



Adult Social Care

Portfolio Plan

2009 - 2013

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1. Executive Summary

Adult Social Care is changing. Not just in East Sussex, but across the Country. “Putting People First”, the government concordat and programme of change for Adult Social Care (2008 to 2011) will transform the way in which people receive Adult Social Care Services. People will have personal budgets which they can use to purchase their care, giving them more choice and control about the care they receive and how their needs are being met.

We will work with service users and carers to help them to exercise choice. We will also be working with the third sector and independent providers to develop the market so there is a greater choice of services available.

There will of course continue to be people with higher levels of need where traditional types of care, perhaps in nursing or residential care, will still be the most appropriate and for this group we will continue to strive for improved service quality.

The concordat also reinforces the value of early intervention and prevention, and emphasises the importance of access to universal services and addressing building social capital by working with local communities. Our work in these areas with wider partners across the County will seek to improve people’s health, well-being and quality of life.

This is not an easy challenge and we can not do it alone. We will work with other Departments across East Sussex County Council, with Health, Housing, voluntary sector and private providers, and continue to improve the way we commission services to ensure that these are accessible to all communities.

Our policy steers set our strategic direction and the outcomes from the recent Commission for Social Care Inspection (CSCI) inspection of Independence, Wellbeing and Choice have confirmed the areas for development we need to focus on. Financial benchmarking information reinforces our strategic direction to support more people at home and our current shift in spending towards home care and Direct Payments is in line with policy.

This year we have improved our star rating from one to two stars, a significant achievement which acknowledges the improvements we have made over the last couple of years. This provides the ideal platform upon which to deliver the Putting People First programme of change.

To transform social care we need to change our way of working with service users and carers, working with partners, and working with each other. There have been significant changes in how we are performance monitored this year with the introduction of the National Indicator Set, reducing our national performance indicators from 24 to 10. We will continue to set challenging targets through our business plans, and will work in partnership through the Local Area Agreement to deliver performance improvement.

This plan outlines our priorities: what they are, and how we’re going to get there.

Introduction

We see the future of a personalised Adult Social Care system. The key elements are agreed and shared outcomes which should ensure people, irrespective of illness or disability, are supported to:

- live independently;
- stay healthy and recover quickly from illness;
- exercise maximum control over their own life and where appropriate the lives of their family members;
- sustain a family unit which avoids children being required to take on inappropriate caring roles;
- participate as active and equal citizens, both economically and socially;
- have the best possible quality of life, irrespective of illness or disability;
- retain maximum dignity and respect.

We have a journey ahead of us as a department, and we know of some signposts that will influence the direction of that journey. We have mentioned some of those that we know about, and what effect they may have on Adult Social Care in the future. “Putting People First” will lead to a fundamental change in how we work. We have built a robust foundation followed by significant performance improvement last year, and are ready to tackle the challenges that the initiative sets us.

To achieve this we will continue to develop and implement our commissioning strategies. We will continue to refine and improve our business planning and performance management processes to make sure the work we do takes us in the direction we want to go. These are inextricably linked and will be critical in ensuring we deliver what we set out to do. It is also the way we are measured by the Commission for Social Care Inspection.

The East Sussex population has an elderly bias, with nearly 12% of the population aged 75+ compared to around 8% regionally and nationally. East Sussex still ranks highest of all counties in England for the percentage aged 85+ and aged 90+. In addition, based on the 2001 census there were 41,088 lone pensioner households in East Sussex (equating to 3% of all households in East Sussex).

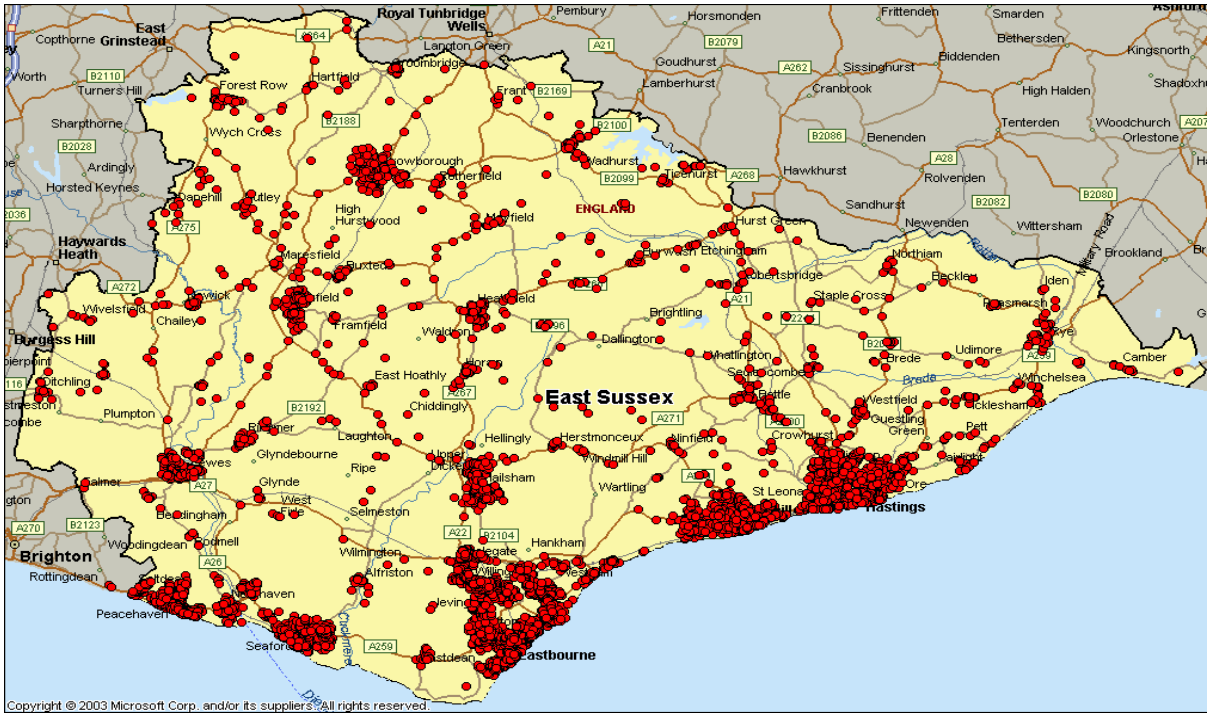
As higher than average numbers of older people at all ages live in East Sussex and these are set to increase in the future, demand for existing services will increase especially sharply over the next ten years. At the same time costs will also rise and this situation will not be sustainable in the longer term. The way we deliver services will be transformed under the ‘Putting People First’ Concordat, which promotes choice and control for service users and carers. Much of the Social Care role will change from providing service packages to providing information, assessment support, helping people manage risk and providing a personal budget: helping the service users and carers choose the way they would best be assisted.

There is an opportunity before then to reduce reliance on hospital and residential care services, and as we know what problems most affect older people, we can target our resources on addressing their particular needs. For example, it is often as a result of falls, stroke, chronic obstructive pulmonary disease (COPD: made up of various respiratory

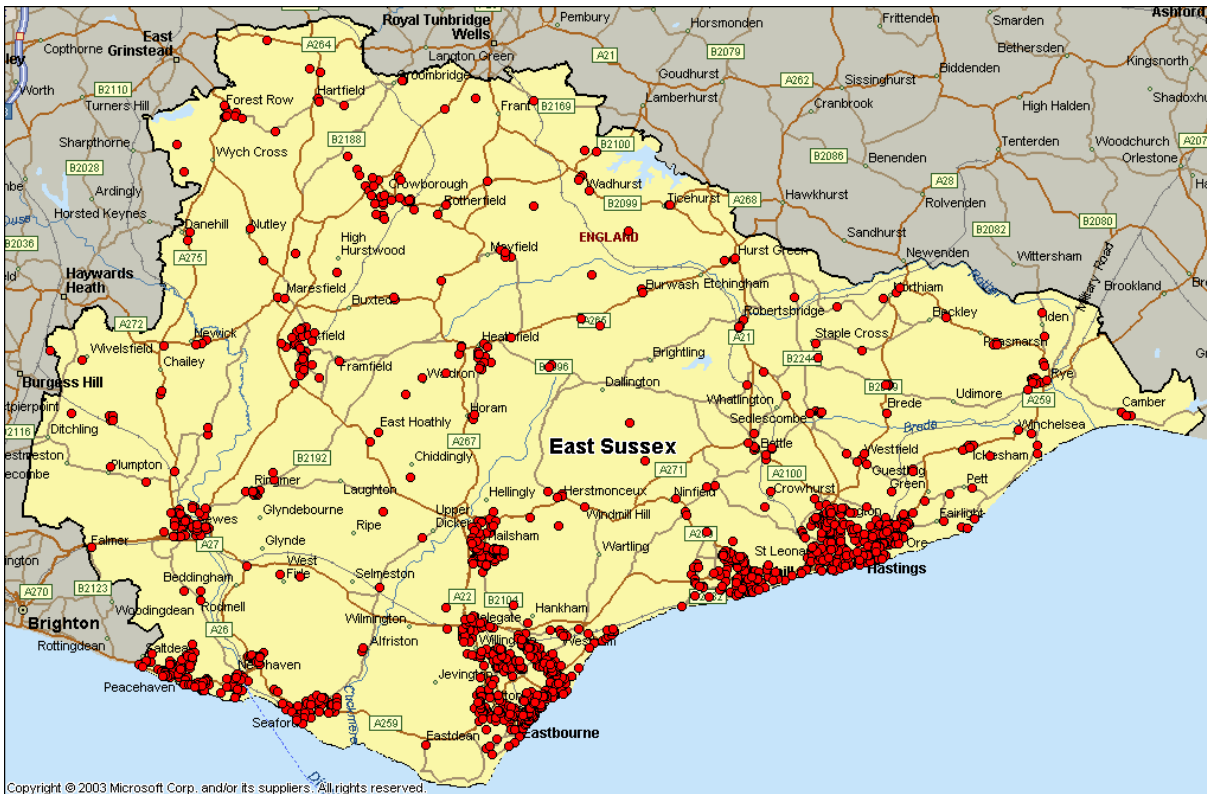
diseases) or dementia that older people develop a long term need for health, social care and housing services, even though there is good evidence on how to improve the treatment and care management of these problems, and those with more complex needs. There will be opportunities for avoiding admission to hospital, maximising recovery, and options for providing long term support. This will be co-ordinated with partners, for example: Health, Housing, the independent providers and the Voluntary Sector.

East Sussex Adult Social Care currently supports 7009 older people and 3018 working age adults to live independently in their own homes. 1905 carers currently receive a service. In addition Adult Social Care are supporting 3550 residents in residential and nursing care (as at 31st March 2008).

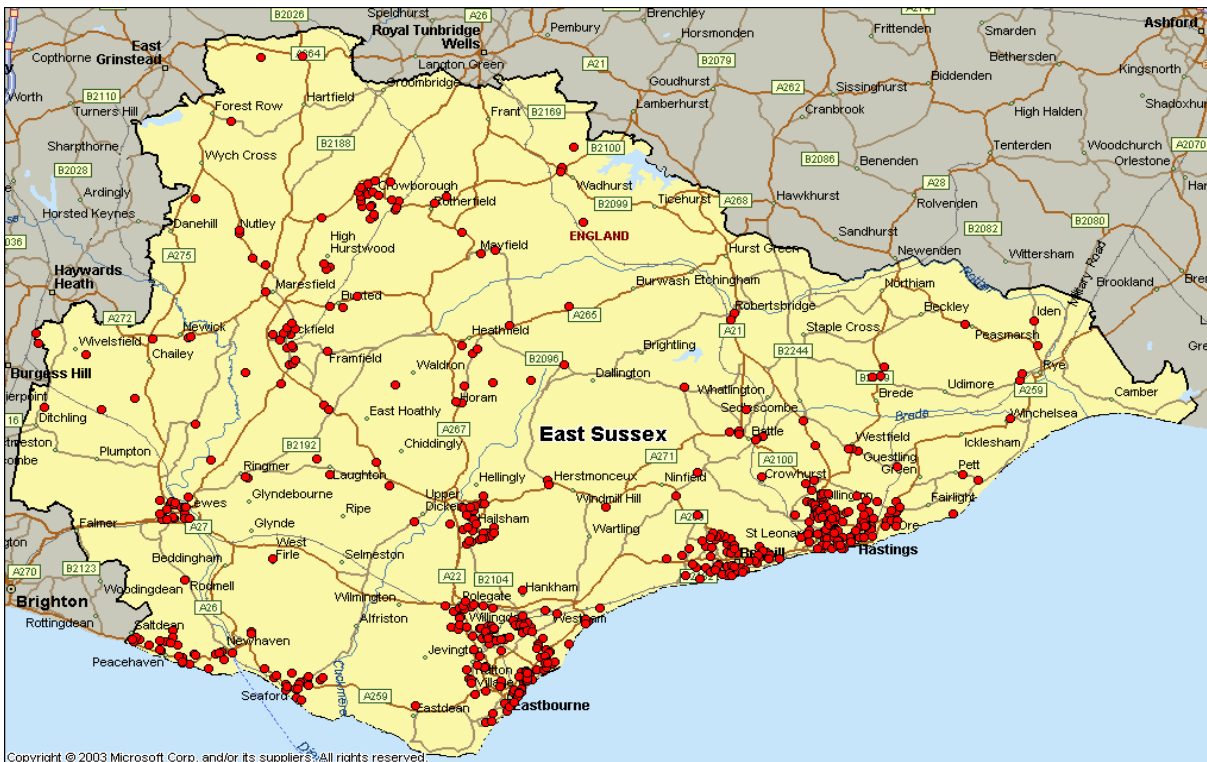
Older People helped to live at home



Adults with physical disabilities helped to live at home



Adults with learning disabilities helped to live at home



Adults with mental health problems helped to live at home



Services within Adult Social Care

Adult Social Care is configured through the following services:

❖ **Assessment & Care Management:**

- **Learning Disability:** responsible for the process of tailoring services to individual needs, monitoring and reviewing the support people with learning disabilities receive, and Safeguarding Vulnerable Adults.
- **Older People & Physical Disability:** responsible for the process of tailoring services to individual needs and monitoring and reviewing where care management is necessary, and Safeguarding Vulnerable Adults.

❖ **Directly Provided Services:**

- **Learning Disability:** Learning Disability Directly Provided Services provide a range of support and help for adults with a learning disability and aims to help and support their carers.
- **Older People:** Older People's Directly Provided Services is a discreet, flexible and responsive range of services that are fit for purpose at the time of delivery, in partnership with stakeholders, they have a niche market in the provision of specialised services that promote wellbeing and reduce dependency.

❖ **Mental Health Services:** Mental Health services are provided through partnership with Sussex Partnership NHS Trust. This integrated service offers specialist assessment, intervention and support to people with serious mental health problems.

❖ **Occupational Therapy Services:** The Occupational Therapy Service has a unique role as both assessors for and providers of services across Health and Social care which promote wellbeing and reduce dependency.

There are also three other Divisions, whose role is to facilitate, enable and support the Operational face of the Department. These are:

❖ **Finance & Business Support:** Finance & Business Support's purpose is to support the Department by providing a range of professional services including financial management and accounting functions. The division aims to provide business information through modern systems to enable quality decisions to be made and contractual and placement finding arrangements that support the provision of quality care services.

❖ **Performance, Planning & Engagement:** Performance, Planning & Engagement lead and support performance improvement through strategic use of performance & quality information and related mechanisms such as business planning; support change management & organisational effectiveness; have responsibility for departmental

communications, information and stakeholder engagement; lead the equality and diversity agenda for the department; are responsible for the Compliments and Complaints function and manage the development of the East Sussex Older Peoples Forums.

- ❖ **Strategy & Commissioning:** Strategy & Commissioning leads the development of a vision & strategic direction for ASC; develops strategic commissioning which leads to improved outcomes; leads and supports policy & service developments within the department. The Supporting People programme, which offers accessible high quality and affordable housing related support to promote independence and improve the life chances of vulnerable people; is also managed through Strategy & Commissioning.

From Plans to Action – the Business Planning Framework

There are a number of plans that fit together and flow through the organisation from strategic planning to detailed departmental, service, team and individual plans. It is essential that all of these plans are connected and flow together. The County Council process starts with the “State of the County – Performance Story”, followed by the “Reconciling Policy and Resources” process, where Departments are allocated budgets against their priorities. The next stage is a “Portfolio Plan” for each Department which becomes our “Three Year Plan”: what we will do, and how we will do it.

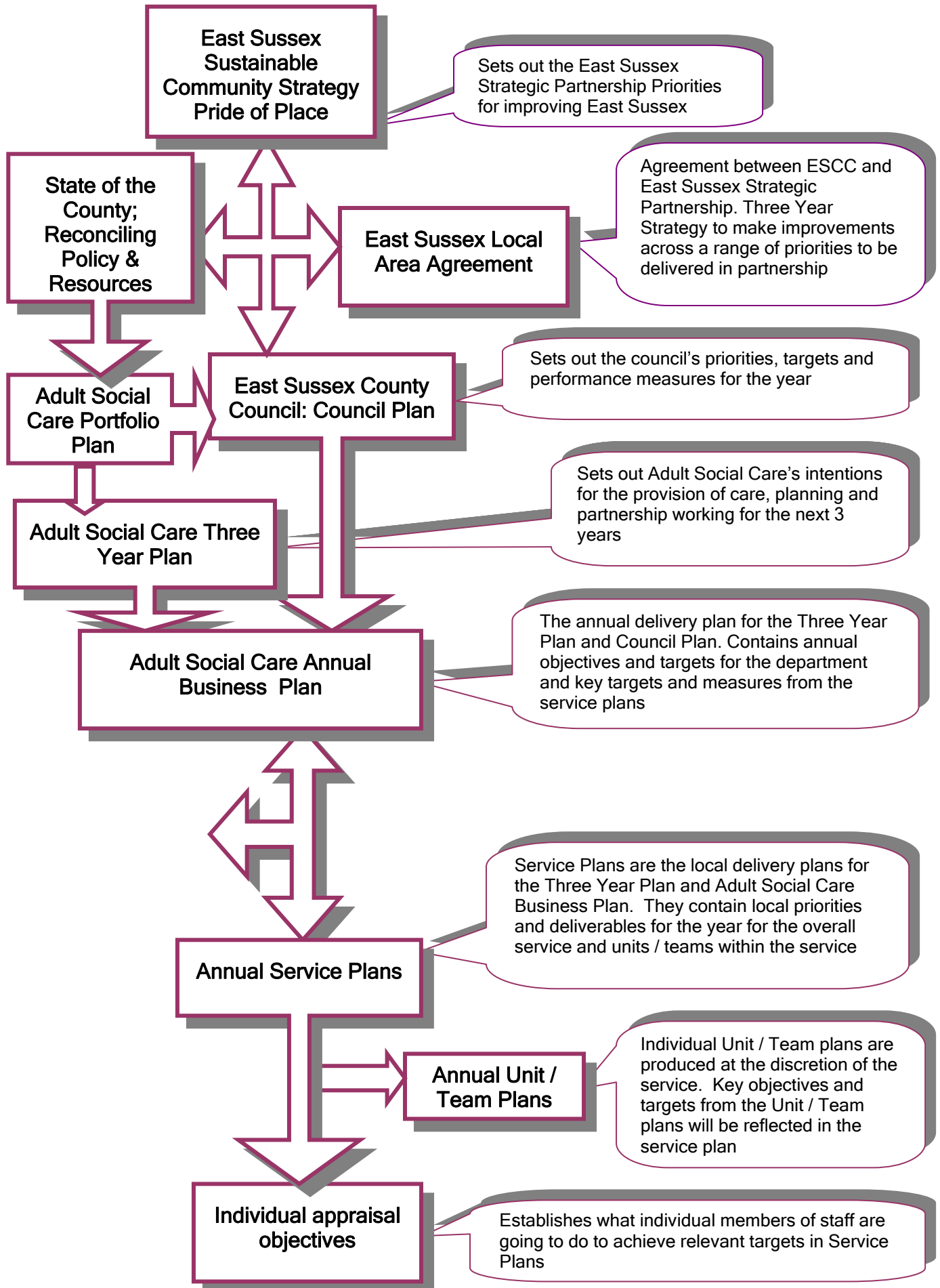
Priorities come from the Departmental Policy Steers. These are informed by information from the Commission for Social Care Inspection and various other Government Departments, and of course legislation such as the White Paper “our Health, Our Care, Our Say”. Our significant influence from 2008 onwards is ‘Putting People First’ which is transforming the way we provide services. The Business Planning process involves the Departmental Management Team (DMT) leading the priorities for the Department, engaging and consulting with Heads of Service and in turn all managers in the Department, to lead the developments and work of all service areas. This ensures that the Department moves on and improves significantly year on year.

Each service area has a Business Planning workshop in January where the Assistant Directors and Heads of Service outline the priorities for the coming year, and the future further ahead. Every manager attends these workshops, which also involves a cross section of all staff, from every service area, to create a joined up Service Plan for each service area. This ensures that the Annual Business Plan / Action Plan is a combination of the Service Plans and the annual delivery plan of the Three Year Plan and so has a top down and bottom up approach. It also crucially follows the Investors In People principle of managing and developing people through clear communication, clear direction and involvement of staff in the development of the business.

It is of course essential that the plans are kept live, and in order to do this they need to be performance monitored. Quarterly monitoring is well established within the Department: Council Plan, the Adult Social Care Business Plan, and the Service Plans are all reported on. Staff with reporting responsibility are required to provide progress information against targets. This performance information is then used by service areas, DMT and the Council as a whole, to monitor against targets, and examine progress in detail. Where there is slippage against target, action plans can be formed to undertake work on rectifying the direction of travel. The Adult Social Care Performance Board co-ordinates this action plan activity.

Council Plan and Adult Social Care Plan progress against targets are presented to and discussed by DMT. The Management Teams for each Service discuss the progress against those targets in their Service Plans, Team Plans progress can be discussed at Team meeting level and individual targets can be discussed in supervision sessions. Council Plan targets are reported to the Chief Officers’ Management Team (COMT) after the Departmental Management Team, and then to Cabinet Briefing, Cabinet, and then the full County Council.

Adult Social Care Business Planning Structure

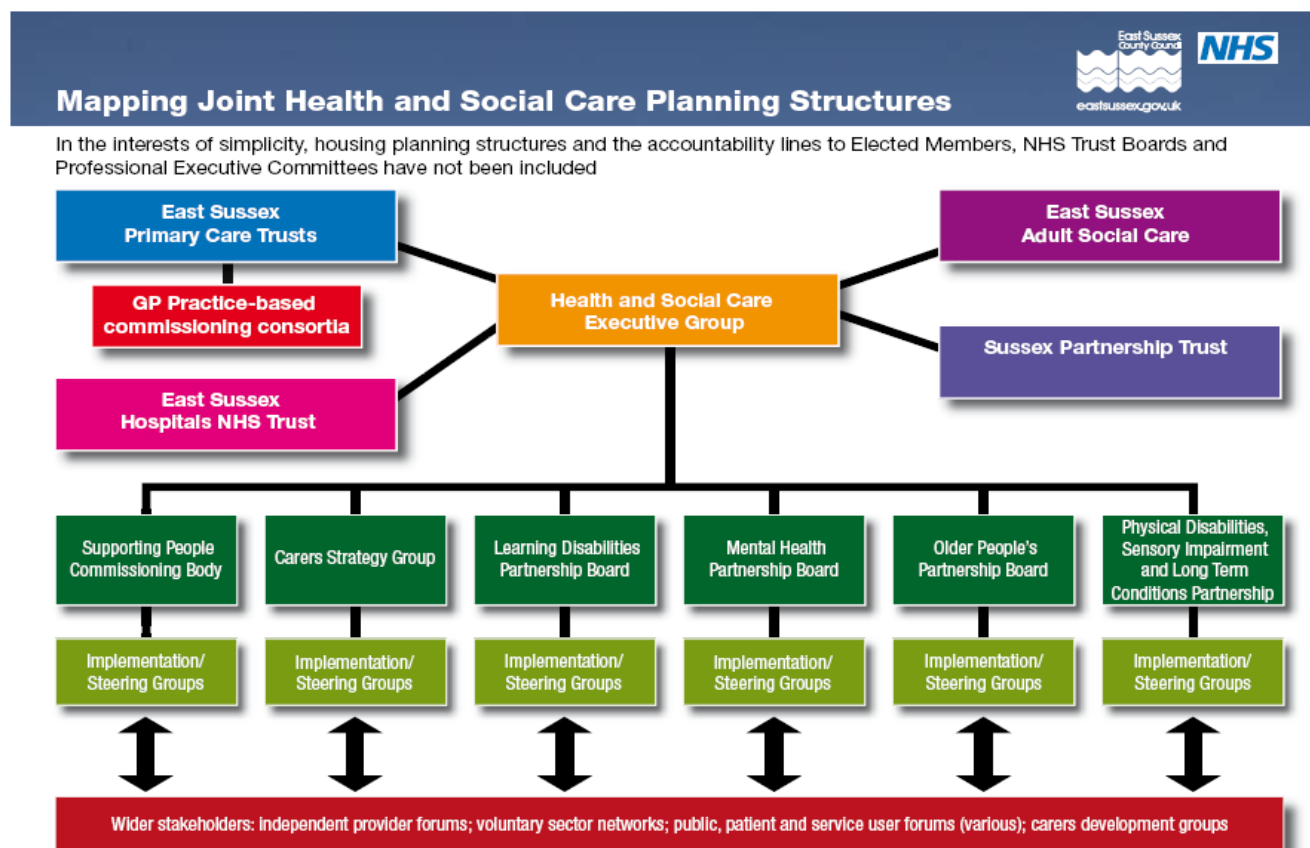


Joint planning structure

2007/2008 saw significant changes to the way that we work together with our health partners to plan, commission and deliver services. Overall leadership and co-ordination is now provided by the **Health and Social Care Executive Group**. This group leads the work of seven key planning streams:

- Services for people with a learning disability
- Services for older people
- Services for people with mental health problems
- Services for carers
- Services for people with a physical disability, sensory impairment and/or long-term condition
- Services for people with substance misuse needs
- Housing related support including the Supporting People programme funding

The detailed work of these planning streams takes place in **partnership boards** which are at varying stages of development. Each board has developed or is developing a commissioning strategy (or strategies) to deliver services, see section 4 above. A wide range of stakeholders is represented on the boards and they are closely linked with a network of user and carer representative groups.



2. Strategic Direction

There are several key strategic drivers for Adult Social Care. These come from the Policy Steers, the Commissioning for Social Care Inspection (CSCI) inspection of preventative services in the Summer of 2008, and not the least of which is the 'Putting People First' concordat. The Departmental Management Team led a piece of work, involving senior managers to consolidate all these key drivers into one list of 14 priorities (see below).

Our Adult Social Care Policy Steers:

- Improve how we plan and commission services with Health and Housing to promote quality, better outcomes, improved customer care and cost-effectiveness.
- Improve how people access information, advice, help and support through joint work with partners.
- With Health and Housing, develop the assessment and management of people's care that focuses on their individual needs, circumstance and personal preferences, taking into account the development of Individual Budgets and Self Directed Care.
- Fully involve our users, their carers and the wider community in planning, developing, and reviewing strategies and services to meet the needs of local people.
- Improve significantly how we safeguard vulnerable adults in partnership with health services and the police.
- Support more older people and vulnerable adults to live safely in their own homes and local community.
- Improve opportunities for vulnerable people to positively engage with their communities and further encourage participation in local services and activities.
- Develop disability and mental health services that ensure the effective transition of young people from children's services to adult social care.
- Lead improvements to the well-being of local communities across East Sussex through joint working with partners.
- Continue to improve equity and equality of opportunity for all through our service delivery and as an employer.

Adult Social Care Key Drivers:

These Key Drivers (KD) are explored more fully later.

- KD1 Safeguarding
- KD2 Quality Assurance Framework
- KD3 Engagement and involvement : service users, carers, stakeholders, providers
- KD4 Equalities and Diversity
- KD5 Commissioning and market development
- KD6 Transition from Children's to Adult's services
- KD7 Carers
- KD8 Advocacy
- KD9 Self Directed Support - person centred (Common Assessment Framework)
- KD10 Information and access
- KD11 Workforce development
- KD 12 Prevention and Early Intervention (Help to live at home)
- KD13 Sustainable communities / community wellbeing
- KD14 Employment

3. Current Position and Key Drivers

Key Drivers for Adult Social Care

1 Safeguarding

1.1 Have clear, robust procedures and ensure effective management oversight of minimum standards. Operational leadership needs to drive safeguarding work forward, supported by more robust critical analysis and reporting.

This priority is the Department's responsibility to follow the No Secrets policy guidance and co-ordinate a multi-agency approach to safeguarding against abuse and take action. The areas of development have been identified from the CSCI inspection and our own analysis of safeguarding case work.

Key Work:

- Safeguarding Vulnerable Adults Board Work Programme
- Safeguarding Vulnerable Adults Audit Workshop Action Plan
- Quality Assurance Framework Action Plan (QAF)
- Management Action Plans

2 Quality Assurance Framework

2.1 Establish minimum standards of practice, within a quality assurance framework for assessment, care planning and review processes.

2.2 Robust quality monitoring arrangements to enable confidence that services are of high quality, are safe and promote individual requirements for independence, wellbeing and dignity

Both elements of this priority are recommendations from the 2008 CSCI Inspection for Independence, Wellbeing and Choice. It is important to note that the department has chosen to widen the approach to a Quality Assurance Framework by including support services and all of operations, as opposed to just assessment, care planning and review processes.

3 Engagement and involvement: service users, carers, stakeholders, providers

- 3.1 Establish standards and processes that will ensure the systematic engagement of the public and partners in consultation, strategic development and service planning. Support service users and carers through organisational change.
- 3.2 National Indicator Set: 127 and 128 which measure user satisfaction and dignity and respect.

These priorities reflect our CSCI Inspection report and recommendations, Putting People first and the new national indicator set.

Key work:

- CSCI action plan commitment to undertake a strategic review of engagement.

NI 127 self reported experience of social care users (3 year cycle of Dept of Health user surveys commencing 2009/2010)

NI 128 Dignity & Respect - User reported measure of respect and dignity in their treatment

4 Equalities and Diversity

- 4.1 Ensure equalities issues are embedded in strategic, commissioning and operational processes.

This priority reflects our CSCI Inspection report and recommendations and Putting People First.

Key work:

- Putting People First. Claire Debenham (service development manager – equality) to be seconded into PPF team
- Equality and Diversity standards and toolkit
- BME outreach and engagement project

5 Commissioning and market development

- 5.1 Improve market management and build partnerships with the independent sector, with an increased focus on quality over cost.

This priority is integral to the delivery of Putting People First, and is also in the CSCI action plan.

Key Work:

- Development of independent sector forums with ICG, IPF and other representative bodies and with individual providers
- Increasing use of 'Soft Market Testing' for development of specifications and services such as Age Well, Downlands Court Extra Care, Older People Day Opportunities etc
- PPF Introductory sessions with Residential/Nursing and Home Care providers,
- Development of Voluntary Sector Liaison Group
- Development of 'Select List' for OP and LD Housing providers as development partners and care providers
- Updating 'Preferred Provider' status for Residential and Nursing providers based on CSCI Star ratings
- PPF Choice, Market Development and Engagement work
- LD – Programme Board for developing supported housing options
- LD – Inter Authority Project market Management of high cost residential providers

5.2 Commissioning processes which incentivise and stimulate high quality provision, maximum choice and control for service users and supports innovation in the third/private sectors to meet diverse needs.

Key Work:

- EIA's undertaken for major projects/service developments
- Links to JSNA as overarching needs/benefits
- Updating preferred provider arrangements in order to ensure focus is on providers with higher CSCI ratings
- Service user/carer perspective is evidenced at all stages of the commissioning process
- Commissioning and Procurement model being developed through PPF Choice, Market Development and Engagement work
- Invest to Save Diversity Project

6 Transition from Children's to Adult services

6.1 Systems which support integrated working with children's services, including transition planning and parent carers, and identifying and addressing concerns about children's welfare.

This is a target reflected in the Putting People First, White Paper and Strong Voices, Big Ideas, the Learning Disability Commissioning Strategy.

Key Work:

- Young people/parent carer involvement group
- Development of inter-agency strategy leading onto the development of protocols and care pathways

- Establishing a planning tool that identifies the needs and requirements of young people in transition
- Developing a training strategy for Children's Services and Adult Service staff and managers involved in supporting young people in transition

7 Carers

7.1 Programmes to be supported which enable carers to develop their skills and confidence.

Key Work:

- Funding for respite/travel expenses etc. for specific training such as Caring with Confidence, Expert Carer,
- Encouragement and funding for provision of developing skills in understanding and managing specific conditions, e.g. schizophrenia, stroke, Alzheimers, Aspergers, including respite provision – either tailored formal courses or support groups
- Courses around returning to work/understanding of flexible working legislation, and specific confidence-building courses
- Emotional support delivered by skilled support workers or volunteers/befrienders
- Use of Carers Support Grants to fund activities for confidence-building, tailored to individuals

7.2 Ensure people who use services and their carers are supported during organisational change. Improve access to information about services for carers and ensure individual support is available to help them understand the information properly.

Key Work:

- Use of a variety of media to spread information: in community and health venues, libraries etc. as well as via websites
- National telephone helpline to be publicised
- GP surgeries and hospitals to have updated information and specified workers with carers' lead
- SCD and assessment staff to be upskilled in carers' issues and latest information
- Carers' champions to be regularly trained and provided with opportunities to feed back to teams
- Progress in undertaking Carers Assessments that lead to clear outcomes for carers that they understand

7.3 National Indicator Set: 135 which measures services to carers, plus advice and information.

Key Work:

- Increase access to Carers Assessments for all eligible carers and regular reviews

- Use of CRESS service and Carer Support Grants to increase uptake
- Accurate and effective monitoring of provision of advice and information from commissioned voluntary sector organisations as well as from statutory sector

8 Advocacy

8.1 Develop advocacy services generally e.g. for people with sensory impairment or those needing emotional support.

This priority is integral in PPF and the White Paper outcomes. Expansion of advocacy services is a recommendation in the report from the recent CSCI Inspection into safeguarding. There are many different models of advocacy from short-term one-to-one independent/professional advocacy, to longer-term peer advocacy/citizen advocacy, through to collective/group advocacy and self-advocacy to influence change (sometimes approached through user, carer involvement and community engagement).

A commissioned advocacy contracts exists for people with learning disabilities. Advocacy Partners provide the Sussex-wide Independent Mental Capacity Advocate (IMCA) service to meet the requirements of the Mental Capacity Act 2005 on a three year contract.

Key work:

- Deprivation of Liberty Safeguard (DOLS), effective from 1/4/09, is an amendment to the Mental Capacity Act (2005). As a supervisory body we need to have arrangements in place for unbefriended people subject to DOLS; an IMCA prior to authorisation and referred to as a paid representative following authorisation, who needs to visit the person authorised under DOLS periodically (26 hrs p.a.). ESCC estimates 100 people per year may need this service.
- Under the Mental Health Act 2007 the responsible Statutory Body (Health or Social Services) will be required to provide access to IMHA (Independent Mental Health Advocate) for all people detained, subject to guardianship or a community patient under the Act.
- CSCI Action Plan/ Putting People First: a pilot is being planned with the aim of understanding better advocacy needs for older people, disabled people and carers through expanding and testing current independent advocacy provision. The advocacy pilot will need to link with other exploratory work into the brokerage function to establish the relationships between the two roles. As part of this it is also proposed to set up a county-wide network for advocacy providers (and potentially brokerage) to ensure an integrated and coherent approach to advocacy services, and facilitate exchange of good practice/quality. Links with information and access development work will also need to be made.
- There are other related advocacy services provided by voluntary sector partners for example mental health peer advocates provided by South East Advocacy Projects, trained peer support specialists and adhoc independent advocacy. In places this activity is funded by partners (e.g. the PCT) or is provided as part of core-funding of a wider service (i.e. there's no detailed specification for advocacy activity).

9 Self Directed Support

9.1 A common assessment process tailored to individual's social care needs with a greater emphasis on accessible self assessment.

Key Work:

- Development of Self Assessment Questionnaire and a Resource Allocation System Single Assessment Process and the development of a Common Assessment Framework for Adults
- We are currently working with external organisation (FACE) in a wider development network group of local authorities to ensure that our Resource Allocation System is robust as well as carrying out other analytical work within our organisation. This work will lead to the development of a Self Assessment Questionnaire to enable an assessment very much led by the individual and their support network.

9.2 An established process to enable personal budgets to be available for everyone eligible for publicly funded adult social care support other than in circumstances where people require emergency access to provision

- Initial work will be with a small pilot group to begin to understand how Personal Budgets will work, to enable service users, carers and other support networks and staff to be involved from the outset and to contribute in the development of policies and practice that will enable Self Directed Support to be introduced and then mainstreamed

9.3 Ensure a person centred, outcome focused approach to assessment and review processes.

Key Work:

- Care Pathway Project
- Personal Budgets pilot
- Work will be undertaken with the pilot group to ensure that our focus is maintained in a way that is meaningful to individuals – this pilot work can involve service users, families, carers and other support networks as well as staff.
- The Care Pathway will be reviewed to ensure that SDS is enabled in all areas of our processes – a high level process will be mapped out and then tested in detail. This pathway will build on work undertaken under the Assessment and Care Management programme and will look at the end to end process. Our focus will be on the individuals experience from beginning to end.

9.4 Mainstreamed procedures for Direct Payments in place, as well as developments to improve and increase the uptake of Direct Payments

This priority reflects a Local Area Agreement (LAA) target, is integral to Putting People First PPF) and referenced in the CSCI Action Plan (re: equalities issues specifically).

Key work:

- Achievement of uptake targets using various DP models but particularly increasing use of One-offs
- Improved information, guidance resources and training opportunities for care managers and service users (including maximising uptake by diverse groups)
- Supporting wider SDS implementation mechanisms such as PB pilot activity, development of pre-paid cards, responses to risk, etc

10 Information and access

10.1 Improve performance in accessing care managed services and develop strategic plans to address inequity of access by area, linked to transport planning.

10.2 Expand access to information and advice, with a strategy in place to enable access for everyone needing services and their carers irrespective of their eligibility for public funding

These priorities are integral to Putting People First, prioritised through Closer to Home events and is jointly agreed with PCTs.

Key work:

1. Progress Joint Information & Access project to:
 - A. Develop minimum dataset of health and social care information for the public, ensuring formats and outlets are flexible and appropriate for diverse communities and staff (ASC and partners) are well supported in providing information
 - B. Enhance web-based resources to support the same approach
 - C. Ensure availability of a searchable database of information, support and services
2. Continue with STACS service and develop approach to mainstreaming support to self-funders

11 Workforce development

11.1 Local workforce development strategies focussed on raising skill levels and providing inclusive career development opportunities across all sectors.

This priority is an integral part of the ASC Three Year Workforce Plan and Health Workforce Plan, jointly agreed with the PCTs and needs to be considered in the context of PPF implementation.

Key Work:

- Developing a workforce strategy integral to each service's Joint Commissioning Strategy
- Identifying where there are recruitment and retention problems which might be alleviated through new career development opportunities, both internally and across sectors
- Mapping what new skills and job roles will be needed as PPF implementation progresses
- Continuing to increase the numbers of qualified staff in all services where they are occupationally required and relevant

12 Prevention and Early Intervention – Help people to live at home

12.1 National Indicator Set: 136 for Helped to live at home (included grant funded organisations), 125 for intermediate care.

12.2 A locally agreed approach with our partners to make provision for a range of needs so that prevention, early intervention and enablement become the norm

12.3 Supporting People

These priorities reflect:

- White Paper 'Our Health our Care our Say'
- ESCC Promise, ASC's three year plan, ASC Commissioning strategies
- Putting People First Concordat
- Anticipated new guidance on Fair Access to Care Services which will further promote preventative services
- National strategy for Housing in an Aging Society
- NHS National service frameworks – Long Term Conditions, Older People, Mental Health
- National dementia strategy
- National service framework 136 and 125
- PSA delivery agreement 18

Key Work:

- Re-ablement / rehabilitation as alternatives to emergency / urgent interventions
- A range of preventative services are in place (often with partners) to support independence and wellbeing
- Equipment and provided on a retail model (ICES and Telecare project)
- Improved choice in homecare support
- Plans for day care and future residential care provision / procurement need to account for possible impact of Personal Budgets
- Impact of assisted self assessment / brokerage on hospital based social care and intermediate care
- Additional work as outlined in joint commissioning strategy action plans
- Supporting People:

- Three Phase Commissioning Project:
 - Phase 1: Generic Housing related support services aged 16- 64
 - Phase 2: Services for people aged 65 plus
 - Phase 3: Specialist services aged 16 - 64
- supports the shift to preventative services for all including ASC traditional client groups as well as socially excluded groups of people
- makes a difference to the lives of vulnerable people whilst minimising the strain on ASC budgets
- **Current Progress:** Supporting People makes a significant difference to individual lives. In 2007/08:
 - 7877 people received housing related support
 - 98% of service users either established or maintained independence
 - 83% of services users in short term services with an identified need to maximise their income did so
 - 62% of service users in short term services with an identified need to participate in training and education did so
 - 78% of service users in short term services with an identified need to better manage their physical health did so
 - 80% of service users in short term services with an identified need to maintain their accommodation and avoid eviction had this need met
 - 87% of people who needed support in developing confidence and ability to have greater choice/control/involvement had this need met

13 Sustainable communities/ community wellbeing

13.1 Lead improvements to the well-being of local communities across East Sussex through joint working with partners.

This priority reflects The East Sussex Sustainable Community Strategy (Pride of Place) priorities and the East Sussex Local Area Agreement. There are other policy drivers such as the 2007 Local Government White Paper – “Strong & Prosperous Communities”.

Key work & current progress:

- Assist older people to play an active part in community life and have a collective voice and 'Improve the user, patient and carer experience and support for carers of all ages' are both priorities in the East Sussex Sustainable Community Strategy, Pride of Place. The action plan for this is being developed and is drawn from existing plans including the LAA and relevant national indicators. Lisa Shrevel is the ESC contact.
- The Time of Our Lives Strategy – Improving and promoting quality of later life in East Sussex 2008 – 2011 and its accompanying Action Plan
- Current projects in relation to some extra care schemes and older people's day centres are including the development of support services being provided via 'community resource hubs' which can offer support to the surrounding community
- The Choice, Market Development & Engagement PPF work will consider opportunities to further develop our role as 'place-shaper' – improving people's social capital in a context

of more sustainable communities. Innovative models such as social enterprises may prove useful.

- Transport Review - this impacts on individuals and the sustainability of their communities
- Local Area Agreement. ASC targets are NI 130 Social Care clients receiving Self Directed Support per 100,000 population (Jaine Huntley); NI 136 People supported to live independently through social services all ages (Sam Williams); NI 142 Percentage of vulnerable people who are supported to maintain independent living (Sue Dean) ; NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information (Barry Atkins). Three year targets have been set for all indicators in association with the Government Office for the South East.

14 Employment

14.1 National Indicator Set: 146 and 150 which measure adults with a learning disability or mental ill health (respectively) receiving secondary services who are also in paid employment.

National Indicator Set 146 seeks to improve the outcomes for adults with learning disabilities, a key group at risk of social exclusion, and National Indicator Set 150 which measures adults receiving secondary mental health services in employment. This priority reflects a key deliverable in Valuing People Now and Strong Voices Big Ideas, the Learning Disability Commissioning Strategy. It is integral to the preventative and social inclusion agenda and the Corporate economic well being agenda. In Working Age Mental Health the Joint Commissioning Strategy for Mental Health (March 2008) and The East Sussex Day & Vocational Services for WAA MH Development Project; Report from Steering Group Nov 2007 outline the priorities for this work.

Key Work:

- Partnership agenda around employment issues is being taken forward by LD Partnership Board and Employment Partnership Group which brings together Job Centre Plus, Learning and Skills Council, and ESCC LD Assessment and LD service providers
- LDDF Choices Employment pilot project (November 2006 to present) has led to positive outcomes and had informed the future development of employment support services in leaning disability services.
- The development of employment and training opportunities and exploration of social enterprise models, are key recommendations follow the review of the Directly Provided Service's LD Day Opportunities Service
- Progression toward employment and training outcomes is a key feature in the development of a new service specification for LD Day Opportunities currently in development for delivery early 2009
- Table top Scrutiny Review of employment opportunities for people with learning disabilities underway
- The development of effective data collection and monitoring systems is underway
- The Mental Health Commissioning Strategy sets out that our services will work within the model of Recovery and Wellbeing with the emphasis on supporting the person in the community. Assisting people to stay in or return to employment is a key element of the strategy.

- The East Sussex Day & Vocational Development Project recommended a re-commissioning of Day & Vocational services to make this change. We are currently out to tender for: 7 X Wellbeing Centres, a Community Links Service and an Individual Placement Support service. The latter is based on the model pioneered by Dr. Rachel Perkins at St. George's and will assist people with practical 1:1 support from a vocational specialist to get back to work (irrespective of their diagnosis as long as they are motivated to work), and undertake early intervention to retain work. Vocational specialists will be part of a County-wide service but be located in Recovery Teams (previously known as CMHTs) to influence positive consideration of the employment option for all people with MH. Appointments for new providers will be known in Jan 09 and new services will commence 1/7/09.

National Policy Directions

• Putting People First

Following on from the White Paper 'Our Health, Our Care, Our Say' which set out the government's vision for reforming adult health and social care, the Government announced a new initiative on 10 December 2007: *Putting People First*. The reform programme sets out a longer-term strategy for integration, which rightly puts people who use or might use services and their carers at the centre of the process. At its heart are four main themes:

- **Universal Services**
 - Access to the right services at the right time
 - Information and advice available to all
- **Preventive Services**
 - Promoting longer-term independence without the need for interventions
 - Enablement and assistive technology
- **Choice and Control for people receiving services and their carers**
 - Shaping services to meet people's needs
 - Giving people more direct control through Direct Payments and Personal Budgets
- **Building social capital**
 - Recognising the needs of carers
 - Community cohesion and social inclusion

• Outcomes for Social Care: *Our Health, Our Care, Our Say* White Paper

Putting People First builds on the themes laid out in the White Paper, which contains seven outcomes for Adult Social Care, on which we are measured. This started the journey of addressing the health care pathway as part of the step change towards an aligned social and health care outcome framework in 2009. In addition, there are two outcome measures from the Commission for Social Care Inspection (CSCI) upon which leadership and capacity strengths are measured.

The table below shows the Outcomes Framework for Performance Assessment of Adult Social Care, and the flow charts that follow show how all the government initiatives map together.

Outcomes for Social Care

Improved health: enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. There are opportunities for physical activity.

Improved quality of life: access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.

Making a positive contribution: active participation in the community through employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision-making.

Exercise of choice and control: through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.

Freedom from discrimination or harassment: equality of access to services. Not being subject to abuse.

Economic well-being: access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.

Personal dignity and respect: keeping clean and comfortable. Enjoying a clean and orderly environment. There is availability of appropriate personal care.

Plus the two CSCI outcomes:

Leadership & Management: People experience services that are well led. (From Inspecting for Better Lives: A Quality Future)

Commissioning & use of resources: Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means

(From New Outcomes Framework for Performance Assessment of Adult Social Care)

• Carers at the heart of 21st century families and communities

The White Paper “Our Health, Our Care, Our Say” also announced a New Deal for Carers, of which the “Carers at the heart of 21st century families and communities” is the centrepiece. The strategy sets out the shared vision and responsibility between central and local government, the NHS, the third sector, families and communities.

By 2018 :

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- carers will be able to have a life of their own alongside their caring role;
- carers will be supported so that they are not forced into financial hardship by their caring role;
- carers will be supported to stay mentally and physically well and treated with dignity; and children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the *Every Child Matters* outcomes.

• Housing

We have a track record of widening housing options for people with care and support needs. National and local policy drivers including PPF, the NIS and our joint commissioning strategies signal and support our intention to increase those options. We now need to enhance and strengthen our approach to planning and delivery on an ongoing basis, for people with care and support needs. We will:

The Evidence Base of Housing Need and Demand

Develop a comprehensive assessment of housing need and demand across all ASC ‘client needs’ groups and other people with support needs to produce a 5 year projection of housing demand covering housing and tenure types, locations and when housing is required. Develop and agree the approach to undertaking this assessment jointly with the districts/boroughs.

Strategic Commissioning of Housing

Develop a housing commissioning position statement for the next 5 years that sets out the totality of ASC’s housing commissioning intentions across all ‘client needs’ groups based on current known demand and future demand based on the proposed assessment of housing need.

Delivery of Future Housing Programme

Develop a future housing delivery programme based on the suggested overall housing commissioning position and intentions. This would cover the delivery and structured project management of specific housing projects, such as the type of project based approach to delivery already undertaken or in progress within ASC, and on-going activity to manage and stimulate the market to develop attractive and innovative housing options/solutions.

Partnerships and Structures

Work with partners to rebalance the focus of the Strategic Forum on both housing and support as equally important issues for consideration and action.
Establish a small scale Housing Delivery Group to guide the development of ASC's future housing programme.

Operational Practice

Identify the elements of operational joint working required between:

- Care management and assessment.
- District/borough's housing assessments, housing need identification (via housing registers) and housing allocations (typically through CBL).
- Housing providers, both social and private.
- The next steps would be to:
- Revise the roles of Special Needs Housing Officers in line with an agreed approach to joint housing and social working practice (any future roles would need to cover all the county and work in a consistent way).
- Define the role of the SAT in line with an agreed approach to joint working.

• National Indicator Set

The Local Government White Paper Strong and Prosperous Communities published in October 2007 committed to introducing a set of streamlined indicators that would reflect national priority outcomes for local authorities working alone or in partnership. In April 2008 the Performance Assessment Framework (PAF) was replaced with this National Indicator Set (NIS). Adult Social Care departments were monitoring 24 national PAF performance indicators but in the NIS there are only 10 indicators, plus 2 Supporting People indicators:

Adult Social Care Indicators:

NI 125 – Achieving independence for older people through rehabilitation/ intermediate care:
The proportion of older people discharged from hospital for rehabilitation, with a clear intention that they will move on/back to their own home, who are at home three months after the date of their discharge from hospital.

NI 127 – Self reported experience of social care users (**User survey indicator, to be introduced in 2009/10**)

NI 128 – User reported measure of respect and dignity in their treatment (**User survey indicator, to be introduced from 2009/10**)

NI 130 - Social care clients receiving Self Directed Support per 100,000 population – **a measure in the Local Area Agreement (LAA)** : *Number of adults, older people and carers receiving social care through a Direct Payment (and/or an Individual Budget) in the year to 31st March per 100,000 population aged 18 or over (age standardised)*

NI 132 - Timeliness of social care assessment (all adults) : *For new clients (aged 18+), the percentage from where the time from first contact to completion of assessment is less than or equal to four weeks*

NI 133 - Timeliness of social care packages following assessment: *For new clients (Adults aged 65+) the percentage for whom the time from completion of assessment to provision of all services in the care package is less than or equal to 4 weeks.*

NI 135 - Carers receiving needs assessment or review and a specific carer's service, or advice and information – **a measure in the Local Area Agreement (LAA)**: *The number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year as a percentage of people receiving a community based service in the year.*

NI 136 - People supported to live independently through social services (all adults) (Helped to live at home) – **a measure in the Local Area Agreement (LAA)**: *the number of adults all ages per 100,000 population that are assisted directly through social services assessed/care planned, funded support to live independently, plus those supported through organisations that receive social services grant funded services.*

NI 145 - Adults with learning disabilities in settled accommodation: *The percentage of adults with learning disabilities known to Adult Social Care in settled accommodation at the time of their assessment or latest review.*

NI 146 - Adults with learning disabilities in employment: *The percentage of adults with learning disabilities known to Adult Social Care in paid employment at the time of their assessment or latest review.*

Supporting People Indicators:

NI 141 - Percentage of vulnerable people achieving independent living: *the number of service users who have moved on from supported accommodation in a planned way, as a percentage of total service users who have left the service.*

NI 142 - Percentage of vulnerable people who are supported to maintain independent living – **a measure in the Local Area Agreement (LAA)**: *the number of service users who have established or are maintaining independent living, as a percentage of the total number of service users who have been in receipt of Supporting People services during the period.*

Other indicators which Adult Social Care impact upon:

NI 14 – Avoidable contact: the proportion of customer contact that is of low or no value to the customer: *the number of customer contacts that are assessed as avoidable as a percentage of the total number of customer contacts.*

NI 40 - Drug Users in Effective Treatment: *the change in the total number of drug users, using crack and/or opiates recorded as being in effective treatment, when compared with the number of drug users using crack and/or opiates recorded as being in effective treatment in the baseline year of 2007/8.*

NI 131 - Delayed transfers of care : *The average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, per 100,000 population aged 18+.*

NI 149 - Adults in contact with secondary mental health services in settled accommodation: *The percentage of adults receiving secondary mental health services in settled accommodation at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.*

NI 150 - Adults receiving secondary mental health services in employment: *The percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.*

NI 179 - Value for money: total net value of ongoing cash-releasing value for money gains that have impacted since the start of the 2008/ 09 financial year.

Many of the new national performance indicators are different versions of indicators that appeared in the PAF, such as C62: the Carers indicator. The new NIS 135 includes, for example, information and advice given to carers. Some indicators, for example NIS 145: people with learning disabilities in settled accommodation, are completely new. CSCI are clear that when monitoring our performance as a Department that they will refer to the PAF performance indicators for this year, as well as the new NIS indicators. Monitoring both during this transition year 2008-09 will also help us measure our improvement in performance from 2007-08.

• **Current performance against key performance indicators**

Current performance against National Indicator Set performance indicators and Performance Assessment Framework Indicators are shown in the tables below. *(latest performance figures are used in both tables):*

National Indicator Set	08-09 Target	Current performance
IMPROVED HEALTH AND EMOTIONAL WELL-BEING		
NI140 Drug Users & Effective Treatment	52	81
NI125 Achieving Independence for Older People through rehabilitation / intermediate care		86.70%
NI131 Delayed Transfers Of Care		16
IMPROVED QUALITY OF LIFE		
NI136 People Supported to live independently through social services (All Adults)	2887.86	2802.28
NI135 Carers receiving needs assessment or review & a specific carers service, or advice or information	15.85%	12.99%
NI141 Percentage of vulnerable people achieving independent living		74.13%
NI142 Percentage of vulnerable people who are supported to maintain independent living	98.34%	98.71%
INCREASED CHOICE AND CONTROL		
NI130 Social care clients receiving self directed support per 100,000 population (Rolling Calculation)	452.0	565.1
NI132 Timeliness of social care assessment		85.6%
NI133 Timeliness of social care packages following assessment (Based on 2009/10 Definition)	>90	93.47%

Adult Social Care Three Year Plan Update 2009-12

KEY

●	Investigate urgently	
● ●	Ask questions about performance	
● ● ●	Acceptable, but possible room for improvement	
● ● ● ●	Good	
● ● ● ● ●	Very Good	

Performance Assessment Framework	08-09 Target	Current performance
IMPROVED HEALTH AND EMOTIONAL WELL-BEING		
D40 - Clients receiving a review	87.00%	89.83
D41 - Delayed transfers of care	28	30
IMPROVED QUALITY OF LIFE		
C28 - Intensive home care (KT) :	9.5	9.7
C28 - Intensive home care (KT) : OUT-TURN	9.5	9.6
C29 - Adults with physical disability helped to live at home	5.8	5.92
C30 - Adults with learning disabilities helped to live at home	2.5	2.6
C31 - Adults with mental health problems helped to live at home	2.0	2.0
C32 - Older people helped to live at home (BVPI)	65.0	61.3
C62 - Services for Carers	12.5%	12.64%
D54 - Percentage of items of equipment and adaptations delivered within 7 working days (KT)	87.0%	95.7%
INCREASED CHOICE AND CONTROL		
C51 - Direct Payments (KT) (Rolling Calculation)	158.9	212.6
C72 - Older people admitted permanently / 10,000 65+	74	69.40
C73 - Adults <65 admitted permanently / 10,000 18-64	2.3	2.4
D39 - People receiving statement of needs	>96%	96.1%
D55 - Acceptable waiting times for assessments (KT)	>90	91.35%
D56 Acceptable waiting times for care packages (Also NI 133 for 2008/09 ONLY)	>90	94.25%
E82 - Assessments leading to provision of services. New definition	68 < 77	66.20%

Current position

The 2007/2010 three-year plan described our commitment to develop more effective ways of working. Four areas were highlighted:

- The development of Commissioning Strategies for all service user and carer groups
- The further development of our business planning processes and making improvements to our performance monitoring
- Our Business Transformation programme
- Engagement with all key stakeholders

What follows is an update of what has been achieved so far.

• Commissioning Strategies

Commissioning strategies are:

“A formal statement of plans for securing, specifying and monitoring services to meet people’s needs at a strategic level. It applies to services provided by the local authority, NHS, other public agencies and the private and voluntary sectors.”

Joint Commissioning Strategies have been developed for **Older People’s** services, **Learning Disability** services, **Mental Health** services and services for **Carers**. These are being implemented and are already leading to changes and improvements in the way we provide services. Copies of the strategies and their action plans can be found on our website at eastsussex.gov.uk/socialcareplans

These strategies are updated on a yearly basis to reflect national and local policy and achievements. Progress against each strategy is reported into a county wide group that is responsible for ensuring that targets are achieved.

We are developing a strategy for people with physical disabilities, sensory impairment or neurological conditions or HIV “Improving Life Chances Strategy”.

Strategies provide a clear analysis of the needs of people who may require services, an understanding of the services currently offered and plans for how those services will be improved or changed in order to better meet needs. Increasingly these strategies reflect the move to invest more in preventative and re-ablement services, to provide increased choice, greater control and better quality in the services available.

- **Joint Commissioning Strategy for Older People**

The jointly developed strategy has been agreed and is being implemented through six Steering Groups. Each group is responsible for delivering one aspect of the strategy through an implementation plan. These steering groups provide regular reports to the Older People's Partnership Board. The strategy has undergone a year one review to take on board recent local and national policies and priorities and this has informed the development of year two implementation plans for each steering group.

- **Improving Life Chances Strategy**

The improving life chances strategy will focus on people with a physical disability, sensory impairment and those with long term conditions. The Strategy will be developed jointly developed with the Primary Care Trusts with clear governance provided through a multi-agency partnership board.

The development of the strategy and associated consultation will commence with a stakeholder engagement event in 2009. After this there will be a comprehensive programme of consultation and engagement, culminating in the final strategy being launched in Autumn 2009.

- **Learning Disability Joint Commissioning Strategy**

The learning disability joint commissioning strategy covers the services we provide for people with learning disabilities over the age of 18 (including older people).

It has been has been developed jointly with our partners, and also with significant involvement from service users and their carers to ensure a person-centred approach.

- **Mental Health Commissioning Strategy**

The joint mental health commissioning strategy has provided the strategic direction for the development of mental health services over the last 12 months. Work streams are being progressed under five key headings: *promoting mental health and well-being; initial treatment and prevention of deterioration; addressing immediate risk and serious illness; regaining good mental health; getting your life back.* Progress includes

- Re-commissioning day and vocational services to promote greater independence, choice and recovery. There has been extensive service user involvement in this process
- Needs assessment and review of use residential care to inform future commissioning that promotes greater independence and choice.
- Needs assessment for those people with Aspergers Syndrome.
- Development work to enhance mental health in primary care which improves access to mental health services and promotes mental health well being.

- **Carers Commissioning Strategy**

The Strategy was developed jointly with our partners to ensure a co-ordinated approach to strategic planning, support and service delivery. The County Carers Strategy Group oversees its implementation. The Strategy has already contributed to a review of all existing contracted services to support carers as well as the funding of several new projects designed to meet identified gaps in provision, and is now being refreshed to take into account the new national strategy, published in June 2008, and the incorporation of the new Putting People First agenda.

- **Business Transformation Programme**

There were multiple projects focussed on delivering key objectives to enhance our service to clients and ensuring we have efficient and effective back office support. It was recognised that change on this scale would require a major shift in culture and a restructure of the Finance and Business Support (FABS) functions took place. New posts were introduced with a stronger emphasis on professional qualifications as well as a customer focus required for many posts of accountants, procurement staff and business analysts. The staff in FABS and the wider department are now able to take forward further improvements and the systems now provide the platform for other change programmes such as Putting People First.

The Business Transformation Programme has resulted in a radical change in the way business is managed in the department. Business processes and systems are increasingly integrated with information only being recorded once at the most appropriate source. Use of web technology is being made to communicate with providers and partners, as well as for staff to work flexibly from a range of locations.

There are increasingly modernised contractual arrangements being put in place that improve the efficiency and effectiveness of services provided to service users. The modernised contracts and purchasing unit is now in a position to ensure compliance with contracts and to work with providers and service users to drive up the quality of services and ensure they meet service user needs.

- **Stakeholder involvement**

Five staff engagement events were held across the county during May and June 2008. These provided an opportunity for staff working at different levels and across different areas of the department to get together and discuss important issues. They also gave staff the chance to speak directly with the senior management team.

The primary focus of the events was the new government initiative to transform Adult Social Care – Putting People First. We wanted to involve staff in early discussions about this major change programme and what it might mean for them and for the department.

The business planning process for the department will continue to involve as many staff as possible in identifying ways for the department to meet its key priorities.

• **Value for Money**

The Adult Social Care Department has just completed year two of a three year improvement programme and as a result significant improvements in efficiency have been achieved. In total we have achieved net efficiency savings of £11.2m after investment in the transformation of services totalling £3.3m to date.

These improvements have been achieved through a range of actions which include the following. We have:

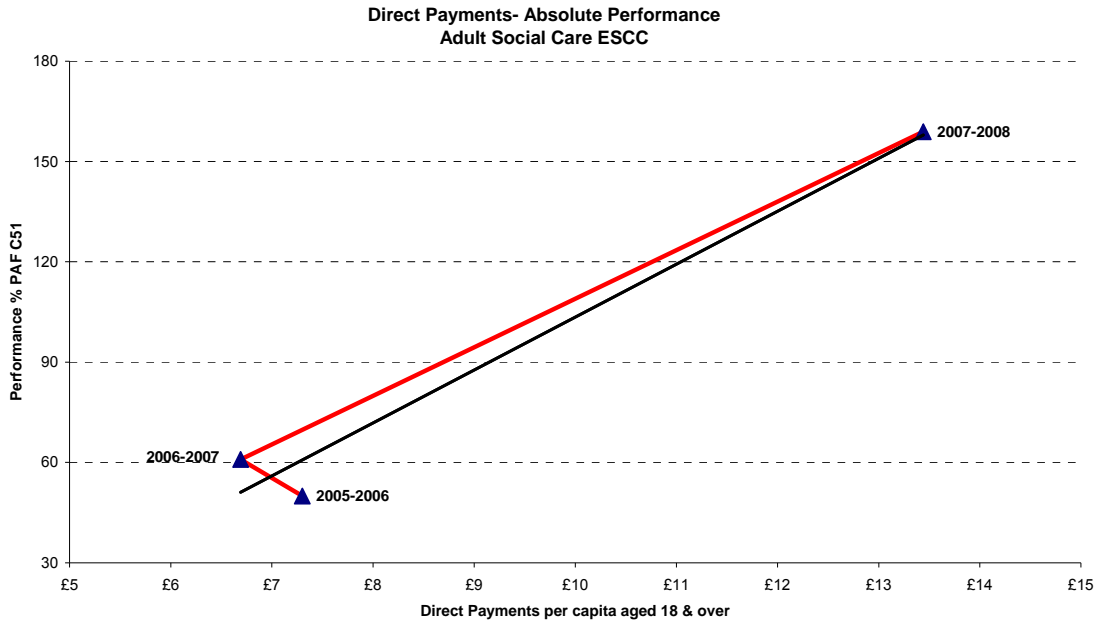
- Reviewed a number of our Directly Provided Services in an ongoing programme of improvement in the context of service user need and the wider market. This has resulted in significant change including refocusing services on intensive support and re-commissioning some services in the independent sector.
- Implemented new contracts for the main services that we buy in e.g. home care, residential and nursing care.
- Re-tendered a range of other services including Meals on Wheels, Extra-Care Housing, Direct Payments Support contract.
- Set up a Service Placement Team to ensure contract compliance and negotiate improved rates for purchased care.
- Played a key role in development of the National Toolkit for negotiating fees for working age adult placements.
- Set up new preventative services under the Partnership for Older Peoples Programme (POPPS) to support people to remain at home and reduce the need for costly long term care by early intervention.
- Aided prevention and support more people at home we have delivered more assessments and services for carers.
- Improved the processes for assessing and reviewing service users and provided systems and information to improve performance management of these services.
- Implemented new systems for the end to end process of sourcing, contracting and paying for care services to reduce back office costs and improve services
- Introduced new performance management arrangements alongside information reporting systems to support managers in delivering performance improvement.

In year one we consolidated and ensured our baselines were accurate. In 2007/08 there has been a marked improvement in our performance indicators which is in line with our plan.

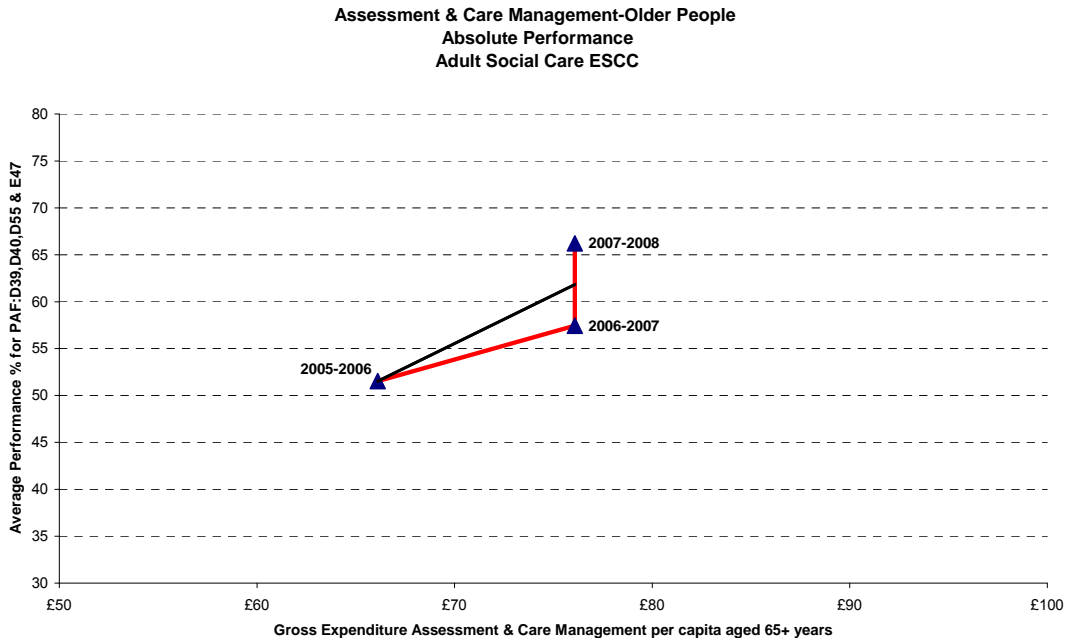
Our performance against key Unit Cost Performance Indicators is shown below: -

INDICATOR	05/06 Out-turn	06/07 Out-turn	07/08 Out-turn
B12 - Cost of intensive social care for adults (BVPI)	£534	£554	£496.00
B17 - Unit cost of home care for adults	£15.80	£15.90	£14.10

The following charts show our performance, spend and direction of travel in key areas:

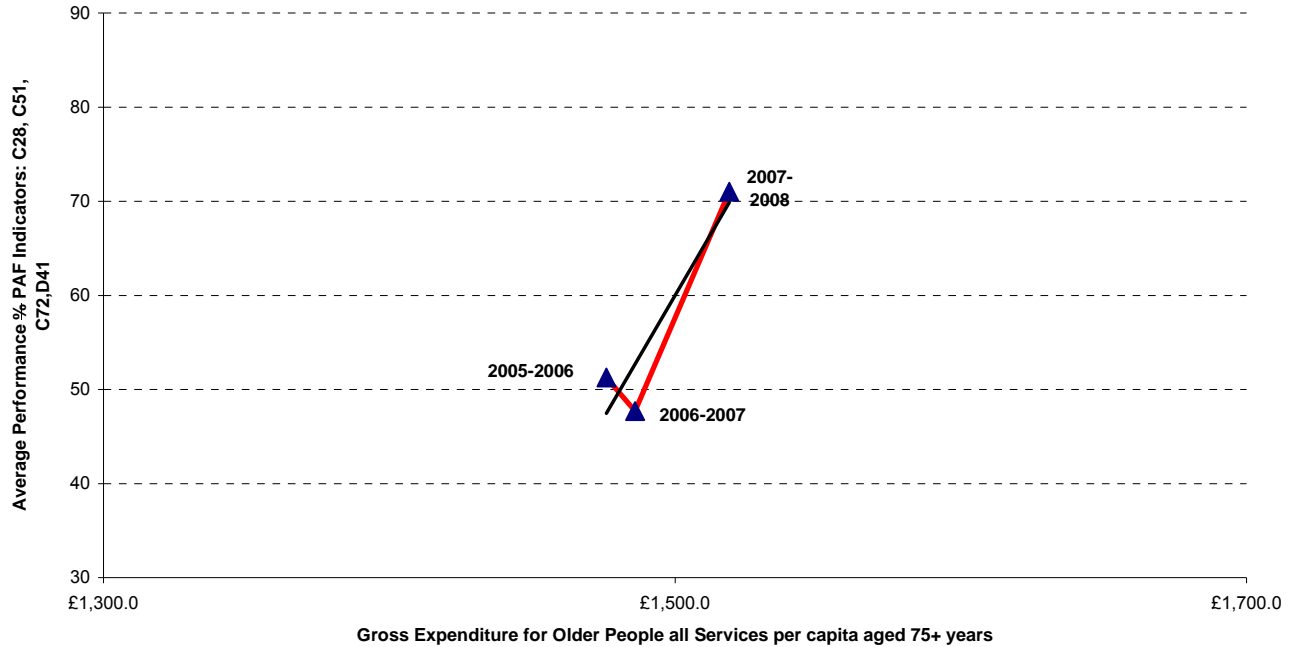


The chart shows that from our base in 2005-06, we decreased in performance and spend in 2006-07. In 2007-08 we increased performance dramatically as well as spend. The increase in spend in 2007-08 is an investment for future years.



The above chart is a composite of four indicators: service users receiving a copy of their care plan, waiting times for assessment, reviews, and levels of assessments and ethnicity recording. Together they show performance of Assessment and Care Management compared to cost. From 2005-06 to 2006-07 cost increased exponentially more than performance improved, but in 2007-08, performance improved significantly with no extra spend. This illustrates significant efficiencies gained from re-provision of existing resources.

Older People All Services-per capita aged 75+ years
 Absolute Performance
 Adult Social Care



The chart shows that from our base in 2005-06, we decreased in performance and spend in 2006-07. In 2007-08 we increased performance dramatically but with less associated investment, showing efficiency gains made from reprovision of existing resources.

• **2007/08 Financial Benchmarking**

The net expenditure per head by client group shows the Department is just above the average. Where more attention is needed is on the split by service type which indicates higher levels of spend on residential and nursing care and lower on day and home care. This reinforces our current strategies and our work with providers to keep more people at home.

In line with many other authorities there is an increase in spend on adults of above inflation, in particular our spend is increasing greatest for older people and physical disability. Less of an increase is given to Mental Health/Learning Disability and this is due to previous analysis showing us as relatively high spenders in these areas.

Our changes in the things we have spent money on between 2006/07 and 2007/08 are generally in line with policy; less in residential care and more in home care and direct payments. We need to monitor the use of nursing care closely to ensure we do not increase in this area.

4. Customer Views

Stakeholder Involvement

Last year we hosted a series of five stakeholder events in partnership with the two local Primary Care Trusts. They were held in each of the districts and boroughs of East Sussex. Each event involved a range of stakeholders, including: service user representatives; carers; representatives from voluntary organisations; independent sector providers; Primary Care Trust staff; and Adult Social Care staff. Participants told us about the gaps in their local services and how we could better meet local needs.

All of the comments, issues, suggestions and proposals were incorporated into a report to senior managers to inform business planning. A copy of the full report can be downloaded from www.eastsussex.gov.uk/socialcare

Below is a summary of the issues raised and what we have done as a result.

What you said was important	What we have done
Information and Access	Tribal Consulting was chosen to undertake a review of Information and Access across East Sussex to identify ways of establishing a comprehensive and systematic way of providing information to people across the county. This review and the recommendations they made formed one of the key elements of this year's Closer to Home events.
Community Planning and Engagement	<p>Jointly with ESDA, Children's Services and the local PCTs we have worked to establish a county-wide disability reference group. This group will be formally set up in January 2009.</p> <p>The 'Time of Our Lives' strategy promotes better quality of life for people in East Sussex as they grow older. The work in this strategy will be monitored in conjunction with the Older People's Partnership Board.</p> <p>A questionnaire asking people what they think about the services they receive, called the 'Place Survey' will be sent out to over 15,000 randomly selected households across East Sussex. The results are expected during February 2009.</p> <p>The East Sussex LINK (Local Involvement Network) opened in April 2008. The LINK will provide an opportunity for organisations and individuals to influence how health and social care services are delivered locally.</p>

What you said was important	What we have done
	<p>Together with the local PCTs we have developed a new policy for the reward and reimbursement of members of the public for their contribution to the planning, delivery and evaluation of our services.</p>
<p>Working Together more Effectively</p>	<p>The Joint Care Management Project enabled Community Matrons and our Assessment & Care Management teams to develop closer working relationships. This has allowed them to provide a faster and more informed response to the needs of patients and carers.</p> <p>A new unit has been established in Crowborough for clients with a diagnosed functional mental health condition. Adult Social Care, working with the Sussex Partnership Trust, makes use of these places to provide short periods of care before returning to independent living.</p> <p>We have established multi-agency workshops to co-ordinate how we can all work together to support young people with complex health and social care needs through the transition from childhood into adulthood.</p> <p>A three year project focused on Black and Minority Ethnic Outreach and Engagement has been underway since April 2006. The project group has worked in conjunction with community and voluntary sector partners including Sompriti and Friends, Families & Travellers in order to help deliver better services for BME individuals.</p>
<p>Service Delivery Updates</p>	<p>Direct Payments are a way of enabling people to be in control of their own care. By the end of 2007/08 over 680 people in East Sussex received Direct Payments. This was more than double the number from the previous year.</p> <p>Adult Social Care has worked in partnership with the local PCTs to support a four month pilot of Telehealth services. This scheme aims to enable patients with breathing difficulties and heart conditions to monitor their own health and support them to stay in their own homes for longer.</p> <p>Following consultation, plans for new housing-related support for vulnerable people funded by Supporting People have been approved by the East Sussex Health, Housing, Social Care & Probation Strategic Forum. These services have been developed as part of a Supporting People commissioning project.</p>

• Listening and Responding

Consultation and research is central to striving for continuous improvement for service users, their carers, and potential service users. We listen to what they say they want and need and respond. We may not always be able to provide everything that is wanted, within the backdrop of an aging and diverse population and increasing financial pressures. But we acknowledge that communication is key to people feeling valued and respected as well as cared for: and that communication is a two way process.

Customer feedback, through the “Listening and Responding” report, is given to DMT on a quarterly basis. This information, combined with monitoring of complaints and compliments, is used alongside the quarterly monitoring of targets to gauge the effectiveness of the Department as a whole. This is then used to improve the provision of services.

The information below shows an example of some of the findings in each service area between July and September 2008:

- Assessment & Care Management – Lewes & Wealden: 90% of service users were very satisfied or satisfied with the service they received.
- Assessment & Care Management – Eastbourne: 86% of service users were very satisfied or satisfied with the service they received.
- Assessment & Care Management – Hastings & Rother: 83% of service users were very satisfied or satisfied with the service they received.
- Older People’s Directly Provided Services – residential care: 96% of people were very satisfied or satisfied with the service they received.
- Older People’s Directly Provided Services – home care: 96% of people were very satisfied or satisfied with the service they received.
- Older People’s Directly Provided Services – day care: 94% of people were very satisfied or satisfied with the service they received.
- Occupational Therapy Services – Sussex Downs & Weald Team: 98% of service users thought the OT Service was excellent or good.
- Occupational Therapy Services – Eastbourne Team: 94% of service users thought the OT Service was excellent or good.
- Occupational Therapy Services – Hastings & Rother Team: 89% of service users thought the OT Service was excellent or good.
- Occupational Therapy Services – Duty Team: 91% of service users thought the OT Service was excellent or good.

Learning from User & Carer Feedback

- Blue Car Badges processes have been reviewed:
 - In future staff will offer to report missing items to the Royal Mail on behalf of a customer rather than asking the customer to do it.
 - More checks will be made on addressed envelopes prior to despatch to prevent addressing errors.

- Envelopes provided for the return of an expired badge will no longer be addressed to 'Blue Car Badges'
- Improved recording of all incoming correspondence
- "We need to ensure that when placement options are being investigated there is maximum clarity around what participants want/is acceptable to them. It is important that, wherever possible, decisions are based on shared understanding."

● User Survey

Each year, Adult Social Care is required to undertake a user experience survey of a pre-defined client group. For 2007/08, the survey was aimed at all adults over the age of 18 in receipt of minor adaptations and/or community equipment that is funded by East Sussex County Council between September and December 2007.

Below are some of the key findings from the survey:

- 95% of respondents stated that the adaptations/ equipment have made their quality of life much or a little better.
- 74.5% (237 Service users) were either extremely or very satisfied with the adaptations/ equipment that they received from social services..
- More than 90% discussed their needs for services at home. In total, 97.2% were happy with the way that they were treated during discussions about their service provision.
- 80.9% of respondents felt that they had some choice about the adaptation/ equipment that they received.
- As a result of the assessment, 27.1% received a single piece of equipment, 65.9% received a number of pieces of equipment, 24.5% received a minor adaptation and 20.1% received advice.
- 78.5% of respondents were happy with the length of time they had to wait for their service.
- The top 3 areas of life that were improved as a result of the service are:

Looking after personal care needs
Getting around within and outside of home
Helping to have more control over daily life

As part of the analysis of the results, particular attention was taken on the results that came back highlighting any negative aspects of the services provided. The intention of this is to raise any issues to inform service delivery in the future.

There has been a considerable amount of work done over the last year to improve the services provided with regards to the provision of adaptations and equipment. One particular focus has been on the reduction of waiting times for assessments and the provision of services. This work was undertaken in conjunction with a drive to improve the PAF performance against D55 (waiting times for assessments) and D56 (acceptable waiting times for care packages). Improvements in business processes and the streamlining of the service have had a significant impact as a result

Choice and control is seen as a key aspect within the provision of equipment and adaptations. In light of this, Direct Payments for non standard adaptations have been introduced with guidance becoming available to operational teams in August 2008. The government initiative 'Transforming Community Equipment Services' will also play a key role in the increased choice and control for service users and will result in the re-modelling of the Community Equipment Service to better support service users needs.

The Putting People First agenda is also going to be pivotal in the improvement of the provision of equipment/ adaptations, stating that one of the objectives will be to provide a 'transformed community equipment service, consistent with the retail market model'.

5. 2012/13 Where we aim to be

Personalisation

The ground work that has taken place in Adult Social Care over the past year has put us in an excellent position to take forward the changes outlined in *Putting People First*. We will manage the move to more personalised care through the development of our Assessment and Care Management Strategy. Our objective will be to start delivering Individual Budgets and Self Directed Support by the beginning of 2009/10 as mainstream activity for the Department. We will also need to make fundamental shifts in how we support this through our back office systems.

We will be developing new models of care that reflect national best practice, local need and people's expressed views. We will continue to develop 'personalised' services which focus on the outcomes and benefits for the user through our jointly developed commissioning strategies.

We are committed to working hand in hand with the Primary Care Trust (PCT) to take forward the joint implementation of the commissioning strategies and the Putting People First agenda. This year will see a move from the developing of joint commissioning strategies and planning new services to jointly performance managing their implementation.

Delivery of the personalisation agenda will have a direct impact on our commissioning and procurement arrangements and our future management of the market. Building the right services for local people is critical.

The new Government initiative has come at an ideal time for this department. The changes that we have made this year have built a robust framework on which we can tackle the challenges set by Putting People First. We are in a position to take on the task of delivering the personalised services that people want in a coherent and joined up way.

Well-being

We will continue to concentrate on our partnership work with all stakeholders to address the wellbeing and community engagement agenda in line with the Government White Paper "Our Health, Our Care, Our Say" and Putting People First.

Preventative interventions occur across the entire span of services from information and simple services through to intensive, specialist provision. Our commitment starts with the Cabinet Policy Steers, which have led to strategic shift and increase in investment in preventative services explicitly supported by elected Members. The Joint Commissioning Strategy for Older People has the first of six areas of work focussed on Promoting a Healthy

Older Age, which, supported by a Joint Strategic Needs Assessment (JSNA), provides the framework for action across the County Council, with older people and carers, the NHS and other partner agencies addressing the needs of the wider community.

The Promoting Healthy Older Age (PHOA) Action Plan, developed and led by the PHOA Steering Group and in turn the Older People's Partnership Board (OPPB), encompasses key work which support wellbeing and community engagement such as:

- ongoing development and application of the JSNA;
- ensuring linkages to the LAA and Local Strategic Partnership (LSP) and Health Improvement Partnerships;
- extending and maximising the impact of older peoples engagement through the Forums and ESSA;
- ranging from making a positive contribution to involvement in co-design and co-production of "Forward From 50";
- commissioning, monitoring & evaluation of services (Partnerships for Older People Project - POPP);
- improving access to advice, information & preventative services; and
- improving the quality of life of older residents of East Sussex through the development and implementation of the Time of Our Lives Strategy aims to co-ordinate services, projects and initiatives that promote older people's quality of life across eight different 'domains of independence and wellbeing'.

However, the focus on prevention, optimising choices and maximising independence and wellbeing is embedded across the pathway of services set out in the Joint Strategy. Whether in terms of "crisis" services or the need for long-term support, commissioned services across the board are expected to promote independence, offer choice, maximise the chances for recovery and reduce the need for long-term intensive support for as long as possible.

Approaches to wellbeing and prevention are explicit in Strong Voices, Big Ideas – a Joint Commissioning Strategy for People with Learning Disabilities in East Sussex. The Learning Disability Partnership Board Service User Reference Group were integral to the development of the Commissioning Strategy and regularly represent the views of people with Learning Disabilities at the Board. "Our work is about making sure that the voices of people with Learning Disabilities are heard" (from Foreword to Strong Voices, Big Ideas). Detailed Action Plans support the Strategy and include reviewing documentation in Learning Disability Directly Provided Services with a focus on healthy living, improving opportunities for fitness and sport and developing Health Action Plans.

Planning and Commissioning

Commissioning Strategies describe how health, social care and supported housing services will change for older people, people with learning disabilities, people with mental health problems and carers in the next few years. They set out the commitments being made by the organisations responsible for these services, to work jointly together to improve the experience of those who use them and get the most out of available resources.

The population of East Sussex is changing and there will be more people living to an older age in the future.

Health social care and housing services have to respond to these changes and the commissioning process is a key mechanism for achieving this. The strategies are based on an assessment of needs, review of models of best practice, how well existing services are performing and what our patients, service users, carers and stakeholders have told us. Its focus is on prevention and promoting health and well being by providing more care closer to home, in line with national policies.

In the local context of financial constraints it is important that we are transparent and work in partnership to make the best use of resources as well as improve outcomes for local people. Good examples already exist of how this is being done, including work with the voluntary sector and consultations with stakeholders informing our strategy.

We are already developing new sorts of 'care pathways', with more focus on helping older people to enjoy good physical and mental health through prevention and supporting people to look after themselves. Older people who are at risk will benefit from early intervention services to prevent or delay them from developing problems that may otherwise lead to hospital or Care Home admissions, which is where most of our money is currently spent.

As higher than average numbers of older people at all ages live in East Sussex and these are set to increase in the future, demand for existing services will increase especially sharply over the next ten years. At the same time costs will also rise and this situation will not be sustainable in the longer term.

There is an opportunity before then to reduce reliance on hospital and residential care services, and as we know what problems most affect older people, we can target our resources on addressing their particular needs. For example, it is often as a result of falls, stroke, chronic obstructive pulmonary disease (COPD: made up of various respiratory diseases) or dementia that older people develop a long term need for health, social care and housing services, even though there is good evidence on how to improve the treatment and care management of these problems, and those with more complex needs.

Care will be co-ordinated or 'managed' jointly between agencies in the future, and a range of services will be able to respond to emergencies quickly and in accordance with their seriousness. There will be opportunities for avoiding admission to hospital, maximising recovery, and options for providing long term support.

Putting People First Programme Vision

Vision, Objectives, Benefits and Deliverables

The local Vision, Objectives and Deliverables for Putting People First, are closely aligned to the advice given in the PPF Concordat . The next stage is to engage with local citizens and other stakeholders to further define and develop these together.

Programme vision

People will have maximum choice and control over the support they receive.

We will do this by:

- transforming how we work;
- working with the people who use social care services, families and carers, the staff who provide the services, local communities, the NHS, voluntary and independent sector service providers, housing providers, District and Borough Councils and other ESCC Council departments.
- continuing to make sure that we get the best value out of public and personal funding.

Objectives

Working with our partners to get the best value out of public and personal funding, we will help local residents to:

- exercise maximum control over their own life;
- retain dignity and respect;
- live safely and as independently as possible;
- have the best quality of life;
- access high quality services;
- participate as active and equal citizens;
- stay healthy, recover quickly from illness, and pursue a healthier lifestyle;

... recognising diversity and individuals' preferences.

This means.....

1. Information and advice for everyone needing services, including carers, irrespective of their eligibility for public funding.
2. A common process for all, including determining individual's social care needs and personal preferences. Normally people will assess and review their own needs, with the support of family, friends, professionals and others.

3. Working closely with anyone who provides care and support services to make sure there are a variety of services available to meet needs, supporting innovation and good practice. A change in the way we do business where necessary to increase choice, accessibility, responsiveness and quality for service users and their carers.
4. Improved systems that monitor the quality and safety of services, and ensure they promote independence, wellbeing and dignity.
5. Personal budgets for everyone eligible for funded planned support and a system in place if people need help to manage their personal budget. This enables everyone to know how much money is available to provide their social support, and have more control over how that money is spent.
6. It will become the norm for people to take the lead in deciding what their social support needs are. People will be able to say what care and support is right for them and have choices in how it is delivered, with assistance readily available.
7. Advocacy services available where needed to provide one-to-one support to individuals, so that they can express their views to ensure that their interests are represented effectively.
8. A system to help keep vulnerable people safe, to minimise the risk of abuse and neglect, and to promote dignity and respect for all.
9. Involvement of people from all parts of the local community in deciding what services should be provided and how best to provide those services. We will take care to involve people who might not easily be able to get their point of view included.
10. Ensuring a wide range of early support services to help people maintain healthier lifestyles, and improve their wellbeing and independence rather than relying on intervention at the point of crisis.
11. Working alongside employers to improve training and support for people who provide social care. This will include raising skill levels and providing opportunities for career progression in the social care workforce.
12. Support for programmes which enable carers to develop their skills and confidence, including protecting children from inappropriate carer roles.
13. Children's services and adult care services working in partnership to support children [and their carers], as they become young adults, and move from one service to the other.
14. Improved access to community equipment that assists people to live independently.
15. Better processes and finance, business and information systems to support the people who deliver social care services.

6. Budget and Service Plan targets

Budget Plan

Adult Social Care 4 Year Financial Summary

	2009/10 £000s	2010/11 £000s	2011/12 £000s	2012/13 £000s
Cash limit	155,606			
Includes:-				
One-off items				
Area Based Grant	10,631			
Other Base adjustments	(20)			
Allowed cash increase of	7,437			
Spending Pressures & Priorities				
Normal Inflation	3,803	3,932	4,060	4,189
Excess inflation	1,756	-	-	-
Demand on Purchased Care	2,828	2,904	3,278	3,300
Reduction in Specific Government Grants	615	554	531	507
Maintaining Preventative Technology Service	594	315	-	-
Ongoing Review of Directly Provided Services	98	301	445	-
Loss of Health Income in Directly Provided Services	219	-	-	-
Extra Care Housing Scheme Developments	62	619	36	29
Supporting the continuation of POPPs schemes	145	-	-	-
Development of Homecare Services	200	-	-	-
One Year Extension of the STACS Self Funders Project	109	(109)	-	-
Older People's Services pressures	172	396	-	953
Physical Disability pressures	262	5	10	10
Learning Disability pressures	262	758	-	-
Management and Support pressures	177	22	30	-
Casual Worker Holiday Pay (CWHP)	152	-	-	-
Independent Safeguarding Authority	18	30	11	-
Change to holiday entitlement (EU Law)	65	33	-	-
Single Status and Allowances	170	-	-	-
Total spending pressures to be funded	11,707	9,760	8,401	8,988
Less:				
a) Efficiency savings				
Ongoing Review of Directly Provided Older People Service	(1,362)	(1,603)	-	-
Improved Procurement of Older People Services	(569)	-	-	-
Completion of Continuing Health Care assessments	(1,000)	-	-	-
Working Age Adults - activity review & better procurement	-	(1,185)	(1,929)	(2,516)
Improved Procurement of Learning Disability Placements	(300)	-	-	-
Ongoing Review of Directly Provided LD Services	(796)	(500)	-	-
Other savings	(243)	-	-	-
Total savings	(4,270)	(3,288)	(1,929)	(2,516)
Cash change	7,437			

On 20 February 2007 the County Council approved the budget for Adult Social Care for the three years to 2009/10:

Cash Limit Increase

	£'m	£'m	%
2007/08	123.3	6.4	5.5
2008/09	129.3	6.0	5.0
2009/10	135.8	6.5	5.0

In 2008/09 the government changed the mechanism by which authorities received some of their grant funding. The introduction of the "Area Based Grant" amalgamated a number of grants into one which is paid to authorities as part of central government funding. The impact of this change has been to increase the net budget for Adult Social Care, such that for 2009/10 the cash limit budget will be £155.606m. The increase in cash limit for 2009/10 has been provisionally set at £7.4m, an increase of £0.9m on the indicative allocation of £6.5m, to reflect the funding of significant inflationary pressures currently being experienced.

Challenges we face in 2009/10

In setting the budget for 2009/10 a number of factors have been taken into account:

- **Inflation at 2% for pay and goods and services will be allowed for within the budget.** However, this will not cover all costs, which for a number of specific reasons, are increasing above inflation. The main pressure will arise from the indexation of service contracts and ongoing increased costs of utilities. The authority has recognised this additional inflationary pressure, with an increase in the cash limit to partially meet these pressures.
- **Modelling the demand for care** reflects the department's policy steers, joint commissioning strategies, together with the projected increase in population and transition of service users from Children's Services. The additional budget pressure is currently estimated to be £2.8m
- **Service developments**, including the mainstreaming of Preventative Technology Services, review of Directly Provided Services, improvements to homecare services have been reflected in the 2009/10 budget.
- **The implementation of the Government's individual budgets strategy**, Putting People First, is starting to be modelled into future year budgets. The initial costs associated with delivering the strategy are currently be met from the Adult Social Care Reform Grant.

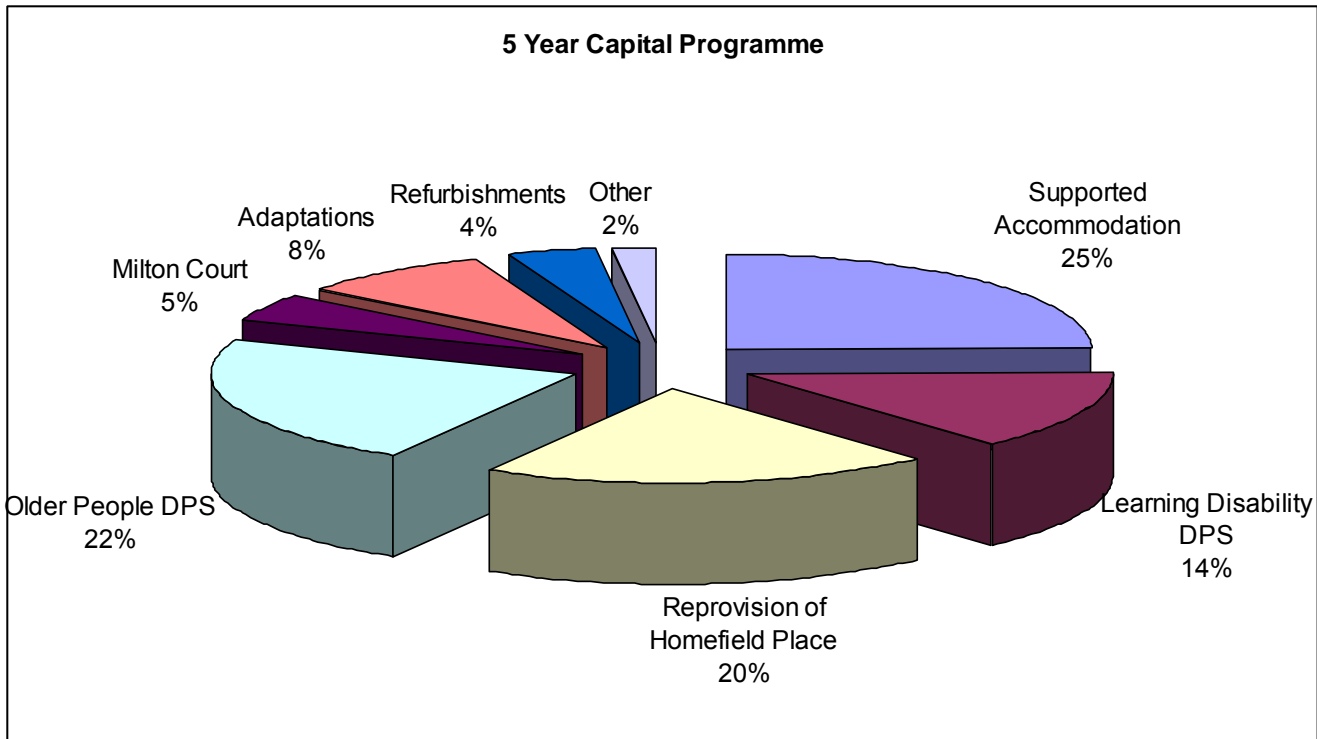
- The announcement of cash limit budgets for 2010/11 onwards has not been made at this time.
- The slow down in the wider economy could increase the pressure on existing resources. At this time it is difficult to predict what impact there will be, but this will be monitored.

Efficiency and Performance Improvements

The Comprehensive Spending Review 2007 increased the requirement on local authorities to make cashable savings of 3%. Adult Social Care is working to achieve this target and is planning to make savings of £4.3m in 2009/10.

Capital Programme 2009/10 to 2013/14

	£'000
Total funding	25,004
Supported Accommodation	6,150
Learning Disability DPS	3,460
Reprovision of Homefield Place	5,000
Older People DPS	5,569
Milton Court	1,233
Disabled Adaptations	2,125
Refurbishments	1,010
Other	457
	25,004



The draft ASC capital programme for the next 5 years, 2009/10 to 2013/14, identifies resources of £25m, which will deliver capital investment to support the department's policy steers of helping people to live at home and more service user choice. Key capital investments will deliver the outcomes of the reviews of directly provided services, the development of supported accommodation and the continued funding of disabled adaptations and refurbishments of accommodation.

Targets

The targets shown below are drawn from a variety of plans and indicator sets within Adult Social Care. The table below is a reference list of the source documentation.

The targets in this section list the source of the target, and are mapped to the key drivers (see Section 3) and also to the grade descriptors used by CSCI to arrive at judgements of performance by the Adult Social Care Department in delivering the 7 + 2 outcomes. These grade descriptors set out the criteria that need to be met against each outcome which results in a judgement of: excellent, good, adequate or poor.

Source	Reference
Adult Social Care Business Plan	ASC BP
CSCI Action Plan	CSCI AP
National Indicator Set	NIS
Performance Assessment Framework	PAF
Local Area Agreement	LAA
Equality & Diversity Strategy	EDS

Policy Steer 1					
Improve how we plan and commission services with Health and Housing to promote quality, better outcomes, improved customer care and cost-effectiveness.					
Source / Key Driver (KD) / Grade Descriptor (GD)	Performance Measures	Our result for 2008/09 was	Our target for 2009/10	Our target for 2010/11	Our target for 2011/12
NIS KD 12.1 GD 1.3	a) Proportion of people whose transfer of care from all care in all hospitals is delayed. (NI 131)	16 (as at October 2008)	TBC	TBC	TBC
CSCI AP KD 5.2 GD 9.4	b) Develop Joint Procurement with the Primary Care Trust in order to improve market management of nursing care (minimum requirements, consistent fee rates, better identify service gaps) and establish joint brokerage to promote single point of contact for purchasing. Joint brokerage to be established during 2009/2010	N/a	March 2010	N/a	N/a
CSCI AP KD 5.2 GD 9.4	c) Recommission services providing tier 2 and tier 3 interventions (including specialist prescribing) in Hastings and Rother	N/a	N/a	March 2011	N/a
CSCI AP KD 5.2 GD 9.4	d) Develop and implement commissioning and procurement model. Strategy completion by 31/03/2010	N/a	Strategy completed by March 2010	N/a	N/a
CSCI AP KD 5.1	e) Review partnership arrangements with provider agencies to improve departmental / provider	March 2009	N/a	N/a	N/a

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GD 9.4	relationships. Options appraisal for cross sector provider partnership arrangements. Options appraisal complete by 31/3/09				
CSCI AP KD 5.1 GD 9.4	f) Review partnership arrangements with provider agencies to improve departmental / provider relationships. Options appraisal to cover home care, residential and voluntary organisations.	N/a	March 2010	N/a	N/a

Policy Steer 2					
Improve how people access information, advice, help and support through joint work with partners.					
Source / Key Driver (KD) / Grade Descriptor (GD)	Performance Measures	Our result for 2008/09 was	Our target for 2009/10	Our target for 2010/11	Our target for 2011/12
NIS KD 10.1 GD 4.2	a) Avoidable contact : the proportion of customer contact that is of low or no value to the customer (NI 14)	TBC	TBC	TBC	TBC
EDS KD 10.2 GD 4.2	b) Timely information about ASC services available to different parts of the community in appropriate formats, languages and methods of communication through video/cd rom and other materials distributed and responses monitored	N/a	March 2010	N/a	N/a
EDS KD 10.2 GD 4.2	c) Timely information about ASC services available to different parts of the community in appropriate formats, languages and methods of communication through annual increase in website hits	N/a	March 2010	N/a	N/a
CSCI AP KD 10.2 GD 5.5b	d) Implementation of new advocacy service	N/a	April 2009	N/a	N/a
CSCI AP KD 10.2 GD 5.5b	e) Service users are satisfied with information about advocacy services (baseline to be established by 31/12/09)	N/a	Establish baseline by 31/12/09	TBC	TBC

Policy Steer 3 With Health and Housing, develop the assessment and management of people's care that focuses on their individual needs, circumstance and personal preferences, taking into account the development of Individual Budgets and Self Directed Care.					
Source / Key Driver	Performance Measures	Our result for 2008/09 was	Our target for 2009/10	Our target for 2010/11	Our target for 2011/12
NIS KD 9.1 GD 4.1	a) Percentage of assessments that are completed in a timely fashion. (NI 132)	85.6% (as at October 2008)	TBC	TBC	TBC
NIS KD 9.1 GD 4.1	b) Percentage of services that are provided in a timely fashion (NI 133)	92.9% (as at October 2008)	TBC	TBC	TBC
NIS LAA KD 9.4 GD 4.7	c) Proportion of adults and older people receiving self directed support (NI 130) (LAA)	565.1 (as at October 2008)	674.3	896.8	TBC
PAF ASC BP KD 9.3 GD 4.1	d) Adult and older clients receiving a review as a percentage of those receiving a service (PAF D40)	89.83% (as at October 2008)	TBC	TBC	TBC
CSCI AP KD 10.2 GD 4.7	e) Service users are satisfied with information about direct payments services (baseline to be established by 31/12/09)	N/a	Baseline established by 31/12/09	TBC	TBC
CSCI AP KD 9.1 GD 4.2	f) Review and refresh minimum standards of practice for assessment, care planning and review. Standards to be disseminated by 30/04/09	N/a	April 2009	N/a	N/a

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CSCI AP KD 9.1 GD 1.2	g) Evaluate pilots to extend use of SAP in wider agencies (including GP surgery and Person Held Record pilots. Evaluation complete by 30/05/09	N/a	May 2009	N/a	N/a
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Policy Steer 4					
Fully involve our users, their carers and the wider community in planning, developing, and reviewing strategies and services to meet the needs of local people.					
Source / Key Driver	Performance Measures	Our result for 2008/09 was	Our target for 2009/10	Our target for 2010/11	Our target for 2011/12
NIS KD 3.2 GD 3.4	a) Self reported experience of social care users (NI 127)	N/A	TBC	TBC	TBC
NIS KD 3.2 GD 3.4	b) User reported measure of respect and dignity in their treatment (NI 128)	N/A	TBC	TBC	TBC
CSCI AP KD 3.1 GD 3.2	c) User/Carer representation on all strategic boards by 31/12/09 and extended involvement in service development and evaluation	N/a	December 2009	N/a	N/a
CSCI AP KD 3.1 GD 9.4	d) Systematic engagement of service providers through Putting People First Choice, Market Development and Engagement workstream.	N/a	Establish and develop engagement mechanisms during 2009/2010	N/a	N/a
CSCI AP KD 3.1 GD 3.4	e) Assessment and Care Management user experience surveys: Maintain user satisfaction levels at greater than 75% for 'satisfaction with assessment' and 'overall satisfaction with adult social care'	TBC	> 75%	> 75%	> 75%
CSCI AP KD 3.1 GD 3.4	f) Occupational Therapy User Experience Survey: Maintain the percentage of users who felt their life has improved as a result of	TBC	> 75%	> 75%	> 75%

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	equipment / adaptations, at over 75%				
CSCI AP KD 3.1 GD 3.4	g) Support To Access Care Services (STACS): Maintain percentage of service users who felt that the information received from STACS had allowed them to make an informed choice at 80%+.	TBC	> 80%	> 80%	> 80%
CSCI AP KD 3.1 GD 4.2	h) Deliver awareness raising sessions to the Health and Community Theme Group of the Older Peoples Forums, on systems for reporting concerns by September 2009	N/a	September 2009	N/a	N/a
CSCI AP KD 3.1 GD 4.2	i) Reduced number of concerns raised by the independent sector about older people lacking confidence in systems for reporting concerns	Establish baseline by 31/3/09	TBC	TBC	TBC
CSCI AP KD 3.1 GD 3.4	j) 70%+ people feel supported through changes made to their service	TBC	70%	70%	70%

Policy Steer 5 Improve significantly how we safeguard vulnerable adults in partnership with health services and the police.					
Source / Key Driver	Performance Measures	Our result for 2008/09 was	Our target for 2009/10	Our target for 2010/11	Our target for 2011/12
CSCI AP KD 1.1 GD 7.1	a) Independent evaluation of Safeguarding Vulnerable Adults Strategy for East Sussex commissioned by partner organisations. Evaluation to include a review of performance indicators and to be completed by October 2010	N/a	N/a	October 2010	N/a
CSCI AP KD 1.1 GD 7.2	b) Increase the percentage of staff from independent sector providers receiving safeguarding adults training from 11% in 2008/09 to 25% in 2009/2010	11%	25%	N/a	N/a
CSCI AP KD 1.1 GD 7.1	c) Increase safeguarding referrals from Home Care agencies. 2009/10 targets to be based on 2008/09 baseline	TBC	TBC	TBC	TBC
CSCI AP KD 1.1 GD 7.7	d) Risk assessments, levels, and protection plans completed for 100% of investigations by 30/09/09	TBC	100%	100%	100%
CSCI AP KD 1.1 GD 7.1	e) Promote awareness of Safeguarding Vulnerable Adults Strategy for East Sussex through planned multi-agency initiatives on 'World elder abuse awareness day'	N/a	June 2009	N/a	N/a

Policy Steer 6 Support more older people and vulnerable adults to live safely in their own homes and local community.					
Source / Key Driver	Performance Measures	Our result for 2008/09 was	Our target for 2009/10	Our target for 2010/11	Our target for 2011/12
NIS LAA KD 12.2 GD 2.1	a) Number of adults and older people helped to live at home (NI 136) (LAA)	2635.49 (as at October 2008)	2793.10	2863.73	TBC
PAF ASC BP KD 12.1 GD 2.1	b) Number of older people helped to live at home per 1,000 population aged 65 or over(PAF C32)	61.14 (as at October 2008)	TBC	TBC	TBC
NIS KD 12.3 GD 2.1	c) Number of vulnerable people achieving independent living (NI 141)	74.13% (as at September 2008)	TBC	TBC	TBC
NIS LAA KD 12.3 GD 2.1	d) Percentage of people who are supported to maintain independent living (NI 142) (LAA)	98.71% (as at September 2008)	98.34%	98.34%	TBC
NIS LAA KD 7.3 GD 2.1	e) Percentage of carers receiving a 'carer's break', specific carers' service, or advice and information (NI 135) (LAA)	12.82% (as at October 2008)	19.03%	22.00%	TBC
NIS KD 12.2 GD 2.1	f) Achieving independence for older people through rehabilitation/ intermediate care (NI 125)	86.7% (as at October 2008)	TBC	TBC	TBC

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NIS KD 12.1 GD 2.1	g) Adults with learning disabilities in settled accommodation (NI 145)	TBC	TBC	TBC	TBC
PAF ASC BP KD 12.1 GD 2.1	h) Percentage of items of equipment and adaptations delivered within 7 working days (PAF D54)	95.7% (as at October 2008)	TBC	TBC	TBC
CSCI AP KD 12.1 GD 2.1	i) New Carers Emergency Respite Service (CRESS) in place	N/a	April 2009	N/a	N/a

Policy Steer 7					
Improve opportunities for vulnerable people to positively engage with their communities and further encourage participation in local services and activities.					
Source / Key Driver	Performance Measures	Our result for 2008/09 was	Our target for 2009/10	Our target for 2010/11	Our target for 2011/12
NIS KD 14.1 GD 6.2	a) Adults with learning disabilities in employment (NI 146)	TBC	TBC	TBC	TBC
CSCI AP KD 14 GD 6.3	b) Increase the number of carers supported to continue in their employment or return to work: 2009/2010 target to be set against 2008/09 baseline	TBC	TBC	TBC	TBC
CSCI AP KD 3.1 GD 6.2	c) Develop and deliver a programme of inclusive participation training	TBC	TBC	TBC	TBC

Policy Steer 8 Develop disability and mental health services that ensure the effective transition of young people from children's services to adult social care.					
Source / Key Driver	Performance Measures	Our result for 2008/09 was	Our target for 2009/10	Our target for 2010/11	Our target for 2011/12
CSCI AP KD 6.1 GD 4.2	a) Users and carers are satisfied with their experience of transition	N/a	Baseline to be established	TBC	TBC

Policy Steer 9 Lead improvements to the well-being of local communities across East Sussex through joint working with partners.					
Source / Key Driver	Performance Measures	Our result for 2008/09 was	Our target for 2009/10	Our target for 2010/11	Our target for 2011/12
CSCI AP NIS KD 13.1 GD 1.1	a) Crack and/or opiate users recorded as being in effective treatment. 2009/2010 Target: 5 % increase from baseline year (NI 40)	TBC	5% increase from 2008/09 baseline	TBC	TBC
CSCI AP KD 13.1 GD 6.1	b) Jointly manage strategic and operational CHC issues through monthly meetings with Health	TBC	TBC	TBC	TBC

Policy Steer 10 Continue to improve equity and equality of opportunity for all through our service delivery and as an employer.					
Source / Key Driver	Performance Measures	Our result for 2008/09 was	Our target for 2009/10	Our target for 2010/11	Our target for 2011/12
EDS KD 4.1 GD 2.1	a) Ensure disability equality is taken into account when contracting services from other organisations through reviewing information given to potential contractors and how their work is assessed	N/a	March 2010	N/a	N/a
EDS KD 4.1 GD 5.6	b) Monitor disability equality in contracted services	N/a	March 2010	N/a	N/a
EDS KD 4.1 GD 5.6	c) Train staff involved in contract management in disability equality and how to monitor and review contracted services	N/a	March 2010	N/a	N/a
CSCI AP KD 11.1 GD 8.3	d) Increase percentage of staff who agree that: 'Over the past 12 months I have become clearer about the Council's objectives and my role in achieving them' from 46% in 2007 to 50% in 2009	46%	50%	TBC	TBC
CSCI AP KD 11.1 GD 8.3	e) Increase the percentage of staff who state 'My line manager discusses team performance at team meetings' from 60% in 2007 to 65% in 2009	60%	65%	TBC	TBC

7. Key risks and how we will manage them

Risk management in Adult Social Care is well embedded with business planning processes. Management Teams at varying levels through the Department review progress on targets and measures alongside risks and contingencies at quarterly intervals.

The top level strategic risks which would have the highest impact for the Department and the Council are shown below. Different levels of risk are contained in and monitored through the plans for each Service area, with an embedded escalation process.

Risks				
Risk	Impact	Likelihood	Contingency	Reporting Officer
Failure to recruit and retain key, appropriately qualified staff in particular services.	High	Likely	<ul style="list-style-type: none"> Market Research improved Workforce Strategy produced Development of career pathways, e.g. trainee social worker programmes, CIPFA training programme Use of specialist head-hunters. 	Mark Stainton, Samantha Williams
Failure to deliver new service models (Putting People First) alongside existing services within existing financial resources, whilst establishing levels of demand for new service types.	Extremely High	Likely	<ul style="list-style-type: none"> Demand modelling through pilots and evaluations of new service models Putting People First Board ongoing management of balance between new services against existing service models and necessary actions to deliver both within existing resource envelope. 	Rita Stebbings
Financial pressure arising as a result of the economic downturn impacting on: - <ul style="list-style-type: none"> Service user ability to pay ASC debt The value of property in 	Extremely High	Likely	<ul style="list-style-type: none"> Continued development of preventative services Income maximisation through financial assessments including benefits advice Proactive and early debt monitoring 	Rita Stebbings, Beverly Hone

Risks				
Risk	Impact	Likelihood	Contingency	Reporting Officer
accrued debt cases • Contraction of the market in light of credit difficulties			<ul style="list-style-type: none"> Regular revaluations of property Prompt payment of provider fees Continual monitoring of market and meetings with providers forums 	
Multiple risks associated with transformational change in the way that Adult Social Care conducts its business, provides social care services and its changed relationship with the public.	Extremely High	Unlikely	<ul style="list-style-type: none"> Three year change programme has been established, supported by central government funding of a £5.4 million social care reform grant. 	David Liley
Financial constraints within the NHS impacting on ability to reach agreement to transfer funding to the Council for Learning Disability Services and to ensure adequate funding for Continuing Health Care.	High	Likely	<ul style="list-style-type: none"> Robust procedures for keeping financial information up to date and ceasing contracts as appropriate. Regular dialogue with the PCT at a senior level. 	Rita Stebbings