used data to help them identify challenges that may arise.

Strategic planning

The local authority uses information about risks, performance, inequalities and outcomes to inform it's adult social care strategy and plans. The local authority collected data about ethnicity and communication preferences which was collated and analysed to inform strategic planning within their EDI strategy, for translation and interpreter services. The local authority's EDI ambition was to create fair, safe, accessible and inclusive care and support services. There was a scrutiny review of equality and inclusion in the local authority adult social care. The review looked at a range of evidence such as, information provided by the department, internal data, external reports and case studies. The review board found that there were several groups which could have better engagement and several barriers which may be preventing people within these groups from accessing services. The review identified who seldom heard groups were, what some of the barriers were to accessing services, and potential solutions to remove these barriers and increase engagement. Recommendations were made by the board and an action plan formed, which was being worked on at the time of assessment.

The local authority's political and executive leaders were well informed, and the scrutiny process was effective. The scrutiny committee would receive regular data from adult social care and had regular contact with adult social care leaders. Leaders told us there was a robust scrutiny process, however, members felt breadth of remit within this was too broad. For example, Children's and Adults' Services have been amalgamated so a review for children's transport takes place in the same meeting as adult social care, meaning they would not be able to go into depth. There were no plans for a scrutiny process change at the time of assessment.

The local authority had a co-production group in place who were able to support with strategic planning. The local authority had an adult social care strategy called 'What Matters to You' which had been driven by what people's priorities were and had been developed in co-production with the Citizens Panel. The panel would continue to work with the local authority beyond the launch of this strategy to review the impact of changes and holding the local authority to account.

The local authority told us the IMT were involved within the Strategic Commissioning Framework. The IMT was facilitated by the local authority but made up of adults with learning disabilities who drew on services. The IMT were heavily involved in co-production and service development across East Sussex. For example, creating specific questions and Key Performance Indicators (KPI's) for tenders, sitting on tender panels and the production of easy read documents. A member of the IMT also co-chaired the Learning Disabilities Partnership Board.

The local authority was developing a Prevention Strategy. The strategy had a clear focus on prevention and wellbeing to reduce care and support needs. However, this strategy was not a final document and was currently a planning and discussion document. Some leaders told us they were making a good start with the prevention strategy. Records showed the amount of prevention schemes and funding was the challenge. They told us covering statutory duties and providing services in line with the Care Act was priority. Other leaders told us further work is required to achieve collective understanding with members of the prevention strategies.

Information security

The local authority had a secure database which could share case management data if needed, as well as data feeds from key partners like community health. Adult social care data was available to health colleagues and access to health data for local authority staff was being progressed.

Partners told us there was no one system that both health and social professionals could access. They did have an integrated data set that provided summary notes and basic information to social care professionals, but this did not give details. This was primarily used for people with Section 117 funding or CHC funding. Staff told us although there was no shared data system due to close partnership working information was accessible from partner colleagues where needed.

There were multiple data policies in place such as, Data Protection and Information Security Policy which covered the standards and procedures staff should follow when handling personal data, Data in Transit Policy which covered guidance on appropriate security measures when transferring information between secure locations and Special Category Data Policy which outlined standard and procedures staff should follow when handling sensitive data.

Safeguarding data from HSCC was sent to quality assurance weekly. The data system also allowed for safeguarding enquiries to be linked which staff could see a holistic picture of themes and trends of safeguarding.

Leaders told us the cabinet received quarterly data on adult social care and could ask for data at any point. The DASS would also cover performance data in weekly meetings with the Lead Member.

Learning, improvement and innovation

Score:

3 - Evidence shows a good standard

The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning, improvement and development. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively.

Staff told us about the numerous opportunities for career progression and staff development. The local authority had an in-house team that delivered adult social care training for council staff, as well as for staff in a broad range of independent care sector settings. The training offer included, Care Act duties, Learning on Specific Conditions, Mental Capacity Act, Equalities, Diversity and Inclusion, and Safeguarding Adults.

Training requirements were identified in supervisions and team events, with the in-house team who designed and deliver bespoke training on request. As well as e-Learning courses the local authority offered professional development sessions and reflective practice sessions.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. Staff were encouraged to bring case studies to reflective practice sessions and discuss learning from past case experiences. This promoted shared knowledge and experience amongst the wider teams and allowed professional best practice discussions, which benefited not only the more experienced professionals but also the newly qualified social workers who were at the beginning of their careers. Staff told us they were encouraged to join networks with other professionals both locally and nationally, widening that level of peer support beyond the local authority team.

The local authority provided a workstream summary around steps they had taken to maintain knowledge and awareness of relevant legislation. The objective of this work stream had been to provide long term assurance about the staff's legal literacy, for staff to understand key legislation in particular the Care Act and for them to demonstrate how to apply it to practice

Staff demonstrated a good understanding of the legislative frameworks in which they worked under including the Mental Capacity Act 2005, they provided examples of how to use this legislation when working with people who lacked capacity to make their own

decisions. Staff demonstrated their understanding of a person's right to make unwise decisions and how they would support a person to remain safe if a decision they had made was deemed to be unwise and risky.

The local authority had a Competency Framework relating to safeguarding and mental capacity that formed part of a social workers annual appraisal to ensure competencies in both are met and training needs identified around issues of capacity.

There was support for continuous professional development. The local authority recognized that people would seek support when in crisis. Many of the calls the contact team received could be emotionally challenging for the professional taking the call. People may be at crisis point unable to cope in their caring role or be physically unable to look after themselves. People may be dealing with a mental health crisis and feel isolated or suicidal. Staff told us that they received a lot of calls from people feeling emotionally low and suicidal. Having emotive calls regularly could impact on the worker and therefore the local authority has provided workers with emotional resilience training and emotional support allowing workers to recognize their own feelings when taking calls that may provoke an emotional response.

Staff told us that they received a robust 6-month induction training programme. Staff had a 2-week training package before shadowing other professionals in their roles. This allowed new staff members to learn and ask questions in a supportive environment.

Staff told us that it was vital new staff had a clear understanding of the local authority pathways, process and policies before they have their own workload to complete. This training package allowed staff to learn in a classroom training environment and be supported with more hands-on work with real people requiring local authority support.

Staff could have additional supported supervision sessions in their first few months until they were confident in their roles. Staff had access to learning courses and could seek guidance and support from more experienced team members and managers. Staff told us that the senior leadership team were very visible within the local authority and staff could approach senior leaders if they required support.

The local authority advocated a strengths-based practice (SBP) model with a strong emphasis on wellbeing, choice and self-direction. SBP training was launched in East Sussex in 2019 with an 18-month training schedule covering: Strengths-Based Approaches, Support Planning and Positive Risk Enablement.

Staff recognised the importance of language and how they used language when assessing people under the Care Act. Many unpaid carers might not acknowledge themselves as a carer or wish to be identified as a carer especially if they were a young carer for a parent or sibling. Therefore, tailoring the language used when completing carers assessments such as asking, "what tasks do you help with" instead of asking "what caring responsibilities do you have", could provide the carer with a more personalised approach to their assessment making it seem a less formal process giving the assessor the opportunity to focus on the strengths of person being assessed.

The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working that improve people's social care experiences and outcomes. Partners told us how the Principal Social Worker within adult social care had requested the organization share their expert knowledge and experience in a training

session with local authority staff. The training session centred around the role of advocacy within the Care Act and the local authority duties. The awareness raising session improved practitioners' knowledge of how advocacy could be used to support individuals through a statutory process and how and when to refer into the advocacy organisation.

Coproduction was embedded throughout the local authority's work. Experts by Experience informed us that they had been involved in a co production project with the local authority named "What Matters Most to You" which resulted in 6 topics being identified that matter to service users. Right care, Right place, Right time, Information and Communication, Cost of Living now and in the Future, Suitable Home, Personal Connections, Group Activities, Hobbies and Volunteering were topics identified from the local authorities co production work.

A piece of co production work took place where the local authority wrote to all recipients of direct payments for feedback of the service. They looked at what things were important to people and it was a focused piece of co-production with individuals of lived experience. Staff told us they met with people every month to discuss what the new model would look like before this was created and implemented. A strategic partner was commissioned because of this new system and the local authority continued to work with them. They worked alongside the Direct Payments team to support individuals and the growth of direct payment.

The local authority had also used Experts by Experience in their staff training programs, as part of their interview panels for recruitment. We heard how Experts by Experience had been used to produce easy read documents and this work was that successful that the Experts have been approached by other organisations to complete easy read documents for them. Easy read documents are documents produced for people who may struggle to read and understand complex language, they include no jargon and straightforward language with a mix of pictures.

The local authority had also contributed to an article for learning disability week on this topic. They highlighted the importance of access to easy read documents and training to professionals about issues people with learning disabilities experienced.

Staff and leaders engaged with external work, including research, and embedded evidence-based practice in the organisation. The local authority promoted the use of their membership to research into practice in order to support newly qualified social workers NQSW's, continual professional development and evidence for competencies.

The local authority also held events to inform practice, promoting social care events to staff on their intranet site for such training as trauma-informed practice, self-neglect and promoting live events which were relevant to their practice. During World Social Work Week, the local authority promoted their celebrations of world social work week on their intranet which included them hosting a social work matter drop in and presentations relating to various themes such as safeguarding practice and strengths-based practice.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategies, improvement activity and decision making at all levels.

In 2023/24 the local authority received their biggest number of complaints in relation to assessments (80 complaints). This accounted for 24% of all the complaints. Of these 80 complaints 10% were in relation to social care, 11% were in relation to financial assessments and 3% were in relation to blue badges. The most common issue was about delay in assessments. Leaders told us waiting lists had been raised within scrutiny committee. The local authority had implemented changes to support with waiting times, such as, regular communication with people whilst waiting and signposting to services who may be able to support in the meantime.

The local authority used complaints to help them to improve services and they had 258 recorded actions for these. Actions from complaints have included, individual staff development, team development and service and organisational development. This had been actioned through policy reviews, improvement projects, training and communication. Examples included a review of the direct payments process to provide information at an earlier stage and develop how teams worked together.