

Adult Social Care and Health Portfolio Plan 2022/23 – 2024/25

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Cabinet Portfolio Lead Members

Councillor Carl Maynard
Lead Member for
Adult Social Care and Health



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

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

Portfolios Overview

Adult Social Care

1.1 Improving the wellbeing of East Sussex residents drives this portfolio plan. The particular demands facing Adult Social Care and Health (ASCH) locally reflect local demographic changes, financial constraints over the last decade, and the need to integrate more closely with health and develop closer working with the voluntary and community sector.

1.2 East Sussex has a growing elderly population, already at levels that will not be reached nationally for decades. Compared to 2021, by 2025 there will be an increase in the population of working age people (age 18-64) of 4,690 (1.5%), however the population of older people (age 65+) will increase by 10,430 (8.2%) to 161,630. Of the population of East Sussex (all ages), 4.3% of people will be aged 85+, a significantly greater proportion than England, 2.7%. East Sussex will be ranked 1st in England for the highest proportion of population 85+.

1.3 While the population will be getting older, the level of need will also be increasing. By 2025, 41,060 older people (age 65+) are projected to have a limiting long-term illness whose day to day activities are limited a little (up 9.1%), 31,450 limited a lot (up 9.8%). 12,340 older people (65+) are projected to have dementia (up 9.7%).

1.4 East Sussex County Council (ESCC) is an organisation where diversity drives innovation. Progression is based on talent and there is a culture of fairness, respect and equality of opportunity for all staff. We aim for our workforce profile to reflect the demographic make-up of East Sussex in every service and at every level, ensuring that we are better able to connect with the needs of the people of East Sussex

1.5 We will promote equality and include residents, staff and partners in everything we do to improve the quality of life for everyone living in, working in and visiting East Sussex - to create a county of opportunity for all.

1.6 In December 2019 a new coronavirus (subsequently named COVID-19) emerged and quickly spread throughout the globe, being declared a pandemic by the World Health Organisation on 11 March 2020. Throughout 2020/21 the pandemic has continued to cause great disruption through measures to limit transmission, and a high number of excess deaths.

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

1.8 It was recognised that a longer-term review of the adult social care and health model was needed to ensure that support continues to be provided while the pandemic is ongoing. The Adult Social Care and Health Programme was initiated in 2020 with a number of projects looking at how we could continue to meet our statutory responsibilities under the Care Act and any new responsibilities specific to the pandemic in a manner that is safe for our clients and staff. The Programme ended in October 2021 having delivered a number of key objectives:

- A hybrid model for office and home working for the Health and Social Care Connect team which has ensured sufficient staffing levels throughout the pandemic despite the need for social distancing
- Interim guidance for practitioners on how to effectively conduct communication with clients using telephones, video calls and other remote technology
- Reopening of day services for older people and those with learning disabilities in a way that is safe for our clients and staff

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- Reopening of Occupational Therapy clinics with strict hygiene controls in place
- Community hubs set up with partners to support clinically vulnerable people in East Sussex through the lockdowns
- Provided support to providers of commissioned services to operate safely and sustainably
- Instigated a broader programme to improve our digital offer to clients

1.9 Changed our way of working to reduce physical interactions with clients and families where appropriate

1.10 Despite these significant and unprecedented challenges to how we operate the ASC offer has remained unchanged. We have continued to:

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

1.11 The Programme has now ended; however, the ASCH Department has put in place measures to monitor the longer term impacts of the changes made on quality of outcomes for clients and their families.

1.12 The Council is a member of the Sussex Health and Care Partnership (SHCP), a partnership of health and care organisations working together across Sussex. The SHCP was awarded Integrated Care System (ICS) status in April 2020.

1.13 The Health and Care Bill currently progressing through Parliament will put all ICSs on a statutory footing in England from April 2022. We have been working with our NHS partners in Sussex on the ICS Memorandum of Understanding to make sure the

Council can participate effectively in the new arrangements, focussing on our East Sussex population.

1.14 To support this it has been agreed that 'Place' has a primary role in our ICS. There are three 'Places' within the Sussex ICS (East Sussex, Brighton and Hove and West Sussex), with the Council being a lead partner with our local NHS in the East Sussex Health and Care Partnership.

1.15 Within ICSs partnerships at Place level should work together, to join up services across primary care, community health and mental health services, social care and support, community diagnostics and urgent and emergency care to ensure the following offer to their populations:

- Access to clear advice on staying well.
- Access to a range of preventative services.
- Access to simple, joined up care and treatment when this is needed.
- Access to digital services (with non-digital alternatives) that put the citizen at the heart of their own care.
- Access to proactive support to keep people as well as possible, where they are vulnerable or at high risk.
- Joint approaches to employment, training, procurement and volunteering activities and use of estates, allowing the NHS to play a full part in social and economic development and environmental sustainability.
- Linking with other public and voluntary services that have an impact on people's day to day health for example through improving local skills and employment or ensuring housing and accommodation opportunities.

1.16 Working together with our NHS partners has been essential in supporting our response to COVID-19, and this has been a critical focus in the last eighteen months. In 2022/23 in the wider context of the new statutory ICS we will build on this to strengthen our East Sussex Health and Care Partnership in the following ways:

- How we organise our integrated approaches to planning, commissioning, delivering and transforming services across our shared priorities for health and social care and our work with our

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Borough and District Council and Voluntary, Community and Social Enterprise (VCSE) sector partners to further develop all the elements of the joined up offer of care for our population

- Jointly exploring how we can take forward the next phase of health and social care integration for our residents, including agreeing our roadmap and how it will be delivered. This will be co-produced with all of our stakeholders and there will be a key focus building wider ownership of our plans and proposals to ensure they fit with the broader offer to our communities in East Sussex.

Our priorities

1.17 Our long term East Sussex Health and Social Care Plan sets out our shared Council priorities and commitments in the NHS Long Term Plan, and our ambitions to deliver greater levels of integrated care, early intervention and prevention for people of all ages, and improve health and reduce health inequalities in our population.

1.18 In 2021/22 we updated our local plans to set out how we'll continue to develop our joint working, and to support our system's recovery from COVID. This sets out our shared priorities in the coming 12 – 18 months including the following areas:

Addressing health inequalities

1.19 We will build on our existing progress to help people stay healthy and well for as long as possible, receive personalised care and support, reduce health inequalities, and reduce the gap in life expectancy and healthy life expectancy in the county. We will do this by strengthening our partnership approach across all the services that impact on and influence health and wellbeing, like housing, employment, and leisure. We'll also work with local people to empower them to make healthy choices throughout their lives.

Community and locality working model

1.20 We will also work with our Primary Care Networks, Borough and District Councils and Voluntary, Community and Social Enterprise Sector (VCSE) partners on our shared agenda to strengthen links between community health and social care, primary

care, mental health, housing and voluntary and community sector teams, services and support on the ground, to ensure people receive a joined up offer of integrated and personalised care and support based on the strengths and assets in their lives and where they live.

1.21 Together we will develop a model of working in our communities and localities across East Sussex that brings all partners together make sure:

- There is joined up and personalised care for high risk vulnerable people, their families and carers who are living with long term conditions and complex care needs, including at the end of life, to support their independence and increase quality of life
- We better use data to understand the people and groups within our population who have 'rising risks' to their health and wellbeing, including healthy life expectancy and where fast and/or proactive and anticipatory action will reduce their risks.
- Better enable our efforts to improve mental health and wellbeing and address health inequalities in our diverse communities across the broad range of services and support that impact on wellbeing and life opportunities in our communities, including streamlined access to information, advice and support.

Joining up community health and social care

1.22 Our well-established integrated management arrangements and teams such as HSCC and JCR, and the community health and social care services target operating model (TOM) have all continued to enable our pandemic response, where this has required coordination and grip across our system. For example, supporting care homes and timely and appropriate discharge from hospital.

1.23 We have already taken steps to remove the barriers to our health and social care staff working effectively together, including co-locating teams in Eastbourne to increase care coordination and multi-disciplinary working for people with complex long term care needs; embedding Discharge to Assess (D2A), and Home First hospital discharge pathways to support people to leave hospital and have their needs assessed in either their own homes or in care home settings, and; increasing shared access to key summary

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1.24 In the coming year we will take steps to further develop our community health and social care TOM. Working across acute, community health and social care, an integrated urgent response team will support more integrated working to help people avoid hospital admission when alternative services can provide care and support and leave hospital quickly when they are ready to be discharged. This will further build on our joint work on D2A Home First pathways and helping people who are Medically Ready for Discharge (MRD) onto their onward journey of care.

Expanding support for mental health

1.25 We will expand our support for people with mental health needs by:

- making sure people have access to a full range of services that support emotional wellbeing in primary care
- extra support in the community to help avoid unnecessary inpatient admissions, and support recovery
- working with housing teams and providers to support people who also need help with housing and accommodation.

1.26 Our integrated approach to social care, community health and mental health will contribute to improving the delivery of urgent care and planned care and the restoration and recovery of services being taken forward by the NHS.

Integrated commissioning for population health

1.27 In 2022/23 we will also continue to work together to cement our strengthened collaboration across commissioners and providers as a result of responding to the Pandemic. Working within the new framework for healthcare commissioning provided by our Sussex-wide ICS we will ensure a critical focus on our East Sussex population across our joint commissioning functions:

- Our understanding of our population's health and care needs and planning and prioritising how to address them
- Shaping models of integrated care, services and investment decisions and bringing together our collective resources and

allocating them so that they can have the most impact for our population.

- Informing modelling of demand and capacity requirements now and in the future – including understanding the relationship between capacity requirements in different parts of the system, for example bedded capacity across acute, community health and nursing/residential care, to support D2A, Home First and people who are medically ready for discharge from hospital.

Safer Communities

1.28 The diversity of the East Sussex Safer Communities Partnership – with professionals across ESCC, Public Health, district & borough councils, Police/Probation, ESFRS and other agencies – means it can trial and scale creative and innovative ideas in how we protect and educate communities against any risk to community safety. It continues to build new relationships with public agencies, service users and the voluntary & community sector to explore the challenges brought on by the COVID-19 pandemic as well as trends in crime, substance misuse, public disorder and health to find new ways to prevent harm against individuals, families and communities.

1.29 Running across all themes of community safety remains the use of digital technology. We continue to work with the government and other agencies to find new ways to bring more people into the digital world, use it safely and combat exploitative, harmful or criminal behaviour using the internet. This includes recognising that the wide variety of social media and other digital technologies creates new avenues for criminals and abusers to exploit our most vulnerable people, as well as recognising that new forums, apps and technologies will create new routes for our partnerships to foster relationships, promote confidence and establish community resilience.

1.30 Political, social and economic pressures in the UK and internationally continue to influence the technologies and opportunities available to wishing criminals to exploit vulnerable people. These pressures equally affect communities' ability to respond to these threats in good time. The Partnership works together to establish new networks with communities and

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professionals working within them to create targeted programs to meet those new, emerging and established risks.

1.31 We are growing our networks within our local agencies and with regional and national partners to reaffirm our commitments to address the risks and harms associated with serious and organised crime, including county lines, modern slavery & human trafficking and fraud & scams. There is a key focus to finding pathways to reduce harm through contextual safeguarding strategies which use expertise across public and voluntary & community sectors to work with vulnerable people and their families. By providing public education and training alongside targeted early-intervention strategies, the Partnership aims to reduce the reach and effect of harms that can be caused by misinformation, isolation and exploitation by organised criminals.

1.32 We are developing more multi-agency approaches to tackling drug and alcohol-related harm by sharing expertise in policing & probation, public health, and the voluntary & community sector. Through the commissioning of services, and by engaging law enforcement, diversionary approaches, and treatment & recovery services together, we continue to tackle drug-related crime and reduce supply. We also utilise this multi-agency approach to support those with drug and/or alcohol disorders and their families and loved ones and provide an environment that allows them to reintegrate into their local communities. By working together, we are able to develop projects and initiatives that reduce the frequency and underlying causes of drug and alcohol related harm within the county.

1.33 The East Sussex Violence Reduction Partnership is a multi-agency partnership working together to address serious violence across East Sussex. Partners have considered those who are either causing or experiencing the most harm, along with developing place based responses and focussed contextual safeguarding initiatives to support young people who are most at risk of serious violence and exploitation, and their families. Funding for some of this work has been secured from the Home Office, the STAR grant and the Youth Justice Board.

1.34 The Serious Violence Duty will place a new requirement on schools, police, councils and health authorities to collaborate and plan to prevent and reduce serious violence. The Duty will also amend the Crime and Disorder Act 1998 to ensure that serious violence is an explicit priority for Community Safety Partnerships, which include local police, fire and probation services, as well as local authorities and wider public services. We are making preparations for the introduction of the Duty later in 2022.

1.35 We will be commissioning and delivering more specialist services for victims and survivors of domestic violence and abuse, sexual violence, and other forms of violence including stalking, harassment and harmful practices. We will be working across our partnership to review our working practices to ensure our services are connected, efficient and focused on providing long-term effective support for victims and survivors by integrating them back into their local communities.

Public Health

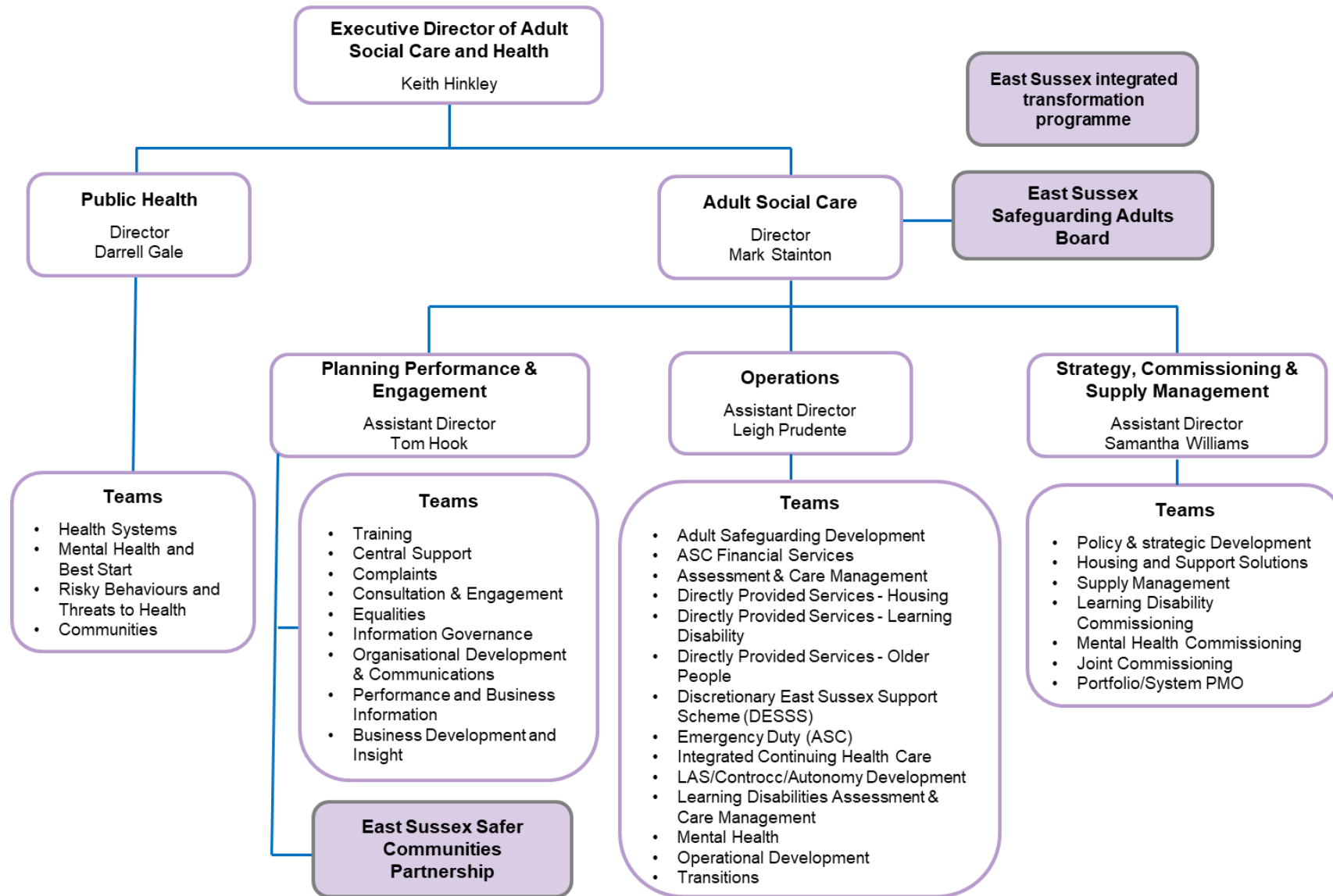
1.36 The role of Public Health is to promote, protect and improve health and wellbeing of the population and reduce health inequalities. To do that we provide and commission a number of statutory services, some of which are known as mandated services because the manner of delivery is prescribed nationally. Other services commissioned by Public Health are conditions of the Public Health Grant or services based on the needs of people locally and support the Council's statutory responsibility for the improvement and protection of the health of people in East Sussex. The Joint Strategic Needs Assessment (JSNAA) is led by Public Health on behalf of the Health and Wellbeing Board.

1.37 As we approach the end of a second year of the pandemic, we are gradually shifting from an acute response role to a longer-term rebalancing of our functions. Nationally we have seen many fundamental changes with the demise of Public Health England and the newly formed UK Health Security Agency and Office for Health Improvement and Disparities. The pandemic leaves us with a legacy of a greater focus on health protection arrangements within Council services and in partnership with our colleagues. The pandemic has exacerbated existing inequalities and our task will

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continue to be to tackle and narrow the gap in health outcomes between the most affluent and the most deprived residents.

Structure Chart



Delivering Priority Outcomes

The Priority Outcomes

The Council has four overarching priority outcomes: driving sustainable economic growth; keeping vulnerable people safe; helping people help themselves; and making best use of resources now and for the future. Making best use of resources now and for the future is the gateway priority through which any activity and accompanying resources must pass. For each priority outcome there are specific delivery outcomes. These are referenced to performance measures in this Portfolio Plan.

Driving sustainable economic growth - delivery outcomes

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

Keeping vulnerable people safe - delivery outcomes

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

Helping people help themselves - delivery outcomes

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



Making best use of resources now and for the future - delivery outcomes

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

Driving Sustainable Economic Growth

2.1 The COVID-19 pandemic has had a significant effect on the East Sussex economy and labour market. In East Sussex as at end of September 2021 there were 145,600 people claiming universal credit or JSA because they were unemployed (up 59% from March 2020). As at end of September 2021 6% of the working age population were being supported through the Coronavirus crisis, the Coronavirus Job Retention Scheme (CJRS, or Furlough scheme) and the Self-Employment Income Support Scheme (SEISS).

2.2 The sectors that were most severely affected by the Coronavirus pandemic are very significant in the East Sussex economy: Wholesale, retail and motors, Accommodation and Food service, and Arts, Entertainment and Recreation. These sectors have seen significantly better performance since restrictions have been lifted but are now seeing the effects of labour shortages due to the combined effects of the pandemic and Brexit.

2.3 ASCH is a major contributor to the East Sussex economy – In East Sussex there were an estimated 19,000 jobs in adult social care split between local authorities (8%), independent sector providers (85%) and jobs for direct payment recipients (6%) in 2020/21. Adult social care has an experienced 'core' of workers. Workers in East Sussex had on average 8.8 years of experience in the sector and 79% of the workforce had been working in the sector for at least three years.

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

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

2.6 A key partner in East Sussex is the voluntary, community and social enterprise (VCSE) sector. The VCSE sector generates economic, social and environmental benefits to communities across the county. For every eight businesses that employ staff in East Sussex, there is at least one VCSE organisation. The vast majority of these VCSE organisations are small; they employ at least 6,000 people across the county; and their volunteers contribute a total of 9.6 million hours each year – equivalent to almost 6,000 full-time workers. The GVA (gross value added) of East Sussex VCSE organisations is at least £76m and the value of volunteering to the local economy is estimated at £110m.

2.7 The VCSE organisations are often the first to respond to the needs of communities. Organisations provide specialist support that is often not available from other providers. They take a person-centred approach, supporting people to access the different systems they need in order to be able to live an independent life. They are also providing safe, accessible, and inclusive spaces for individuals, groups and the wider community, that support inclusion and belonging.

2.8 The impact of Covid-19 on the sector was dramatic, leading to great uncertainty, but also adaptation and innovation. Although collaboration was already strong prior to Covid-19, existing partnerships have been strengthened and new ones have emerged. There is a desire amongst East Sussex stakeholders to continue the creativity and imagination that has characterised voluntary and public sector collaborations during this time. However, there is need to understand and properly resource the work of the VCSE sector, proportionate to the economic, social and environmental value of the work it is carrying out, that has never been more important.

2.9 During the last year the Council has invested over £1m in the VCSE sector using one-off Government COVID related grants, from the likes of DWP, DEFRA, and MLCHG. Investment has been based on guidance from Government, local knowledge of need across population and communities identified by the public and VCSE sectors.

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2.10 ESCC contributed over £300k to Sussex Crisis Fund (Phase 2 and 3) providing small grants to VCSE organisations affected by Covid restrictions.

2.11 A further £100k was allocated to Sussex Community Foundation (SCF) to manage a small grants programme for VCSE organisations working with food bank users, to help address the root causes of their food poverty and to organisations that can provide routes out of food bank usage.

2.12 ESCC made £270k worth of grants directly to the 15 Food Banks in East Sussex allocated according to identified need, as well as £75k to support the development of local and emerging Food Partnerships to enable them to focus on building food security and sustainability across the county in the longer term.

2.13 ESCC made grants totalling £550k to VCSE organisations to put in place additional measures for providing financial and benefits advice to people on the Shielded Person List (SPL), and for people that have been affected by Government Guidance in relation to the Covid pandemic.

2.14 ESCC through the DWP Household Support Fund allocated a further £950k to VCSE organisations to support households with children, and other households genuinely in need of support this winter.

2.15 For all one-off grant programmes ESCC worked at pace with partners from across the VCSE and public sectors to design and deliver programmes that would bring immediate help to people, communities, and organisations.

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

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

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

Keeping vulnerable people safe

2.19 Our top priority currently is to limit transmission of COVID-19 which has a particularly devastating effect on the elderly. This has meant that we have had to change the way in which we communicate with people, moving to telephone and online communication in place of face-to-face conversations where this is appropriate. The ASCH Programme has developed new ways to conduct assessments safely and to ensure that safeguarding vulnerable adults remains a priority within everything we do. Where we need to visit or meet with clients or their families, staff use the necessary personal protective equipment (PPE) to reduce the risk of transmission.

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

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across both services have been incredibly flexible and understanding to be able to implement these temporary changes.

2.21 A key area of focus for the ASCH Programme is maintaining good social work practice throughout the pandemic. We will continue to audit case files to identify any areas of concern. The impact of the pandemic on our workforce has meant working from home for most people, not always in ideal situations, particularly in regard to sensitive conversations with clients and their representatives. We will continue to monitor the longer-term impacts of these changes on the quality of outcomes for our clients and their families.

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

- Adults, carers and the local community assisting to shape the work of the SAB and safeguarding responses.
- Ensuring the SAB provides strategic leadership to embed the principles of safeguarding across agencies and contribute to the prevention of abuse and neglect.
- Establishing robust feedback mechanisms on safeguarding policies and procedures.
- Making safeguarding personal (making sure adults are involved and consulted in the process of helping them to stay safe and agreeing goals to achieve) – ensuring these principles are central to safeguarding practice across all agencies.
- Ensuring learning from reviews is effectively embedded into practice to facilitate organisational change across agencies.
- Ensuring the workforce is equipped to support adults appropriately where abuse and neglect are suspected. This will include emerging themes of ensuring a trauma-informed approach to working with adults with multiple complex needs, including situations in relation to coercive control and domestic abuse, modern slavery, cuckooing, and safeguarding rough sleepers.

2.23 The East Sussex Safer Communities Partnership's ambition is to make East Sussex a safer place to live for everyone. We are committed to working collaboratively across the statutory and voluntary sectors to reduce and prevent crime and anti-social behaviour, support the victims of crime, protect our most vulnerable residents, and create more inclusive and resilient neighbourhoods and communities. We will achieve this by raising awareness, through coproduction and collaboration, and by driving wider policy change.

2.24 Championing integrated initiatives across systems and organisational boundaries, the Partnership is focused on keeping communities safe, identifying those at risk of harm, and protecting vulnerable people. These reflect and complement the individual priorities of the five district and borough Community Safety Partnerships, the County Council, Police, Probation, Fire and Rescue Services, and the Police and Crime Commissioner's Office, alongside those of our local Safeguarding Boards:

- In identifying those at risk of harm, workstreams range from preventing people from being drawn into violent extremism to reducing the harms associated with drug and alcohol misuse.
- In protecting vulnerable people, workstreams range from improving online safety to disrupting modern slavery and protecting people from domestic and sexual violence and abuse.
- In keeping communities safe, workstreams range from improving road safety to reducing public place serious violence.

2.25 The Partnership recognises that some people experience intersectional disadvantage and that this may have been compounded by their experience of the pandemic. Our approach is underpinned by a commitment to respond to people across the entirety of their experience and by the promotion of diversity and equality of access to service provision. Of equal importance is the proportionate targeting of resource to have the most impact, recognising for example, that males account for most of both perpetrators and victims of serious violent crime, and that females are most at risk of domestic and sexual violence and abuse.

2.26 There are various interdependencies between the Partnership's workstreams, with actions in one area affecting the

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outcomes in another. Our approach to tackling serious violence will therefore take account of the need to reduce drug and alcohol-related harm; our work on reducing re-offending will consider the impact of homelessness and worklessness on recidivism; and our actions to tackle public place anti-social behaviour will read across to our commitment to eliminating harassment and Violence Against Women and Girls (VAWG). Running through all our workstreams is a focus on online safety and an attention to individuals who have experienced severe disadvantage (those with multiple, complex needs).

2.27 The Partnership includes representation from specialists in Children's Services in recognition that communities are made up of both adults and children, and an understanding that upstream interventions that support behaviour change reduce the necessity for future crisis-driven responses. An integrated approach relies on partners taking an active role at a systems level tackling issues at scale through aligning priorities, commissioning, and external income generation; and sharing resources, data insights, intelligence, and learning. The implementation of change, however, happens at a local level - where people live, work and access services. It is at a place-based level that the contribution of our VCSE partners in enabling a safer East Sussex and as bridges to local communities is most important.

2.28 The Partnership will work together to create strong networks of support, building connections, shared values, and trust across and between communities, and empowering people in communities to have a sense of control, to support each other and to take collective action. This approach draws on community assets, encouraging participation, influence, and ownership, while continuing to safeguard more vulnerable individuals and finding ways to enable their voices to be heard.

2.29 Community safety is an outcome rather than a collection of services, and the East Sussex Safer Communities Partnership is more than just the sum of its parts. Taking a data and evidence-informed approach to strategic and business planning, the Partnership will continue to evaluate its collective impact,

developing a shared understanding of 'what works' and how best to achieve sustainability.

2.30 The Partnership works to identifying those at Risk of Harm by:

- Identifying emerging local counter-terrorism risks and coordinate activity to mitigate them through the East Sussex Prevent Board.
- Refreshing Prevent training to key agencies involved in the Channel process e.g. Single Point of Advice.
- Providing Prevent awareness training to staff in primary, secondary, special schools and Further Education.
- Providing targeted educational interventions to children and young people identified by the Channel process.
- Collaborating with the Home Office to review local Prevent delivery.
- Integrating trends identified through the Channel process into educational programmes and school delivery e.g., tackling misogyny.
- Working with local leaders in special educational needs to review and adapt educational training content to ensure the school offer meets the desired learning outcomes for students with Special Educational Needs.
- The Council's Safer Communities Team and Specialist Children's Services are working up a joint proposal to fund a Contextual Safeguarding Co-ordinator to co-ordinate the implementation of plans that are produced following place-based Contextual Safeguarding Assessments.
- Improving outcomes for the most vulnerable of East Sussex residents through a focus on:
 - Building stronger multi-agency partnerships and governance to improve local accountability for people who have experienced multiple disadvantages.
 - Improved data sharing to enhance service delivery and inform policy and commissioning.
 - Genuine co-production with service users and those with lived experience.
 - Service integration and workforce development
 - Joint commissioning approaches.

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- Establishing a network of Diversity and Inclusion Champions.
- Ensuring that services are accessible to all with a focus on hidden accessibility issues such as neurodiversity.
- Ensuring that services are available in all parts of the county – including those where transport links are poor, including through co-location.
- Ensuring that service opening hours are tailored to need.
- Underpinning all services, interventions and initiatives with meaningful opportunities for co-design.
- Encouraging people to seek help earlier especially in terms of alcohol misuse support in conjunction with Public Health through the implementation of the East Sussex Alcohol Harm Strategy.
- Removing stigma around accessing support by ‘normalising’ conversations about drugs and alcohol and raising the profile of support available.
- Making services more attractive to those who do not consider themselves to be drug users or alcohol misusers by delivering services in supermarkets and shopping centres, and by approaching local schools with a view of offering support around school opening times.
- Contributing to the development implementation of the new national commissioning standards outlined in From Harm to Hope.
- Establishing a new multi-agency Partnership Board which will meet as a sub-group of the East Sussex Safer Communities Board.
- Producing an updated needs assessment relating to drug and alcohol use in East Sussex, which will inform a local drugs strategy and action plan as well as informing future commissioning processes.

2.31 The Partnership works to protecting vulnerable people by:

- Ensuring that all East Sussex residents feel empowered to act when they witness an incident related to sexual or gender-based harassment, that victims feel they can safely make a complaint, and that perpetrators feel deterred from carrying on abusive behaviour. This will be achieved through a focus on:
 - Raising public awareness.

- Encouraging reporting to the police.
- Targeting prevention work with children and young people around respect and consent, coercion and coercive control and abuse via social media.
- Progressing the East Sussex Action Plan in relation to the Pan-Sussex Domestic Abuse and Sexual Violence Framework with a focus on the four priorities of: Prevention and Early Intervention, Service Provision, Pursuing Perpetrators, and Partnership. This will include implementation of the new Pan-Sussex Domestic Abuse Accommodation and Support Strategy and Action Plan.
- Mobilising a funded response to domestic abuse, including new commissioned services to enhance accommodation-based support including refuge for people experiencing domestic abuse who also have multiple and complex needs, and investment into a new dedicated children and young people’s service in refuge.
- Implementing the new duty for housing re: evidence of domestic abuse triggering priority need.
- Introducing and resourcing the Domestic Abuse Housing Alliance Whole Housing Approach.
- Participating in the Department for Levelling Up, Housing and Communities Respite Rooms trial programmes to fund specialist safe housing and support to victims of domestic abuse, sexual abuse, rape or sexual assault, sex workers or victims of exploitation who are rough sleeping or at risk of rough sleeping.
- Enhancing Multi-agency training and support programmes to include training in schools and colleges and alternative education settings.
- Ensuring services are accessible, particularly to those facing additional barriers when seeking support.
- Putting victim and survivor voices at the heart of development of the strategic agenda and local implementation.
- Implementing the White Ribbon Action Plan.
- Collaborating awareness raising and promotion of services through 16 Days of Activism.
- Ensuring learning from Domestic Homicide Reviews continues to be embedded in training and awareness raising and coordinated across agencies.

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- Working with upper tier Sussex authorities to shape and further enhance the effectiveness of the Pan-Sussex Modern Slavery Network.
- Working with the University of Sussex to develop a profile of Modern Slavery specifically for East Sussex which will seek to identify trends and develop a greater understanding of the local picture.

2.32 The Partnership works to keeping Communities Safe by:

- Agreeing a plan to help tackle the school exclusion of vulnerable pupils at risk of involvement in violent crime.
- Implementing a targeted contextual safeguarding place-based response to serious violence.
- Improving information sharing to better assess and manage risks of serious violence for young males aged 18-30 who are not part of Integrated Offender Management or Multi-Agency Risk Assessment Conferences frameworks.
- Developing workplace assessment frameworks for trauma-informed approaches to supporting vulnerable substance misusers who are victims of violent crime.
- Developing service provision in Eastbourne to enable equitable service provision for trauma-informed approaches to mirror services developed in Hastings under Project Adder.
- Understanding the reason for the high prevalence of victims and perpetrators in some wards through multi-agency data sharing, looking at people's histories, complexity of needs and local risk factors to reduce serious violence.
- Working to manage and reduce the high rates of serious violence associated with the street community in Hastings town centre; through a partnership approach including Seaview, Project Adder and the Rough Sleeping Initiative complemented by council wardens and police patrols.
- Delivering a Get Safe Online Business event: Working together to keep your Business safe online; a free training event aimed to increase awareness of the techniques used by criminals and the protective measures individuals and businesses can employ to protect themselves both at work and at home.

- Delivering online safety community awareness training across the Partnership.
- Attending a large-scale live event e.g., 999 Festival, to engage the public around online safety.
- Rolling out a digital cyber safety ambassador scheme delivered by volunteers.
- Utilising the GSO package to support the Council's Being Digital Strategy e.g., by offering GSO advice to residents accessing the ICT device loan scheme and ICT terminals in public libraries.
- Exploring strategic opportunities to increase East Sussex Against Scams Partnership Charter Partner membership.

Public Mental Health

2.33 We will continue to pursue a range of projects and initiatives aimed at improving the mental health and wellbeing of East Sussex residents. The findings of a one-off project will be used to develop a systems approach to loneliness which will inform next steps to address this issue in collaboration with system partners. We will also continue to support schools in their role, through leading on the Schools and Colleges Mental Health Network and developing the School Health Service mental health Tier 2 offer.

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

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

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2.36 Key work continues both to reduce the likelihood of homelessness and to support people who are homeless. Prior to COVID-19, the annual DPH report 2020 on Health and Housing included recommendations to both reduce homelessness and to support those who are insecurely housed. New roles of Housing and Wellbeing co-ordinators, for people living in temporary and emergency accommodation, are now in place to provide holistic assessments of people's health, well-being, social and finance/employment needs. Additional new roles are also in place to support those people into pre-employment and employment support (the new Employment Co-ordinators as part of the new East Sussex Employability and Skills service for People Living in Temporary Accommodation and Refuges (ESTAR) service). Other support to people who have been rough sleepers include a new Clinical Psychologist and two new mental health workers to support trauma-based care. We have also increased access to the flu and COVID vaccination. As was the case last winter, we are avoiding the use of winter night shelters (e.g. shared sleeping arrangements in local church halls etc.) and instead will provide access to self-contained units of accommodation with full access to rough sleeper initiative services.

2.37 Public Health have just extended the contract with DentAid to provide fortnightly outreach dental services to homeless people via the RSI in both Eastbourne and Hastings. The acceptance criteria are being expanded to include Project Adder clients, and the need for and feasibility of a session in Lewes District is being explored.

Reducing the gap in male life expectancy

2.38 Public Health is working with partners to deliver a programme in Hastings which is focused on creating the conditions for better health and a reduced gap in life expectancy for men living in the borough, compared with the rest of East Sussex. The programme is aimed at creating a social movement, which mobilises collaborative action between men and the services and groups that support them, in order to achieve the following long-term vision: 'Men living in the most deprived communities in

Hastings and St Leonards are living happier, healthier, and longer lives. They are at the heart of decision making about their lives and thrive in strong, supportive, and well-connected communities, where they are able to fulfil their potential.'

Warmer Homes

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

Healthy Child Programme

2.40 Public Health are lead commissioners for the Healthy Child Programme, which includes the provision of the School Health Service and the 0-19 Early Help Service (Health Visiting/ Children's Centres/Keywork). Over the next two years, we plan to continue with the implementation and evaluation of the East Sussex Healthy Schools Programme, and embedding of the Healthy Active Little Ones (HALO) programme for early years settings (which supports a broader range of health and wellbeing topics and includes an awards programme). We will also continue to support the delivery of high quality personal, social, health and economic (PSHE) education through the ongoing establishment of East Sussex PSHE Hubs, commissioned support and partnership work. Other planned work includes: the development of an East Sussex 'Best Start' strategy, the continued expansion of the infant wellbeing project across East Sussex; the development of peer-led perinatal support for parents, a partnership approach to reducing Sudden Infant Death, actions to enhance access to the East Sussex Child Home Safety Advice and Equipment Service, and insight

Adult Social Care and Health gathering/initiatives to support parenting, infant feeding and fathers and non-birthing partners.

Impacts of Covid-19

Health Protection - Impacts of Covid-19

2.41 Significant work continues to react and respond to local infection rates. This includes continued work to report and present accurate data and analysis, produce consistent and well-placed communications, ensure appropriately placed testing sites and test and trace services and to promote vaccine up take.

2.42 The work and function of Infection Control has been both broadened and refined during the pandemic response. We will continue to have a joint collaborative and co-ordinated approach to supporting East Sussex care settings including care homes, extra care housing and supported housing in managing COVID-19 outbreaks with the aim of reducing transmission, protecting the vulnerable and preventing increased demand on healthcare services. Infection control support for care homes is normally provided by CCGs. During the pandemic we have supported the training being delivered by commissioning a provider to provide bespoke service IPC COVID-19 training and we will continue to support where requested.

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

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

great deal of effort required by all those working in social care and health.

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

2.46 The Clinical Cell successfully responded to internal and external queries working with teams across the council and across Districts and Boroughs. It works in a limited capacity now but is able to be scaled up quickly to bring in specialist advice and support for a range of situations including:

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

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

2.48 A number of one-off projects have been underway, some of which are mentioned here, to complement and support existing work within the system. As the funding is one-off, proposals are

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designed to effect change which will remain after the end of the project, through building system capability, supporting groups to work together, mitigating against some of the impacts of lockdown (such as increased alcohol consumption, impacts on mental health and loneliness and social isolation) or reinforcing the positive side-effects of lockdown (such as increased physical activity, housing rough sleepers).

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

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

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

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

Vulnerable People

2.52 Support to a wider cohort of vulnerable people was provided through Community Hubs. Community Hubs are led by a partnership of District and Borough Councils, Voluntary Action (VAs)

organisations, and other local voluntary community and social enterprise (VCSE) organisations. The Community Hubs continued as the public's main point of contact for advice and help with general pandemic-related concerns until September 2021. Whilst Community Hubs activities have changed and become integrated with business as usual as social restrictions have been relaxed, there is still a range of support available through Councils and the VCSE organisations.

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

Personal Protective Equipment

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

Care sector impacts

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

Helping people help themselves

2.56 Health and Social Care Connect, the ASCH contact centre, has continued to operate fully throughout the pandemic and will continue to provide a single point for information, advice and access to community health and social care services 7 days a week, from

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8am to 8pm, with the addition of the Shielded Line support for periods of national or local lockdowns. HSCC operates from offices to allow robust telephony and IT systems to be used, ensuring that staff can respond to the high numbers of calls received on a daily basis. The ASCH Programme has further developed the systems already in use to enable these to be used as effectively from a home base as from the office, for those staff who are self-isolating or for periods when it is not possible to physically accommodate the full team in the office, to ensure there is no impact on the service provided.

2.57 Between April and September 2021, HSCC received an average of 13,231 contacts per month, this compares to an average of 11,571 per month in the same period in 2020 (an increase of 14%).

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

2.59 The integrated community health and social care services have implemented Discharge To Assess (D2A)/Home First

pathways. The pathways are designed to avoid prolonged stays in hospital for people awaiting assessment or commissioned services to enable their discharge. Where possible D2A will aim to avoid unnecessary admissions to hospital, and where an admission is necessary, it will ensure that people are discharged as soon as is safe and practical, back to their own homes or to a D2A temporary bed to have their assessment need undertaken by Adult Social Care. If a person is eligible for social care assistance then a care plan would be prepared to meet the person's long term needs and subsequently services arranged.

2.60 Frail adults across East Sussex can receive Technology Enabled Care Services (TECS), to help manage risks and maintain independence at home. TECS includes Telecare, which offers a range of sensors and detectors to meet different needs, such as wearable alert buttons, fall detectors or medication dispensers. The sensors can be monitored 24/7 by a local contact centre. Environmental sensors, such as smoke alarms or flood detectors are also linked to the centre for automatic alerts. Individuals can also benefit from scheduled live or recorded telephone calls to provide welfare checks or reminders during periods of reablement.

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

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

2.63 Occupational Therapy services have been affected by the pandemic through the requirement for staff to work from home and to temporarily suspend the clinics which were in operation for people requiring assessments and equipment. The need to ensure social distancing to reduce transmission of the virus to vulnerable adults has seen a risk assessment approach to visits, with people with lower needs being triaged to a pilot Virtual Assessment process. A new clinic has been launched to provide an assessment

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centre based on health clinic models whilst the normal OT clinics are suspended. OT assessments in the longer term will be dependent on robust systems and processes to enable these to be undertaken remotely where this is clinically appropriate. OT services are also looking to the future, by establishing an Occupational Therapy Apprenticeship Scheme with Brighton University, and extending our student placement offer to include physiotherapists and paramedics. It is anticipated that these measures will help with recruitment and retention to keep the OT service stable and functioning. We will need to be responsive to the anticipated increase in demand for OT services through our clients suffering deconditioning and lack of access to health management services during the pandemic lockdown period, and through the effects of long COVID on those who are and will suffer with the longer term post-viral effects.

2.64 One of our key objectives, which has been highlighted and prioritised by the pandemic, is to invest in systems which will enable clients to access information, advice and support using digital platforms. A virtual assistant, or 'chatbot', has been developed for the Blue Badge service which will provide much quicker answers to questions than the telephone and email service does currently. We will expand the systems we already have in place to open these to clients who wish to access their case information. Clients will be able to provide documentary evidence much more quickly and easily than at present, reducing the administrative burden on both them and on our staff.

Health Systems

2.65 Over the next three years we will continue our systematic approach to prevention, health improvement and reducing health inequalities through the services we commission and the approaches we take to meet population health needs. We will work with General Practice, PCNS and community providers to embed proportionate universalism into the mandated NHS Health Check programme, as a foundation to reducing inequalities in health outcomes and maximise the programme's impact as a systematic intervention to identify, prevent and reduce the risk of cardiovascular and other non-communicable diseases.

- We will support CVD prevention in East Sussex through a CVD prevention working group to align NHS CVD prevention initiatives with existing prevention and detection programmes, alongside a targeted approach to reduce health inequalities. We aim to improve the subsequent entry from health checks to interventions that address smoking, harmful alcohol consumption, obesity, sedentary lifestyles and the detection of conditions such as hypertension, hypercholesterolemia, nondiabetic hyperglycaemia/ diabetes and atrial fibrillation. We will also work with partners to ensure there are robust pathways from clinical services to the integrated lifestyle service.
- We will ensure good quality checks are reaching the right people through regular monitoring of coverage and performance. We will support efficiencies where appropriate to align checks with other existing programmes e.g. learning disability or BAME health checks.
- In 2022/23 We will continue to work with partners across East Sussex to implement the Healthy Weight Partnership plan (2021-2026) which has a whole system approach to nutrition and physical activity from wider determinants, e.g., increasing opportunities for active transport and the availability of healthy affordable food, through prevention activities and interventions such as individual weight management programmes. We aim to ensure strong links to our communities and to clinical services to deliver improvements in population health.
- We will continue to work with partners to build a more secure and sustainable food system for our population through the further development of local food partnerships and delivery of action plans focused on ensuring that everyone in East Sussex has physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life.
- We will work with the provider of our integrated health and wellbeing service, One You East Sussex, to embed learning from the pandemic into future service delivery. We will adopt a hybrid approach to supporting people around weight management, smoking cessation, physical activity, healthy diet and alcohol

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harm reduction, with effective high quality support available online, face-to-face and by telephone. As we move towards the recommissioning of the service in 2023, we will engage with citizens and partners to ensure the new contract continues to support those with the highest needs in our population and is aligned effectively with other health improvement programmes being delivered across the health and care system.

2.66 East Sussex now has a new Alcohol Harm Reduction Strategy (2021-2026). This is a whole systems approach to reducing alcohol harm. Alcohol harm can be physical and may involve hospital admission, social, resulting in relationship breakdown or economic, affecting income and workplace productivity; often it is all three. The strategy has been developed through a collaborative process with 25 local stakeholders. A whole system approach responds to complexity through an ongoing, dynamic, and flexible way of working, focused on tackling the causes of the causes e.g. availability, whilst ensuring that treatment and support are available to those in need. It involves stakeholders from across the system agreeing actions and deciding as a network how to work together in an integrated way to generate sustainable system change. A launch event in December 2021 will bring together senior leaders from key stakeholders to ensure multi-agency commitment to reduce alcohol related harm and collectively achieve the five ambitions by 2026.

2.67 A new East Sussex Tobacco Control Strategy will be developed collaboratively with partners across the county in 2022. The strategy will address wider determinants of tobacco dependency i.e.: smoke-free organisations including secondary care, healthy workplaces, working with housing providers to create smoke-free social housing, reducing access by disrupting supply and reducing demand for cheap illegal tobacco and through local enforcement of national underage sales legalisation. There will also be emphasis on continued access to quality behavioural support, for people who want to quit, through locally commissioned stop smoking services and community pharmacy (medication and behaviour support).

Planning

2.68 A new post of Strategic Lead for Creating Healthy Places is in place to support the county and district and borough councils to best enable the built and natural environment to improve health and well-being and reduce inequalities. This will be enacted through supporting planning policy, development management and health impact assessment. There will be a strategic framework including the Public Health priority areas for getting health into place. Ultimately a small team will support this work, based in the district and borough planning teams.

Asset based community development

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

EU SHIFT Project

2.70 We are a project partner of a European 2 Seas funded project examining Sexual Health in the those aged 45 and over (SHIFT). Initial need assessments have been completed with those aged over 45 including those who are in harder to reach groups. A web portal and virtual learning environment are being developed with our partners in Belgium, the Netherlands and England, to

Adult Social Care and Health provide information and training for the public and health and social care staff.

Sexual Health services

2.71 Specialist Genito Urinary medicine and contraceptive sexual health services will be procured this year leading to contract start in Autumn 2022. The service model has changed significantly due to accepted national changes, digital innovation and Covid-19. The new model means that appointments will be restricted to those who are, symptomatic, complex or vulnerable after being triaged online, on the phone or through the two dedicated drop in triage sessions. Those wanting general screening with or without simple symptoms being offered online STI testing. Alternatives such as remote services already are and are envisaged to further fulfil a greater access to these services for those residents.

2.72 Contraception will follow the same triage and (if needed) appointment system. Under 20s will be assessed, provided contraception and be able to attend for repeat prescriptions whilst linking them back into the primary care system to ensure their holistic care needs are met. Over 20s will be assessed, offered twelve months (pills, patches or rings) contraception, and referred to GP for repeat prescriptions. Complex cases, coil fittings, implant fittings and care of the vulnerable will all be catered for as normal through the specialist services. Support will be given to organisations who work with the most vulnerable to offer a direct service or clear signposting to specialist services. The condom distribution scheme has been moved to an online platform and will remain so, with some physical 'pick-up' providers such as pharmacies, early help team, school health and GPs.

2.73 Access to face to face contraception and STI services remains greatly reduced due to COVID-19 service delivery model restrictions, however this may not be impinging upon total access for contraception as monitoring has demonstrated no significant upturn in requirements for emergency contraception nor termination of pregnancies. Drop-in clinic sessions are often reported to be still not possible, and access was dependent on phone triage.

2.74 Online services that were boosted or started at the start of Covid-19 are well used. Emergency Hormonal Contraception (EHC) access and prescriptions have remained relatively constant following a 16% drop during 2020. The online offer of EHC also now includes the offer to commence Progesterone only Pill (PoP) contraception. Of the number of requests for EHC, 21% take up the offer of PoP is 21% indicating women who may have had no access to contraception have taken the opportunity to commence contraception. STI testing via online request was also further invested in and marketed during 2020-21 and continues to be utilised often. However actual testing numbers and STI diagnosis are significantly down comparing 2019/20. A number of elements could be creating this effect: access, staffing shortages, a changed focus of chlamydia screening only testing women aged 15-25 rather than previously men and women aged 15-25, changed behaviour resulting in individuals not testing as not been at risk, and testing not being priority for individuals. Condom provision has dropped by 65% in 2020 compared to the previous year in the absence of face to face services. More recently, online provision of condoms has been expanded to all those aged over 13 years of age. It remains unclear what issues may arise from these figures, There could include a growing reservoir of undiagnosed communicable disease as many infections do not have immediately obvious symptoms that would prompt testing. The concern is that the lack of testing is hiding a pool of infections in the residents of East Sussex.

2.75 The risks for East Sussex residents include the potential for undiagnosed communicable STIs (and onward transmission including HIV). The challenges of and fall out from COVID-19 pose significant pressures for our usual aims to promote positive sexual health.

Making best use of resources

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

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for our population, and what we will need to deliver during 2021/22 to further strengthen our ICP by 2022.

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

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

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

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

- **Continuing to implement the use of SingleView** - in community health and social care and linking other key systems in order to give a summary view for staff across more key services.

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

2.81 Our current system focus has necessarily shifted to the immediate collaborative working required to rapidly improve the flow of patients Medically Ready for Discharge (MRD) from hospital, as we move into the winter period. This includes increased use of Home First Pathway 1 (discharge to a person's own home with a package of care), an increase in same day discharges, and more effective utilisation of Discharge to Assess (D2A) and community bed provision. This work will complement the broader community programme of work set out above, which is designed to embed more sustainable system working in this area and improve longer term health and wellbeing for frail older people and those with multiple long-term conditions. We expect to see impacts being evidenced over the next three months as the new processes start to embed, and these will be further formalised in 2021/22 as part of our community TOM.

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

- Developing and delivering a system approach to supporting care homes through building on the East Sussex Care Homes Resilience Plan, clinical support offer and mutual aid support and the primary care Directed Enhanced Service developments to deliver a cohesive model of support to the care market.
- The potential to develop a strategic partnership approach to workforce with Primary Care Networks, community health providers and Adult Social Care relating to allied health professional and new practitioner roles.

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- Links with wider integrated working in our communities, including the work to develop a sustainable model for the Community Hubs that were created by the Council, district and borough councils, the VCSE, and CCG in response to COVID-19 and lock down.

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

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

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

Primary care

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

Publicly owned green space

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

Public Health as a centre for excellence

2.87 We will continue to host a Foundation Year 2 Doctor rotation and at least one Speciality Trainee in Public Health. We will continue work to enable our team to be 'research ready' and develop and strengthen links with our local universities and other academic partners including the National Institute for Health Research.

Arts and Culture

2.88 Commissioners will use the evaluation of the COVID-19 recovery project - Everyday Creativity - which enabled participants from five different population groups impacted by COVID to codesign and /or participate in creative and artistic activities with the aim of improving wellbeing and connection. To further develop an approach of working with creativity and creative practitioners to improve health and wellbeing of our population.

Impact of COVID-19 on performance measures

2.89 In 2020/21 COVID-19 impacted on the delivery of some performance measures due to the re-prioritisation of services as part of our response to the pandemic.

2.90 Capacity for rehabilitation and reablement was reduced as a result of COVID-19 due to the temporary redeployment of rehab services to support Covid positive patients in the Community. Performance for the two related performance measures showed a decrease in 2020/21 but have now improved above targets level in 2021/22:

Adult Social Care and Health

- Achieve independence for older people through rehabilitation/intermediate care
- The proportion of people who received short-term services during the year, where no further request was made for ongoing support

2.91 Additionally, NHS Hospital Discharge Covid-19 Funding was in place since March 2020 to support the timely discharge of patients from hospital to community. When a person is discharged under this scheme all care is fully funded by the NHS. As a result of this, Direct Payments were not offered as an immediate option but instead discussed with individuals as and when NHS Funding ceased and funding was picked up by Adult Social Care. This in turn has impacted on the performance indicator for Direct Payments and has continued to do so in the first half of 2021/22 as NHS Funding under Hospital Discharge continues.

Carbon Footprint

2.92 The majority of our Operational Teams have been remote working since the start of the pandemic. This in turn has meant that staff are travelling less to their normal place of work, there has been an increase in virtual assessments with clients and families, and the introduction of Microsoft Teams has also meant less travel time across the county travelling to meetings. All of this has contributed to our commitment of reducing our carbon footprint.

2.93 With more staff working from home and less staff being in offices, this has also reduced the need for lighting and heating within some buildings.

2.94 This new way of working will continue as we look for staff to return to offices through our Team Agreements and the continuation of a hybrid way of working.

Equalities

2.95 Our equality and inclusion strategy is a three-year strategy that sets out our commitment to equality and diversity, and how we will:

- tackle equality issues
- aim to eliminate discrimination

- create good relationships between communities
- ensure those from different backgrounds have similar life opportunities

2.96 The strategy has 5 priority areas:

- Priority 1: Know our communities - We want to get to know our communities better. This will enable us to understand the diverse needs of our service users and help us to target and use our resources better.
- Priority 2: Have inclusivity at the heart of service development and strengthening engagement with communities - We want to keep our residents and staff at the centre of our planning, service provision and development. This will help us to achieve better outcomes of social care provision.
- Priority 3: Create a safe, fair and inclusive work environment - We want to create a safe, fair and inclusive work environment for our staff to make sure that service provision is the best it can be.
- Priority 4: Use robust data collection from service users and use of data for equality analysis - We want to strengthen our equality monitoring and use data to improve our equality analysis and service provision.
- Priority 5: Strengthen Adult Social Care and Health staff practice and knowledge on all aspects of equality and human rights as they connect with ASCH work - Better informed staff will have the confidence to address issues of equality and diversity through strength-based practice

2.97 Annual Procurement Forward Plans were introduced during 2019/20 to enable the Council to maintain an oversight of procurement activity across a full range of Council services. The Forward Plans also enable the Procurement team to plan ahead and prioritise resource on the projects where they can add most value. Procurement Officers worked with their service stakeholders and commissioners to develop the Forward Plans for each directorate area across the Council. For 2022/23, there will be an estimated 14 projects being worked on by Procurement over £1m in

Adult Social Care and Health
value, covering the areas of this Portfolio. Attached as Appendix 1
are the details of these projects.

Performance Measures and Targets

Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Maynard	The proportion of service users discharged from the Joint Community Rehabilitation Service that do not require on-going care	<u>56%</u>	59%	<u>>55.0%</u>	<u>>55.0%</u>	<u>>55.0%</u>	Adults who have required support are able to live as independently as possible. Delivery outcome 12.
Cllr Maynard	National outcome measure: The proportion of people who use services who say that those services have made them feel safe and secure (Adult Social Care Survey)	Cannot be implemented due to COVID-19	87.1%	>83.6%	>83.6%	>83.6%	Services received by adults with long term support also have a positive impact on their safety. Delivery outcomes 8 and 9.
Cllr Maynard	National outcome measure: Proportion of working age adults and older people receiving self-directed support CP	100%	100% (4,583 clients)	100%	100%	100%	Adults are able to take control of the support they receive. Delivery outcomes 11 and 12.
Cllr Maynard	National outcome measure: Proportion of working age adults and older people receiving direct payments CP	<u>33.9%</u>	32.7%	<u>≥31.5%</u>	<u>≥31.5%</u>	<u>≥31.5%</u>	Adults who have required support are able to live as independently as possible. Delivery outcome 12.
Cllr Maynard	The proportion of clients who find it easy to find information about services (Adult Social Care Survey)	N/A	74.5%	>72.0%	>72.0%	>72.0%	Adults who need our support are able to easily find the appropriate service information. Delivery outcome 11.
Cllr Maynard	Number of carers supported through short-term crisis intervention CP	100	474	390	390	390	To support carers when they most need it to enable them to carry on in their caring role. Delivery outcome 12.
Cllr Maynard	National outcome measure: Proportion of people who use services, who reported that they had as much social contact as they would like (Adult Social Care Survey)	N/A	47.7%	<u>≥48.7%</u>	<u>≥48.7%</u>	<u>≥48.7%</u>	Adults supported by the department do not become socially isolated. Delivery outcomes 7 and 12.

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Maynard	National outcome measure: Self-reported experience of social care users quality of life (Adult Social Care Survey)	N/A	19.6	≥19.5	≥19.5	≥19.5	To monitor various aspects of quality of life and the impact service provision has. Delivery outcomes 7 and 12.
Cllr Maynard	National outcome measure: The proportion of people who use services who have control over their daily life (Adult Social Care Survey)	N/A	83.1%	≥80.7%	≥80.7%	≥80.7%	The services received by adults complement their ability to maintain control over how they live their lives. Delivery outcomes 7 and 12.
Cllr Maynard	National outcome measure: Overall satisfaction of people who use services with their care and support (Adult Social Care Survey)	N/A	66.1%	>68.0%	>68.0%	>68.0%	Adults who use adult social care services are satisfied by what they receive. Delivery outcomes 9 and 12.
Cllr Maynard	Satisfaction rates for people with mental health conditions arising from NHS mental healthcare	80.7%	80% of respondents 'positive'	80% of respondents 'positive'	80% of respondents 'positive'	80% of respondents 'positive'	Adults who use mental health services are satisfied by what they receive. Delivery outcome 12.
Cllr Maynard	Proportion of people with mental health conditions likely to recommend NHS mental healthcare	50.3%	55% 'extremely likely' to recommend	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend	50% 'extremely likely' to recommend	The services received by adults complement their ability to maintain control over how they live their lives. Delivery outcomes 7 and 12.
Cllr Maynard	Outcomes for people with mental health conditions arising from NHS mental healthcare: number of people entering treatment	7,483	10,101	7,500	7,500	7,500	To monitor the number of people who are being supported by NHS mental health services. Delivery outcome 12

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Maynard	Outcomes for people with mental health conditions arising from NHS mental healthcare: percentage of people completing treatment	44.5%	50%	50%	50%	50%	Adults who use mental health services are satisfied by what they receive. Delivery outcome 12
Cllr Maynard	Percentage of interventions for Joint Community Rehabilitation started within 5 days timescales	59%	56%	60%	60%	60%	Services are provided in a timely manner. Delivery outcomes 11, 12 and 14.
Cllr Maynard	Percentage of Health and Social Care Connect referrals triaged and progressed to required services within 24 hours CP	New measure 2022/23	N/A	95%	95%	95%	Services are provided in a timely manner. Delivery outcomes 11, 14, 15 and 16.
Cllr Maynard	Percentage of Health and Social Care Connect contacts that are appropriate and effective (i.e. lead to the provision of necessary additional services) CP	98%	98%	95%	95%	95%	Monitor the number of contacts from health professionals that aren't taken any further. Delivery outcomes 11, 14, 15 and 16.
Cllr Maynard	Number of people receiving support through housing related floating support CP	7,829	8,919	5,000	5,000	5,000	Adults can maintain their independence. Delivery outcomes 11, 12 and 13.
Cllr Maynard	National outcome measure: Achieve independence for older people through rehabilitation / intermediate care CP	89%	89.7%	>90%	>90%	>90%	Provide effective early intervention to ensure people are given the support they need as quickly as possible, this will also reduce the need for more expensive intensive interventions at a later date ensuring the most effective use of resources. Delivery outcomes 12, 16 and 17.

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Maynard	Number of providers registered with Support With Confidence CP	296	327	360 (10% increase on 2021/22 outturn)	10% increase on 2022/23 outturn	10% increase on 2023/24 outturn	Increase the options for people who need support ensuring vulnerable people are given effective reliable support to help maintain their independence. Delivery outcomes 8, 9 and 12.
Cllr Maynard	The proportion of people who received short-term services during the year, where no further request was made for ongoing support CP	88.1%	93.7%	>90.5%	>90.5%	>90.5%	Provide effective early intervention to ensure people are given the support they need as quickly as possible, this will also reduce the need for more expensive intensive interventions at a later date ensuring the most effective use of resources. Delivery outcomes 12, 16 and 17.
Cllr Maynard	Number of Newly Qualified Social Workers (NQSW) recruited per relevant team per year across all the care groups	≥1	1	≥1	≥1	≥1	Ensure there are sufficient numbers of staff to meet future service requirements, particularly where there is a local and national shortage and there are high vacancy rates and difficulty recruiting. Delivery outcomes 7, 12 and 14.

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Maynard	Percentage of respondents who strongly agree or agree that the professionals who are involved in organising and providing their care communicate well with each other and share information to make sure their support is the best it can be (Listening To You) CP	N/A	New measure 2022/23	>56%	To be set 2022/23	To be set 2023/24	Through joint and partnership working as part of the Sussex Health and Care Partnership ensure all available resources are used to deliver maximum benefits to local people and achieve value for money. Delivery outcomes 10, 15 and 16
Cllr Maynard	Number of households vulnerable to the effects of living in a cold home that have received a Warm Home Check	TBC	569	500	500	500	Protect the most vulnerable people from the harmful effects of fuel poverty and living in a cold home by providing support and interventions to help households keep warm and well. Delivery outcomes 8, 12 and 17.
Cllr Maynard	Healthy Active Little Ones (HALO) Programme: Proportion of participating early years settings who have gained the HALO Award or HALO Excellence Award (or achieved improvement in line with specified award criteria)	N/A	N/A	10%	40%	80%	Support early years settings to adopt and embed a 'whole-setting approach' to health and wellbeing – including aspects such as policy development, teaching and learning, staff professional development, engaging with parents/carers, and children's voice – contributing to improved school readiness and health & wellbeing outcomes for children and families. Delivery outcome 6.

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Maynard	East Sussex Healthy Schools Programme: Proportion of participating schools who have achieved 'Healthy Schools' status via the School Health Check (self-assessment tool).	N/A	N/A	15%	40%	80%	Support schools and colleges to adopt and embed a 'whole-school approach' to health and wellbeing – including aspects such as policy development, teaching and learning, staff professional development, engaging with parents/carers, and pupil voice – contributing to improved health and wellbeing outcomes for children and families. Delivery outcome 6.
Cllr Maynard	East Sussex alcohol strategy – progress against five ambitions agreed in strategy	New measure 2022/23	N/A	Engagement strategy developed and actioned	Collaborative implementation of East Sussex Alcohol Strategy	Continue work to achieve five ambitions	East Sussex residents have a healthier relationship with alcohol. People get the support they need when they need it to recover from alcohol dependence. Alcohol harm in Hastings has been reduced to East Sussex and England levels. Delivery outcomes 2, 7, 9, 11, 15, 16 & 17.
Cllr Maynard	Healthy Weight Partnership (HWP) Plan– progress against actions agreed by HWP in three priority areas- food, physical activity, environment:	New measure 2021/22	Local food partnerships have been established in each district and borough and have action plans in place	Place-based physical activity plans, which are co-produced with local partners, are in place in each district and borough	Demonstrate improvement or maintenance across indicators associated with healthy weight and physical activity	Demonstrate improvement or maintenance across indicators associated with healthy weight and physical activity	Work collaboratively with partners, using a whole system approach, to tackle unhealthy weight (both overweight and underweight) and physical inactivity, with a focus on system-wide prevention and early intervention. Delivery outcomes 12 and 13.

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Maynard	Number of new service user interventions started through One You East Sussex as part of the Integrated Lifestyle Service CP	4,673	5,204	5,000	Recommissioning Service	To be confirmed following recommissioning in 23/24	Support people (particularly those with multiple lifestyle risk factors such as smoking, excessive alcohol consumption, poor diet and low physical activity) to make changes to improve health outcomes and reduce their risk of developing conditions such as diabetes, cancer and heart disease. Delivery outcomes 12 and 13.
Cllr Maynard	Improving targeting of NHS Health Checks CP	N/A	70% (37/51)	35% uptake rate by eligible patients from IMD1 (pandemic baseline 18%)	50% uptake rate by eligible patients from IMD1	Increase proportion of eligible people referred into lifestyles services as a result of NHS health check	People understand their future risk of developing vascular disease and make changes to their lifestyle, or receive additional clinical advice and support to reduce their risk. Delivery outcomes 12 and 13.
Cllr Maynard	Cumulative number of businesses that have signed up to receive information, advice and support to improve employee health and wellbeing	New measure 2022/23	N/A	300	450	550	Employers are supported to improve the health and wellbeing of their employees, by receiving information and resources to enable them to implement health and wellbeing interventions. Delivery outcomes 2 & 3.

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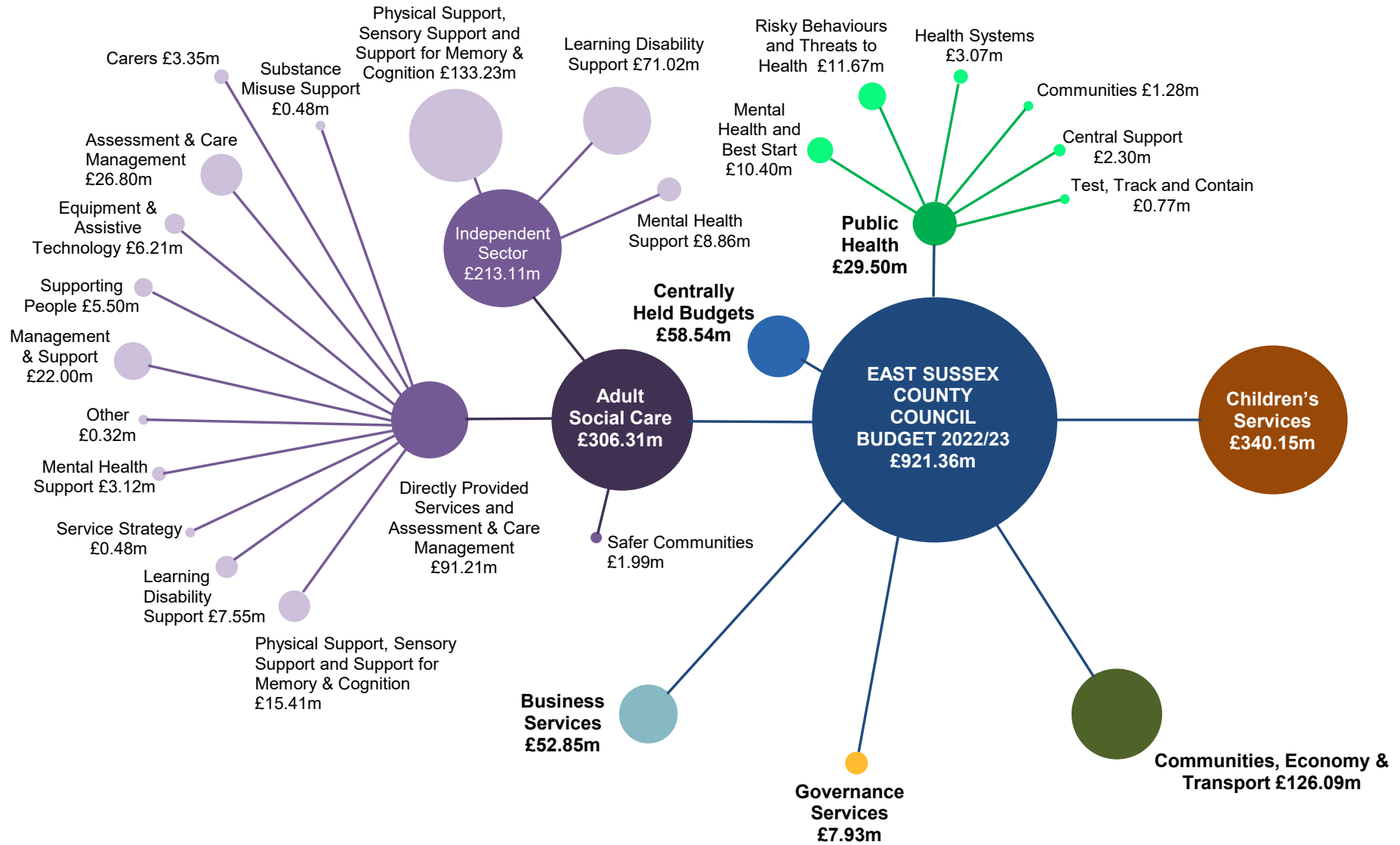
Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Maynard	Number of East Sussex Wellbeing at Work awards that have been received by businesses	New measure 2022/23	N/A	25	40	40	Employers are supported and incentivised to improve the health and wellbeing of their employees, by implementing best practice in areas such as mental health, physical activity & active travel, healthy eating, musculoskeletal health and health & safety, Sickness absence, substance misuse, leadership, management & workplace culture Delivery outcomes 2 & 3.
Cllr Maynard	Through the Drug and Alcohol Funding streams commission services that sustain the development of the recovery community in East Sussex CP	Commission services	Services commissioned	Commission services	Commission services	Commission services	The rates of people entering recovery from drug and alcohol misuse are maximised and the stigma associated with misuse is reduced. Delivery outcomes 7, 12 and 13.
Cllr Maynard	The % of people affected by domestic violence and abuse who have improved safety/support measures in place upon leaving the service CP	N/A	90%	80%	80%	80%	To enable vulnerable people who have been affected by domestic violence to feel more in control of their life, and better able to make decisions to increase their safety. Delivery outcomes 7, 8, 9, 11 and 12.

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Maynard	When they leave the service the % of those affected by rape, sexual violence and abuse who have improved coping strategies CP	94%	89%	88%	88%	88%	Protect vulnerable people who have been the affected by rape, sexual violence and abuse, and provide them with skills which enable them to be more in control of their lives and more optimistic about the future. Delivery outcomes 7, 8, 9, 11, 12.
Cllr Maynard	The number of community safety training and awareness raising sessions delivered to organisations within the county, including schools, staff, partners and the wider community	110	251	100	100	100	Provide early effective training and awareness to organisations within East Sussex, including schools, staff, partners and the wider community around community safety Delivery outcomes 7, 8, 9, 11, 12 and 13.

CP = Council Plan

Gross Revenue Budget



Totals may differ from sum of components due to rounding

Revenue Budget

Revenue Budget £000

Adult Social Care	Gross 2020/21	Income + Net Recharges 2020/21	Net 2020/21	Gross 2021/22	Income + Net Recharges 2021/22	Net 2021/22	Gross 2022/23	Income + Net Recharges 2022/23	Net 2022/23
Physical Support, Sensory Support and Support for Memory & Cognition	120,380	(43,514)	76,866	126,399	(44,828)	81,571	133,231	(45,393)	87,838
Learning Disability Support	63,737	(4,878)	58,859	71,071	(8,131)	62,940	71,023	(8,131)	62,892
Mental Health Support	7,822	(1,805)	6,017	8,855	(2,305)	6,550	8,855	(2,305)	6,550
Subtotal Independent Sector	191,939	(50,197)	141,742	206,325	(55,264)	151,061	213,109	(55,829)	157,280
Physical Support, Sensory Support and Support for Memory & Cognition	14,927	(4,470)	10,457	14,987	(4,677)	10,310	15,408	(4,710)	10,698
Learning Disability Support	7,163	(236)	6,927	7,507	(569)	6,938	7,545	(534)	7,011
Mental Health Support	3,008	(2,985)	23	3,121	(3,098)	23	3,121	(3,098)	23
Substance Misuse Support	591	(115)	476	476	-	476	476	-	476
Equipment & Assistive Technology	5,599	(3,101)	2,498	6,205	(3,707)	2,498	6,205	(3,707)	2,498
Other	332	-	332	323	-	323	322	-	322
Supporting People	6,830	(310)	6,520	6,434	(310)	6,124	5,504	(310)	5,194
Assessment & Care Management	26,528	(3,558)	22,970	27,128	(2,465)	24,663	26,804	(2,288)	24,516
Carers	3,188	(2,494)	694	3,328	(2,635)	693	3,347	(2,653)	694
Management & Support	20,686	(29,434)	(8,748)	17,818	(29,039)	(11,221)	22,004	(31,312)	(9,308)
Service Strategy	290	-	290	479	(198)	281	478	(198)	280
Subtotal Directly Provided Services and Assessment and Care Management	89,142	(46,703)	42,439	87,806	(46,698)	41,108	91,214	(48,810)	42,404
Total Adult Social Care	281,081	(96,900)	184,181	294,131	(101,962)	192,169	304,323	(104,639)	199,684
Safer Communities	484	(25)	459	1,368	(909)	459	1,988	(909)	1,079
Total Adult Social Care incl Safer Communities	281,565	(96,925)	184,640	295,499	(102,871)	192,628	306,311	(105,548)	200,763

Adult Social Care and Health

Public Health:	Gross 2020/21	Income + Net Recharges 2020/21	Net 2020/21	Gross 2021/22	Income + Net Recharges 2021/22	Net 2021/22	Gross 2022/23	Income + Net Recharges 2022/23	Net 2022/23
Mental Health & Best Start	10,428	-	10,428	10,705	-	10,705	10,399	399	10,798
Risky Behaviours and Threats to Health	11,318	50	11,368	10,500	50	10,550	11,673	(1,300)	10,373
Health Systems	3,083	(17)	3,066	2,766	-	2,766	3,072	-	3,072
Communities	643	-	643	1,278	-	1,278	1,278	-	1,278
Central Support	3,846	(1,649)	2,197	3,103	(328)	2,775	2,304	249	2,553
Test, Track and Contain	-	-	-	1,868	(1,868)	-	773	(773)	-
Public Health Grant	-	(27,702)	(27,702)	-	(28,074)	(28,074)	-	(28,074)	(28,074)
Total Public Health	29,318	(29,318)	0	30,220	(30,220)	0	29,499	(29,499)	0

Capital Programme

Capital Programme, Gross £000

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

**Rolling programme: no total scheme value.

Appendix 1: Annual Procurement Forward Plans

Details of all projected ASC procurements over £1m during 2022/23 are provided below.

Service	Contract Description	Start date for procurement work to begin (estimated)	Start date of new contract(s) or extension (estimated)
Housing & Support Solutions	Block Nursing Beds Dynamic Purchasing System	01/07/2019	01/06/2022
Housing & Support Solutions	Residential & Nursing Dynamic Purchasing System	01/07/2019	01/06/2022
Housing & Support Solutions	Care & Support at Extra Care Housing Schemes	01/04/2020	01/02/2023
Joint Commissioning	Integrated Community Equipment Service	01/08/2021	01/04/2023
Housing & Support Solutions	Telecare	01/08/2021	01/04/2023
Public Health	Web based HIV & STI sampling and diagnostics	01/02/2022	TBC
Strategy, Commissioning & Supply Management	Working Aged Adult Nursing & Residential Approved List	01/06/2022	01/10/2023
Health Improvement	Integrated Lifestyle Services	01/08/2022	07/08/2023
ASC / CSD	Shared Care Information Systems (SCIS) (extension)	01/04/2022	04/12/2022
ASC / CSD	Shared Care Information Systems (SCIS)	01/04/2022	04/12/2024
Public Health	Drug & Alcohol Recovery Services	01/11/2022	01/04/2024
Public Health	Specialist Sexual Health Services	01/05/2022	TBC
ASC	Daycare and Outreach Services	03/01/2023	01/09/2023
Payments	Direct Payment Client Support Services	01/07/2023	01/04/2024

Children's Services

Portfolio Plan 2022/23– 2024/25

July 2022

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Cabinet Portfolio Lead Members

Councillor Bob Bowdler

Lead Member for Children and Families



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

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

Councillor Bob Standley

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



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

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

Portfolios Overview

1.1 Children's Services contributes significantly to the Council's four key priority outcomes and also plays a key role in the development of strong partnerships across all agencies whose work affects children in East Sussex, with the aim of improving the lives and life chances of children, young people and their families. This plan describes our aims for Children's Services for the next few years. We will continue working as one council, with our partners, to make sure we use the resources we have wisely.

1.2 Our planning processes for 2022/23 and beyond have taken into consideration the impact of the pandemic. The long term impact is unclear at this stage, but the following areas are likely to increase short to medium term pressure:

- the post pandemic high demand for early help and social care support
- the impact on children of long periods out of school
- the widely recognised impact of the pandemic on mental health
- the ending of the temporary uplift to Universal Credit

1.3 All parts of the Department, have a part to play in our response to these pressures.

1.4 In our initial response to the pandemic we made swift and careful changes to the way we work to maintain contact with children. Some of these changes will be retained and developed. Equally workers have resumed face-to-face contact with families to focus on building relationships and understanding what is happening for children on a day-to-day basis.

1.5 Our digital developments will look to develop the way we communicate with children, young people and families. We will develop easier methods for people to access our services and update their information. This will improve outcomes, maximise efficiency and enable us to contribute to the Council's Climate Change agenda through reduced travel. On climate change we will

continue to work with young people and through education settings to support the County Council to achieve net zero by 2050.

1.6 As a local authority we have legal obligations to provide services to our residents. These are set out in law and describe what we must do, at a minimum, to meet these obligations. Nationally the children's system is under increasing pressure with a particular and significant increase in children presenting with emotional wellbeing and mental health difficulties, linked to the impact of the pandemic.

1.7 In line with the Council's Core Offer, which will be funded according to the priority outcomes, we aim to provide the best service offer we are likely to be able to afford. One of our overriding principles is to work, with partners, with the right children and families, in the right way, for the right amount of time to bring about change. This will allow us to fulfil our duties, offer support to those most in need, preserve some level of early help and prevention where it helps manage demand, and assist with the economic development of the county.

1.8 We will look at where we can influence high costs through different practices and service offers and where appropriate and possible, shift resources to where they will have the most impact in terms of both managing demand and ensuring the best outcomes for children and young people and their families.

1.9 Working to mitigate the impacts of the pandemic we will help to create a stable environment in which children can thrive and help families to develop resilience. Individual and community responsibility is fundamental in helping us manage demand over the coming years, supported by good public health services (particularly for young children).

1.10 A strong and integrated 0-19 Early Help service is an important component to effective work with families, using a whole family approach to support we will continue to create a more sustainable system and to improve outcomes for children, young people and families.

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1.11 During the pandemic we saw a rise in the number of children on child protection (CP) plans. Since the start of school term in September 2021 we have also seen a steady rise in the number of children and families needing additional support with increased demand on both the Early Help and Social Care. The number of children in our care has risen slightly because of a combination of factors including more older teenagers coming to the attention of safeguarding partners because of criminal exploitation and participation in the National Transfer system for Unaccompanied Asylum-Seeking Children.

1.12 The [national independent review of social care](#), described by the Chief Social Worker for England as a "once in a generation" opportunity for reform, has published its final report and recommendations. We support the view of the review team that a central aim of our work should be for all children to grow up supported by an enduring network of loving relationships. We are keen to play our part at local level in creating the system of support recommended by the review; the Government will also be publishing a statement of national policy in the autumn, in response and we will need to be ready to respond to new requirements.

1.13 We recognise that strong multi-agency/multi-disciplinary support is needed for families to avoid the need for children to come into the care of the council. We will continue to do all we can to keep families together and will also focus this year on more consistent support for the reunification for more children.

1.14 The Standards and Learning Effectiveness Service (SLES) has refreshed the Excellence for All strategy. It outlines our ambitions for 2021 to 2023 and draws on the innovation and creativity of the work that was done during lockdown on remote learning, participation, and inclusion. Our partnership infrastructure remains the key local mechanism for delivering the shared ambitions set out in this strategy. We will continue to work collaboratively to build capacity for improvement, drive innovation and ensure the very best education for all children and young people across our settings. In doing this we will look to take opportunities created through

national policy, such as the designation of East Sussex as an Education Investment Area.

1.15 School improvement in East Sussex is delivered in partnership with schools. The Primary and Secondary Boards are at the heart of the school-led system, shaping trusted professional practices between schools, academies, and the local authority. Both Boards have played an important role through the last year in supporting schools through the COVID-19 pandemic and then beyond. The boards have set priorities for the current academic year which include a focus on:

- Securing high quality classroom teaching and learning
- Closing 'achievement gaps' where they exist and ensuring the most disadvantaged pupils achieve consistently high outcomes
- Promoting a dynamic curriculum through an emphasis on consistently strong subject leadership
- Prioritising mental health and wellbeing support for Headteachers
- Committing to maximising attendance and minimising exclusions
- Improving language and communication across all phases
- Ensuring effective transition between phases

1.16 We will work with settings, schools, academies and colleges to assist them to discharge their responsibilities for the inclusion of all learners. This will include those who are disadvantaged and/or have Special Educational Needs and/or Disabilities (SEND); promoting good mental health, emotional wellbeing and resilience; and removing barriers to accessing education close to their local communities. We will extend our work with all educational settings to develop their understanding of children's behaviour and continue to roll out training in the Therapeutic Thinking approach to improve the happiness and wellbeing of children and reduce distress which leads to behaviour that is difficult and dangerous.

1.17 We maintain our focus on supporting schools to secure good attendance by children and young people and reduce significantly the level of suspensions and exclusions.

1.18 During the pandemic we saw an increase in the demand for support for children who experienced poor mental health and

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emotional wellbeing. We will continue to target work around these children and families, and support schools to develop their universal offer so that children can access timely interventions.

1.19 Working in partnership with health colleagues we will work to deliver the priorities for children and young people, in the East Sussex Plan for local health and social care integrated working. Our five key priority areas are:

- Best Start in Life
- children and young people's mental health and emotional wellbeing
- safeguarding
- looked after children
- disability pathways

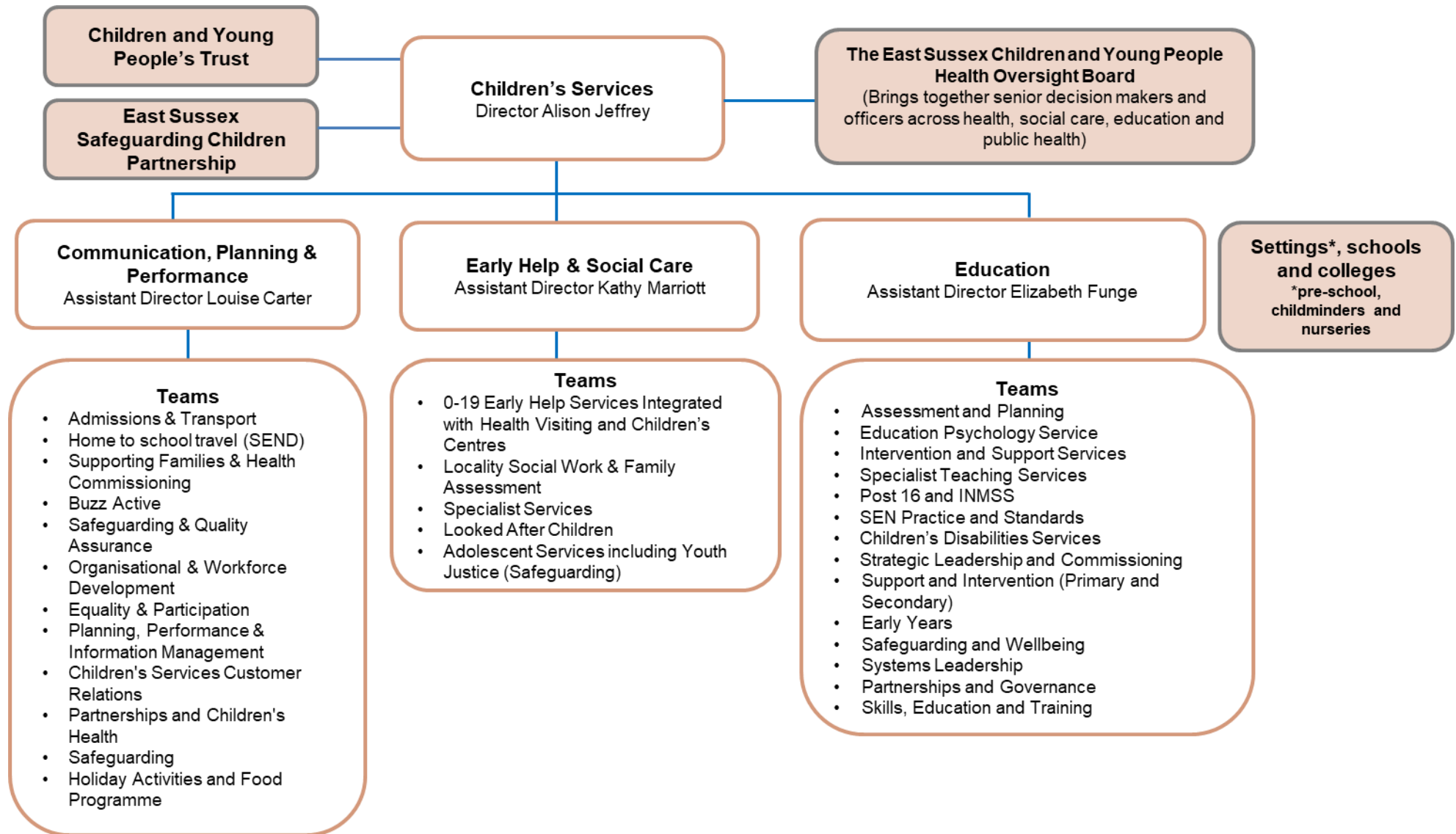
1.20 Through the partnership network of organisations which constitute the Children and Young People's Trust, we aim to work across health, social care, education, and criminal justice. We will work with partners in the statutory and voluntary sector to progress our priorities. We will continue to work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

- involving young people in developing preventative services and promoting youth voice
- enhancing support for parents and carers through positive co-production
- partnership working with schools and colleges to improve outcomes

1.21 Drawing on the results of the 2020 staff consultation, we are building on co-design approaches and staff forums to support our programme of staff wellbeing through organisational values of psychological safety, relational practice and kindness. This includes our race equality pilot programme supported by equality and diversity practice leads and refreshing the health and wellbeing strategy.

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

Structure Chart



Delivering Priority Outcomes

The Priority Outcomes

The Council has four overarching priority outcomes: driving sustainable economic growth; keeping vulnerable people safe; helping people help themselves; and making best use of resources now and for the future. Making best use of resources now and for the future is the gateway priority through which any activity and accompanying resources must pass. For each priority outcome there are specific delivery outcomes. These are referenced to performance measures in this Portfolio Plan.

Driving sustainable economic growth - delivery outcomes

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

Keeping vulnerable people safe - delivery outcomes

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

Helping people help themselves - delivery outcomes

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



Making best use of resources now and for the future - delivery outcomes

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

Driving sustainable economic growth

2.1 We will contribute to driving sustainable economic growth by working collaboratively with partners to fulfil our shared strategic ambitions. We will:

- support every setting and partnership to strengthen leadership at all levels, enabling leaders who promote excellence and ensure all children and young people make good levels of progress
- improve literacy and oracy, across all phases, which will have a particular impact on outcomes for disadvantaged students
- take the innovations in approaches to learning and participation, developed during the pandemic, into our post lockdown working to support the inclusion and wellbeing of children and young people and improve skills and qualifications

2.2 In addition, our public health and targeted early help services will help parents to care for their children in ways which effectively promote their development and well-being, so that they can make the most of their opportunities in early years education, school and college.

School Improvement

2.3 The Primary and Secondary Boards are underpinned by Education Improvement Partnerships and Area Groups respectively. These locality groups are led by serving Headteachers and supported by the local authority and our external advisers. Alongside the Boards, the East Sussex Learning Collaborative Network is another critical strand of the school-led improvement system. This network of schools works collaboratively to provide a professional training and support resource to local schools. Members share a commitment to an excellent self-improving school system and to building on the successes of the East Sussex Teaching School Network. The network provides a blended offer of provision for all East Sussex schools that maximises the resources and expertise of local, regional, and national providers to improve co-ordination and avoid duplication of provision in the region.

2.4 Education is a protective factor against many of the risks to good mental health and wellbeing that face children and young people across East Sussex. A key area of our school improvement strategy involves opportunities for schools and settings to develop school communities which promote and foreground good mental health and wellbeing. The Mental Health Support Teams (MHSTs) will continue to be integrated into the existing education and clinical landscapes to support this.

School planning and access

2.5 We will plan and deliver educational provision across the county to meet local need. We will:

- ensure there are sufficient early years and school places where they are needed, including provision for pupils with SEN
- co-ordinate and administer the admission process
- provide home to school transport where we have a statutory duty to do so

Participation in Education, Training and Employment with Training

2.6 We will work with our partners to promote and secure participation and engagement in post 16 education, training, and employment, through:

- good quality careers guidance
- digital tools and resources on career pathways
- targeted support for vulnerable groups including those with SEN
- skills development opportunities which reflect the evolving sector skills priorities of East Sussex

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

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to help ensure all young people have the opportunity to progress into the world of work.

2.8 As the country works towards net zero, and as automation and new ways of working emerge, we will see a shift in skills requirement for all roles. We will need to constantly adapt our learning provision and identify how we can ensure that skills are updated in relation to change. This will address this through:

- research to identify future skills and employment needs and changes
- Skills Development Fund awarded to colleges for new developments
- creating new and adapted training centres
- modular learning opportunities from L3+
- careers campaigns about new roles and emerging technologies and skills requirements for existing roles (e.g., retrofitting, energy, electric vehicles etc)
- exploration of wider net zero education and organisation cultural change (climate awareness training) for those in leadership roles in any sector

Corporate parents

2.9 As good corporate parents we have high aspirations for the children in our care and for young people as they leave care. We set appropriately challenging targets, supporting them to achieve healthy lifestyles, succeed in education and to find work. We use a personal education plan for each child and a pathway plan for each young person to support them via their school, social worker, foster or residential carers and via the Virtual School. This ensures that they can make progress in line with their peers and achieve better in school than children in care nationally, so that they can become successful adults. We have extended support for our care leavers who become parents including the establishment of Care Leavers Council/parents group/peer mentoring for older care leaver parents to mentor new parents.

Attendance and Exclusion

2.10 Across East Sussex, our children and young people have lower rates of attendance and higher exclusion than their peers nationally. Standards and Learning Effectiveness Service (SLES), and Inclusion, Special Educational Needs and Disability (ISEND) teams will continue to work closely together with schools through the Behaviour and Attendance Partnerships, Education Improvement Partnerships (EIPs) and the Primary and Secondary School Improvement Boards to support them to identify ways in which they can develop best practice and secure improvement.

2.11 There will be a continued focus on working with schools to improve the engagement of some families so that they ensure their children are in school, and on improving the quality of teaching and provision of support to ensure that pupils engage in learning and stay in school.

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

2.13 It is essential that educators understand that all behaviour has a cause and a purpose and staff must actively identify what the behaviour is communicating and support that underlying need through reasonable adjustments to the curriculum, environment, provision and behaviour policies. Development work through ISEND/SLES strategic change is focussed on this central premise.

2.14 Our new 'Therapeutic Thinking' programme for schools develops understanding and confidence in this area; building capacity in our schools to meet needs, increase learner engagement and reduce exclusion. This approach uses protective and educational consequences not sanctions; seeking to use consequences to safeguard learners and developing safer ways for learners to communicate their needs. This leads to improved mental health and emotional wellbeing, which improves outcomes for all learners in the setting.

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2.15 We will also further develop our work with schools through specific projects aimed at reducing exclusions and promoting shared ownership for all children and young people. This will include the development of a strategic framework that aims at creating a whole-systems approach to reducing exclusions and improving provision for children at risk of exclusion in the county.

Keeping vulnerable people safe

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

Early Help

2.17 Early identification is crucial to effective safeguarding. Effective delivery of the Healthy Child programmes, including universal development reviews for all children age 0-5, supports early identification of families with additional needs. We will deliver this via an integrated service with health visitors as part of the 0-19 Early Help service where it helps us manage the demand for higher cost services.

2.18 Following an independent review of young people's emotional health and wellbeing services across Sussex commissioned by leaders in the local NHS Clinical Commissioning Groups, the NHS mental health provider Trust and East Sussex County Council, West Sussex County Council and Brighton and Hove City Council in 2020; the East Sussex Children and Young People's Mental Health and Emotional Wellbeing (MHEW) Group has been set up to drive and oversee the East Sussex place based delivery of Foundations for our Future. The group will develop an East Sussex MHEW strategy and plan which will provide the strategic direction on the commissioning of services for children and young people with MHEW (up to 25). This will include wellbeing promotion and prevention as well as support in crisis. It will align to the East Sussex place-based priorities in the East Sussex Health and Care Partnership Plan 2021/22.

Multi-agency early help and child protection system

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

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

- When it is clear that a social worker is needed one of the two Multi Agency Safeguarding Hubs (MASH) which cover the whole of East Sussex and are based in Eastbourne and Hastings will respond. The MASH co-locate police, health and social work staff so that responses are joined up, effective and prompt.
- The Child Protection Information Sharing system is now embedded and enables NHS staff, nationally, to be aware when children who are looked after or subject to Child Protection (CP) plans are seen in hospitals anywhere in England.

Children's Social Care

2.21 Children's Services use IDACI (Income Deprivation Affecting Children Index) expected rates to measure our performance against comparable authorities. IDACI ranks areas in England from the most to the least deprived, IDACI expected rates are calculated using statistical techniques. Many performance indicators in East Sussex are below IDACI which suggests that East Sussex is managing to keep activity levels below that of other similarly deprived authorities. Although the numbers of children protected via formal interagency Child Protection (CP) plans remains above IDACI. Higher rates of children on CP plans are not feeding through

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to increases in looked after children where numbers have stayed broadly stable and below IDACI.

2.22 There are pressures across the children's social care system and a rise in demand and costs as a result of external factors, for example:

- A lack of, and therefore increased costs for, placements for often very complex children who can't be cared for within the family setting. As a result, we have a new children's home that will open in spring 2022 and we have extended block contracts for supported accommodation for older young people in our care to provide more choice.
- Working with the West Sussex County Council, Brighton and Hove City Council and Surrey County Council, the Regional Adoption Agency, Adoption South East was launched in 2020. The agency's first annual report was very positive despite the inevitable impacts of Covid.
- The Council has committed to taking the equivalent of 0.07% of the total child population over three years as Unaccompanied Asylum Seeking Children (UASC) and to participate actively in the National Transfer Scheme which will mean the Council caring for about 72 UASC 16-18 in total. The amount that the Council can recoup from Central Government is insufficient to cover the costs for these children and young people and this becomes particularly acute when they become care leavers to whom the Council has ongoing support responsibilities.

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

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

and costs of supporting children and young people who are on the edge of care or who are in the care system. After a delayed start caused by the pandemic, work has now begun with partners on our edge of care model. The additional flexible "edge of care" workforce capacity (including adult service workers) will help families address adult needs and parent their teenagers without the need for care, or with minimal temporary care. We were also successful in a bid to develop a Lifelong Links project which will link to an expanded Family Group conference model and will build stronger support networks around children in our care and young people that we support as care leavers.

2.25 We have been successful in a bid to join with Lancaster University and a number of other local authorities to take forward the Born into Care model that is part of a national focus on safeguarding infants.

Accommodation provision for vulnerable young people

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

Holiday activities and food programme

2.27 Children's Services took a lead in the 2021/22 development of the Department for Education (DfE) Holiday Activities and Food Programme (HAF) for East Sussex. We coordinated free holiday provision, including health food and enriching activities for children who receive benefits-related free school meals. This programme covers activity in Easter, summer and Christmas holidays. The Government has announced that the programme will be extended into 2022/23.

Helping people help themselves

2.28 A key aim of both social care and targeted early help support is to enable families to become resilient and self-sufficient so that they only need universal services in order to thrive. All our support is designed to motivate and empower families so that they can achieve this goal. Following a review, the early help aspects of this support have been increasingly targeted on family keywork, working with families with specific vulnerabilities such as parental substance misuse and/or mental ill health. We know that this both helps families and helps the Council manage demand for more expensive services. We are one of 70 authorities nationally which are expected to be allocated transformation funding to develop the Family Hubs Model in East Sussex. This model includes ensuring integrated advisory and support services are accessible to families of children of all ages, with the goal of stronger families.

2.29 Ongoing government funding has now been confirmed for the Supporting Families (previously Troubled Families) programme over the three years 2022 – 2025. We will also work with partners to promote a whole system, whole family approach for the planning and delivery of services. We will identify as many external funding streams as possible to sustain family support programmes and youth work.

2.30 The East Sussex Children & Young People's Trust (CYPT) hosted a series of partnership webinars during September 2021 to engage with partners to improve our approach to whole system, whole family working and our response to the Supporting Families [Early Help System Guide](#). We plan held an in person CYPT annual event in May 2022, the focus was on the review of the Children and Young People's Plan.

2.31 The volunteering programme will be sustained in our 0-19 Early Help Service so that individual and communities can lead activities that promote health, wellbeing and good development for children.

Inclusion, Special Educational Needs and Disability (ISEND)

2.32 ISEND has an important role to play in supporting children and young people to achieve their very best, keeping vulnerable people safe and helping people help themselves. We will help children and young people with SEND achieve their ambitions and ensure young people have a successful transition to adulthood. We will:

- carry out statutory assessments of pupils with SEN, who have significant barriers to learning
- use our best endeavours to secure the right education provision for those with the greatest need
- fulfil our statutory duties to safeguard and promote the welfare of disabled children who meet the threshold under the continuum of need
- where possible, work to build capacity in Early Years setting to ensure vulnerable young children can attend pre-school settings from two years old and can be supported to attend and succeed in mainstream school
- build on our learning from the challenges arising when ensuring continuity of education during the pandemic to ensure that schools continue to prioritise education for the most vulnerable

2.33 We will ensure that families and children are involved in the development and delivery of services, giving families more choice and control over the services they receive and providing a more personalised response.

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

2.35 Work to develop our new co-produced 2022-2024 SEND Strategy is underway. The strategy, will set our high-level direction. It will keep Children and Young People and their families, at the forefront. We are working with East Sussex Parent Carer Forum on

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every aspect of the strategy. A Steering Group (representative of the broader Strategy Governance Group) are driving the development. The strategy will also set out a joint approach to service provision and commissioning across Education, Health and Care. As part of this, we are organising a programme of engagement activities, including with schools, families, and CYP. Some of these are underway, including a co-production session we hosted last week with our new Young SEND Ambassadors. Alongside this, we will be reviewing the Strategy Governance Group. This is to ensure that our Group is as effective as possible to oversee the delivery, and governance of our new strategy. The findings of the recent Joint SEND Joint Strategic Needs Assessment (JSNA) will feed into the strategy. Published in August 2021, the JSNA helps us to better understand what works well and what to improve for our SEND community in East Sussex. The NHS Clinical Commissioning Group, East Sussex Parent Carer Forum, community voluntary sector partners and public health were all involved. The findings included several areas for improvement, the majority of which we had already begun work to address.

2.36 Our previous support for free school applicants meant that the county was successful in securing agreement for four new schools (three special schools and one alternative education provider) from the Department for Education in April 2017. The Workplace, an alternative provision free school and Ropemakers Academy, a special school for children with social, emotional and behavioural difficulties both opened in September 2020. The Flagship School, a special school for children with autism and social, emotional and mental health difficulties opened in September 2021. The Summerdown School, two special schools on the same campus for children with autism and profound and multiple learning difficulties will open in September 2022.

2.37 Following the successful opening of new specialist facilities attached to mainstream schools across the county, we are looking to develop the facilities programme further over the next year and bring more capacity to local mainstream schools. Our SEN place

planning strategy also identifies the need for an expansion of special school places in the north of the county.

2.38 One of our key priorities in the East Sussex Plan for local health and social care integrated working is to develop a single NHS Neurodevelopmental pathway for children and young people up to age 18. The Sussex Learning Disability and Autism Strategy agreed in April 2021 and the Draft East Sussex Development Plan will ensure a place based, whole system solution. The Draft East Sussex Development Plan focuses on four areas: screening and referral, pre-diagnostic support, assessment and post diagnostic support.

2.39 Four Mental Health Support Teams (MHSTs) will continue to operate across the county, and we will work to embed them into 54 targeted schools. Our goal is to deliver high quality interventions to support children and young people who are referred to the service. We will use the learning from these schools to champion the Whole School Approach to mental health and emotional wellbeing, and work with partners to develop a cohesive offer of Whole School Approach support for all schools and colleges. Throughout the year, engagement and communication plans will improve pupil and parent awareness of the MHSTs and we will develop self-referral routes for young people in secondary schools and colleges.

Making best use of resources now and for the future

2.40 We will contribute to the Council's priority outcome of making best use of our resources and using our learning from the pandemic to ensure our services are more innovative, efficient and effective, whilst safeguarding vulnerable children and helping all children to succeed. We use robust evaluation, performance data and case auditing to ensure that our work with children and young people and families is effective and that we are investing in the right interventions. This year we will also be launching a revised quality assurance framework for Early Help and Children's Social Care.

2.41 Income generation is one of the key challenges where there is economic uncertainty. We have developed a range of successful traded services, for example Buzz Active, our schools' Information

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Governance Service, ISEND and SLES services. We will maximise income generation through our traded offer with schools and review fees and charges.

2.42 Buzz Active, through its three sites in Cuckmere, Bushy Wood and Eastbourne allows children, young people and families to connect with nature. This will help to support sustainability and climate change allowing them to connect with and think about protecting the environment.

2.43 We will review our policies and procedures to ensure best use of resources. We will also deliver services and provide access to services very differently in some areas, for example by continuing to:

- shift routine advice to the public and professionals from phone services to web pages
- communicate with service users digitally where appropriate
- collaborate with colleagues using web tools to avoid unnecessary travel time
- use technology to its maximum potential in our joint working across the service

2.44 Experience during lockdown showed that digital solutions can offer families, staff and partnerships better ways of working. We want to use digital developments to improve the difference we make to children, young people and families and maximise our productivity. We'll review opportunities to:

- meet families' needs for online support, advice and information - empowering families to help themselves
- use digital to amplify the child's voice in our practice, help ensure their stories need not be repeated, help looked after children maintain key relationships and understand their journey
- offer carers and providers the online advice and support they need to achieve the best outcomes for children and young people, and get immediate answers to routine requests
- provide colleagues with the skills, systems, and tools to improve their work's effectiveness and efficiency

- make better use of data to work effectively in partnership and to target our services, so that we'll support the right families with the right service at the right time

2.45 We are mindful of the barriers to digital communication, and digital services will put children, young people and families first and support them to get online safely. Where possible, we'll join up digital developments with other departments and partners, so that digital supports whole-system working and removes duplicated activity.

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

2.47 Completion and registration of the phase 2 new build extension of Lansdowne secure children's home has been delayed due to the impact of Covid on the availability of building materials. This is also the case for the new children's home that is being developed. Lansdowne includes several credentials which will assist with lowering the carbon emissions of the site. These include:

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

2.48 The new Specialist Facility, which opened at Lewes Priory in September 2020, offering additional provision for pupils with autism

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(see paragraph 2.33) has large solar panels on the roof which will provide much of the power for lighting.

2.49 Tackling domestic violence and protect the environment / tackling plastic pollution continue to be the priorities for the Youth Cabinet to April 2022. These were the top issues voted for by young people in the East Sussex in the 2020 Make Your Mark-national ballot. The Youth Cabinet is working with Community Safety Partnership, Public Health, Children's Services and others, to inform the Domestic Abuse Strategy. They will promote school-based training on positive relationships. The Youth Cabinet worked with a number of schools across the county on the use of its youth-led schools energy audit. The audit is being used as a template for schools to use in partnership with a national organisation.

2.50 A new Youth Cabinet, elected through schools and appropriate targeted services, was formed in December 2021. The new Youth Cabinet will serve for two years. They will work on the new Make Your Mark priorities for East Sussex young people determined through a ballot in April 2022.

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

2.52 We will improve our collaborative work on the children and family's agenda with the voluntary, community and social enterprise sector (VCSE). We will do this through partnership mechanisms such as Partnership Plus, the VCSE Alliance and the Youth Infrastructure Forum. We will improve and further develop place-based relationships with smaller, more localised, VCSE organisations who are championing and delivering services for children and families.

2.53 We will progress our Equality Strategy working with our communities, council and external partners and staff, especially through the CS Equality Champions Group and the Divisional Equality Leads Groups. The priority areas for equality are to improve:

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

2.54 The race equality pilot on improving recruitment and retention of black, Asian and minority ethnic people will continue into 2022/23. It will focus on key areas including talent progression, targeted promotion of job opportunities and improving team leaders' confidence in anti-racism.

2.55 We will work more closely with partners to improve collaboration regarding inward investment. This will include developing shared priorities for accessing funding and joint bidding and exploring the development of a proactive 'pipeline' approach to taking advantage of funding opportunities as they arise.

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

2.57 Annual Procurement Forward Plans were introduced during 2019/20 to enable the Council to maintain an oversight of procurement activity across a full range of Council services. The forward plans also enable the Procurement team to plan ahead and prioritise resources on the projects where they can add most value. Procurement officers worked with their service stakeholders and commissioners to develop the forward plans for each directorate

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area across the Council. For 2022/23, there will be an estimated 10 projects being worked on by Procurement over £1m in value,

covering the areas of this Portfolio. Attached as Appendix 1 are the details of these projects.

Performance Measures and Targets

Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Standley	The percentage of eligible 2 year olds who take up a place with an eligible early years provider CP	90% National Average 69%	84% National Average 62%	Equal to or above the national average	Equal to or above the national average	Equal to or above the national average	All children engage, attain and progress well from early years into education, training and employment Delivery outcomes 4 and 6
Cllr Standley	The percentage of pupils achieving a "good level of development*" at the Early Years Foundation Stage CP <i>*A pupil achieving at least the expected level in each Early Learning Goal (ELG) within the three prime areas of learning, and at least the expected level in each ELG within the literacy and numeracy specific areas of learning</i>	Ac Year 19/20 Measure not monitored as assessments cancelled due to COVID-19	Ac Year 20/21 Measure could not be monitored as assessment results not published	Ac Year 21/22 Equal to or above the national average	Ac Year 22/23 Equal to or above the national average	Ac Year 23/24 Equal to or above the national average	All children engage, attain and progress well from early years into education, training and employment Delivery outcomes 4 and 6
Cllr Standley	Proportion of pupils in all schools who achieved at least the expected standard in each of reading, writing and maths at Key Stage 2	Ac Year 19/20 Measure not monitored as assessments cancelled due to COVID-19	Ac Year 20/21 Measure could not be monitored as assessment results not published	Ac Year 21/22 ≥ 62.7% (ESCC outturn for academic year 2018/19)	Ac Year 22/23 TBC after national data is released in 2022	Ac Year 23/24 TBC after national data is released in 2022	All children engage, attain and progress well from early years into education, training and employment Delivery outcomes 4 and 6
Cllr Standley	Average Progress 8 score for state funded schools CP <i>The average Progress 8 score shows how much progress pupils at this school made between the end of key stage 2 and the end of key stage 4, compared to pupils across England who got similar results at the end of key stage 2</i>	Ac Year 19/20 Measure not monitored as exams cancelled due to COVID-19	Ac Year 20/21 Measure could not be monitored as assessment results not published	Ac Year 21/22 ≥ -0.06 (ESCC outturn for academic year 18/19)	Ac Year 22/23 TBC after national data is released in 2022	Ac Year 23/24 TBC after national data is released in 2022	All children engage, attain and progress well from early years into education, training and employment Delivery outcomes 4 and 6

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Standley	The percentage of disadvantaged pupils achieving at least the expected standard in each of reading, writing and maths at Key Stage 2 CP	Ac Year 19/20 Measure not monitored as assessments cancelled due to Covid-19	Ac Year 20/21 Measure could not be monitored as assessment results not published	Ac Year 21/22 ≥ 45.8% (ESCC outturn for academic year 18/19)	Ac Year 22/23 TBC after national data is released in 2022	Ac Year 23/24 TBC after national data is released in 2022	The gap for disadvantaged pupils at all Key Stages is kept as small as possible so that all children attain and progress well from early years into education, training and employment Delivery outcomes 4 and 6
Cllr Standley	The average Attainment 8 score for disadvantaged pupils CP	Ac Year 19/20 Measure not monitored as exams cancelled due to Covid-19	Ac Year 20/21 Measure could not be monitored as assessment results not published	Ac Year 21/22 ≥ 33.6 (ESCC outturn for academic year 18/19)	Ac Year 22/23 TBC after national data is released in 2022	Ac Year 23/24 TBC after national data is released in 2022	The gap for disadvantaged pupils at all Key Stages is kept as small as possible so that all children attain and progress well from early years into education, training and employment Delivery outcomes 4 and 6
Cllr Standley	The percentage of young people meeting the duty of RPA (Raising the Participation Age) by either participating in education, training or employment with training or undertaking re-engagement provision at academic age 16 (Year 12) CP	94.9%	93%	93%	93%	93%	Young people participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects Delivery outcomes 4 and 6
Cllr Standley	The percentage of young people meeting the duty of RPA by either participating in education, training or employment with training or undertaking re-engagement provision at academic age 17 (Year 13) CP	89%	85%	86%	86%	86%	Young people participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects Delivery outcomes 4 and 6

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Standley	The proportion of academic age 16-17 year olds whose Education, Employment and Training (EET) situation is not known	1.2%	1.4%	No more than 3%	No more than 3%	No more than 3%	Young people participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects Delivery outcomes 4 and 6
Cllr Standley	Proportion of Primary schools judged by Ofsted to be good or outstanding	Measure not monitored as inspections are unlikely to resume before April 2021 due to Covid-19	91.9% (136/148) National Average 88.3%	At or above the national average	At or above the national average	At or above the national average	All children attend a school that is judged to be at least good by Ofsted. All children progress well from early years, through compulsory schooling, into education, training and employment Delivery outcome 6
Cllr Standley	Proportion of Secondary schools judged by Ofsted to be good or outstanding	Measure not monitored as inspections are unlikely to resume before April 2021 due to Covid-19	88.5% (23/26) National Average 78.2%	At or above the national average	At or above the national average	At or above the national average	All children attend a school that is judged to be at least good by Ofsted. All children progress well from early years, through compulsory schooling, into education, training and employment Delivery outcome 6
Cllr Standley	Proportion of Special schools judged by Ofsted to be good or outstanding	Measure not monitored as inspections are unlikely to resume before April 2021 due to Covid-19	100% (10/10) National Average 89.6%	At or above the national average	At or above the national average	At or above the national average	All children attend a school that is judged to be at least good by Ofsted. All children progress well from early years, through compulsory schooling, into education, training and employment Delivery outcome 6

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Standley	The percentage of exclusions in primary schools per school population in that year. (i) Fixed term (ii) Permanent	Ac Year 19/20 Measure not monitored due to COVID-19 and school closures	Ac Year 20/21 Measure could not be monitored as data not published	Ac Year 21/22 Outturn for monitoring only as national data unavailable	Ac Year 22/23 To be set 22/23	Ac Year 23/24 To be set 23/24	Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment Delivery outcome 6
Cllr Standley	The percentage of exclusions in secondary schools per school population in that year: (i) Fixed term (ii) Permanent	Ac Year 19/20 Measure not monitored due to COVID-19 and school closures	Ac Year 20/21 Measure could not be monitored as data not published	Ac Year 21/22 Outturn for monitoring only as national data unavailable	Ac Year 22/23 To be set 22/23	Ac Year 23/24 To be set 23/24	Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment Delivery outcome 6
Cllr Standley	The percentage of children in primary schools who are persistently absent	Ac Year 19/20 Measure not monitored due to COVID-19 and school closures	Ac Year 20/21 Measure could not be monitored as data not published	Ac Year 21/22 Outturn for monitoring only as national data unavailable	Ac Year 22/23 To be set 22/23	Ac Year 23/24 To be set 23/24	Reduced exclusions and improved attendance in primary and secondary schools. All children engage and participate well from early years into education, training and employment Delivery outcome 6
Cllr Standley	The percentage of children in secondary schools who are persistently absent	Ac Year 19/20 Measure not monitored due to COVID-19 and school closures	Ac Year 20/21 Measure could not be monitored as data not published	Ac Year 21/22 Outturn for monitoring only as national data unavailable	Ac Year 22/23 To be set 22/23	Ac Year 23/24 To be set 23/24	All children progress well from early years, through compulsory education, into education, training and employment Delivery outcomes 4 and 6

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Bowdler	Average Progress 8 score for Looked After Children (LAC) CP	Ac Year 19/20 Measure not monitored as exams cancelled due to COVID-19	Ac Year 20/21 Measure could not be monitored as assessment results not published	Ac Year 21/22 No more than 0.5 points below the national average for looked after children	Ac Year 22/23 To be set 22/23	Ac Year 23/24 To be set 23/24	Looked after Children participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects Delivery outcomes 4 and 6
Cllr Bowdler	The percentage of LAC participating in education, training or employment with training at academic age 16 (Year 12) CP	87%	78%	80%	80%	80%	Looked after Children participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects Delivery outcomes 4 and 6
Cllr Bowdler	The percentage of LAC participating in education, training or employment with training at academic age 17 (Year 13) CP	75%	82%	70%	70%	70%	Looked after Children participate in education, training or employment with training until they are at least 18 improving their long term employment and health prospects Delivery outcomes 4 and 6
Cllr Bowdler	The percentage of Care Leavers undertaking a Level 4-6 qualification	13%	9%	10%	10%	10%	Children at risk from significant harm are kept safe Delivery outcomes 7 and 15
Cllr Bowdler	Rate of children with a Child Protection Plan (per 10,000 children) CP	49.4 525 children	50.3 536 children	50.3 536 children	To be set 2022/23	To be set 2023/24	Children at risk from significant harm are kept safe Delivery outcomes 7 and 15

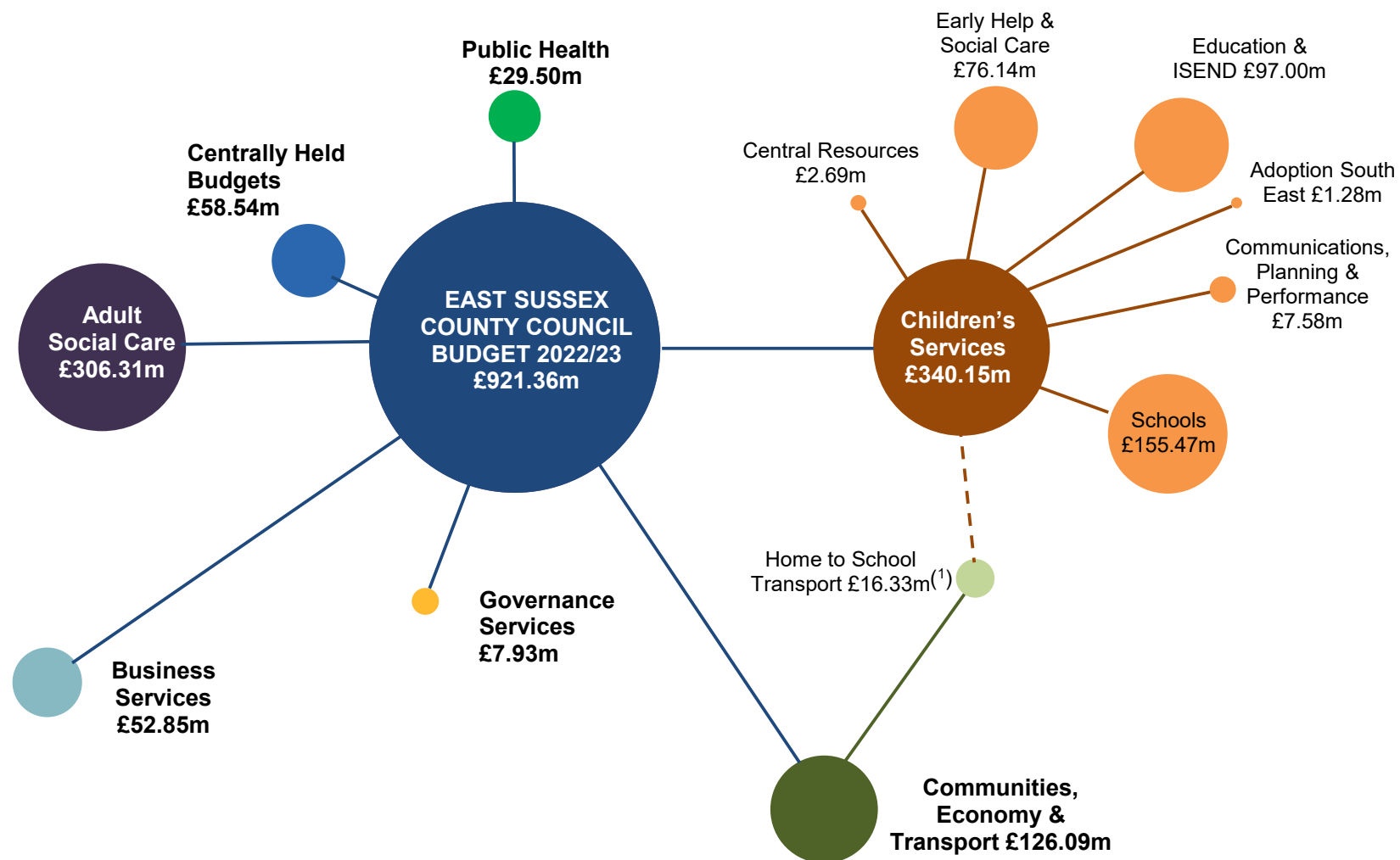
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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Bowdler	Rate (of 0-17 population) of referrals to children's social care services (per 10,000 children) CP	359	392	489	489	489	Children at risk from significant harm are kept safe Delivery outcomes 7 and 15
Cllr Bowdler	Rate (of 0-17 population) of assessments completed by children's social care services (per 10,000 children) CP	303	330	517	517	517	Children at risk from significant harm are kept safe Delivery outcomes 7 and 15
Cllr Bowdler	Rate of Looked After Children (per 10,000 children) CP	57.6 612 children	58.9 621 children	59.8 637 children	60.6 646 children	61.9 660 children	Children at risk from significant harm are kept safe Delivery outcomes 7 and 15
Cllr Bowdler	Number of Care Leavers in Bed and Breakfast accommodation (aged 16 – 18)	No care leavers placed in B&B accom	No care leavers placed in B&B accom	No care leavers placed in B&B accom	No care leavers placed in B&B accom	No care leavers placed in B&B accom	Care leavers, aged 16 – 18, are safe and appropriately supported Delivery outcomes 7 and 8
Cllr Bowdler	First Time Entrants (FTE) to the Youth Justice System per 100,000 population aged 10-17	200 FTE per 100,000 population	200 FTE per 100,000 population	Maintain a rate of less than 300 FTE per 100,000 population	Maintain a rate of less than 300 FTE per 100,000 population	Maintain a rate of less than 300 FTE per 100,000 population	The rate of first-time entrants to the youth justice system is maintained to improve outcomes for young children and reduce costs Delivery outcome 7
Cllr Bowdler	The proportion of children who receive a new birth review (all visits)	Updated measure	97.5%	90%	90%	90%	Newborn babies and one year olds are reviewed to check that they are developing well, have the best start in life and are able to progress to their full potential Delivery outcome 11

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Lead Member	Performance measure (CP = Council Plan)	2020/21 Outturn	2021/22 Outturn	2022/23 Target	2023/24 Target	2024/25 Target	2021-25 Outcome Summary
Cllr Bowdler	The proportion of children who receive a 1 year review	79.2%	81.7%	80%	80%	80%	Newborn babies and one year olds are reviewed to check that they are developing well, have the best start in life and are able to progress to their full potential Delivery outcome 11
Cllr Standley	Percentage of EHCP (Education, Health and Care Plans) annual review meetings where the child gave their view and/or participated CP	94.1%	94.5%	85%	85%	85%	Children and young people with SEND participate in decisions to ensure that their needs are understood, and they are supported to achieve their potential. Delivery outcome 11
Cllr Standley	The proportion of respondents to the feedback surveys who agree that things have changed for the better as a result of ISEND Services	74.9%	75%	75%	75%	75%	The services provided are making a difference to the lives of service users. Delivery outcome 11
Cllr Bowdler	The proportion of respondents to the feedback surveys who agree that things have changed for the better as a result of getting targeted support from the 0 – 19 Early Help Service CP	91%	93%	80%	80%	80%	The services provided are making a difference to the lives of service users. Delivery outcome 11
Cllr Bowdler	Number of households eligible under the government's Supporting Families programme receiving a family support intervention CP	816	856	1350	1668	To be set 2023/24 pending information from Government	Families supported by a whole family approach to achieve their goals and the Council is able to maximise payment by results claims. Delivery outcomes 11 and 13

Gross Revenue Budget



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

Revenue Budget

Revenue Budget £000

Divisions	2020/21 Gross	2020/21 Income + Net Recharges	2020/21 Net	2021/22 Gross	2021/22 Income + Net Recharges	2021/22 Net	2022/23 Gross	2022/23 Income + Net Recharges	2022/23 Net
Central Resources	2,639	(1,171)	1,468	2,640	(1,368)	1,272	2,692	(1,421)	1,271
Early Help and Social Care	65,208	(8,957)	56,251	72,369	(11,139)	61,230	76,135	(12,592)	63,543
Education and ISEND	89,112	(1,770)	87,342	95,962	(2,218)	93,744	96,997	(2,697)	94,300
Communications, Planning and Performance	7,422	9,848	17,270	7,065	11,421	18,486	7,575	12,451	20,026
Adoption South East	1,114	(226)	888	1,537	(561)	976	1,282	(227)	1,055
DSG Non Schools	-	(74,381)	(74,381)	-	(80,437)	(80,437)	-	(80,015)	(80,015)
Schools	146,200	(146,200)	-	155,767	(155,767)	-	155,467	(155,467)	-
Total Children's Services	311,695	(222,857)	88,838	335,340	(240,069)	95,271	340,148	(239,968)	100,180

Capital Programme

Capital Programme £000

Lead Member	Project	Total for Scheme	Previous Years	2022/23	2023/24	Future Years
Cllr Bowdler	House Adaptations for Disabled Children's Carers Homes	**	**	50	50	50
Cllr Standley	Schools Delegated Capital	**	**	729	1,150	1,150

** Rolling programme: no total scheme value

Appendix 1: Annual Procurement Forward Plans

Details of all projected Children's Services procurements over £1m during 2022/23 are provided below.

Data subject to change according to the RPPR process

Service	Contract Description	Start date for procurement work to begin (estimated)	Start date of new contract(s) or extension (estimated)
Education and iSend	Targeted Information, Advice & Guidance Service	01/03/2021	01/09/2022
Looked After Children	Framework for Provision of Fostercare Services	01/03/2022	01/04/2023
Early Help & Commissioning	Children's Supported Accommodation Framework	01/07/2022	TBC
Early Help & Commissioning	Supported Accommodation & Move On Beds - extension of various call off contracts under the current Framework Agreement	01/05/2022	08/12/2022
Public Health	School Health Services	01/10/2022	01/01/2023
Looked After Children	Residential Care Framework	01/12/2022	TBC
Looked After Children	External Staffing Solutions	01/12/2022	TBC
Education & ISEND	Youth Employability Service contract (Advice and Guidance)	01/11/2022	01/09/2023
ASC / CSD	Shared Care Information Systems (SCIS) - extension	01/04/2022	04/12/2022
ASC / CSD	Shared Care Information Systems (SCIS)	01/04/2022	04/12/2024