



Adult Social Care

Portfolio Plan

2010/11 - 2013/14

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1. Introduction

Introduction from Lead Members and Director of Adult Social Care

1.1 Adult Social Care is changing nationally and locally. All Adult Social Care departments are now entering the third year of delivering the “Putting People First” transformation agenda, and this plan describes our local progress to date and our future objectives for delivering this programme of change. We believe that we are well placed to meet the national Putting People First milestones and are therefore able to make real and positive changes to the way in which Adult Social Care services are delivered in East Sussex.

1.2 In addition to the Putting People First transformation programme, further significant changes to the delivery of Adult Social Care are set out in the ‘Personal Care at Home’ consultation which was formally announced in the Queen’s speech on 18th November 2009. The ‘Personal Care at Home’ consultation relates to Government proposals that Councils with responsibility for providing Adult Social Care Services should provide free personal care in certain circumstances, to people with the highest needs. The consultation indicates that funding will be released to implement this provision and that an allocation of around £2.5 million would be made to East Sussex as early as October 2010. We are currently considering the proposals set out in the consultation paper and the implications of implementing such proposals locally.

1.3 Locally we have improved our performance over the last year and have been judged by the Care Quality Commission as ‘performing well’ across the seven areas we are assessed against. This provides the ideal platform upon which to continue delivering the Putting People First programme of change. We continue to work with our partners to develop and implement our joint commissioning strategies and to increase choice for people using our services. Ensuring high quality services and safeguarding individuals against abuse continue to be the core principles upon which we develop and deliver adult social care services.

1.4 We are well aware of local challenges we face in East Sussex to meet increasing demand from a growing older population. The current financial climate significantly increases this pressure as we try to support more people to live independently in their own homes from reducing financial resources. In order to deliver our priorities, we need to make some difficult choices to meet rising demand within an increasingly challenging financial environment.

1.5 There is also greater uncertainty about the Government’s general and specific grant allocations than has been the case in recent years. We need to plan to bridge the gap between resources and expectation as far as possible by efficiency savings, productivity increases and smarter use of resources but also to recognise that tough, informed choices about which services and activities we provide will also be needed in both the short and medium term. We need to explore potential new ways of working at both service and organisation level and we have already set underway a number of projects. We also need to find new ways to engage staff, residents and local partners in work to review both services and our overall ways of working.

1.6 We know that transforming Adult Social care within the national and local context outline above will be challenging. This plan sets out our priorities and objectives for the coming years, and how we are going to deliver them.

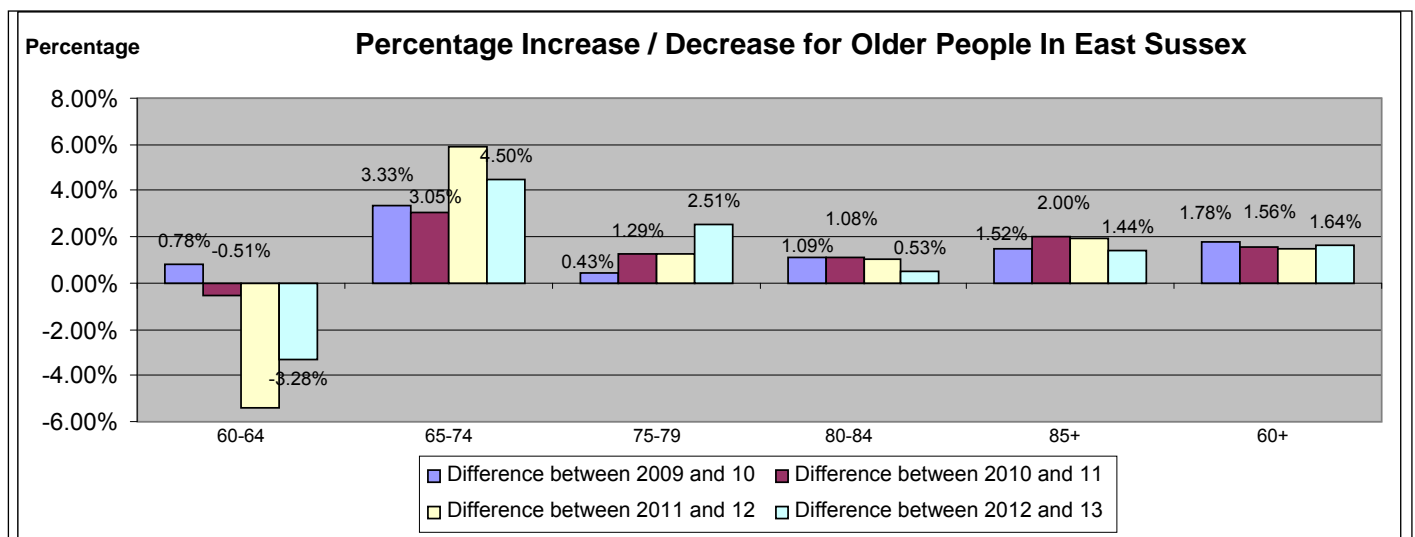
The Picture of East Sussex

1.7 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).

1.8 East Sussex Adult Social Care currently supports over 7500 older and over 3300 working age adults to live independently in their own homes. Over 2100 carers currently receive a carer's service and a further 1400 carers received information and advice during 2008 - 2009. In addition, Adult Social Care is supporting over 3400 residents in residential and nursing care (as at 31st March 2009).

1.9 The graph below shows the predicted percentage changes in population 60+ each year from 2009/10 to 2012/13.

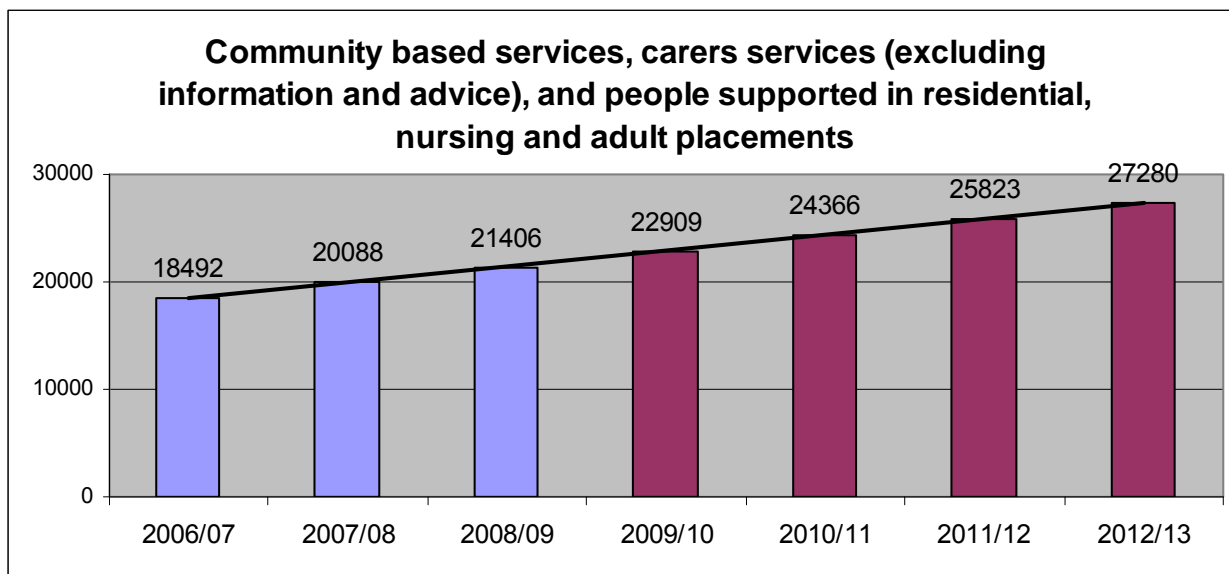
**Percentage Increase / Decrease for Older People In East Sussex
2009 to 2013**



Figures taken from "Population projections trend-based, 2006-2031 – districts", on East Sussex in Figures (ESiF)

1.10 The above chart shows that from 2010 to 2013 the greatest population increase is amongst people aged 65-74. The projections anticipate an additional 7,600 people (an increase of 14%) in this age band over the next four years. It is also worth noting that people living in East Sussex who are aged 85 or over are expected to increase by 5.5% (1,100 more people) over the same period.

1.11 Looking more broadly than Older People, the overall demand for Adult Social Care services is increasing. The graph below shows the number of people supported by Adult Social Care, receiving community based services (helped to live at home), carers receiving a specific carer's service, and people supported in residential and nursing homes, and in adult placements, in 2006/07, 2007/08 and 2008/09 and the projected future demand for services in 2010/11, 2011/12 and 2012/13.



1.12 If the current trend continues, demand for services will have increased by 48% from 2006/07 to 2012/13. This equates to an additional 8,700 people in receipt of Adult Social Care services in 2012/2013 compared to 2006/07. We know from the population projections that the majority of this increased demand will be from people aged 60+. However, we also anticipate increasing numbers of adults with Learning Disabilities, disabled people and people with Mental Health problems aged 18-64 who may require support from Adult Social Care.

1.13 For example, scoping has identified that approximately 250 adults with Asperger's Syndrome /suspected Asperger's Syndrome are known to Adult Social Care of whom 67 currently receive services and approximately 180 children with Asperger's Syndrome /suspected Asperger's Syndrome are coming up through transition in the coming 3 years.

1.14 In addition, East Sussex has also seen unprecedented levels of demand on hospitals over the last six months and this has placed increasing pressure on intermediate care services which have had to respond to this increased demand in addition to increasing throughput and reducing lengths of stay.

1.15 The demographic profile and the current financial context provide a challenging landscape, this will be met by joint planning across health and social care, so that services are planned, commissioned and delivered in a quality and cost effective way.

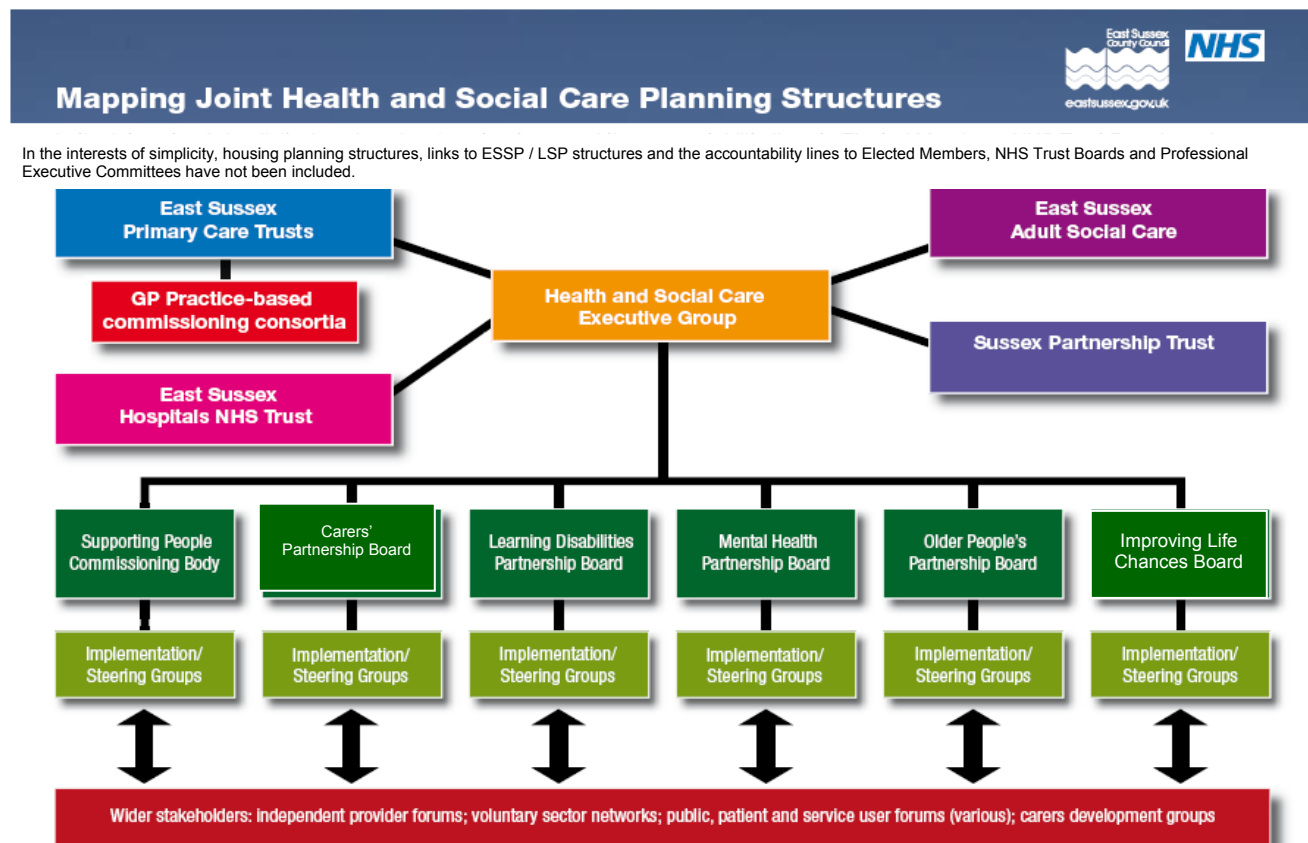
The Integrated Health, Social Care and Wellbeing plan

1.16 The Integrated Health, Social Care and Wellbeing plan (April 2010- March 2015) reinforces our agreed commitments to the delivery of existing commissioning strategies and plans and commits to strategically significant joint work that will ensure effective services for health, social care and wellbeing in East Sussex.

1.17 Overall leadership and co-ordination of our joint working is provided by the **Health and Social Care Executive Group**. This group leads the work of seven key planning areas:

- 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

1.18 The detailed work of these planning streams takes place in **partnership boards**. Each board has developed a commissioning strategy (or strategies) to deliver services. A wide range of stakeholders is represented on the boards and they are closely linked with a network of user and carer representative groups.



From Plans to Action – the Business Planning Framework

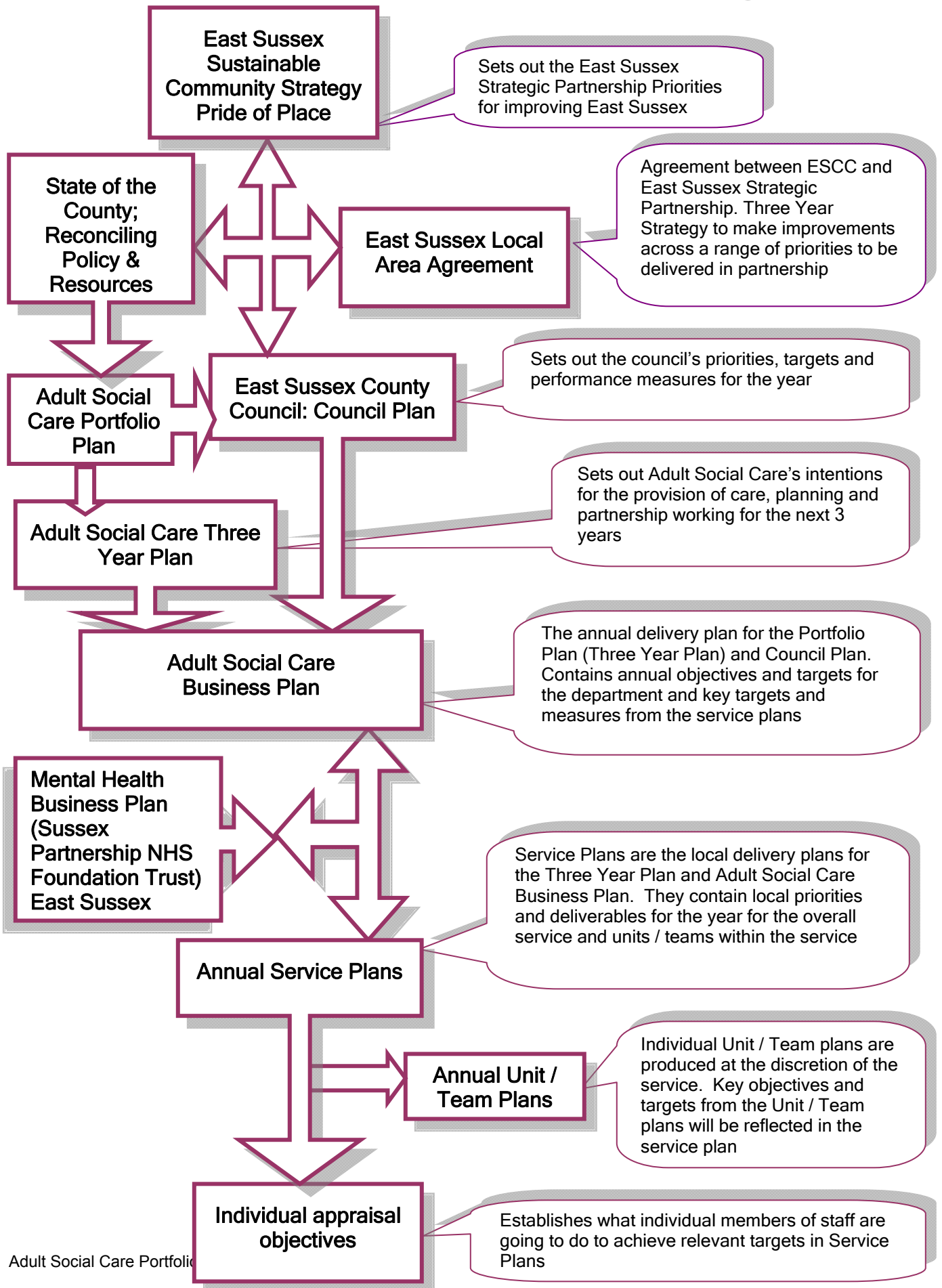
1.19 Our Business Plans set out our strategic direction, there are a number of plans that fit together and flow through the organisation from strategic planning to detailed departmental, service, team and individual plans. The County Council process starts with the “State of the County – Performance Story” alongside the start of the “Reconciling Policy and Resources” (RPR) process, where Departments are allocated budgets against their priorities. Members agree how resources are allocated to deliver the priorities. This RPR process continues, aligned with Business Planning, which culminates in our “Portfolio Plan” / “Three Year Plan”. We also produce a short summary of our Three Year Plan; for staff and stakeholders and the public. These plans clearly show where we have come from, where we are going, and how we are going to get there.

1.20 Priorities come from the Departmental Policy Steers that are set by the Lead Member. These are informed by the Care Quality Commission and various other Government Departments, and of course legislation such as the White Paper “our Health, Our Care, Our Say”. “Putting People First” is transforming the way we provide social care. 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 forwards and improves significantly year on year.

1.21 Each service area within Adult Social Care holds business planning events between December and February, where the senior managers outline the priorities for the coming year and the future. All managers attend these workshops, and a full engagement programme of staff follows appropriate to the needs of each service area, which ensures that each service creates a joined up Business Plan. The resulting Annual Business Plan is formed from contributions of these Business Plans, and from the Portfolio 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.

1.22 The Business Plan targets are monitored during the year. In addition, targets resulting from action plans from Equality Impact Assessments (see Sections six and seven) are added and monitored. Quarterly monitoring is well established within the Department: Council Plan, the Adult Social Care Business Plan, and the individual service Business 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 are developed to address the performance shortfall. The Adult Social Care Performance Board co-ordinates this action plan activity. Council Plan targets are reported to the Chief Officers’ Management Team (COMT) after DMT, and then to Cabinet Briefing, Cabinet, and then the full County Council.

Adult Social Care Business Planning Structure



Services within Adult Social Care

1.23 Major services

- **Assessment & Care Management:** is configured through the **Learning Disability Services** and **Older People & Physical Disability Services**. Assessment and Care Management support individuals, including carers, to identify their needs, plan how these needs can be met and provide support to maximise independence and promote well being. The teams work with other agencies in ensuring that vulnerable people are properly and appropriately safeguarded.
- **Directly Provided Services:**
 - **Learning Disability:** Learning Disability Directly Provided Services work closely with people with a learning disability and their families to provide a range of flexible person centred support packages which help people with a learning disability acquire the skills and experiences they need to lead a fuller, happier and more independent life.
 - **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 responsible for providing specialist assessment, intervention and support to people with a range of mental health needs. This is undertaken in close partnership with Sussex Partnership NHS Trust together with voluntary and independent sector providers and service user groups.
- **Occupational Therapy Services:** Occupational Therapists aim to help individuals make the most of their abilities and reduce the need for help from others. Occupational Therapy has a unique role as both assessors for and providers of services across Health and Social care.

1.24 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 support services. We provide financial management and accounting functions and the systems to support the departments business as well as arranging contracted services to match service user needs to care services that support the provision of quality care services. We aim to provide business information through modern and efficient business systems and processes to enable quality decisions to be made.
- **Planning, Performance and Engagement:** The Planning, Performance & Engagement Division's purpose is to support the Department by leading and managing the following: the Putting People First Programme Support; Business Planning; Engagement and Consultation; Organisational Development – including workforce planning, change management and Communications; Performance and Quality; and the Community Relations Team which includes Complaints, Older People's Engagement and Equality and Diversity.
- **Strategy & Commissioning:** Strategy & Commissioning works with partners across all adult service client groups to ensure that services are developed and commissioned which reflect local need to improve the lives of people requiring health, social care and housing support in East Sussex. Strategy & Commissioning are responsive to the needs of service users and carers, and support innovation, balance the importance of both quality and cost-effectiveness; and promote equality of opportunity and improved life chances for all excluded groups within the East Sussex community.

2. Strategic Direction

2.1 There are several key strategic drivers for Adult Social Care. These come from the Policy Steers, the 'Putting People First' National Concordat for the transformation of social care, the Care Quality Commission (CQC) and Department of Health.

2.2 More recently the "Personal Care at Home" Consultation from the Department of Health was published, seeking views on the Government's proposals for Councils to provide personal care free of charge in certain circumstances to people with the highest need. The outcomes from this consultation and any resulting legislation will clearly influence our strategic direction next year.

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.

3. Current Position and Key Drivers

Introduction

3.1 This section will describe the national and local policy context for Adult Social Care in more detail.

National Policy Context, the White Paper, *Our Health, Our Care, Our Say* underpins the Putting People First developments and the Performance Assessment Outcomes Framework.

Care Quality Commission Performance Assessment; Adult Social Care are performing well across all outcomes.

Comparative Performance; Adult Social Care's performance against the National Indicator Set is provided, alongside comparative performance data.

Our current position and key drivers under **Putting People First** are described:

- **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

Our Seven Local Priorities describe what is needed to deliver Putting People First locally.

Value for Money outlines how the challenges to deliver quality services within the available resources will be addressed.

Our Achievements since the 2006 Three Year Plan: a review of what we have achieved since our first Three Year Plan published in 2006.

National Policy Context

3.2 Putting People First builds on the themes laid out in the 2006 *Our Health, Our Care, Our Say* White Paper, which contains the seven outcomes for Adult Social Care, against which we are measured by the Care Quality Commission.

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.

There are also two CQC domains, CQC do not provide a judgement against the two domains, the evidence within the domains informs the Comprehensive Area Assessment:

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

Carers at the heart of 21st century families and communities

3.3 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.

3.4 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

3.5 We have a track record of widening housing options for people with care and support needs. National policy drivers for example Putting People First, 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.

3.6 We will develop a comprehensive assessment of housing need and demand across all Adult Social Care ‘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. We have invested in additional capacity to deliver this, to enable us to support existing and future work relating to the supported housing agenda.

National Indicator Set

3.7 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 this National Indicator Set (NIS) was introduced, which has 10 indicators purely for Adult Social Care; however, we are judged on how well we perform jointly with our partners, providing a better, more seamless service for service users and carers.

3.8 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, introduced in 2009/10**)

NI 128 – User reported measure of respect and dignity in their treatment (**User survey indicator, 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.*

3.9 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.

3.10 Other indicators which Adult Social Care contribute to:

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.* This is a County Council Indicator to which all Departments contribute.

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.* This is lead through another Department within the County Council.

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+.* This is a joint Adult Social Care and Health indicator.

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.* This is lead through the Sussex Partnership NHS Foundation Trust.

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.* This is lead through the Sussex Partnership NHS Foundation Trust.

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. This is a County Council Indicator to which all Departments contribute.

Care Quality Commission Performance Assessment

3.11 The overall grade awarded to Adult Social Care by the Care Quality Commission (CQC) for its performance in 2008/09 is “Performing Well”.

3.12 This is described as “A service that consistently delivers above minimum requirements for people is cost-effective and makes contributions to wider outcomes for the community.”

3.13 The overall judgement is broken down across the seven outcomes from *Our Health, Our Care, Our Say White Paper*, as listed below:

1. Improved health and emotional well-being	Performing Well
2. Improved quality of life	Performing Well
3. Making a positive contribution	Performing Well
4. Increased choice and control	Performing Well
5. Freedom from discrimination or harassment	Performing Well
6. Economic well-being	Performing Well
7. Maintaining personal dignity and respect	Performing Well

3.14 In addition, Adult Social Care are judged for their performance against the two ‘domains’ of leadership and use of resources and commissioning. No overall rating is given for these domains, instead evidence from CQC is transferred to the Comprehensive Area Assessment (CAA).

3.15 CQC recognised the strong leadership within Adult Social Care, “People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce”.

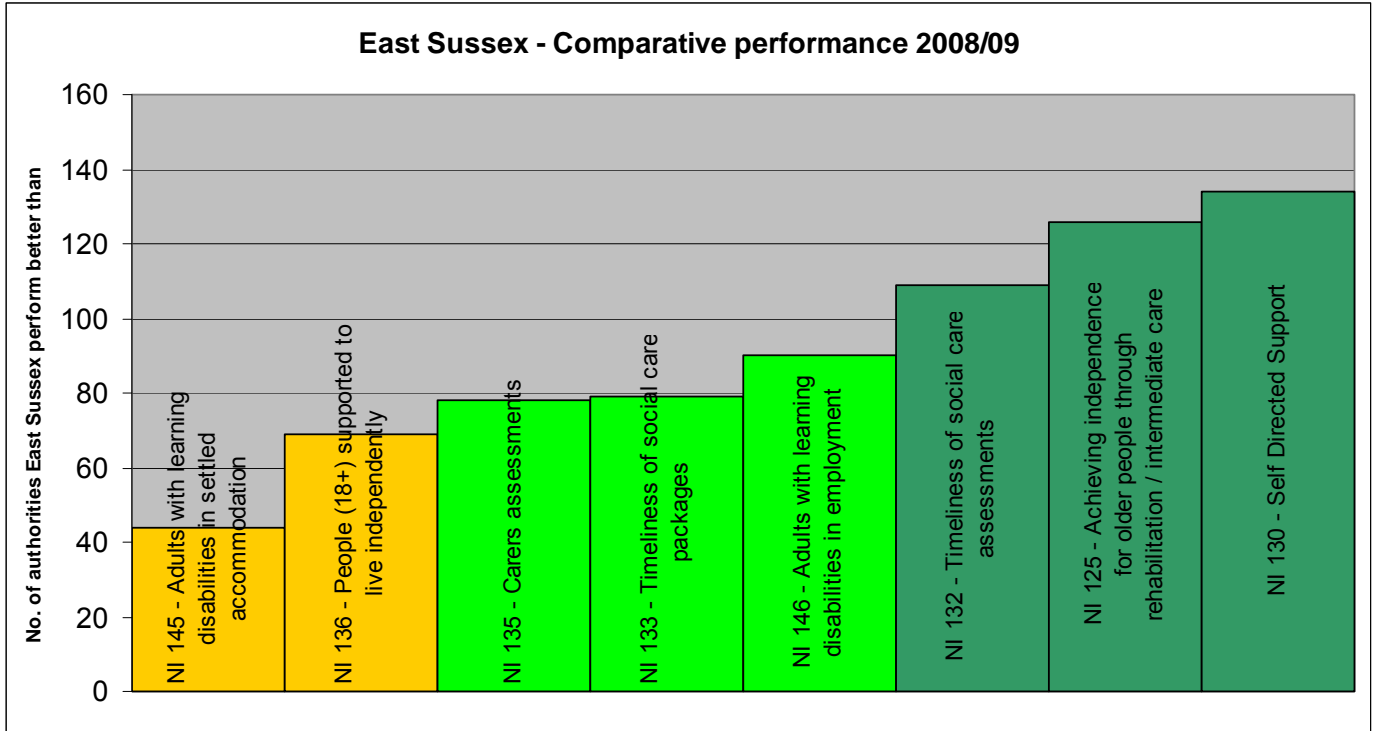
3.16 CQC concluded that “People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value”.

3.17 Engagement with our citizens has shown that a key issue for Older People is social isolation; CQC noted “The people of East Sussex are offered widespread opportunities and support to take part in community life and feedback from people who use services is routinely undertaken and can be linked with service improvements.”

3.18 In addition, we have strengthened working with Health in avoiding unnecessary hospital stays; the use of Telecare in prevention; the increases in Direct Payments providing more people with more choice about how they purchase their care; the Single Assessment Process (SAP) which provides a more seamless assessment process; the number of different support mechanisms to people with learning disabilities particularly to access training and employment; support to carers, including to access training and employment; and, improvements in progress in Safeguarding publicity, public awareness campaigns and processes.

Comparative Performance

INDICATOR	08/09 out-turn	09/10 Target	Dec-09
IMPROVED HEALTH AND EMOTIONAL WELL-BEING			
NI 40 Drug Users (18+) maintained in Effective Treatment	128	53	175 (as at June)
NI125 Intermediate care: proportion of people 65+ who are still at home three months after a period of rehabilitation / intermediate care	88.16%	>88%	85.11%
NI131 Delayed Transfers Of Care for patients 18+ (per 100,000 population 18+)	16	<16	16 (as at November)
Delayed transfers of care for patients 65+ in acute beds only (per 100,000 population 65+)	31	N/A	35 (as at November)
Percentage of clients receiving a review	89.5%	N/A	86.29%
IMPROVED QUALITY OF LIFE			
NI 135 Carers receiving needs assessment or review and a specific carer's service, including advice and information - a measure in the Local Area Agreement (LAA)	22.10%	19.03%	15.84%
NI 136 People 18+ supported to live at home - a measure in the Local Area Agreement (LAA)	3167	3,007.75	3544.06
Number of adults (18 - 64) with physical disabilities helped to live at home	1,830	N/A	1,856
Number of adults (18 - 64) with learning disabilities helped to live at home	760	N/A	759
Number of adults (18 - 64) with mental ill health helped to live at home	722	N/A	772
Number of older people (65+) helped to live at home	7,507	N/A	7,959
Percentage of items of equipment and adaptations delivered within 7 working days	93.9%	87%	93% (at November)
NI141 Percentage of vulnerable people achieving independent living - Supporting People indicator	82.89%	70.73%	86.4% (at June)
NI142 Percentage of vulnerable people who are supported to maintain independent living - Supporting People indicator - also a measure in the Local Area Agreement (LAA)	98.80%	98.34%	98.81% (at June)
INCREASED CHOICE AND CONTROL			
NI130 Social care clients receiving Self Directed Support: Direct Payments and Personal Budgets – a measure in the Local Area Agreement (LAA)	15.3%	19%	16.91%
NI132 Proportion of social care assessments completed within 28 days (for new clients, age 18+)	88.2%	>90	86.45%
NI133 Proportion of social care packages received within 28 days of the end of the assessment (for new clients, age 18+)	90.5%	>90	90.73%
Older people (65+) admitted permanently to residential or nursing care, per 10,000 population 65+	71.71	N/A	63.82
Adults (18-64) admitted permanently to residential or nursing care, per 10,000 population aged 18-64	2.18	N/A	1.52
FREEDOM FROM DISCRIMINATION			
Percentage of adults (18+) with one or more services in the year whose ethnicity was 'not stated'	4.1%	5%	4.9% (at September)
Percentage of adults (18+) assessed in the year whose ethnicity was 'not stated'	6.0%	5%	9.3% (at September)
MAINTAINING PERSONAL DIGNITY AND RESPECT			
NI145 Adults with Learning Disabilities in settled accommodation at their last assessment or review	58.10%	>58.1%	44.10%
NI146 Adults with Learning Disabilities in paid employment at their last assessment or review	8.17%	>8%	4.11%



3.19 The graph above shows an overview of how well East Sussex performed in 2008/09 against 8 Adult Social Care specific National Indicators when compared against the other 149 local authorities. The bars indicate how many authorities East Sussex performed better than against the relevant indicator in 2008/09. So for example, against NI 130 – Self Directed Support, East Sussex performed better than 134 authorities, compared to 44 authorities for NI 145 – Adults with learning disabilities in settled accommodation.

3.20 The three indicators shown by the dark green bars are those where East Sussex was in the top 40 performing authorities for that indicator. The three indicators shown by the light green bars are those indicators where East Sussex performance was above the median performance. The two indicators shown by the orange bars are those indicators where East Sussex performance was below the median performance.

3.21 As shown in the graph East Sussex performed very well comparatively in 2008/09 and performed better than half the local authorities nationally (75) against 6 out of 8 indicators.

Putting People First

3.22 The Putting People First transformation programme is normally described around four themes. This section describes our current position in relation to these 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

Universal Services

3.23 The first Putting People First area is the general support and services available to everyone locally: universal services; including things like transport, leisure, education, health, housing, community safety and access to information and advice.

3.24 These services are important in everyone's lives, not just those people with care and support needs. Universal services work best when everyone can get the information, advice and support they need readily and easily to be able to use them effectively. They can then maintain their health and wellbeing, exercise choice and control over their everyday lives and participate fully in their communities.

3.25 Universal services are those available to anybody who contacts Adult Social Care, irrespective of their ability to pay for their care. The policy steers which relate to universal services are:

- Improve how people access information, advice, help and support through joint work with partners.
- Continue to improve equity and equality of opportunity for all through our service delivery and as an employer.

What are we trying to achieve?

3.26 In accordance with the Putting People First Concordat, we are working towards a universal information, advice and advocacy service for people needing services and their carers irrespective of their eligibility for public funding.

3.27 Universal Services in East Sussex will include:

- Information and Advice
- Assessment support
- Advocacy and brokerage (including people who fund their own care)
- Signposting to support groups, voluntary sector provision and leisure and clubs

3.28 The principles by which the universal offer will operate in East Sussex are:

- Tailored advice
- Assessment proportional to need
- Affordable and efficient
- Entitled to offer irrespective of support needs or ability to pay
- Quality assurance at all stages

Where are we now?

- In 2008/09 1395 carers were in receipt of information and advice compared to only 27 in 2007/08.
- In 2008 – 09 the County Connect referral service received 464 requests for services for individuals, which in turn generated 659 onward referrals for help and assistance.
- The BME Outreach and Engagement project used outreach to support people from BME and Gypsy and Traveller services to access information about Adult Social Care services. This successful approach enabled over 70 people to a range of services including equipment, carers' grants and direct payments.

3.29 There are a number of pieces of work already in train which will deliver aspects of the universal offer in East Sussex including:

- The Joint Information and Access Project involves staff from the PCT's, Adult Social Care, Children's Services, and the council's Chief Executive's Department. There are six work streams which including leaflet & poster campaigns to provide high level signposting to key services; a minimum recommended core set of information for all GP surgeries, libraries and other community venues; a trusted visual identity for joint NHS/ESCC publications; countywide access to up-to-date information through effective distribution; an A-Z directory of services for all health/council staff and the further development of our health and social websites to improve accessibility and better signposting to one another.
- As part of the Putting People First programme, we are currently piloting new advocacy support arrangements for older people, disabled people and carers. These pilot projects will provide us with evidence of how advocates can effectively support people to receive personalised social care services to meet their identified needs.
- As part of our strategic objective to deliver culturally sensitive services, we have a programme of Equality Impact Assessments which are undertaken on new policy and service developments. An overarching equality impact assessment has been undertaken for Putting People First. This approach avoids repetition, over consultation and ensures shared learning and a consistent approach to access, information and culturally appropriate service delivery and monitoring throughout the programme.

- Working with the East Sussex PCTs and Children's services, we have made significant progress over the last year to establish an effective approach to engaging with local disabled people. The Disabled Persons Reference Group was launched in February 2009; feedback from this launch event will inform our engagement on communications, strategies and service developments, an example of this is the Improving Life Chances Strategy, and the development of our East Sussex County Council Single Equality Scheme.
- We piloted a service to support self funders (Support to Access Care Services, STACS) with social care needs in June 2007 which continued throughout 2008 with increasing demand. The service provides both information and assessment & care planning support. Over 400 self funders were supported in 2008-09 and it is now no longer a pilot service but part of the portfolio of services we provide. The council provides support to self funders in making care home placement decisions e.g. advice, placement sourcing, and renegotiation. Input from the Support to Access Care Services service results in low uptake of permanent care home placements, only 4%, with 96% remaining at home. Support is provided to help people spend money to meet their needs creatively and have included enabling people to access voluntary and special interest groups as well as more traditional care services.
- In terms of innovative partnership working with the independent sector, we have worked closely with Care Choices Limited to revise the East Sussex Care Services Directory which is a comprehensive guide to choosing and paying for care services which is available to the general public (supporting self funders) as a glossy magazine and online with "Browsealoud" capability. We have introduced new information leaflets, particularly with information pertinent to self funders.

3.30 Adult Social Care staff regularly give talks on Safeguarding to organisations such as Care for the Carers and Age Concern, to raise awareness of abuse in its various guises. More widely, through a joint initiative with Trading Standards, banks and building society staff are trained to be alert for people suddenly requesting a large sum of money.

Our Key Areas for Improvement are outlined in Section Five.

Preventive Services

3.31 The second area is the support available to assist people who need a little more help, at an early stage to stay independent for as long as possible: prevention and early intervention. These include things like support to recover from the effects of illness and help to manage a long term condition from someone with experience of a similar condition. These services also include help to safely maintain home and garden, training to get a job or return to work after a break, or support to start taking some exercise. Not only do these early interventions make sure people can stay in their own homes for as long as they want, but are also the best way of keeping the costs down in the future.

3.32 The policy steers which relate to prevention and early intervention are:

- Support more older people and vulnerable adults to live safely in their own homes and local community.
- Develop disability and mental health services that ensure the effective transition of young people from children's services to adult social care.
- Improve significantly how we safeguard vulnerable adults in partnership with health services and the police

What are we trying to achieve?

3.33 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.

3.34 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 supports wellbeing and community engagement such as:

- ongoing development and application of the Joint Strategic Needs Assessment;
- 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 East Sussex Seniors Association;
- commissioning, monitoring & evaluation of services, building on the Partnerships for Older People Project (POPP);
- improving the quality of life of older residents of East Sussex through the 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’.

3.35 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 (recently renamed as the Involvement Matters Team) 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. This is also reflected in the joint Mental Health and the joint Improving Life Chances Commissioning Strategies.

Where are we now?

3.36 Achievements in 2008-09

- 92.4% of assessments for people aged over 65 started within 48 hours and were completed within 28 days compared to 80.1% last year (D55).
- 91.4% of service users’ services started within 28 days of completion of assessment compared to 90.2% last year (D56).
- East Sussex Adult Social Care and other agencies have provided over 2900 older people with items of Telecare equipment in 2008/09.
- 2111 carers received a service: 320 more than last year, an 18% increase of carers receiving a service last year (NI135).
- We have built strong partnerships at both strategic and local levels to reduce delayed transfers of care and improved arrangements for hospital discharge, through the Emergency Care Network, and co-location of teams. In 2005-06 levels did not fall below 60 per week compared with 2008-09 when levels rarely raised above 40.

Performance against Indicators

Indicator	08/09 target	Out-turn 2008/09
NI 125 - Achieving independence for older people through rehabilitation / intermediate care		88.16%
NI 131 - Delayed Transfers of Care		16
NI 132 - Timeliness of social care assessment	>90%	88.2%
NI 133 - Timeliness of social care packages following assessment	>90%	91.4%
Percentage of items of equipment and adaptations delivered within 7 working days	87%	93.9%
Percentage of assessments leading to provision of service	68 < 77	69.4%

3.37 Adult Social Care is well informed about the local health profile through needs assessments and the Joint Strategic Needs Assessment, and is addressing inequalities through a number of partnership based workstreams. We can clearly evidence that the Joint Strategic Needs Assessment has improved outcomes for local people through delivery of the Joint Commissioning Strategies.

3.38 Promoting health and wellbeing is a priority as evidenced through the range of achievements in 2008/09 including:

- Partnerships for Older People Programme
- Promoting a Healthy Old Age Steering Group activity
- 120 Health Action Plans in Learning Disability Respite Services
- 40,000 Forward from Fifty guides distributed
- “Managing Activity” programme in day opportunities services
- Older Peoples Forums activity such as health living and health and community care special interest groups
- UK Older People’s Day in October 08 – 11 events were set up celebrating active health and wellbeing in later life, including joint work to raise awareness about healthy ageing
- Working with the PCT’s the Involvement Matters Team produced Health Packs which were sent out to service users and service providers. These packs have been used by GP’s locally and used in GP training. The packs are regularly used by Sussex Partnership NHS Foundation Trust.

3.39 There are a number of pieces of work already in train which will deliver aspects of prevention and early intervention in East Sussex including:

- The Implementation of Time of Our Lives strategy, includes all seven Older People’s Forums have health and wellbeing campaigns which include Health Days, Health Promotion in Newsletters (3,650 Members) and in March 2009, 5 forums held a Pyramid theatre production in their locality called “Big Little Heart” which highlighted how to spot signs of a stroke and health prevention messages on stroke and heart disease.
- The Supporting People team is working with the Putting People First team to deliver new Community and Local Government handyperson funding for older people as a Putting People First pilot. The aim is to pay the grant direct to individuals to spend on handyperson services. The

needs, choices and wishes expressed by the older person will drive the nature of the small jobs required to improve their quality of life at home.

- 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.
- A Hate Crime conference took place in the summer of 2009, to bring together key community partners (such as the ESCC Community Safety Partnership, the Police, Victim Support, Trading Standards, advocacy and Adult Social Care staff (care management and provider staff) and independent sector providers, to ensure community safety initiatives are joined up and maximising benefits for adults with learning disabilities and exploring future commitments to this priority area of work.
- An initial media release around how to take action and what constitutes abuse coincided with Elder Abuse Action Day on June 15th. This was followed up in the publicity for the Older People's Engagement Day on 25th June which included media messages on safeguarding.
- 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.
- Increasing support available to carers is a priority for Adult Social Care and our strategic direction is set out in our Joint Commissioning Strategy. Providing carer support in time of emergency was identifies a service development need through the Commissioning strategy needs assessment. This lead to the Carers Respite Emergency Support Service being introduced last year. Over 900 carers have now registered with this 24 hour, home-based, emergency back-up service for started in March 2008. All carers who have an assessment or a review are given the opportunity to register an emergency contingency plan with Wealden and Eastbourne Lifeline. Each contingency plan is bespoke with our directly provided service offering a 24hour back-up service.

Our Key Areas for Improvement are outlined in Section Five.

Choice and Control

3.40 The third area of Putting People First is self-directed support. This means having services available to meet people's needs rather than people having to fit in with the things on offer. People who need support should be able to choose who provides that support, and control when and where the services are provided. The right information and advice needs to be available to help people decide. Some people will need extra help to negotiate their support and may need advocates to help them.

3.41 The policy steers which relate to Choice and Control are:

- 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.
- Improve how we plan and commission services with health and housing to promote quality, better outcomes, improved customer care and cost effectiveness.
- 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.

What are we trying to achieve?

3.42 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 are 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.

3.43 Performance and evaluation materials will help Putting People First projects and new service developments to measure quality of life changes and map the 'rural reach' of services.

3.44 Delivery of the personalisation agenda will have a direct impact on our commissioning and procurement arrangements and our future management of the market. We expect between 20% and 50% of people to opt out of traditional social care services. This may cause a fall in demand for some of our council-run services. Developing the market and building the right services for local people is critical to enable people to have real choice about the services they use.

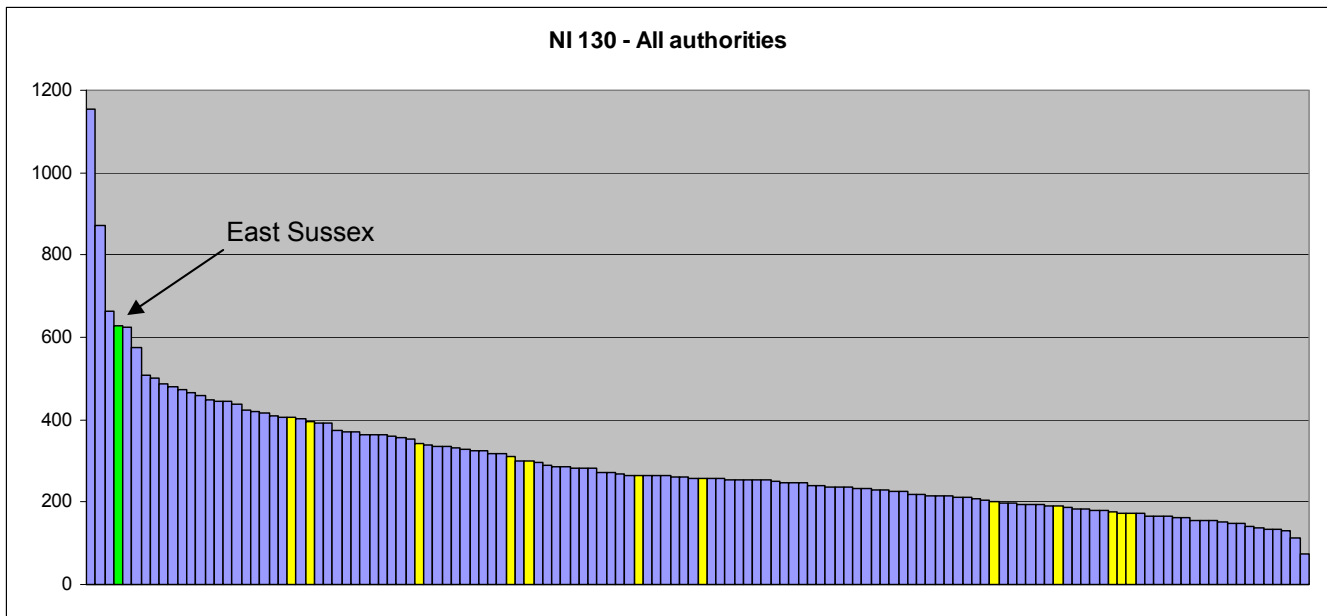
3.45 The East Sussex Local Area Agreement includes National Indicator 130: Self Directed Support, and the national target of ensuring at least 30% of people who receive support from Adult Social Care have a personal budget by March 2011.

3.46 In order to deliver this aspect of the Putting People First agenda, we also need to make changes our back office systems and procedures to ensure that people the allocation of personal budgets is fair and proportionate to need across all client groups.

Where are we now?

NATIONAL INDICATOR	08/09 target	Out-turns 2008/09
NI136 People Supported to live independently through social services (All Adults)	2,887.86	3167
NI135 Carers receiving needs assessment or review & a specific carers service, or advice or information	15.85%	22.1%
NI130 Social care clients receiving self directed support per 100,000 population (Rolling Calculation)	452.0	624.8
NI141 Percentage of vulnerable people achieving independent living		81.98%
NI142 Percentage of vulnerable people who are supported to maintain independent living	98.34%	98.83%
NI145 Adults with Learning Disabilities in settled accommodation		58.5%

3.47 2008/09 benchmarking shows that our performance against the national indicator for self directed support is comparatively good. East Sussex performance is shown by the green bar and our comparator group is shown by the yellow bars.



- East Sussex's out-turn for 2008/09 is 624.8
- The national average for 2008/09 is 294.0

3.48 Direct Payments enable people to have more choice and control over their care and are largely regarded as the forerunner to individual budgets. We have made significant improvements in the delivery of direct payments over the last two years with over 2500 service users and carers are now receiving Direct Payments compared to 1945 in March 2008.

3.49 An initiative to provide one-off Direct Payments to both carers and service users has been very successful and has demonstrated a reduction in need for higher-level support. The following quotes illustrate the value to carers:

- *£1,500 for a young man who was going blind, severely depressed and accessing acute Mental Health Services to enable him to enrol in a Sports Massage course. Almost 2 years on this young man is no longer access acute services, has completed his course and has employment.*
- *A woman accessing Mental Health acute services 3 times a year was awarded gym membership 2006/7 has not been admitted since and reapplied in 2007/8 to expend her membership for a further year.*

3.50 Adult Social Care use Direct Payments, in a range of ways, across client groups to enable service users to self-direct their care and support. For example, over 450 service users have chosen to receive Direct Payments in order to employ a personal assistant. Whilst personal assistants provide personal care services, they usually also provide support to the service user so that they can participate on social and community activities. Examples include supporting service users to go on holiday, to direct amateur theatre productions, to go swimming and to attend line dancing classes.

3.51 Our Putting People First dedicated Self Directed Support team leads on developing Individual budgets, including Direct Payments. We are piloting our approach to personal budgets with a number of existing clients and have a roll out programme during 2009/2010.

3.52 In order to give service users and carers more choice and control about the services we develop and commission, it is essential that they are involved in decision making about policy and service developments. There are service user and carer representation on all partnerships boards. The boards are responsible for overseeing the development, implementation and monitoring of commissioning strategies and plans. For example, there are 3 members of East Sussex Senior Association, on the Older People's Partnership Board which oversees the Joint Commissioning Strategy for Older People. The Older Peoples' Engagement Day in March 2008 informed the action plan for the Time of Our Lives Strategy for 2008-09.

3.53 Strong Voices, Big Ideas, the East Sussex Learning Disability Joint Commissioning Strategy won the 'Public and Patient Involvement' category of the national NHS Alliance Acorn Awards for a strong commitment to involve people who use services and other stakeholders. Since the publication of the Strategy, The Involvement Matters Team (formerly known as Learning Disability Service User Reference Group) have continued to develop their approach to effective service user involvement in order to capture the voice of people with learning disabilities in East Sussex and find creative and effective ways of getting their voice heard. This approach now includes Involvement Buddies, Associate Members and Groups, Involvement Packs and an Involvement Partnership.

3.54 Carers are directly involved in the Carers Strategy Group and have for some years taken an active role in determining priorities for the allocation of the Carers Grant for recommendation to elected members. This role has expanded with the development of the Joint Commissioning Strategy for Carers Services and a Commissioning Sub-group has been set up that manages the process of prioritisation for funding. This includes the distribution of a newly established "Development Fund" set up to specifically address gaps identified by the Commissioning Strategy and supporting Needs Analysis leading to the commissioning of seven new projects for hard to reach carers. For example an Action in Rural Sussex (AiRS) / Alzheimer's project supporting carers in rural Wealden, a befriending service for carers in rural areas and an over-night service to enable carers in rural areas to take a break. There is also direct carer involvement on the Older Peoples Partnership Board.

3.55 There are active mental health action groups in the east and west of the county with service users fully engaged. A Day and Vocational Services Commissioning project has been undertaken together with service users in Mental Health. This has involved reviewing all our services in terms of service outcomes, quality and value for money. Services are currently being re-specified and commissioned. Service users are involved in this process at all levels and stages and are part of the on-going contract monitoring process.

Our Key Areas for Improvement are outlined in Section Five.

Building Social Capital

3.56 The fourth part of Putting People First is about how society works to make sure everyone has the opportunity to be part of a community and experience the friendships and care that can come from families, friends and neighbours. This should be done without putting an unreasonable burden on friends and family who want to help. Carers need to be recognised and supported in their role.

3.57 The policy steers which relate to Social Capital are:

- Improve opportunities for vulnerable people to positively engage with their communities and further encourage participation in local services and activities.
- Lead improvements to the well-being of local communities across East Sussex through joint working with partners.

What are we trying to achieve?

3.58 We will build Social Capital, develop the community and encourage people to make use of all resources available to them in the community, through their own personal networks (family and friends) as well as different types of community groups and the voluntary sector.

Where are we now?

3.59 We have continued to work on the development and implementation of our joint commissioning strategies for carers, older people's services, mental health and learning disability.

3.60 Our Equalities Improvement Plan 2007-2010 delivered closer working relationships with hard to reach local communities.

3.61 The BME Outreach and Engagement project used outreach to support people from BME and Gypsy and Traveller services to access information about Adult Social Care services. This successful approach enabled over 70 people to a range of services including equipment, carers' grants and direct payments.

3.62 Data on the number of people Black Minority Ethnic people using Direct Payments showed under-representation. As a result, the Black Minority Ethnic Engagement Project officer and partner organisations promoted Direct Payments as a way of ensuring culturally competent care with social care managers and the Black Minority Ethnic people they have supported. The number of people from Black Minority Ethnic backgrounds is now at an appropriate level.

3.63 The number of Black Minority Ethnic people accessing Adult Social Care has increased from 240 (equating to 1.4% of all service users) to 258 (equating to 1.8% of all service users) as at October 2009.

3.64 Our "Closer to Home" events with health, researched what local service users, carers, members of the public, and health and social care staff thought of our current provision of information in light of Putting People First.

3.65 All our joint commissioning strategies, have been based on extensive user and stakeholder engagement, are accountable for their delivery through multi-agency and stakeholder Partnership Boards, and are now beginning to deliver the new services and service improvements people have told us that they want.

3.66 Examples of improvements delivered through the strategies include:

- Changing the nature of day opportunities for people with mental health needs by commissioning a service based on a recovery and inclusion model.
- Anti-bullying and employment projects commissioned through the Learning Disability Development Fund.
- embedding early intervention and prevention approach in older people's services by mainstreaming the Partnerships for Older Peoples Projects, developing the Time of Our Lives Strategy with older people & the 'Forward from 50' information resource.
- Development of the Downlands Extra Care scheme which is due for completion in August 2009.
- Commissioning services to meet identified gaps for carers in rural areas and for those with specific needs such as carers of younger people with dementia; review and commissioning of a new information and advice service for equipment and adaptations.

- Commissioning a new community support service for people recovering from stroke and re-commissioning of Supporting People services.

3.67 Our Joint Commissioning Strategies are the formal expression of our commitment to working with partners to deliver improved economy, efficiency and effectiveness. An example is the Partnerships for Older People Project which has provided evidence about activity levels, costs, service user satisfaction and improved quality of life. The locally developed quality of life survey has provided credibility to arguments about investing in preventative services and has informed more robust commissioning decisions.

3.68 'Forward from 50, a guide to later life in East Sussex' was developed through collaboration with a number of older people and voluntary organisations representing older people and carers. The guide provides information on keeping healthy and well, keeping safe, financial, legal and housing matters and dealing with life changes. The success of this project culminated in an East Sussex County Council Excellence Award 'Highly commended for partnership working'.

3.69 For Learning Disability service users there has been widespread awareness-raising on abuse, anti-bullying and other safeguarding issues, accompanied by a range of leaflets to encourage reporting of such incidents.

3.70 An anti bullying project in Eastbourne developed innovative practice for recording incidents and supporting victims of Hate Crime, and developing partnerships with key agencies such as the Police, Trading Standards and service providers. This pilot led to the development of a county wide Hate Crime project that is currently building on this work and disseminating the good practice and awareness county wide. A key outcome of this project to date has been a Hate crime DVD called "9 in 10", this has been developed by the County Council and has been used in schools and other settings to raise awareness of the experience of hate crime faced by people with learning disabilities and the effect it has had on their lives. There are plans for DVD's to be developed in the future around issues of housing, employment and community safety.

3.71 The Police Placement Project is a Constabulary initiative which involves student police officers spending a week in a learning disability community placement, as part of their basic training. This innovative scheme helps raise awareness and understanding of the needs of people with learning disabilities and the challenges they face within the community.

Our Key Areas for Improvement are outlined in Section Five.

Our Seven Local Priorities

3.72 For our 2010/2011 business plans we have identified seven priorities to deliver the required changes for Putting People First. These are equal priorities and are not listed in priority order.

- Priority 1: To improve the range of community services and make them easier to access, this will mean more people receiving support in their own homes with more choice and a wider range of services; and includes more preventative services.
- Priority 2: To improve accommodation options, this means more community-based services and supported housing with an increase in flexible home care to meet different needs. Including looking at the accommodation options for people with disabilities, sensory impairment or long term health conditions (Improving Life Chances Strategy). Within this priority, a focus on young people's transition from children's services to adult services; Support for people whose carers are 60+; To preventing unnecessary residential care, and support people coming out of care;
- Priority 3: More re-ablement¹ services in the community so there is less need for short-stay residential care ('intermediate care') and more people receiving re-ablement services.
- Priority 4: To make self-directed support (SDS) and the Universal Offer² a part of all our services. There will be appropriate levels of care management for complex packages of care. This means changes in the way we carry out assessment and care management. We will publicise the East Sussex 'offer'.
- Priority 5: Improve partnerships with independent and voluntary organisations (third sector) and develop the role of third sector in providing:
- Preventive services
 - Information and advice/advocacy/ brokerage (the universal offer)
 - Other services
 - Invest in user-led organisations, social enterprises, Centre for Independent Living
- Priority 6: Integrate commissioning with Health and Housing. We have developed joint commissioning strategies; these are being refreshed during 2009/2010. The next step is to move to fully integrated commissioning for East Sussex across health and social care.
- Priority 7: We will improve efficiency across service areas to deliver our policies and priorities within the resources available.

¹ Re-ablement is the provision of short-term intensive support, often following an illness or accident. It aims to help people live as independently as possible in their own home.

² The 'universal offer' means services that are available to everyone, whether or not they are able to pay for their own care. Examples are: information, advice, advocacy, brokerage (support to arrange your own care), leisure services and learning.

Value for Money

3.73 As part of Reconciling Policy and Resources process, through which we set the department's service budgets for the next financial year, we have modelled the impact of a potential 10% reduction in specific and area based grants and support services, which is generally anticipated across public sector bodies.

3.74 The potential reduction in our budgets means that we will need to consider where resources are being spent and where we have the greatest demand. We need to make difficult decisions as to how we meet increasing need within a limited range of options to recycle resources.

3.75 Therefore, as part of our service review programme, we will:

- Make a strategic shift in resources away from Working Age Adults to Older People Services over the next five years. Working Age Adults primarily include Learning Disability and Mental Health service areas, for which the service users often have complex needs with associated high cost packages of care. We need to consider reviewing care packages to ensure distribution of resources remains fair and equitable across all service areas.

3.76 The need to balance demand for services against a cash limited Community Care budget requires us to either restrict access to services through tighter eligibility or to give services to greater numbers of people through smaller packages of care. We have therefore initiated changes to policy, procedures and practice that will clarify how people can access services and the level of support they will receive, including:

- Making greater use of the independent and voluntary sector over our Directly Provided Services.
- Prioritising investment in prevention, rehabilitation, and engagement to ensure we are able to provide our day to day services.
- Implementing a number of policies to manage demand whilst ensuring a fair and consistent approach to Community Care budget spend, for example:
 - Only offering placement options at ASC published rates with some flexibility retained for location issues.
 - Limiting Hospital discharge placements initially to 6 weeks and then subject to review.
 - Carrying our cost-based transfers – if a more cost-effective service that meets support plans can be delivered then service users will be moved to that service.

3.77 The changes outlined above follow on from the major transformation of business systems and processes undertaken by Adult Social Care over the last three years. To date we have achieved net efficiency savings in excess of £11.2m after investment in the transformation of services.

3.78 These improvements have been achieved over the last three years 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.

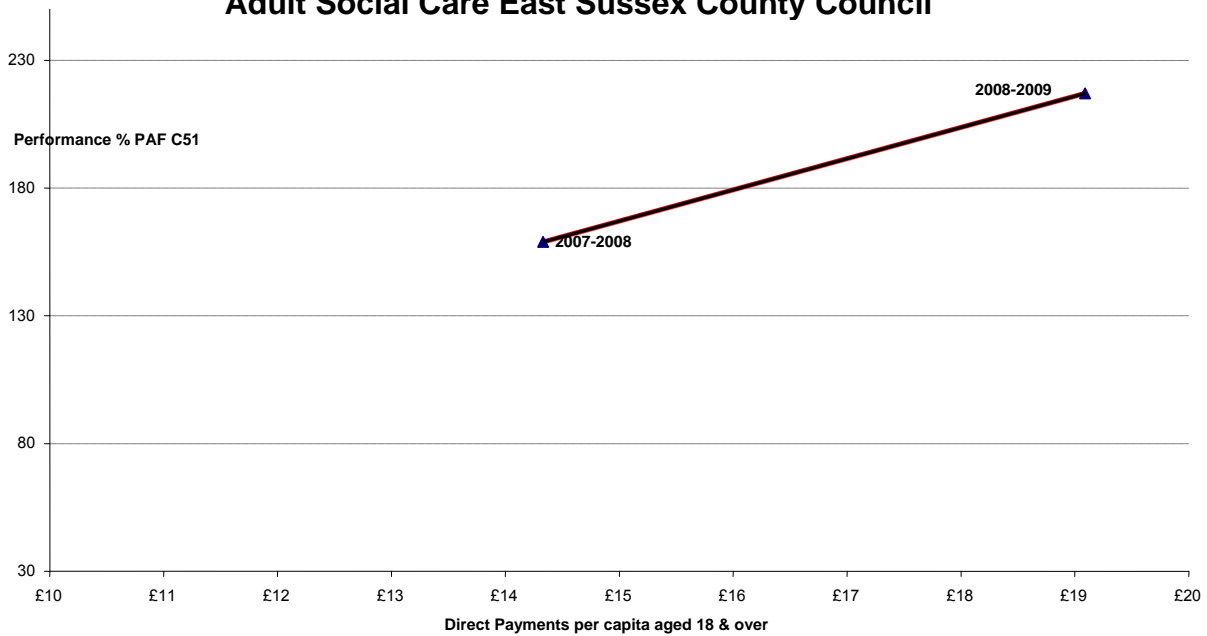
- Re-tendered a range of other services including Meals on Wheels, Extra-Care Housing, and Direct Payments Support contract.
- A new preferred provider scheme for care homes is being operated by East Sussex County Council, effective from 15 May 2009. To be accepted in the scheme, providers need as a minimum to: have a current published 2* or 3* rating from the Care Quality Commission (CQC); accept the Council's preferred provider rates and our contractual terms and conditions; have appropriate insurance and satisfactory references. Preferred Providers will receive a greater proportion of ESCC business as placement options are sourced first from homes in the scheme.
- Played a key role in development of the National Toolkit for negotiating fees for working age adult placements.
- Set up 12 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.
- To aid prevention and support more people at home we have delivered more assessments and services for carers. Assessments of carers increased from 3546 in 2007/08 to 3691 in 2008/09. Services provided to carers, including information and advice increased from 1829 in 2007/08 to 3506 in 2008/09.
- Improved the processes for assessing and reviewing service users and provided systems and information to improve performance management of these services. The percentage of service users receiving a review increased from 86.5% in 2007/08 to 89.5% in 2008/09. Assessments of new clients aged 18+ completed within four weeks increased from 72.7% in 2007/08 to 88.2% in 2008/09.
- 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
- Implemented integrated financial assessment system to assess client's financial contribution and manage the income in a more timely and cost effective way.

3.79 During the last three years, we have consolidated and validated our baseline financial and activity data. The improvements in our performance indicators are detailed below:

INDICATOR	05/06 Out-turn	06/07 Out-turn	07/08 Out-turn	08/09 Out-turn
Cost of intensive social care for adults	£534.00	£554.00	£496.00	£493.00
Unit cost of home care for adults	£15.80	£15.90	£14.29	£14.30

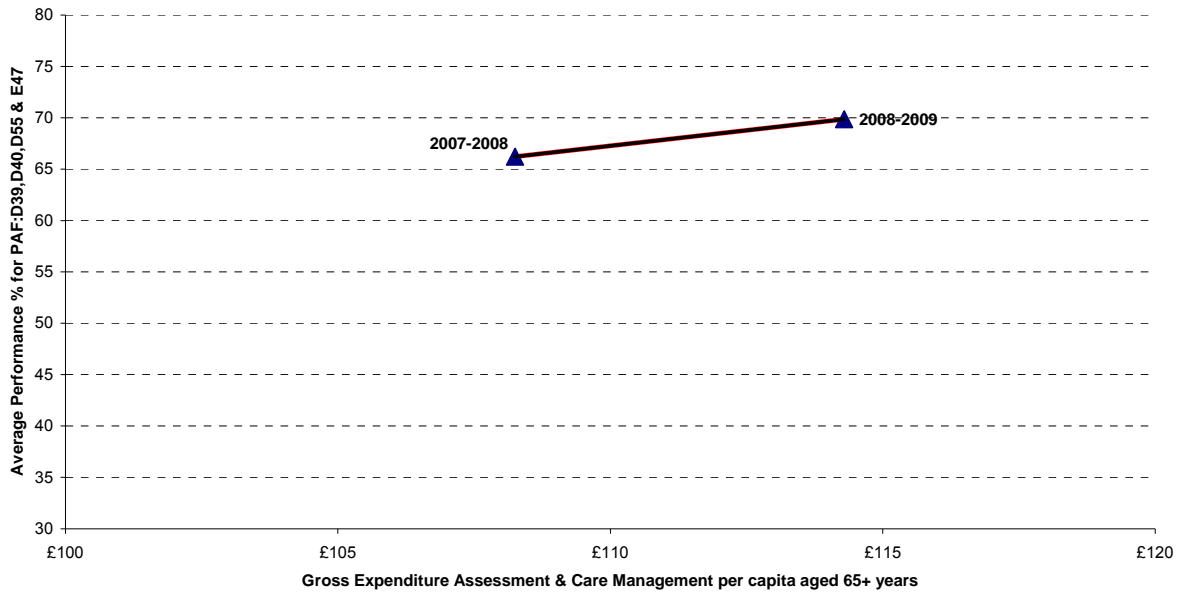
3.80 The following charts show our performance, spend and direction of travel in key areas:

Direct Payments- Absolute Performance Adult Social Care East Sussex County Council



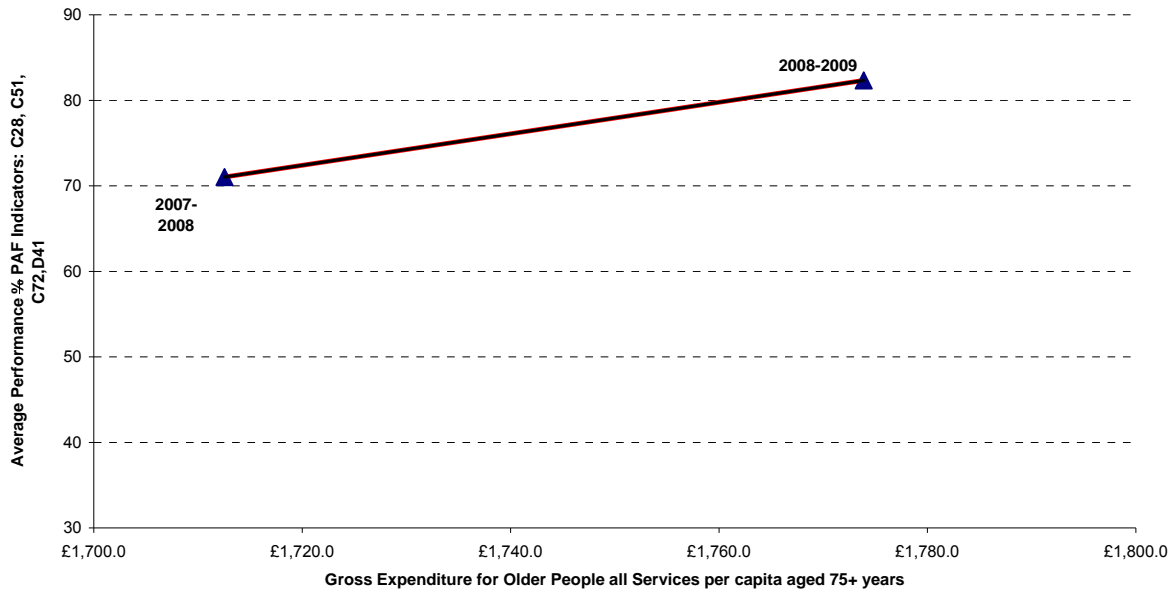
3.81 The above illustrates the significant improvement in the number of service users in receipt of direct payments in 2008-09

Assessment & Care Management – Older People Absolute Performance Adult Social Care East Sussex County Council



3.82 Improvements in the provision of Assessment and Care Management services are illustrated above.

Older People – all services – per capita aged 75+ years
Absolute Performance
Adult Social Care East Sussex County Council



3.83 The above illustrates the continued improvements being made within older people’s services to deliver against key indicators.

Our Achievements since the 2006 Three Year Plan

3.84 We published our first Three Year Plan in 2006. Our vision was to provide a range of services which promote choice, independence and wellbeing, in people's own homes or as close to them as possible. We said we would, through the developing joint commissioning process, set rigorous standards and monitoring processes which will promote continuous improvement. We said we would demand high quality and adhere to the principles of Value for Money and Contestability. We said we would improve the experience of disabled people, older people and people with mental health problems, and their carers, who access and use Adult Social Care services by:

- providing a choice of well managed and integrated services for our community, and to work with partners to develop a wider range of preventative services
- developing robust joint commissioning strategies and service development initiatives with partners to secure services which are outcome-focussed, high quality and cost-effective
- providing leadership of a high professional standard which models openness and integrity, demonstrate transparency of decision-making, builds trust with partners and supports and values the workforce
- Ensuring that people from Black and minority ethnic communities and other minority groups have fair and equitable access to information and advice, and receive appropriate and inclusive services which reflect the Social Model of Disability.

3.85 Our longer term ambition was to:

- modernise services in line with the objectives in the White Paper 'Our health, our care, our say: a new direction for community services', by developing alternative ways to deliver care within identified resources and through integrated work with partners
- improve continuously our engagement with service users, carers and minority groups, resulting in inclusive and appropriate commissioning and service delivery
- develop further a highly skilled, culturally competent workforce which reflects the communities it serves, and
- continue to increase efficiency by ensuring that our commissioning and procurement arrangements and business processes provide value for money

Where are we now?

3.86 We have achieved what we set out to do in 2006. We undertook a fundamental review of our service provision, placing us in a much stronger position to deliver the Putting People First transformation agenda. We not only have stable foundations for the future but are able to flexibly meet new challenges for the improvement of the vulnerable people in East Sussex whom we support.

3.87 Having been awarded "Performing Well" for all outcomes in July 2009, we strive to achieve Excellence. Following the annual review meeting with CQC each year an action plan is developed this action plan sets out targets to improve outcomes for people, and these targets are woven into our business planning process.

3.88 Progress against the 2006 three year plan objectives were noted by CQC, and a summary of achievements is provided.

CQC feedback on 2006 Three Year Plan achievements

3.89 Feedback from inspectors:

- In partnership with health colleagues the council continue to make improvements across hospital discharge processes affecting the length of stay and delayed transfers of care. The council also introduced ward based social work staff to ensure timely and constant information exchange between all of the professionals involved in the care and discharge planning of individuals.
- The council provide, in a timely manner, a range of minor and major adaptations to aid people in their lives through the Integrated Community Equipment Service and the number of people waiting for adaptations has also reduced.
- The council recently surveyed 10,000 older people and asked about their experience of health and social care services and how these services might be improved. Compared to a similar survey undertaken three years earlier, results demonstrated people felt services were better co-ordinated and of a better quality than previously and that people were now more in control of their care services and care planning.
- Carers value the introduction of Carers Support Grants, which are flexible one off direct payments enabling carers to directly purchase services to either continue in their caring role or undertake personal pursuits. Carers also benefit from emergency respite care from the Carers Respite Emergency Support Service.
- Equalities monitoring data is used to improve access to services and this highlighted the low number of people from BME communities using direct payments. As a result, the council and partner organisations promoted direct payments as a way of ensuring culturally competent care and the number of people from BME backgrounds using a direct payment is now at an appropriate level.
- The council offer access to a number of schemes that have been developed to enable people with learning disabilities to explore their training needs and employment goals. Overall the schemes are having a positive impact on the number of people with learning disabilities in training, education and employment and performance is better than the average of similar councils.
- An independent audit of case files (in relation to Safeguarding) concluded the approach to case file auditing has helped secure managerial oversight and ownership and improved outcomes for service users. This has also provided firm foundations for continuous improvement and the systematic identification of areas for improvement.
- The council and PCT's jointly developed a reward and recognition policy to support and encourage service users, carers, patients and members of the public to get involved with designing and improving services.
- All joint commissioning strategies have been based on extensive user and stakeholder engagement, including the Learning Disability Joint Commissioning Strategy, which won a national award for service user involvement.

Commissioning Strategies

3.90 Our Commissioning strategies provide a formal statement of plans to meet people's needs at a strategic level. 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.

3.91 Joint Commissioning Strategies are in the process of being refreshed for the following areas: **Older People's** services, **Learning Disability** services, **Mental Health** services and services for **Carers**. We have developed a strategy for people with physical disabilities, sensory impairment or neurological conditions or HIV called the **Improving Life Chances Strategy**. In addition, in line with the National Strategy for Dementia, a Dementia Strategy is being developed. We are also implementing a strategic framework for Intermediate Care.

Joint Commissioning Strategy for Older People 2007

3.92 This strategy explained our aim, and the aim of the NHS in East Sussex and a range of voluntary and independent organisations to work with older people (usually people over 65) and carers to improve the experience people who use our services have, and to help us get the most out of the resources that are available.

3.93 Over the last two years we have made significant progress nationally and locally in driving forward changes and improvements in services for older people by:

- reviewing health and social-care services and setting ourselves new aims;
- recognising the importance of other services outside of health and social care which improve the well-being of older people and carers;
- working well with everyone involved in planning and providing services for older people and their carers; and
- Working more closely with older people and their carers.

3.94 We also understand that people can have mental-health issues later on in life, which may or may not be related to their age. We decided we needed to make sure that we planned and improved services to deal with these issues at each stage. We identified this work as an important care pathway called 'Mental-health problems in old age'.

3.95 The Older People's Partnership Board (OPPB) is responsible for making sure the work of the strategy stays on track and makes a real difference to older people's and carers' lives.

3.96 The following are achievements from the first two years of working together in this way:

- We published the Time of Our Lives Strategy in 2008. This is our three-year plan (2008 to 2011) to improve and promote the quality of life for people in East Sussex in the later stages of their life.
- We set up the Joint Strategic Needs Assessment (JSNA) Board and agreed a programme to deliver a series of reports which will help us understand wider trends in health and well-being across East Sussex.
- We produced 40,000 copies of 'Forward from 50 – a guide to later life in East Sussex'. This free handbook is packed full of handy tips and instructions on where to get information, which will be helpful as people prepare for life after 50.
- We have agreed how day time services will need to be in the future to provide adults and their carers with the right choices. This is summarised in a report called 'From day care to day opportunities'. We reviewed our day time services for older people and we are now planning how to improve them. We have also tested a service to provide day time opportunities for older people from black and ethnic minority groups.

- We used the £3.2 million of funding we were given from the Department of Health in 2006 for the 'Partnerships for Older People Projects' programme to provide a range of services. Through the programme we have learnt more about what works best and we will use this information to make decisions about our investments in services in the future.
- We have now committed to long-term investment in a range of services including:
 - the Navigator Service, where staff visit older people in their homes, tell them about local services and provide grants for exercise and activities, carers, transport and handyperson services (where someone comes and carries out small jobs for you);
 - improved access to simple aids and equipment which help people stay living at home (such as grab rails which help people get in and out of the bath); and
 - The County Connect Service, which helps staff from a number of partner agencies who work with older people to make it easier to refer people to each other.
- As part of the local area agreement, we have achieved more than our 2008/2009 targets to increase the number of people receiving a range of services which help them to live at home independently.

3.97 We have also made the following improvements:

- In June 2008 we produced a plan on care services that we will provide at the end of people's lives – health and social care partners have agreed that we will improve the way we deliver services by working more closely with each and with older people and carers.
- We made three successful bids to the Department of Health to get funding for two years of work. These are working with GP surgeries to support carers, to provide flexible respite for carers of people with dementia, and a support and advice service for people with dementia.
- We completed a specification (the description of the services we would expect to be delivered to meet people's needs) for a specialist dementia home-care service and we have started work to find interest from possible service providers in 2009. We hope to introduce services in 2010.
- We successfully reviewed how patient mental health services are used, so we can make sure they more effectively meet the needs of older people. We made changes without disrupting the patients. This also helped us to use funding to:
 - continue to have services provided by the Memory Assessment and Support Team (a service for people with early signs of memory loss) and the Intensive Community Support Service, whose funding was about to end; and
 - start discussions on how to improve access to intermediate-care services for older people with mental health problems. These are a range of services which people receive between hospital and home and which help prevent them having to go into hospital or allow them to leave hospital early.
- We carried out preparation work in advance of the publication of the first National Dementia Strategy. We are currently preparing the next stages of this work, including future development plans and the expectations of the national strategy.

Improving Life Chances Strategy

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

3.99 In developing the Improving Life Chances strategy, the involvement and engagement of people who use services was led by disabled people and people living with long-term conditions and took place between February and May 2009.

3.100 In January 2009, East Sussex Disability Association Inclusion Enterprise sought the views of disabled people around conducting an inclusive consultation process. The outcome was a consultation process that ensured people who use services (disabled people, people living with long-term conditions, carers and other stakeholders) were given a range of opportunities to engage with the development of the strategy and give their views. This included:

- **A consultation document** was widely circulated to over 1000 statutory and community and voluntary sector organisations across East Sussex and posted on PCT and ESCC websites. 284 responses to the document were received.
- **Locality focus groups** were held in four areas across the county to offer opportunities for people living in semi-rural and rural communities. In addition, consultation events for people with sensory impairment facilitated by the East Sussex Associations for the Blind and Partially Sighted, East Sussex Hearing Resource Centre and Sussex Deaf Association
- **A user-led county-wide listening event** attended by disabled people and those living with long-term health conditions. The event included presentations by service users and provided an opportunity for key senior managers to hear important issues and respond to questions.

3.101 These events were well received by service users and carers. The Improving Life Chances Strategy was launched in the Autumn of 2009.

Learning Disability Joint Commissioning Strategy

3.102 The Learning Disability Joint Commissioning Strategy covers the services we provide for people with learning disabilities over the age of 18 (including older people) and is currently being refreshed. It was developed jointly with our partners, and also with significant involvement from service users and their carers.

3.103 The Comprehensive Needs Assessment supporting the Learning Disability Joint Commissioning Strategy was undertaken by a Public Health Specialist at East Sussex Downs and Weald PCT in 2007. "Strong Voices, Big Ideas", the East Sussex Learning Disability Joint Commissioning Strategy, was structured around 4 key ideas". Using the 4 "Big Ideas" ensured that the key areas of national policy and key areas of concern for local people were communicated in an accessible way to people with learning disabilities. The Four ideas were:

1. Supporting people with learning disabilities to have more choice and control.
2. Better health for people with learning disabilities.
3. Supporting people with learning disabilities to be part of their community.
4. Supporting people with learning disabilities to maximise their independence and keep safe.

3.104 Strong Voices, Big Ideas, won the 'Public and Patient Involvement' category of the national NHS Alliance Acorn Awards for a strong commitment to involve people who use services and other stakeholders.

3.105 Together with Adult Social Care Learning Disability Commissioning, the Involvement Matters Team developed effective ways of involving more people with learning disabilities in the work to improve the lives of people with learning disabilities. The Involvement Matters team have developed

packs related to each of the key themes of the Learning Disability Commissioning Strategy. The Involvement Matters Team sent the packs to people with learning disabilities to ask them what makes them Glad, Sad and Hopping Mad about their lives and the support they receive. So far the Involvement Matters Team have received over 1100 comments from people with learning disabilities. This information is used by the Learning Disability Commissioning Team and the Learning Disability Partnership Board to improve services and the live of people with learning disabilities.

Mental Health Commissioning Strategy

3.106 The joint mental health commissioning strategy has provided the strategic direction for the development of mental health services over the last 12 months. Work is 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

3.107 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. A range of methods of ongoing consultation have been used to seek out views of carers, service users and the general public since the last local strategy for carers was produced in 2007.

3.108 East Sussex County Council and the local Primary Care Trusts are committed to providing funds to support carers' services as part of a partnership approach to addressing the health and social care needs of the local population.

3.109 It is clear from the consultation that the services currently provided are valued by local carers, and we will seek to strengthen and develop the methods of support already being provided.

3.110 However, there is a lack of equity and accessibility, particularly in terms of respite provision, that we need to address. Funding constraints mean that we will need to commission innovative services that reach out to the most carers possible. We will maximize opportunities to use the knowledge and added value that trusted voluntary sector organisations can contribute, including support for volunteers, but will also welcome other organisations who can play a part in delivering services.

3.111 We believe that in East Sussex we should focus available funds on three key areas that have been identified by the Government's strategy and as a result of the latest consultations with carers these are: respite/breaks; support to stay mentally / physically well; and respect and involvement.

Business Transformation Programme

3.112 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.

3.113 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.

4. Our Customers' Views

Engagement and Involvement

4.1 Adult Social Care is committed to involving service users, potential service users and their carers' in all our strategies and service developments. We have an engagement culture which feeds into continuous service improvements. A strategic review of engagement is underway; and in the meantime, we continue to improve how we engage and involve people at every stage.

4.2 There are very many ways in which we engage with and involve our service users, potential service users and carers, stakeholders, and staff in service delivery, service design and service improvement. Some examples of groups we engage with and the work they have been involved with follow.

Older Peoples Forums – have been involved in Putting People First Older People's Reference Groups; the Agewell tendering process; the Downlands Court Extra Care Scheme planning and design groups; the Older Peoples Partnership Board; and Recruitment panels

Carers Strategy Group – this is the overarching group: members include Health and Social Care Agencies, Carers and Voluntary Organisations. The Carers Strategy will be launched on Carers Rights Day (4th December 2009)

Disabled People's Participation Group – this group was launched in February 2009, an outcome from this event were recommendations for good practice for partners to prevent barriers. Members are now involved in the DPPG Steering Group; partnership boards; the Department of Health User-led Organisations Demonstrator Site Project Board and Adult Social Care Inclusion Advisory Group, which feedbacks on equality impact assessments.

Learning Disability Involvement Matters Team – have developed effective systems for ensuring the voice of local people with learning disabilities are central to commissioning and service development. During 2009 the Involvement Matters Team have undertaken significant pieces of work around key issues such as Total Communication and Hate Crime culminating in a number of significant stakeholder events and tools that will support service improvement.

Inclusion Advisory Group – includes people knowledgeable about a wide range of equality and diversity issues, who can support equality impact assessments, helping to ensure barriers, are tackled effectively at an early stage. The initial focus of the group has been on the Putting People First programme assessments (self-directed support and advocacy developments). The Inclusion Advisory Group acts as a critical friend to **the Equality and Diversity Steering Group** who lead on the equalities agenda.

LINK

4.3 The East Sussex LINK (Local Involvement Network) was launched in April 2008. The LINK provides an opportunity for organisations and individuals to influence how health and social care services are delivered locally.

4.4 The Chair of the LINK, core group members and host staff are regularly in touch with Adult Social Care staff through a number of formal and informal mechanisms. These include attendance at the LINK Liaison meeting, membership of Partnership Boards and regular meetings with Adult Social Care and PCT Directors and Assistant Directors.

4.5 Issues raised and responded to through the LINK since April 2009 include:

- Hospital car parking fees (LINK report available)
- One alert of a potential safeguarding case (already known and dealt with through Adult Social Care procedures)
- Health inequalities for people with learning difficulties (taken to the LD Partnership Board)
- Concern about consultation over changes to the Isobel Blackman Centre in Hastings (information was provided about the consultation undertaken as part of the Review of Directly Provided Services and relevant Cabinet papers)
- East Sussex County Council plans to undertake its 'duty to involve' (the Council Consultation and Engagement strategy was sent along with the Adult Social Care brief to strategically review engagement)

4.6 In addition LINK and Adult Social Care staff are working together to ensure that

- There is a central point for receiving and responding to LINK issues
- LINK host staff and core group members have appropriate Safeguarding Vulnerable Adults training
- Core group members are informed about the new Complaints procedures
- Core group members are informed about how Adult Social Care monitors the quality of independent home care agencies
- Appropriate staff are aware of LINK powers to 'enter & view' premises. A pilot will be undertaken in the autumn to test out the procedures and protocols.
- LINK host staff and core members understand the joint PCT / Adult Social Care Reward & Recognition policy and apply it appropriately
- LINK were aware of and could contribute to Adult Social Care consultations, particularly 'Improving Life Chances', reviewing the carers strategy and the proposed reorganisation of the Performance & Engagement Section.

4.7 LINK are holding a series of '**Meetings in Public**' across the County, one in each District. The focus of these meetings will be Mental Health and 'Putting People First'. LINK are working with local people to raise awareness of these issues and Adult Social Care staff have helped in preparing material and will be present to answer any additional issues.

Stakeholder Engagement

Closer to Home

4.8 Five stakeholder engagement events were held in each district and borough of East Sussex during November 2008. Over 250 representatives from Adult Social Care staff, Primary Care Trust staff, carers, voluntary organisations, independent sector providers, service user representatives and district and borough councils were invited to attend across the five events. Each event concentrated on those who lived and/or worked in the local area where the event was held.

4.9 This series of Closer to Home events built on the success of the original events. The overall intention remained the same – to enable the two Primary Care Trusts and East Sussex County Council Adult Social Care coming together to talk about health and social care issues with people from the local areas.

4.10 The events provided an opportunity for us to outline the developments across Health and Social Care that had resulted from the first round of Closer to Home events in 2007, and to invite a range of views about our plans for the future including finding out what people thought about:

- The Joint Access and Information Project recommendations
- What information people get from service users and how this is shared
- What does taking forward the Putting People First and Health and Wellbeing agendas mean for them and their organisations?

4.11 In this series of events, people's issues and the points raised were very similar across all five boroughs and districts. The two areas talked about most throughout all five events were safeguarding (protecting vulnerable adults) and inequalities (where things are not the same for people because of their individual needs or where they live). The rest of the key themes fell in to three categories – financial issues, communication issues and partnership working issues. Some issues build on the themes that came out of the 2007 Closer to Home events, but some are new because of the new direction of the Putting People First and Health and Wellbeing agendas.

4.12 Below is a summary of the actions taken following feedback from the 2008 Closer to Home events:

- Safeguarding
 - review of local inter-agency SVA protocols to help promote consistency
 - 26% increase in the number of reported health safeguarding referrals, up from 194 Jan - Dec 2008 to 245 July 08 to June 09
- Financial issues
 - Working in partnership set up and deliver a series of finance/information road shows and drop-in session across the county.
 - Promote financial and benefit advice and agencies through forum information fairs, electric blanket-testing road shows, forum newsletters.
 - Include support to access pensions/benefits/financial advice in specifications for Supporting People funded services for older people.
 - Maintain and promote links with Advice Plus (lottery-funded project run by VCS-CAB)

- Continue to develop Joint team working between Adult Social Care and the Department of Work and Pensions (DWP):
 - Sharing data to provide details of service users due to transfer from Income Support to Pension credit for DWP to prioritise claims/increase in benefits
 - Prompt income maximisation through benefit take up at assessment visit.
- Communication
 - Joint Access to Information Project
 - Views wanted on materials produced
- Partnership working
 - Falls Prevention and Dementia identified as important areas for development. Outputs from this year's events will inform joint strategies being developed.

4.13 At the time of writing another round of "Closer to Home" events was being held (December 2009), with a focus on the current financial climate and how we can collectively work together to improve local prevention and response services for dementia and falls.

Older People's Engagement Day: 25 June 2009

4.14 At the first Older People's Engagement Day in 2008 the Time of Our Lives strategy was launched. It provides a framework for a wide range of activities that support older people's quality of life and well-being. The strategy was originally put together in partnership with older people and older people's organisations.

4.15 A further Engagement Day was held on 25 June 2009 and the outcomes from the day are being used as the basis for a Time of Our Lives action plan for 2009/2011.

4.16 Participants were asked to think about the Quality of Life areas, and answer the following question: 'Looking forward, what can we do together to improve the quality of life for older people in East Sussex?' There were a wide range of themes including support for carers, improving accommodation, and providing a better quality of life for older people in care homes and hospitals, and concerns about financial issues.

4.17 Preventing social isolation was a strong theme. Lots of ideas emerged based around inter-generational contact, including with young people through buddying schemes or working with schools. Making contact with the community in general was seen as important, whether through a community café or making better use of public spaces.

4.18 Transport and access to services was the most discussed topic, discussions looked at community transport, transport in rural areas, accessible public transport, and voluntary transport schemes. Some of the recommendations from these groups are already on the way to being a reality. For example, in late 2009, bus timetables and Directories of Community Transport will be available in doctors' surgeries. The County Council is also looking at different ways of making better use of existing community transport provided to schools and day-care centres.

4.19 During autumn and winter 2009, the County Council's Transport and Environment department will be consulting with the public about bus services. A consultation about the Community Transport strategy will follow in 2010. These consultations will be available for everyone to take part in on the County Council website, as well as being promoted through East Sussex Seniors Association (ESSA)

and other local organisations. We will work closely with Transport Managers in the county to see how these services can work better for older people.

4.20 All of this information is being used to help us develop an Action Plan for moving forward with The Time of Our Lives strategy in 2009/2011. We will be working closely with ESSA on this and the ESSA Health and Community Care theme group and the ESSA Transport theme group will be working alongside us on these continuing priorities.

Staff Engagement

Safeguarding Conference

4.21 Adult Social Care has developed a range of Safeguarding Competencies for all staff; including managers and staff in back office functions through to Social Workers who lead Safeguarding Investigations. The Competencies were launched at a Safeguarding Vulnerable Adult's Conference in East Sussex on 4th June 2009. The Conference was attended by over 100 Adult Social Care staff and key stakeholders. The aims of the Conference were:

- To inform Adult Social Care staff of the work in the department on Safeguarding
- To launch the Competency Framework
- To launch the Practice Standards and Operational Instructions
- To enable staff to work through the Framework and see how it is relevant to and will impact on their work
- To inform select key stakeholders of the Safeguarding work in the department
- To provide information to staff from key stakeholders on their work on safeguarding issues

Putting You First

4.22 In July this year we ran a series of four Staff Engagement Events across the county for Adult Social Care staff. The events were attended by almost 400 staff from different teams, service areas and roles across our department. Everyone who attended was invited to contribute to discussions about the department's transformation programme 'Putting People First'.

4.23 The aims of these events were to:

- Provide an update on how we've progressed with the Putting People First agenda since our 2008 staff engagement events.
- Offer everyone a chance to put questions directly to our Departmental Management Team (DMT).
- Give a wide range of our staff an opportunity to contribute to the future development of Putting People First – in particular to get staff feedback about the proposed self-directed support pathway.
- Tell staff about some of the support for employees that is available from our corporate Personnel Team.

4.24 All the comments made through group discussions and feedback on the self-directed support pathway was passed to the Putting People First team to inform their work on the pathway. Staff will be kept up to date through regular reports.

Customer Relations

Service User Feedback

4.25 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.

4.26 Customer feedback, through the “Listening to You and Responding” and “Complaints and Compliments” reports, is given to each Service Area, and to the Departmental Management Team 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.

Learning from User & Carer Feedback

- **“Listening to You and Responding” feedback from Assessment and Care Management and Occupational Therapy** has been used to develop an NHS bid for a Demonstrator to improve delayed transfers of care. Key indicators where this project will deliver positive improvements include: NI 132 (Timeliness of social care assessment); NI 133 (Timeliness of social care packages following assessment) and NI131 (Delayed transfers of care).
- **Learning Disabilities, Respite Care- Code of Respect:** This service has developed a ‘Code of Respect’ in response to findings from the item about ‘being treated well’ on their customer satisfaction survey. The service wanted to improve their rating on this item and looked at their qualitative results, to discover that most of these incidents related to service user to service user conflicts. With consultation with service users, they developed a ‘Code of Respect’, which tackles basic service user to service user conflicts.
- **Providing Choice:** Learning Disability Respite Services are aware that Service Users have very specific preferences with accommodation. Where possible, the service keeps a record of repeat service users, so they can accommodate their preferences for their next visit, where possible.
- **Improving Life Chances:** A series of consultation activities to service users and voluntary sector including questionnaires and focus groups. As a consequence, a low vision support service to support people with a visual impairment get the support they need earlier has been commissioned. Also, a relapse support service for people with Multiple Sclerosis has been piloted; community support for Deaf people has been expanded; and finally: a jointly commissioned a community stroke support service with local NHS organizations has been provided.
- **Carer’s Strategy:** A series of consultation and engagement activities were carried out to inform the new Carer’s Strategy. As a direct result of the consultation, the re-tendering process for respite services contained a specification that had items developed by service users.

User Survey

4.27 In 2008/09 East Sussex County Council took part in the Personal Social Services Research Unit (PSSRU) extended survey that asks more detailed questions about certain aspects such as the individuals control over daily life, social situation and personal safety

4.28 Within East Sussex a total of 709 postal questionnaires were sent out to older people who receive a home care service. Of the sample, 70 service users (9.9%) received homecare directly from Adult Social Care whilst 639 (90.1%) received homecare from the independent sector. Of the 709 service users, a total of 392 (55.3%) responses were received.

4.29 Although no National Indicators were calculated from the results of the user survey in 2008/09, from 2009/10 there will be an indicator relating to levels of satisfaction that will be based on the user survey results. As such, this year's survey has been used as a proxy to give an idea of result we are likely to achieve from this client group (see first bullet point below)

4.30 Below are some of the key findings from the survey (where the same question was asked in the previous survey carried out in 2005/06 comparison has been included);

- 58.4% of respondents stated that they were, very satisfied or extremely satisfied with the service that they receive in their own home. This is an increase from 57.6% when the same survey was carried out in 2005/06.
- 63.2% of respondents stated that their carer never spent less time with them than they were supposed to. This is an increase from 61.7% in 2005/06.
- 92.3% of respondents described their relationship with their Care Worker as either 'good' or 'excellent'.

5. 2013/14 Where we aim to be

5.1 This section of the plan describes our medium term objectives for 2013/2014.

5.2 Our current position and key drivers are outlined in Section Three. Our vision and key areas for improvement are shown below.

Universal Services

5.3 There are a number of initiatives we are developing, in partnership, to deliver the Universal Offer including:

- Building capacity within the voluntary and community sector across East Sussex to provide information and advice to the communities they support, including clear roles and responsibilities through our contracting and commissioning arrangements.
- Developing local User Led Organisations in line with the learning from the Department of Health Funded projects, including their role.
- Ensuring joint working with other East Sussex County Council projects and workstreams. For example, the inclusion of transport and leisure services in the universal offer is emerging as an expectation from the Department of Health.
- Developing a 'First-stop' shop model rather than a 'one-stop' shop model providing more joined up information across Health and Social Care.
- Central hub of information managed electronically to ensure consistency, which accesses both local and national information sources.
- Enhancing distributions of 'hard-copy' materials at key public access and information points.
- Developing a free service that will be available to all regardless of their eligibility for publicly funded care.

5.4 Overall, we believe we are well placed to achieve the following national targets:

- That the council has put in place arrangements for universal access to information and advice
- The public are informed about where they can go to get the best information and advice about their care and support needs.' (April 2011)

Preventive Services

5.5 Continuing our investment in preventative services is a priority for 2010/2011. Outcomes from 2008/2009 demonstrate the return on this investment in terms of the numbers of people who have been able to access information, advice and support thereby preventing the need for adult social care services. For example:

- The Navigator service which started under Partnership for Older People Project and has now been mainstreamed into the services we provide. In 2008/9 there were 1743 referrals to the service,

1348 people seen and provided with direct brokerage, or a support grant or other practical help. There were 2382 referrals on to other services (including exercise, well being and carer grants, aids and equipment and handyperson services).

- County Connect, a service which focuses on easy access for residents to 'low level' support services. In 2008/2009 the County Connect service received 464 requests for services for individuals, which in turn generated 659 onward referrals for help and assistance. 92% of the people who responded to the Customer Satisfaction survey felt that the service was well co-ordinated.

5.6 In addition to the services above, Supporting People have introduced a countywide floating support service for people aged 16-64 from 1 July 2009. The new service includes supporting service users to:

- look after themselves and eat well
- budget and pay bills
- be safe in and out of their home
- fill in forms and deal with authorities
- be a good neighbour
- gain access to education and training activities
- become involved in local and community activities
- understand their rights and responsibilities

5.7 Safeguarding adults from abuse is a core function for Adult Social Care and an area where we seek continuous improvement.

5.8 Planned actions to achieve our objectives in relation to safeguarding include:

- Sussex wide multi-agency adult safeguarding procedures will be formally reviewed through the Safeguarding Adults Boards by March 2010. These procedures represent a shared commitment by a wide range of agencies in Sussex who co-operated in their development.
- Improve staff and service user awareness of safeguarding issues through implementing competency training for all staff
- Undertaking serious case reviews and ensuring lessons are learnt.
- Auditing and evaluating how our services work together to protect vulnerable adults.
- The council's webpage on adult abuse is in the process of being updated by the Safeguarding Vulnerable Adult's Communications Group to further raise awareness about what abuse is and what to do if you have concerns.

5.9 Key deliverables for prevention under Putting People First are:

- That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health. (National Milestone October 2010)

- That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. (National Milestone April 2011)

Choice and Control

5.10 During 2009/2010 we finalised our Self Directed Support Pathway which will enable service users to be at the centre of their support planning and give them more choice and control over the services they receive. Ongoing work to deliver self directed support includes:

- Refreshing our Joint Commissioning Strategies and implementation plans for Carers, Older People and for People with Learning Disabilities.
- We are also working closely with Housing partners to develop a range of housing options that provide high quality, choice, and independent living, reducing the reliance on long term / permanent residential care.
- We are modernising day opportunities by providing a broad range of services which fulfil current and future needs and expectations.
- Improve choice for Advocacy through a pilot project which will provide a policy framework for the management of commissioning independent advocacy in the context of Self Directed Support.

5.11 Future key milestones for Self Directed Support include:

- That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. (National milestone December 2010)
- All new service users / carers (with assessed need for ongoing support) are offered a personal budget (National Milestone October 2010)
- That at least 30% of eligible service users/carers have a personal budget (National target: April 2011)

Building Social Capital

5.12 We want to develop social capital, largely through recognising the role and value of volunteering, formal and informal networks and community-led action brings to personalisation. A healthy, strong and sustainable third sector is critical to building social capital; this is especially significant given the 'reach' that third sector organisations supply in addition to contracted activity.

5.13 Supporting the third sector, which is uniquely placed to deliver on social capital, supports choice and the potential of the market to deliver personalisation. The third sector also provides community representation, particularly through user lead organisations, which is key to delivering engagement strategic priorities.

5.14 During July and August 2009 the department commissioned a piece of independent research into third sector contracts for services held by Adult Social Care. The report showed that although third sector providers were broadly delivering Putting People First outcomes, some key recommendations were made to move third sector commissioning forward which will inform the development of social capital, including:

- Reflecting and further stimulating, through the commissioning process, the ability of voluntary organisations to build social capital in communities. This would cover both the 'bonding' and 'bridging' role that small and large voluntary organisations have.

Putting People First Workforce Strategy

5.15 The vision for the Putting People First Workforce Workstream is a confident, enabled and well equipped Adult Social Care workforce transforming services in the way the Government set out in Putting People First. This will enable people, including those most disabled or disadvantaged, to participate as citizens in society and take as much control as possible over their own lives. To achieve this we will focus on six priority areas, as set out in Working to Put People First, the national workforce strategy. These are:

1. Leadership
2. Recruitment, retention and career pathways
3. Workforce remodelling and commissioning
4. Workforce development
5. Joint and integrated working
6. Workforce regulation

5.16 The Putting People First Workforce Workstream will operate as an integral part of the overall Adult Social Care Putting People First programme, also utilising the Adult Social Care Departmental Workforce Management Group to develop specific action plans and deliver required outcomes. These will include a local area workforce strategy (InLAWS) and action plan for East Sussex, which will ensure that developments to support the Putting People First agenda are embedded in the Adult Social Care workforce and fully engage all our stakeholders and partner agencies.

5.17 A workforce change plan has been agreed by the Putting People First Programme Board which will shape the workforce development work going forwards.

Integrated Plan for Health, Social Care & Wellbeing

5.18 The overarching, integrated plan will reinforce our agreed commitments to the delivery of existing commissioning strategies and plans, and to additionally commit to strategically significant joint work that will ensure effective services for health, social care and wellbeing in East Sussex from April 2010 – March 2015.

5.19 There will be benefits for residents, patients, service users/carers, children/young people/students as appropriate, and indeed for the partners themselves. The bullet points below summarise priority areas health and social care will focus on going forwards and through the integrated plan.

- Reduce health inequalities and improve life expectancy, with particular focus on the wards with the lowest life expectancy
- Improve chronic disease detection, management and treatment
- Improve health by focusing on the 'Choosing Health' priorities
- Increase investment in older people's services, rehabilitation and services which promote wellbeing
- Improve mental health & wellbeing, especially in the most deprived areas

- Avoid unplanned or unnecessary admissions to hospital or residential care
- Improve peoples choice and control over the care they receive

Back Office Systems

5.20 In order to deliver the transformation in our services our systems are also being reviewed through the Putting People First workstream of Business Systems, Processes and Infrastructure. The objectives are:

- To implement a provider–led, supported, more reliable and stable system.
- To implement/improve the processes to manage electronic documents stored within the system to meet the requirements of the business.
- To agree a consistent processes for managing Electronic Social Care Records (ESCR)
- To improve the users' experience of using ESCR
- To implement a system that can interface with existing Adult Social Care systems (e.g. CareFirst)
- To provide a system that can be made accessible to joint/external parties such as Health.
- To meet current E-Government and ESCR standards.

Equality and Diversity Improvement plan 2010-2013

5.21 Adult Social Care recognises the importance of meeting the needs of under served communities through effective needs assessment, service delivery, commissioning strategies and procurement. In parallel to this, developing the workforce with health partners is also a priority, to ensure that staff are fully equipped with the skills they need to support delivery of equitable services. The Equality and Diversity Improvement plan for 2010-2013 sets out the key priorities to developing suitable provision in the forthcoming years. The priorities have been identified through completion of the departments Equality and Diversity Self Assessment and the feedback given to us through engagement with our stakeholders, these are:

1. **Effective data collection and monitoring** so that we have a clear picture for improved and equitable outcomes for adults and their families' needs, through analysis based on race, ethnic origin, disability, gender, language, sexual orientation and faith in order to identify where the gaps are and where there may be discrimination.
2. **Ensuring fair access and better outcomes from inclusive services**, so that minority groups are aware of our services, feel they have an equal right to request them, and get a better outcome.
3. **Effective engagement with people from minority backgrounds**, particularly black and minority ethnic people and disabled people, so that we understand their needs and they can make a positive contribution to improved services for all.
4. **Effective and inclusive commissioning**, to use a wide range of providers and to ensure those we work with to provide services on our behalf do not discriminate against minority groups and promote good equality practice.

5. **Ensuring personal safety and tackling harassment**, by ensuring staff and partner organisations prevent and respond to incidents around discrimination particularly on the grounds of race, gender, disability, religion/belief, sexual orientation.
6. **Developing our workforce** to confidently work with the variety of communities in the County, and create a management culture that actively drives equality practice.

5.22 We are consulting with our Stakeholders on the draft Equalities and Diversity Improvement Plan for 2010-2013, the final plan will be ratified by April 2010.

5.23 There is a schedule of Equality Impact Assessments (EqIAs), alongside the changes in service provision and developments in the Department. Recommendations from Equality Impact Assessments (EqIAs) are reflected in business plans and subject to quarterly monitoring. Such recommendations will be added as they arrive through the year. (See also Sections One and Seven).

5.24 The Equality and Diversity Steering Group will oversee the implementation of the Improvement plan, and the implementation of the recommendations from Equality Impact Assessments to ensure delivery of culturally sensitive services.

6. Service Review Programme

1. Transforming Adult Social Care – Reablement	
Reason for review	<ul style="list-style-type: none"> To appropriately minimise ongoing support required and, thereby, minimise the whole life-cost of care Reduce the dependency on longer term care packages Shift investment from reactive to preventative and enabling interventions Release assessment and care management capacity to deal with more complex cases and maximise reviewing activity Reduce admissions to hospital and residential care (short and long term) Opportunities to explore integrated service delivery options with East Sussex PCT's through Integrated Plan.
Comparative data / performance data	<ul style="list-style-type: none"> NI 130 Social care clients receiving Self Directed Support: 2009/2010 target 19%; October 2009 performance 16.05%. Provisional 2008/09 benchmarking data from the Information Centre shows East Sussex as the highest performing Authority in our comparator group. East Sussex 15.3; Comparator average 6.5; England average 7.0 Putting People First, April 2011 milestone: Evidence that cashable savings have been released as a result of preventative strategies and social care has delivered a minimum of 3% cashable savings.
Finance / Best Value	<p>Care Services Efficiency Delivery Unit Longitudinal study of reablement: In 3 of 4 schemes</p> <ul style="list-style-type: none"> 53% to 68% left re-ablement requiring no immediate homecare package (4th = 94%) 36% to 48% continued to require no care package 2 yrs after re-ablement (4th = 87%) <p>There is some national evidence that 25% of the admissions to nursing care do not need the nursing element of that care within 6 months of the admission – however it would not be appropriate to move someone at that stage. We need to ensure that older people have the right recovery period before making longer-term decisions for their care.</p> <p>Joint Improvement Partnership (JIP) for the South East Authorities on transforming adult social care commissioned the Improvement and Efficiency South East to undertake a research project reviewing emerging good practice around reablement services. Findings from this research will be incorporated into the East Sussex review.</p>
External challenge	Multi-agency Intermediate Care Group

1. Transforming Adult Social Care – Reablement	
Timescale	2010/2011

2. Reviewing our pattern of spend to shift resources from Working Age to Older People Services over five years	
Reason for review	<p>Review existing policies and propose actions to mitigate the increasing pressure between demand and financial resources in order to:</p> <ul style="list-style-type: none"> • Support increasing numbers of people to live at home • Achieve maximum hospital discharge throughput • Maximise capacity to undertake care package reviews • Ensure that health, provider and Adult Social Care resources are appropriately aligned to services • Enable a strategic shift in spend away from high cost placements for working age adults, and into older peoples services
Comparative data / performance data	<p>2007/08 Benchmark Costs Per Capita based on PSSEX1 and compared with all Counties:</p> <p>Spend on Older People per head of population 75+ Our ranking compared to other authorities is 20th at aged 75+ and below the average spend per head at £1,427.21 (£1,482.95 average); at age 85+ this becomes even more stark with our ranking 29th at £4,489.59, (£5,333.78 average). With the ‘oldest old’ population and being ranked 1st at age 85 this is an area where greater investment is needed.</p> <p>Spend on Working Age Adults per head of population 18-64 . Our ranking according to population aged 18-64 is 33rd however our ranking in terms of spend per head is 1st at £203.71 per head against the average of £163.19. This makes us outliers in this area.</p> <p>The spend on working age adults is further broken down as follows: -</p> <p>Spend on Adults with Mental Health Difficulties per head of population 18-64 Our ranking according to population is 33rd compared to our ranking in terms of spend per head which is 2nd. At £35.69 we appear to be outliers as the average is £23.52 and most authorities are in the range £21-£26.</p> <p>Spend on Learning Disabled Adults per head of population 18-64 Our ranking according to spend per capita is 1 making us the highest spenders per head of adult population in this area at £121.45 per head against an average of £95.74. Our ranking in terms of working age adult population is</p>

2. Reviewing our pattern of spend to shift resources from Working Age to Older People Services over five years

33rd.

Spend on Physically Disabled Adults per head of population 18-64

Our ranking according to spend per capita is 10th at £44.81 per head against an average of £40.95. Our ranking in terms of working age adult population is 33rd.

Spend on Other Adults per head of population 18-64

Our ranking according to spend per capita is 7th at £5.56 per head against an average of £3.10. Our ranking in terms of working age adult population is 33rd. This covers areas such as substance misuse

Conclusion - This information suggests the need to make a strategic shift in spend from working age adults to older people and reinforces the strategic shift needed in terms of spend away from residential care for adults with mental health and learning disabilities into supported housing.

Nationally 'good' performance in terms of the proportion of spend on institutional care is being suggested as 40%. Current Adult Social Care net expenditure on residential and nursing care (excluding supporting people and SSMSS) is 53%.

Finance / Best Value

- Currently Adult Social Care has £90m of ongoing commitment to existing service users. Need to utilise service reviews to ensure service packages are proportionate, appropriate and cost effective.
- Budget projection for 09/10 and 10/11 reflects the beginning of the shift in resources towards older people with <0.4% increase for Learning Disability Services and -0.4% for Mental Health, with a 2.8% increase for older people.

In order to achieve the 'average' spend over the next four years, the following shifts in spend need to be achieved:

Department/Service Adult Social Care	ESCC Unit Cost £	County Council's Unit Cost Average £	Variance from the average	Total Cost Savings of ESCC if at the average £'000	Total ESCC Costs below the average £'000	Cost Driver
Older People 75+	£1,427.21	£1,482.95	-£55.74	-	£3,384	per head 75+
Mental Health	£35.69	£23.52	£12.17	-£3,522	-	per head 18- 64
Learning Disabilities	£121.45	£95.74	£25.71	-£7,437	-	per head 18-

2. Reviewing our pattern of spend to shift resources from Working Age to Older People Services over five years									
		Physical Disabled	£44.81	£40.95	£3.87	-£1,119	-	64	per head 18-64
		Other Adults	£5.56	£3.10	£2.46	-£712	-	64	per head 18-64
External challenge	CIPFA benchmarking data								
Timescale	2010 to 2014								

3. Commissioning and procurement of services	
Reason for review	<p>Review our commissioning and procurement approach for services:</p> <ul style="list-style-type: none"> Commissioned services will be reviewed through existing joint commissioning arrangements and /or at the point at which services are due to be re-tendered. Manage cost pressures through more effective placement options and a more robust approach to paying providers at published rates <p>Given the range of procured and commissioned services across Adult Social Care, the redesign of Day Opportunities is provided below as an example of how service reviews are approached:</p> <p>The current budget available for day opportunities for older people is approximately £4.0m, which provides a range of services to approximately 800 people. The majority of this budget (about £3.6m or 90%), funds a range of buildings based day services provided by our Directly Provided Service (DPS), mainly for people with higher levels of care needs. The remainder funding the independent and voluntary sectors which as a consequence remains largely undeveloped within the East Sussex area.</p> <p>The redesign of the Day Opportunities Service, to be of maximum value, should exploit and capitalise on all these pre-existing investments, with a view to add both overall value but also offer synergetic opportunities for local partners to realise a greater return for historic and future investments.</p>
Comparative data / performance data	N/A
Finance / Best Value	<p>Best value will be achieved through the reviews in a number of ways including:</p> <ul style="list-style-type: none"> Real Time Telephone Monitoring (RTTM) will be utilised to narrow the gap between the cost of contracted and actual hours of support delivered. We currently anticipate £300k savings in 2010/2011 from implementing

3. Commissioning and procurement of services	
	<p>RTTM.</p> <ul style="list-style-type: none"> • The threshold for admission to residential and nursing care will be reviewed to ensure the current formula is still valid • The increase in the numbers of previous self funding clients requiring support adds additional pressures on the community care budget. The review will therefore look at policy options to pay for residential and nursing placements at the published rates
External Challenge	Older Peoples Partnership Board
Timescale	2010 to 2014

4. Supported accommodation	
Reason for review	<p>Improving accommodation options, with more community-based services and supported housing is a priority for Adult Social Care. Improving accommodation options, is a medium to long term strategy reliant on effective partnership working with district and borough councils and Registered Social Landlords (RSLs).</p> <p>Extra Care Housing <i>Once Phase One (one scheme in each district and borough of East Sussex) and Phase Two (additional schemes in Hailsham and Bexhill) of Extra Care Housing are complete there will be seven extra care housing schemes in the county. The convergence of several key issues means that a new approach will be needed to the future development of extra care housing in East Sussex.</i></p> <p>These issues include:</p> <ul style="list-style-type: none"> • the impact of the recession has led to different approaches to extra care housing development , particularly by the private sector • the prospect of public spending cuts across all sectors • uncertainty about grant funding from the Homes and Communities Agency in the next bid cycle (2011 onwards) for extra care housing • uncertainty about any further funding routed through DoH Extra Care Housing Fund • the rising needs and aspirations of older people • the increasing inter relationship of housing, health, care and support <p>Emerging thinking by a range of organisations can be encapsulated in the following:</p> <ul style="list-style-type: none"> • extra care housing will be developments of mixed income communities • this mixed economy of extra care housing will be increasingly characterised by a choice of tenure and

4. Supported accommodation	
	<p>affordability within the same development regardless of who the provider is</p> <ul style="list-style-type: none"> • different financial models and funding streams, both on the capital and revenue side, will be needed • mono tenure will not meet the needs or aspirations of all older people; in some parts of East Sussex, given the high incidence of owner occupation, there is a need to concentrate on shared equity and for sale housing not social rented properties • planners as 'place shapers' are also reluctant to sanction mono tenure developments in many settings • new partnerships are required which will maximise the opportunity to combine funding streams and models, thus allowing the development of mixed schemes e.g. rented, shared equity and outright sale in one scheme • the potential to "partner" with the private sector should be explored • joint ventures where the construction and sales expertise of a developer/contractor is combined with the expertise of commissioners of care and operational care providers may be an attractive proposition <p>Due to the circumstances outlined above in terms of the likely capital availability and possible constraints on revenue funding; plus a changing relationship with commercial developers, a new approach is likely to be required for future developments.</p> <p>The long lead time for this strategic shift in approach means that we need to take action now in order to have new projects available for occupation by 2012</p> <p>Supported housing</p> <p>In June 2008, DMT agreed the governance arrangements required to deliver increased supported housing both - for people with a learning disability and for people with a mental illness.</p> <p>The capital and revenue implications of our priority sites will be set out separately in individual business cases.</p> <p>There are fourteen sites across the County which, potentially, could be developed into supported housing. These sites include new developments and the possible use of our own Directly Provided Services (DPS).</p> <ul style="list-style-type: none"> • The review will consider Private Sector Leasing as a way of accessing rented properties. This recognises the uncertain national capital funding position and seeks to take advantage of all types of supported housing tenure • Registered Social Landlords (RSLs) have undertaken site appraisals of some of the properties associated with the current Hastings and Rother LD service and all the DPS properties.
Comparative data / performance data	<p>NI145 Adults with Learning Disabilities in settled accommodation at their last assessment or review</p> <p>October 2009 598 adults with an Learning Disability in settled accommodation</p>
Finance / Best Value	<p>1.1.1 An Invest to Save bid was made earlier in the current year to support the development costs associated with</p>

4. Supported accommodation																
	<p>this programme: The funding has been allocated as follows:</p> <table border="1"> <thead> <tr> <th></th> <th>Learning Disabilities</th> <th>Mental Health</th> </tr> <tr> <th></th> <th>£</th> <th>£</th> </tr> </thead> <tbody> <tr> <td>2009/10</td> <td>304,000</td> <td>148,000</td> </tr> <tr> <td>2010/11</td> <td>304,000</td> <td>37,000</td> </tr> <tr> <td>2011/12</td> <td>304,000</td> <td>0</td> </tr> </tbody> </table>		Learning Disabilities	Mental Health		£	£	2009/10	304,000	148,000	2010/11	304,000	37,000	2011/12	304,000	0
	Learning Disabilities	Mental Health														
	£	£														
2009/10	304,000	148,000														
2010/11	304,000	37,000														
2011/12	304,000	0														
External Challenge	Strategic Forum (Housing)															
Timescale	2010-2012															

5. Support Services	
Reason for review	<p>Support services which were not reviewed as part of the business transformation programme will be focus of reviewing activity over the next three years. Support services within Strategy and Commissioning, Finance and Business Support and Planning, Performance and Engagement will be reviewed.</p> <p>Adult Social Care is working with the East Sussex Primary Care Trusts and Children's Services to produce an integrated Plan for Health, Social Care & Wellbeing. The plan will reinforce our agreed commitments to the delivery of existing commissioning strategies and plans, and to additionally commit to strategically significant joint work that will ensure effective services for health, social care and wellbeing in East Sussex from April 2010 – March 2015. The priorities within the Integrated Plan will include workforce implications and options appraisals in relation to integrated working, the outcomes of which will deliver efficiencies.</p> <p>The efficiency savings delivered as part of this review will build upon the significant savings achieved through the Adult Social Care Business Transformation programme which reached conclusion at the end of 2008 and delivered the following benefits:</p> <p>High Level Benefits to the Business;</p> <ul style="list-style-type: none"> • Improved management of contracts with providers and a reduction in rates paid. • Back office staffing reductions as a result of more efficient systems and streamlined processes enabling savings to be reinvested in frontline services

5. Support Services

- Implementation of fully integrated best of breed systems resulting in improved financial controls and data integrity.
- Improved information for decision making and reporting on key performance indicators.
- More time spent on adding value and less on process

High Level Benefits to the Service User;

- More money into frontline services and therefore more care provided to more people
- Faster response time for assessments and reviews
- Services commencing more quickly
- Improved, timely financial assessments process and benefits advice
- Certainty about services and charges
- Improved quality of care provided, through quality and monitoring and contract compliance

Supporting People

The review of this service is required to enable the department to continue to develop the Supporting People Services to support more people at an affordable cost.

The grant that the Council receives for the administration of Supporting People has reduced and in 2010/11 there is an expected shortfall of £191k when compared to the current staffing structure. Borough and District Council Partners are unable to contribute to the costs and the ASC dept has been unable to fund the shortfall.

In 2010/11 the mainstream grant for Supporting People will no longer be ringfenced and based on current re-commissioning work the grant will be underspent by some £250k.

The Supporting People programme has developed a well regarded Quality Assessment Framework (QAF) and Outcomes Framework for housing support services which are otherwise unregulated. There is potential to extend this approach across the supported housing sector.

The project aims are:

- To mainstream the Supporting People service over the next year.
- To reduce the cost of the service to the budget available within 18 – 24 months and to develop contingencies to

5. Support Services	
	<p>manage potential further reductions.</p> <ul style="list-style-type: none"> To consider developing the QAF and outcome monitoring approach across supported housing provision. <p>An Integration Plan for Supporting People to be implemented during 2010/11 with savings in that year and further savings in 2011/12 so that a balanced budget is achieved in 2011/12 and beyond.</p>
Comparative data / performance data	Following Business transformation performance against the key Unit Cost Performance Indicators has improved significantly and is now in the highest performing category.
Finance / Best Value	<p>In total we have already achieved net efficiency savings of £11.2m after investment in the transformation of services. There were 20 voluntary and 2 compulsory redundancies. 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 Finance and Business Support and the wider department are now able to take forward further improvements and the systems provided the platform for other change programmes such as Putting People First.</p> <p>The services reviewed going forwards, including consideration of integrated service models with Health, will consider best practice from other Local Authorities and national good practice models.</p>
External Challenge	To be developed
Timescale	2010 - 2013

6. Grants (impact of 10% reduction)													
Reason for review	<p>For 2010/11, ASC has indicative allocations for 4 specific and 7 Area Based Grants totalling £24.856m. (Note: the AIDS/HIV grant is an assumed allocation as this is announced just prior to the start of the financial year).</p> <p>The analysis of the commitments against these grants shows that they cover:</p> <table border="1"> <thead> <tr> <th></th> <th>£m</th> </tr> </thead> <tbody> <tr> <td>Contracts for services with independent and voluntary sectors</td> <td>19.078</td> </tr> <tr> <td>ASC Employees</td> <td>3.402</td> </tr> <tr> <td>ASC Supplies and services</td> <td>1.723</td> </tr> <tr> <td>Grants and vouchers to support Carers</td> <td>0.653</td> </tr> <tr> <td></td> <td>24.856</td> </tr> </tbody> </table> <p>The grants cover staff training, support to carers, housing support services (Supporting People) development funding for learning disabilities, mental health services, stroke strategy, funding for individual care packages,</p>		£m	Contracts for services with independent and voluntary sectors	19.078	ASC Employees	3.402	ASC Supplies and services	1.723	Grants and vouchers to support Carers	0.653		24.856
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6. Grants (impact of 10% reduction)

together with the funding to support the transformation of ASC under personalisation.

The impact arising from a 10% reduction in each individual grant is set out below, although the approach taken will be unlikely to result in each grant being reduced in that way, this is shown for indicative purposes.

Most of these grants are spent on providing frontline services. The largest of these is the Supporting People Grant where discussions have taken place with partners who are indicating that they would be unable to fund the reductions and are aware that some reductions in services would need to take place. Each grant will be considered in the light of its strategic priority and impact on service users as part of the Reconciling Policy and Resources (RP&R) process. In the context of the wider RP&R process a review of how services are delivered and procured as a result of increasing personalisation will be one of the key ways that a reduction in spend will be made. This will also focus on reductions in those areas where the department spends above the average e.g. Learning Disability and Mental Health. In each case the detailed contractual implications would need to be considered fully along with the impact on service users.

The potential reduction in grants by 10% would equate to £2.486m.

ASC Workforce: A reduction (of £0.148m) would reduce the level of training that could be provided to staff. There is a requirement to deliver significant levels of training in the coming months and years to support the developments arising from personalisation.

Carers: A reduction (of £0.211m) would mean a reduction on the value/number of carer support grants that could be issued.

Learning Disabilities Development Fund: A reduction (of £0.036m) would require the funding of current projects to be reassessed and the potential number of future new projects to be reduced.

Mental Health Capacity Act and Mental Health: (Reduction of £0.155m) These grants are required to meet developments with Mental Health arising from the Mental Health Capacity

Supporting People Administration: (Reduction of £0.026m) This grant is used to support the costs of the Supporting People Team. There has been a year by year reduction in the SP Admin Grant, such that ASC has drafted a project brief to action the mainstreaming of SP Team and functions within ASC. Any reduction in grant would be factored into the delivery of the mainstreaming project.

Supporting People Grant: A 10% reduction in grant would impact on the level and type of services that are delivered within Phases 2 and 3 of the Supporting People Commissioning Strategy. The 10% reduction of £1.156m

6. Grants (impact of 10% reduction)																												
	<p>would not be funded by ASC and therefore a reduction in services would result.</p> <p>Preserved Rights: This is used to fund services within the independent sector and therefore the reduction of 10% of £0.479m would impact on individual care packages.</p> <p>AIDS/HIV: a relatively small grant, a reduction of £0.014m would need to be considered in the light of the contractual arrangements.</p> <p>Stroke Strategy: A time limited grant to support the implementation of the stroke strategy. A reduction of 10%, £0.012m would need to be temporarily funded from ASC budgets.</p> <p>Social Care Reform Grant: This time limited grant has been allocated to support the delivery of personalisation within ASC. A reduction of 10% in 2010/11 would equate to £0.250m. Putting People First is a priority for ASC and reductions in funding would affect the timing of the delivery of the change.</p>																											
Comparative data / performance data	N/A																											
Finance / Best Value	<p>The potential reduction in grants by 10% would equate to £2.486m.</p> <p>Summary Potential Pressures:</p> <table border="1"> <thead> <tr> <th></th> <th>2010/11</th> <th>2011/12</th> </tr> <tr> <th></th> <th>£'m</th> <th>£'m</th> </tr> </thead> <tbody> <tr> <td>ASC Workforce</td> <td>0.148</td> <td>0.148</td> </tr> <tr> <td>Mental Health and Mental Health Capacity</td> <td>0.155</td> <td>0.155</td> </tr> <tr> <td>Preserved Rights</td> <td>0.479</td> <td>0.479</td> </tr> <tr> <td>AIDS/HIV</td> <td>0.014</td> <td>0.014</td> </tr> <tr> <td>Stroke Strategy</td> <td>0.012</td> <td>0.000</td> </tr> <tr> <td>Social Care Reform</td> <td>0.250</td> <td>0.000</td> </tr> <tr> <td></td> <td>1.058</td> <td>0.796</td> </tr> </tbody> </table>		2010/11	2011/12		£'m	£'m	ASC Workforce	0.148	0.148	Mental Health and Mental Health Capacity	0.155	0.155	Preserved Rights	0.479	0.479	AIDS/HIV	0.014	0.014	Stroke Strategy	0.012	0.000	Social Care Reform	0.250	0.000		1.058	0.796
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External Challenge	To be developed																											
Timescale	2010 - 2012																											

7. Budget and Service Plan targets

Budget Plan: 4 Year Financial Summary

2009/10 £000s		2010/11 £000s	2011/12 £000s	2012/13 £000s	2013/14 £000s
155,605	Cash limit	170,768	170,768	170,768	170,768
	Includes:-				
	New One-off items				
10,630	Area Based Grant	11,469	-	-	-
(20)	Other Base adjustments	(196)	-	-	-
7,437	Allowed cash increase of	3,890			
Spending Pressures & Priorities					
3,803	Normal Inflation	169	3,415	3,415	3,415
1,756	Excess inflation	-	-	-	-
	Additional Pressures:				
	Demand on Purchased Independent Sector Care				
1,519	Older People	3,410	1,982	1,839	1,621
615	Physical Disabilities	874	508	508	508
420	Learning Disabilities	765	445	445	445
257	Mental Health	100	30	30	30
17	Other Adults	(58)	(5)	(5)	(5)
615	Impact of the reduction in Government Grants (assuming 10% reduction on specific grants by 2013/14)	423	537	555	548
	Directly Provided Services:				
736	Older People (including Agewell)	885	1,130	953	542
856	Physical Disabilities	305	10	(7)	-
262	Learning Disabilities	818	3	-	-
-	Mental Health	90	107	(72)	-
286	Management and Support	249	-	(76)	(1)
98	Ongoing Review of Directly Provided Services	381	145	-	-
62	Extra Care Housing Scheme Developments	132	539	108	-
-	Investment in Telecare, Lifeline and Equipment services	285	-	-	-
-	ASC Emergency Duty Service	328	-	-	-
18	Independent Safeguarding Authority	65	11	-	-
387	Changes to staff terms and conditions- including Single Status	150	-	-	-
11,707	Total spending pressures to be funded	9,371	8,857	7,693	7,103
Less:					
	a) Efficiency savings				
	Improvements in the provision and procurement of service placements:				
-	Older People	(1,110)	-	-	-
-	Physical Disabilities	(162)	-	-	-
-	Learning Disabilities	(1,493)	-	-	-
-	Mental Health	(19)	-	-	-
-	Working Age Adults - activity review & better procurement	(165)	(331)	(413)	(249)
(2,158)	Impact of service reviews	(2,382)	(1,368)	(200)	(55)
-	Service developments supporting the delivery of personalisation	(150)	(7,158)	(7,080)	(6,799)
(569)	Improved Procurement of Older People Services	-	-	-	-
(300)	Improved Procurement of Learning Disability Placements	-	-	-	-
(1,000)	Completion of Continuing Health Care assessments	-	-	-	-
(243)	Other savings	-	-	-	-
(4,270)		(5,481)	(8,857)	(7,693)	(7,103)
	b) Other savings				
(4,270)	Total savings	(5,481)	(8,857)	(7,693)	(7,103)
7,437	Cash change	3,890	-	-	-

Challenges we face in 2010/11

7.1 The “Personal Care at Home” Consultation from the Department of Health was published on 23 November 2009. This document seeks views on the Government’s proposals for requiring Councils to provide personal care free of charge in certain circumstances to people with the highest need. Some central resources will be released for the implementation of this policy, which may go ahead as early as October 2010. Work is underway to assess the financial impact of this policy directive.

7.2 The current economic climate means for local government that it is widely predicted that between 2011/14 there will be a combination of significant reductions in the level of local authority funding and increased efficiency savings targets.

7.3 Adult Social Care is analysing the impact of:

1. A 10% reduction in specific and area based grants
2. A 10% reduction in support service costs by 2013/14
3. Actions that will be required to reduce high unit cost service in comparison to average benchmarking data.

7.4 With these pressures in mind, the following factors have been built into the 2010/11 budget:

Inflation: the inflation rate for pay and good and services has been allowed for in accordance with the guidance rates supplied by Corporate Resources – the default rate was 1.6%. For all contracts for independent sector care services, contracts for services and direct payments a zero percentage rate has been applied. The pressure arising from inflation is £200,000 (to be updated).

Demand for Care: Modelling the demand for care reflects the Department’s policy steers, as outlined in this document, and recognises the increasing demand for services arising from population growth and the transition of service users from Children’s Services. A total budget pressure of £5.091m has been met within the 2010/11 budget.

Service efficiencies: the budget recognises that in order to meet increasing demand, the nature and level of services need to change. Between 2010/14, Adult Social Care will be working to ensure that more service users will receive a lower level of service that is of a high quality. In 2010/11, a total of £5.331m has been identified as efficiency savings across all clients groups, arising from changes in the procurement and delivery of services.

Personalisation: The implementation of the Government’s personalisation agenda will impact on the services that Adult Social Care supports as service users start to exercise choice in the services they wish to access to meet their care support needs. In setting the budget, it has been assumed that efficiencies will arise (2010/11 £659,000) as services change to meet service user support needs.

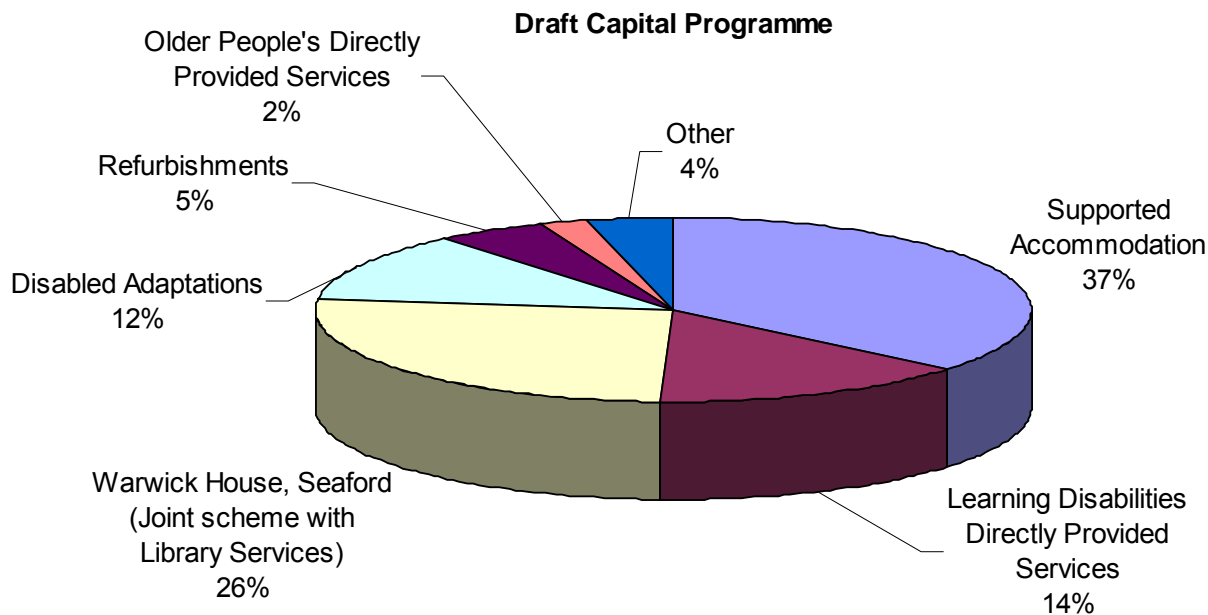
7.5 The 2010/11 cash limit budget shows an increase of £3.89m, at £170.964m. It has been assumed that the 2010/11 cash limit will not increase for a further three years to 2013/14. If there is a reduction in specific and area based grants over the period 2010-14 this will affect service provision. At this stage the potential for a 10% reduction in these grants is being considered, this equates to approximately £2.5m.

Efficiency and Performance Improvements

7.6 Adult Social Care is planning to make efficiency savings during 2010/11 of £5.331. The impact of assessing the potential reduction by 10% in grants from 2011/12 is taking place.

Draft Capital Programme 2010/11 to 2014/15

	£'000
Total funding	18,945
Supported Accommodation	6,850
Learning Disabilities Directly Provided Services	2,705
Warwick House, Seaford (Joint scheme with Library Services)	5,000
Disabled Adaptations	2,275
Refurbishments	939
Older People's Directly Provided Services	450
Other	726



Performance Targets 2010/11 – 2012/13

7.7 The targets to deliver the policy steers are drawn from a variety of sources, including:

- Self Assessment to the Care Quality Commission
- Joint Commissioning Strategies and Action Plans
- National Indicators and Priority Performance Indicators
- Safeguarding Vulnerable Adults
- Time of Our Lives Strategy Action Plan
- Equality and Diversity Improvement Plan
- Transition Planning
- Workforce Strategy
- Equality Impact Assessments

7.8 Please note that the targets that follow are strategic level targets. There are more targets in the Adult Social Care Business Plan and in the Service Level Business Plans to deliver the policy steers, as shown in the planning information on page seven and eight, showing the golden thread.

Equality Impact Assessments

7.9 Recommendations from Equality Impact Assessments (EqIAs) will be reflected in business plans and subject to quarterly monitoring. Such recommendations will be added as they arrive through the year. Included in the targets that follow are actions from the recommendations from Equalities Impact Assessments for the Time of Our Lives Strategy and for Improving Life Chances Strategy.

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.

Performance Measures	Our result for 2009/10 was	Our target for 2010/11	Our target for 2011/12	Our target for 2012/13
a) Proportion of people whose transfer of care from all care in all hospitals is delayed. (NI 131)	15 (as at December 2009)	To be set	To be set	To be set
b) Evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. (PPF milestones)	N/a	N/a	April 2011	N/a
c) Providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets (PPF milestones)	N/a	October 2010	N/a	N/a
d) An increase in the range of service choice is evident (PPF milestones)	N/a	October 2010	N/a	N/a
e) Councils have clear plans regarding the required balance of investment to deliver the transformation agenda (PPF milestones)	N/a	October 2010	N/a	N/a
f) Stakeholders are clear on the impact that purchasing by individuals both publicly (personal budgets) and privately funded, will have on procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs (PPF milestones)	N/a	N/a	April 2011	N/a
g) Older People Extra Care schemes – Develop up to four new extra care housing schemes with housing and health partners	N/a	1 scheme completed by October 2010 HCA funding to be confirmed for 3 schemes by March 2011	TBA	TBA

Policy Steer 2

Improve how people access information, advice, help and support through joint work with partners.

Performance Measures	Our result for 2009/10 was	Our target for 2010/11	Our target for 2011/12	Our target for 2012/13
a) Develop and roll out the Joint Access to Information Project (JAIP) with an information hub as a 'first stop' for information	N/a	March 2011	N/a	N/a
b) Local people are clear about how and where to access advice and information about care and support needs across the local health and social care economy (PPF milestones)	N/a	N/a	April 2011	N/a
c) Include support to access pensions/benefits/financial advice in specifications for Supporting People funded services for older people.	N/a	March 2011	N/a	N/a

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.

Performance Measures	Our result for 2009/10 was	Our target for 2010/11	Our target for 2011/12	Our target for 2012/13
a) Percentage of assessments that are completed in a timely fashion. (NI 132)	86.45% (as at December 2009)	>90%	To be set	To be set
b) Percentage of services that are provided in a timely fashion (NI 133)	90.73% (as at December 2009)	>90%	To be set	To be set
c) Proportion of adults and older people receiving self directed support (NI 130) (LAA 2) (PPF milestones)	16.91% (as at December 2009)	30%	To be set	To be set
d) Increase the number of adult and older clients receiving a review as a percentage of those receiving a service (D40)	86.29% (as at December 2009)	To be set	To be set	To be set
e) All new service users and carers (with assessed need for ongoing support) are offered a personal budget (PPF milestones)	N/a	October 2010	N/a	N/a
f) All service users whose care plans are subject to review are offered a personal budget (PPF milestones)	N/a	October 2010	N/a	N/a

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.

Performance Measures	Our result for 2009/10 was	Our target for 2010/11	Our target for 2011/12	Our target for 2012/13
a) Self reported experience of social care users (NI 127)	TBA	To be set	To be set	To be set
b) User reported measure of respect and dignity in their treatment (NI 128)	TBA	To be set	To be set	To be set
c) Increase opportunities for BME and other minority groups of older people to engage on ESCC and PCT policies and strategies	N/a	March 2011	N/a	N/a
d) Involve older people in the development of new Extra Care Housing schemes – specifically, Margaret House, Uckfield and Langney in Eastbourne	N/a	March 2011	N/a	N/a
e) East Sussex has at least one user-led organisation which is directly contributing to the transformation to personal budgets. (PPF milestones)	N/a	N/a	April 2011	N/a
f) Engage with older people in the design and operational aspects of new residential care premises, e.g. Age Well.	N/a	March 2011	N/a	N/a
g) Local service users understand the changes to personal budgets and that many are contributing to the development of local practice (PPF milestones)	N/a	October 2010	N/a	N/a
h) Utilisation of Disabled Peoples Participation group to provide input for service developments in regard to the Improving Life Chances Strategy. (Improving Life Chances Strategy Equality Impact Assessment)	N/a	March 2011	N/a	N/a
i) Provide a range of Disability Awareness Training (general and specialist) for health and social care staff delivered by user led organisations. (Improving Life Chances Strategy Equality Impact Assessment)	N/a	March 2011	N/a	N/a

Policy Steer 5 Improve significantly how we safeguard vulnerable adults in partnership with health services and the police.				
Performance Measures	Our result for 2009/10 was	Our target for 2010/11	Our target for 2011/12	Our target for 2012/13
a) Increase the percentage of staff from independent sector providers receiving safeguarding adults training	44.4% (as at 7 th January 2010)	To be set	To be set	To be set
b) Raise Awareness overall in respect of vulnerable adults, carers and the wider community and also to target key areas; <ul style="list-style-type: none"> o Homecare agencies o Hospital o Police o Self funders o Carers 	N/a	March 2011	N/a	N/a
c) Ensure feedback from vulnerable adults and carers is routinely used to inform and influence practise and learning	N/a	March 2011	N/a	N/a
d) Residents of East Sussex can access information about local safeguarding arrangements	N/a	March 2011	N/a	N/a

Policy Steer 6 Support more older people and vulnerable adults to live safely in their own homes and local community.				
Performance Measures	Our result for 2009/10 was	Our target for 2010/11	Our target for 2011/12	Our target for 2012/13
a) Number of adults and older people helped to live at home (NI 136) (LAA 2)	3548.23 (as at December 2009)	3800	Review after LAA2 out-turn	Review after LAA2 out-turn
b) Percentage of people who are supported to maintain independent living (NI 142) (LAA 2)	98.75% (as at September 2009)	98.34%	Review after LAA2 out-turn	Review after LAA2 out-turn
c) Percentage of vulnerable people achieving independent living (NI 141)	87.1% (as at September 2009)	To be set	To be set	To be set
d) Percentage of carers receiving a 'carer's break', specific carers' service, or advice and information (NI 135) (LAA 2)	15.84% (as at December 2009)	To be set	Review after LAA2 out-turn	Review after LAA2 out-turn
e) Adults with learning disabilities in settled accommodation (NI 145)	44.10% (as at December 2009)	To be set	To be set	To be set

Policy Steer 7

Improve opportunities for vulnerable people to positively engage with their communities and further encourage participation in local services and activities.

Performance Measures	Our result for 2009/10 was	Our target for 2010/11	Our target for 2011/12	Our target for 2012/13
a) Adults with learning disabilities in employment (NI 146)	4.11% (as at December 2009)	To be set	To be set	To be set
b) Increase the number of carers supported to continue in their employment or return to work or participate in training or community activities.	TBA	To be set	To be set	To be set
c) Develop a multi-agency project to provide a new community hub, with new library and day services for residents of Seaford.	N/a	March 2011	N/a	N/a

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.

Performance Measures	Our result for 2009/10 was	Our target for 2010/11	Our target for 2011/12	Our target for 2012/13
a) Satisfaction and evaluation process co-designed and co-produced by parents, carers and young people will be produced	N/A	March 2011	N/a	N/a
b) We will develop a parents / carers charter	N/A	March 2011	N/a	N/a
c) In partnership with Children's Service, deliver a joint Transition Information event for parents and carers to share and improve knowledge about transition	N/A	June 2010	N/A	N/A

Policy Steer 9

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

Performance Measures	Our result for 2009/10 was	Our target for 2010/11	Our target for 2011/12	Our target for 2012/13
a) Achieving independence for older people through rehabilitation/ intermediate care (NI 125)	85.11% (as at December 2009)	To be set	To be set	To be set
b) Joint funded Programme Manager for Intermediate Care appointed	N/a	June 2010	N/A	N/A
c) Deliver the Time of Our Lives Action Plan	N/A	March 2011	N/A	N/A

Policy Steer 10

Continue to improve equity and equality of opportunity for all through our service delivery and as an employer.

Performance Measures	Our result for 2009/10 was	Our target for 2010/11	Our target for 2011/12	Our target for 2012/13
a) Increase the percentage of staff who state "My line manager discusses team performance at team meetings"	TBA	To be set	To be set	
b) Equality toolkit and standards embedded in appraisal process to up-skill staff to ensure culturally appropriate service provision	N/a	March 2011	N/a	N/a
c) Increase the percentage of BME service users accessing the complaints process	N/a	March 2011	N/a	N/a
d) Offer training to stakeholders on cultural, faith/belief, gender, transgender, sexual, age and disability issues (Time of our Lives Strategy Equality Impact Assessment)	N/a	March 2011	N/a	N/a
e) Review the Time of our Lives Strategy and ensure that robust account is taken of religious, cultural and ethnic needs, gender and sexual orientation (Time of our Lives Strategy Equality Impact Assessment)	N/a	N/a	March 2012	N/a

8. Key Risks and how we will manage them

8.1 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.

8.2 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.

Risk	Impact 1 = Low 4 = High	Likelihood 1 = Low 4 = High	Contingency	Reporting Officer
Failure to recruit and retain key, appropriately qualified staff in particular services.	3	3	<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.	4	3	<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 Adult Social Care debt The value of property in accrued debt cases Contraction of the market in light of credit difficulties 	4	3	<ul style="list-style-type: none"> Continued development of preventative services Income maximisation through financial assessments including benefits advice Proactive and early debt monitoring Regular revaluations of property Prompt payment of provider fees Continual monitoring of market and meetings with providers forums 	Rita Stebbings, Beverly Hone

Risk	Impact 1 = Low 4 = High	Likelihood 1 = Low 4 = High	Contingency	Reporting Officer
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.	4	1	<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
Failure to secure an effective 'Agewell' Scheme in line with business objectives.	2	4	<ul style="list-style-type: none"> • All Outline Planning Consents achieved on the four acquired sites. • Full link to corporate capital planning. • Care needs linked with Commissioning Strategies. • Preparation of contingency plans. 	Keith Hinkley
Risks from changes within the NHS including delivery of World Class Commissioning application of provider Trusts for Foundation status and impact of PCT achieving efficiency savings.	3	4	<ul style="list-style-type: none"> • Robust and formal partnership working including the development of joint commissioning strategies, Risk Share Agreement, Section 31 Agreements and Service Level Agreement. • Improved engagement with the local health economy including the setting up of an Executive Group (Director of Adult Social Care and Health Chief Executive) to manage the development of social care and health services in East Sussex. 	Keith Hinkley
Failure to sustain current improved performance on our priority performance indicators within Adult Social Care	2	4	<ul style="list-style-type: none"> • Continue with the DMT led Performance Board. • Develop our benchmarking for the National Indicator Set. • Enhance performance through programme arrangements for Putting People First. 	Samantha Williams
Failure to deliver Adult Social Care Transformation Agenda.	3	4	<ul style="list-style-type: none"> • Programme Management for Putting People First led by Departmental Management Team • Review of current commissioning 	Samantha Williams Beverly

Risk	Impact 1 = Low 4 = High	Likelihood 1 = Low 4 = High	Contingency	Reporting Officer
			strategies in a structured programme of work to ensure compliance with Putting People First.	None