

Appendix 2

AREA FOR IMPROVEMENT	ACTIONS BEING TAKEN
<u>Children and Families</u>	
National priorities and strategic objectives	
<p>The slow improvement in C18, (from 4.0 to 3.6%) final warnings, reprimands and convictions of children looked after is disappointing. The Council acknowledge that this is an area which needs improvements, and it is being addressed through the Youth Offending Team.</p>	<p>A detailed strategy to reduce offending is being developed jointly by the Youth Offending Team and Looked After Children's Services.</p> <p>A restorative justice approach was implemented in the two children's homes in September 2004, in order to tackle minor criminal activity within the homes, without recourse to the Police and the youth justice system.</p>
<p>The number of care leavers engaged in education, training or employment has reduced this year (A4) from 61% to 55% and now stands at Band 3, although this represents only 1 young person. Improvements are expected in the coming year from council initiatives, such as, greater links with employment Connexions, improved contact with care leavers and strengthening of multi-agency accommodation schemes, to improve results in this area.</p>	<p>Performance has been over 60% for the past 4 years and deemed "very good". There was a dip to 58% in 2003/04 (which represented just 1 young person less than the previous year because the cohort is small). At the end of September 2004, performance had risen to 70%.</p>
Cost and efficiency	
<p>The council's fostering initiatives are producing good outcomes however, the costs are high and the budget has been adjusted to take account of this for 2004/05. It is recognised that the cost of children's foster care and residential services is high in the South East. The council should, therefore ensure that they have in place robust management and audit systems to ensure services commissioned are of good quality, offer value for money and provide positive outcomes for young people.</p>	<p>The relatively high costs are common to all Las in the South East due to competition from independent fostering agencies (IFAs). Development of contracts with preferred provider IFAs has led to reduction in the cost of their services; however, for the most part, they remain more costly than "in house" foster care.</p>

Effectiveness of service delivery and service outcomes	
<p>The council should ensure that children with mental health needs are fully supported in the children and adolescent mental health service and delays in referral response times are improved.</p>	<p>A joint commissioning strategy for CAMHS has been agreed between ESCC and the 4 PCTs in order to develop a comprehensive CAMHS by 2006.</p>
<p>The council should take steps to improve performance on the education indicators of looked after children e.g. leaving care, achieving 1 GCSE (A2) going from 42% to 44% which is still at Band 2. The numbers of looked after children absent from school, (C24) remain stable at Band 3 but have not shown improvement.</p>	<p>This is a very high priority for both SSD and Education Department. It is being addressed jointly through the Better Education for Children in Care Strategy (BECCS) group. GCSE results in Summer 2004 were the best yet with 78% achieving 1 A-G; 11% achieved 5 A-C grades and 48% achieved 5 A-G grades</p>
<p>While all Child Protection reviews were completed, 99.4% were completed within prescribed timescales; the Council plans to meet the 100% target in 2004/05.</p>	<p>99.4% of child protection reviews were held within prescribed timescales in 2003/04; similarly good performance is on track in 2004/05.</p>
<p>For the past five years the council has maintained a steady performance in the long term stability of placements for looked after children (D35), which remains at Band 3. The council should consider how they could improve this performance and seek to increase the number of young people who benefit from long-term stability.</p>	<p>This will be achieved through the permanence PSA target. It improved to 61% by the end of September 2004, raising performance from average to good.</p>
Quality of services for users and carers	
<p>The number of core assessments completed within 35 working days is improving, however it remains low (at 41.4%) within the IPF comparator group average. The council's strategy to improve performance in this area should show results over the next twelve months.</p>	<p>A strategy to improve timeliness of core assessments is in place and improved performance is anticipated by January 2005.</p>

<p>Following the change in definition, the council report that 80% of the number of looked after children are allocated a named, qualified social worker and 20% are allocated a named social work assistant who is trained and closely monitored. The council report this allocation to be safe and effective. CSCI will monitor this position throughout the year.</p>	<p>This practice has been in place for a number of years. Quality Assurance processes ensure that practice is safe.</p>
<p>Fair access</p>	
<p>The council should implement any changes in policy that may be required once they have completed the impact assessments against the Race Relations (Amendment) Act to ensure that policies do not adversely affect some black and minority ethnic groups.</p>	<p>The Equality Impact Assessments are under way. The work includes formulation of a full action plan.</p>
<p>Capacity for improvement</p>	
<p>The council needs to sustain and improve the recruitment of foster carers, particularly from black and minority ethnic groups.</p>	<p>20 new foster carers were approved in April – September 2004, a big improvement on the past 2 years. A strategy is in place for targeted recruitment from BME groups</p>
<p>The council must now continue to focus on translating good local practice into an overall performance improvement plan set against the national performance indicators</p>	<p>The overall performance improvement plan set against the national performance indicators is contained within the Social Services Business Plan and the Children and Families Divisional Plan.</p>
<p>Performance information and indicators are not maintaining a steady improvement trajectory; while 14 indicators out of 17 are band 3 to 5, three indicators are below the average band 3 (including one cost indicator). Two have moved down a band, with one showing no improvement over a five-year period, whilst one has moved up a band.</p>	<p>See above.</p>

AREA FOR IMPROVEMENT	ACTIONS BEING TAKEN
<u>Adult Services</u>	
National priorities and strategic objectives	
<p>Urgent attention is required to reduce high numbers of delayed transfers of care. These continue at a high level, which is very concerning. The council need to reach agreement with the acute health trust regarding optimum acceptable levels of delayed transfers of care and the utilisation of re-imburement funds.</p>	<p>Target for 2005/06 to be agreed with Health Chief Executives through the Executive Programme Board. There is a workstream focussing on Patient Flows, including delayed transfers. It is jointly agreed that this is a whole systems issue, which requires significant redesign, including the avoidance of unnecessary admissions to hospital.</p>
<p>Emergency admissions to hospital have risen considerably moving from band 4 to band 2 (A5). It is noted that the council has prioritised improvements in this area and positive results are expected in 2004/05. (Joint target with Health).</p>	<p>Patient Flows Group meets regularly to monitor and drive forward interventions which will reduce emergency admissions. This is an important joint activity.</p>
<p>Performance in undertaking some assessments and provision of services within timescales has shown slow improvement and it is noted that this is partly due to data collection. The council should ensure the care management process and improved data collection addresses the improvements required.</p>	<p>New care management procedure has been introduced which sets agreed timescales for assessment and provision of services and highlights data recording requirements.</p>
<p>Future structure of mental health services is under review. The financial position of health partners is still causing concern. The council is aware of the need to ensure that effective joint commissioning drives the full implementation of the new service model, and maintain a clear focus on effective social care delivery.</p>	<p>Officers are playing an active part in the review. The number of working age adults with mental health problems helped to live at home increased from 1.5 per 1,000 in 2003/04 to 1.6 per 1,000 in 2004/05</p> <p>A Joint Commissioning Team is in place, with an Action Plan for 2005/06 agreed through the Mental Health Partnership Board. The primary focus is implementing the new service model.</p>

Cost and efficiency	
<p>To fully achieve its long term re-provisioning plan the council should continue to develop intensive home care support services (C28) and its services to support older people to live at home (C32) and build on the improvements of this year which shows an increase of over 11% in the number of individuals helped to live at home.</p>	<p>The strategy for this is clearly in place. Intensive Home Care has grown significantly, and continued growth is planned. The target is to increase the proportion of intensive home care as a percentage of intensive home and residential care from 15.7% in 2003/04 to 19.3% in 2004/05</p>
<p>Overall provision of extra care housing is still low and further development of these services is required. The council are considering expansion by the re-provisioning of two in-house residential services and are in discussions with local housing associations.</p>	<p>Housing providers (Districts and Boroughs) are reviewing their sheltered housing which will identify potential for growth in extra care housing. There is a joint extra care housing strategy in place. The Private Finance Initiative project to develop older people's services will include extra care housing provision</p>
Effectiveness of service delivery and service outcomes	
<p>The council should continue the progress it has made in making direct payments accessible across all service groups (KT C51).</p>	<p>Progress continues. The plan is to increase the number of adults and older people receiving direct payments from 34 per 100,000 to 42 per 100,000 by 31 March 2005 (age standardised).</p>
<p>Whilst delivery times of community equipment to users within three weeks has substantially improved, items being delivered within seven working days (KT D54) is at 44% at Band 1 level. It is noted that plans are in place to address this area. Data collection for minor adaptation delivery times needs improvement.</p>	<p>Following a joint commissioning and tendering exercise, a new Integrated Community Equipment Service became operational in October 2004. This new service has clear targets to improve performance.</p>
<p>Continued improvement is required in undertaking client reviews (D40) currently at band 2. Similarly, improvements are required in the undertaking of carer's assessments (D42) if the data currently being collected is correct.</p>	<p>The Plan is to increase the number of informal carers receiving an assessment as a percentage of the total number of clients and carers receiving assessments from 5% in 2003/04 to 10% in 2004/05.</p>

Quality of services for users and carers	
<p>The council should conclude the final stages to complete the single assessment process to achieve full implementation. CSCI will monitor progress.</p>	<p>The Single Assessment Process is currently being trialled in the acute hospitals and other settings. A survey of clients who have been through the SAP will be conducted by 31 March 2005 to pick up any improvement points.</p> <p>For the longer term, electronic systems are provided for in the NHS National Programme for IT. Officers are involved in shaping this aspect of this programme.</p>
<p>Providing service users with a statement of need (D39) following an assessment or review should be an automatic outcome. However, performance in this area has declined over the past year by approximately 15% and has dropped from band 3 to band 2. The council needs to address this as a matter of urgency and ensure that care managers complete and supply reviews as a matter of course. Progress should be performance managed and CSCI will monitor development.</p>	<p>New care management procedure has been introduced which sets agreed timescales for assessment and provision of services and highlights data recording requirements.</p>
Fair Access	
<p>The council should ensure the current equality impact assessment is completed and identify any policy changes required to ensure that services provided reflect the diverse population within the council area. The council should also develop its advocacy and interpreter services so that availability improves and is assured.</p>	<p>Two Equalities Officers have been appointed, and the Equality Impact Assessments are under way. The work includes identification of requirements for advocacy and interpreting services and formulation of a full action plan.</p>

Capacity for improvement	
<p>The impasse between the council and the acute health trust in respect of reaching agreement on optimum levels of delayed transfers of care and joint use of re-imburement monies needs urgent resolve. While the Council's injection of additional funds to tackle transfers in 2004/05 is welcome, it is crucial that this is not at the expense of the strategic direction established in recent years (holding a low rate of admission to residential care, and expanding intermediate care, and support at home).</p>	<p>The Executive Programme Board is leading the work that should enable progress to be made. The Council is committed to maintaining the strategic direction, and this is expressed in both the Council Plan and the Social Services Business Plan. The Council wishes to reach agreement on the investment of the Reimbursement Grant into new prevention services, and will seek to reach agreement with the Hospitals Trust.</p>
<p>Financial pressures on the NHS mental health services may create some difficulties for service delivery. The council is aware that the development of a pan-Sussex/Brighton and Hove approach to service delivery needs careful planning to ensure that the needs of vulnerable users are not lost during a period of change and re-organisation.</p>	<p>Officers are fully involved in the planning for a new approach, and will seek to ensure that needs of vulnerable users are being taken into account during this period of change. A clear focus will be maintained on implementing the new service model.</p>
<p>The council has made progress in reducing residential care admissions and development of services to promote independence and support to live at home is steadily improving. It is crucial that the strategic direction now achieved is further developed to ensure capacity of support services is sufficient to meet local need.</p>	<p>Admissions to residential care for both over 65s and under 65s have fallen significantly, at the same time as support at home has increased. It is central to our strategy to continue this trend, and to promote independence, and support more people at home.</p>