

***Social Services Department
Contribution to the BVPP***

2001 2002

Best Value Performance Plan

*2nd Quarter Monitoring
July to September 2001*



Key Service Targets (Community & Stakeholder Perspective)

Ref	What we will do and when	What we hope to achieve	How we will measure our success	Contact & BVPP Pg no	Score	↑ ↔ ↓	Comment
Develop services to enable a greater number of vulnerable people to be supported in their own homes and to allow people to live as independently as they wish							
H/C (C1.1)	Increase intensive home care services by 10% by March 2002.	Help older or disabled people to live independently in their own homes and reduce the number of people living in long term residential care.	The number of households receiving more than ten contact hours during a survey week per 1,000 head of population aged 65 or over. <u>1999/2000</u> <u>2000/01</u> <u>2001/02</u> 4.6 5.0 5.0	Keith Hinkley 01273 481125 pg 63	G	↔	
H/C (C1.2)	Increase no. of short breaks within a residential care environment by 15% to 3333 by March 2002. Develop services providing short breaks at home to give the carer a break.	Provide breaks which promote independence and a break for carers.	Number of short breaks <u>2000/01</u> <u>2001/02</u> 2898 3333 Increase no. of carers receiving a break and set baseline data for coming years.	Keith Hinkley 01273 481125 pg 63	G	↔	
H/C (c1.3)	Develop intermediate care services jointly with the National Health Service.	To prevent unnecessary admissions to hospital and residential and nursing care and facilitate discharge from hospital.	Reduce the number of hospital and residential and nursing home admissions by five per week by March 2002.	Keith Hinkley 01273 481125 pg 63	G	↔	
H/C (C1.4)	Support the development of voluntary organisations support services which maintain independence, particularly foot care, domestic help, minor household repairs, nutritional advice, local health promotion events and access to cultural activities.	To stimulate an approach to service development and provision that will slow down or prevent deterioration in individuals who have been assessed as at risk of losing independence and who are able to benefit from lower level interventions.	By October 2001, establish baseline data based on numbers of adult clients receiving a service not exceeding ten hours per week or six service visits per week, and a reduction in the numbers of □□□□□□□□□□□□□□□□□□ □□□□H□ntial or nursing home care or hospital.	Bob Sherwood 01273 481252 pg 63	G	↔	Baseline figure for 2000/01 for intensive homecare was 4.2 households per 1000 population over 65. Number of admissions to residential care has fallen from 118 1999/2000 to 90 in 2000/2001.

Key to progress: ↑ Performance towards targets has improved compared to quarter 1
↔ Performance towards targets has stayed the same compared to quarter 1 ↓ Performance towards targets has slipped compared to quarter 1

Ref	What we will do and when	What we hope to achieve	How we will measure our success	Contact & BVPP Pg no	Score	↑ ↔ ↓	Comment
Develop a Health Improvement Programme and Joint Investment Plan with partners, to provide a seamless service to users of health and social services							
H/C (C3.1)	Become actively involved in the development of the Health Improvement Programme (HImP).	Develop the countywide HImP agreed by all partners, including ESCC.	Baselines calculated and targets achieved in line with HImP by March 2002.	Bob Sherwood 01273 481252 pg 66	G	↔	HimP being implemented by each Local Health Economy
H/C (C3.2)	Be represented on all local HImP Partnership groups, actively participate in the identification of local priorities and the implementation of local action plans. Ensure Early Years issues are included in the HImP	Work in partnership to develop and implement local action plans to reduce health inequalities.	Action plans developed and milestones achieved by March 2002.	Bob Sherwood 01273 481252 pg 66	G	↔	Action Plans being developed within each Local Health Economy
H/C (C3.3)	Work with partners to ensure that health improvement is an integral part of broader strategies, such as sustainability strategy and community planning.	Partners to develop an understanding of the necessity of influencing environmental, social and economic factors in order to improve health and reduce health inequality.	East Sussex Agenda 21 Strategy and Community Strategies contain clear links with and references to health improvement plans as they develop.	Bob Sherwood 01273 481252 pg 66	G	↔	Community Planning and Local Strategic Partnership is a vehicle for integrating HimP and other strategic plans
H/C (C3.4)	Work with NHS partners to implement Joint Investment Plans and further develop the use of pooled budgets, joint commissioning arrangements and integrated provision.	Plans will ensure greater integration between health and social care organisations as required in the Health Act 1999 and NHS Plan 2000. This will result in cost effective, efficient services, which benefit patients, service users and carers.	<ul style="list-style-type: none"> Use of the Health Act 1999 'flexibilities' registered with NHS SE Regional Office. Three year programme for future partnership agreed by April 2001. Establish two 'pooled budgets' with Health by March 2002. 	Keith Hinkley 01273 481125 pg 66	G	↔	

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Work with partner organisations to implement the NHS Plan and influence the development of Primary Care Trusts							
H/C (C4.1)	Begin to develop Care Direct, a new service for older people, which will provide information and advice about health, social care, housing, pensions and benefits by telephone, drop-in centres, on-line and through outreach services.	Faster access to care, advice and support, thereby extending access to services.	Care Direct established and targets set by March 2002.	Keith Hinkley 01273 481125 pg 66	G	↔	
H/C (C4.2)	Develop joint, co-located, fully integrated health and social care services to provide adult mental health and learning disability services.	Less duplication and more effective services provided to mental health users.	Establish a 'pooled budget' by October 2001. Develop proposals to move towards creation of an integrated mental health and social care trust by March 2002.	Phil Gander 01273 482195 Keith Hinkley 01273 481125 pg 66	A	↓	Implementation delayed due to concerns about budget management processes within the Health Trusts. Negotiations continuing to ensure robust arrangements are put in place.
H/C (C4.3)	Preparation for integration of Primary Care Team/social services department assessment and commissioning of services for older people in Hastings and Rother area.	Increase the numbers of older people supported by a joint community team.	Use of 1999 Health Act 'flexibilities' registered with the NHS SE Regional Office to establish a Health and Social Services community team. Targets to be set for the team jointly with Health by October 2001.	Keith Hinkley 01273 481125 pg 66	G	↔	
H/C (C4.4)	Consolidate provision of intermediate care services (including step up/down, rapid response and community rehabilitation) and identify secure, long-term funding.	Enhance rehabilitation services and promote the independence of older people.	Agree a joint strategy and funding arrangements with the NHS by June 2001.	Keith Hinkley 01273 481125 pg 68	G	↔	

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H/C (C4.5)	Work with NHS to create a pooled budget for substance misuse services.	More cost effective systems in place and a greater number of individuals receiving treatment programmes.	Pooled budgets and lead commissioning arrangements in place by October 2001.	Phil Gander 01273 482195 pg 68		↓	Implementation delayed due to concerns about budget management processes within the Health Trusts. Negotiations continuing to ensure robust arrangements are put in place. New target April 2002.
Reduce school exclusion and truancy							
S/I (C1.2)	Maintain focus on looked after children who are excluded by undertaking a review by September 2001.	A reduction in the number of exclusions of looked after children through targeted intervention in pastoral support planning processes in schools.	% of looked after children aged 11 and over excluded from school for more than 25 days. <u>2001/02 2001/02 2002/03</u> <u>2003/04</u> 15% 15% 15% 14%	Peter Wilkinson 01273 482314 pg 82		↔	
Improve assessment and care planning for all children in need							
S/I (C2.1)	Provide all children who need to be looked after by the Authority with settled and secure placements by achieving an annual reduction in the proportion of children who have 3 or more placements in any one year.	To create greater security for looked after children.	% of looked after children with three or more placements in a year <u>2000/01 2001/02 2002/03 2003/04</u> 15 14 13 13	Peter Wilkinson 01273 482314 pg 82		↔	
S/I (C2.3)	Ensure all children ceasing to be looked after at age 16 or over have access to suitable accommodation.	To ensure all children ceasing to be looked after have access to the accommodation they need.	% of children ceasing to be looked after who have access to suitable accommodation <u>2000/01 2001/02 2002/03</u> <u>2003/04</u> 100 100 100 100	John Tovey 01273 482527 pg 83		↔	

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S/I (C2.4)	Increase the % of 19 year olds who were looked after when aged 16, who are in education, employment or training.	To ensure all children ceasing to be looked after have access to the support they need.	% of children looked after at age 16 who were in education, training or employment at the age of 19 <u>2000/01 2001/02 2002/03</u> <u>2003/04</u> 82 80 80 80	John Tovey 01273 482527 pg 83	G	↔	
S/I (C2.5)	Ensure all children looked after have their health needs assessed on beginning to be looked after and are reviewed at least annually. Ensure the ESCC links with health agencies to provide for the health needs of children being looked after by the Authority.	To improve the level of health care and advice provided for looked after children.	% of Looked After Children (LAC) on 30 September who had routine immunisations, dental checks and health assessments during the previous 12 months. <u>2001/02 2002/03 2003/04</u> 94% 95% 95%	Stuart Gallimore 01273 481289 pg 83	G	↔	
S/I (C2.6)	Monitor and review the implementation of the Framework for the Assessment of Children in Need and their Families.	Improve the quality of assessments of children in need following referral.	Achieve initial and care assessments within laid down timescales. Initial assessments in 7 days. <u>2001/02 2002/03</u> <u>2003/04</u> 50% 80% 90% Care assessments in 35 days <u>2001/02 2002/03 2003/04</u> 40% 65% 75%	Neil Weatherall 01273 481304 pg 83	G	↔	Multi-agency review and monitoring arrangements in place.
S/I (C2.7)	Increase the % of looked after children who are placed for adoption.	Maximise the numbers of looked after children who cannot return home, whose needs for a permanent substitute family are met through adoption.	% of looked after children adopted during the year. <u>2000/01 2001/02 2002/03</u> <u>2003/04</u> 5 5.8 6.7 6.7	Fiona Cialfi 01323 442242 pg 83	G	↔	

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S/I (C2.8)	Reduce the average time taken between when the Authority starts to look after a child and when the child is placed for adoption/adopted.	Improvement in meeting children's needs through adoption.	Of children looked after on 31 st March, % who were in foster care or placed for adoption. <u>2000/01</u> <u>2001/02</u> <u>2002/03</u> <u>2003/04</u> 77% 80% 80% 80%	Fiona Cialfi 01323 442242 pg 84		↔	
Develop strategies for priority neighbourhoods and communities							
S/I (C4.1)	Pilot two interagency projects in target areas which focus on co-ordinating the delivery of services.	Improved co-ordination of services provided by ESCC departments and other agencies. Two pilot projects implemented by December 2001.	Pilot projects reviewed and evaluated in March 2002.	Andy Gay 01424 201893 pg 86	 	↓ ↔	Langney project will not now continue, as delivery plan for Eastbourne Sure Start will address the objectives within the target area. Recommendation: delete target North Rother scheme progressing slowly.
Work with partner organisations to implement the NHS Plan and influence the development of Primary Care Trusts							
H/C (C4.6)	Scrutiny Committee for Social Services to consider health services in its Best Value reviews during 2001/02.	Piloting an approach through the inclusion of NHS provision for elderly people within ESCC's Best Value review of Older Peoples' Services.	Joint partnership working on scrutiny with NHS by March 2002. Health services incorporated within Older Peoples' Services Best Value review by March 2002.	Roger Howarth 01273 481327 pg 68		↑	


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S/I (C4.2)	Work with partners in Hastings to develop an action plan to target help to vulnerable adults, children & families.	Development of new community based family support services in Hastings by March 2002. Development of services to vulnerable adults by March 2002.	One service developed in 2001/02. Two services developed by March 2003.	Andy Gay 01424 201893 pg 86		↑	Several services now agreed and funding identified. Broomgrove Community Centre (SSD lead body) will enable a range of services to be delivered locally, including enhanced Sure Start for Ore Valley. Robsack Community Centre Manager about to be appointed. SRB scheme for supporting parents now agreed. Multi-agency Support Team (MAST), SRB funding now approved and team about to be put together from several agencies.

Raise educational achievement and skill levels

L/C (C1.3)	Set clear expectations for all children looked after by the authority through personal education plans and raise their levels of attainment.	<ul style="list-style-type: none"> Enhanced engagement of looked after children in a range of learning activities. Continuing improvement in proportion of looked after children attaining at least one GCSE grade A*- G. 	<ul style="list-style-type: none"> All looked after children of statutory school age have a personal education plan. All residential childrens' homes to have collections of library books by September 2001. % of looked after children achieving at least one GCSE grade A*-G <table border="1"> <tr> <td>2000/01</td> <td>2001/02</td> <td>2002/03</td> </tr> <tr> <td>60</td> <td>50</td> <td>80</td> </tr> <tr> <td>2003/04</td> <td>2004/0</td> <td>2005/06</td> </tr> <tr> <td>80</td> <td>80</td> <td>80</td> </tr> </table>	2000/01	2001/02	2002/03	60	50	80	2003/04	2004/0	2005/06	80	80	80	Vicki Milford 01273 481439 provided by Peter Weston pg 102		↔	Personal Education Plans are now in place for the majority of children in public care. Steps are now being taken to monitor their effectiveness. A rigorous process of monitoring has also been introduced.
2000/01	2001/02	2002/03																	
60	50	80																	
2003/04	2004/0	2005/06																	
80	80	80																	

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L/C (C1.4)	Provide effective cross service support for children in need and their families during 2001/02.	<ul style="list-style-type: none"> Joint implementation by all agencies of the Framework for the Assessment of children in need. All schools to have access to information on the ESCC intranet about Social Service office links, so that information about children is shared as appropriate between different agencies. 	<ul style="list-style-type: none"> Positive findings of Joint Review of Childrens' Services in Autumn 2001. A positive Ofsted inspection of ESCC, as a Local Education Authority (LEA) during 2001/02 revealing that schools value the support they receive and rate joint working highly. 	Neil Weatherall 01273 481304 pg 103	G G	↔ ↔	
Reduce crime and the fear of crime							
S/C (C1.3)	Reduce the time between arrest and sentencing for of persistent young offenders to an average of 71 days by March 2002.	Reduce repeat offending by resolving cases more speedily in court without compromising the principles of justice.	Reduce average number of days between arrest and sentence by March 2002. <u>1999/00</u> <u>2000/01</u> <u>2001/02</u> 163 117 71	John Hawkins 01825 767352 pg 46	G	↔	First quarter figure has fallen to 94 from the 2000/01 outturn of 117. This is on target to achieve the figure of 71 for the whole of 2001/2002.
S/C (C1.5)	Ensure that 80% of interventions with young offenders have a victim component by 2004 to ensure more young offenders understand the impact of their behaviour on others.	Help more victims deal with the consequences of crimes and help young offenders understand the impact of their behaviour on others.	Increase the % of interventions with young offenders that have a victim component. <u>2000/01</u> <u>2001/02</u> <u>2002/03</u> 20% 40% 50% <u>2003/04</u> <u>2004/05</u> <u>2005/06</u> 66% 80% 80%	John Hawkins 01825 767352 pg 46	A	↓	Unable to supply data due to software problems.

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

Ref	What we will do and when	What we hope to achieve	How we will measure our success	Contact & BVPP Pg no	Score	↑ ↔ ↓	Comment
Action to reduce drug and alcohol misuse							
S/C (C3.1)	Reduce the level of repeat offending by drug misusing young offenders by 25% by 2005.	Reduce the number of drug-related offences committed by young offenders. <ul style="list-style-type: none"> Reduction in the level of repeat offending by 5% annually to 2005. 	<ul style="list-style-type: none"> Specialist substance misuse worker located in each Youth Offending Team (YOT) operational base by 2001/02. 	John Hawkins 01825 767352		↔	Funding for second specialist worker post comes on stream in September 2001 and recruitment to this post will follow as soon as it arrives in our account.
S/C (C3.5)	Deliver targeted drug prevention work to address the needs of children looked after by the authority, care leavers and young homeless people by March 2002.	Reduce problematic drug and alcohol misuse amongst vulnerable young people.	Baseline information not currently available. Research level of need by October 2001. Establish annual targets for drug prevention work with these groups by March 2002.	John Tovey 01273 482527 pg 49		↔	
S/C (C3.6)	Develop services for children of parents misusing drugs and alcohol.	Improve support networks and life opportunities for children at risk.	Establish at least one targeted service by 2002/03.	John Tovey 01273 482527 pg 49		↔	
S/C (C3.7)	Improve joint working between drug and alcohol services and mental health services.	Develop a more integrated service for people with mental health and drug/alcohol problems.	Establish baseline data by March 2002 and aim to increase the number of joint care plans in 2002/03.	Phil Gander 01273 482195 pg 49		↔	
S/C (C3.8)	Devise and implement a substance misuse training programme for foster carers by 2001/02.	All foster carers offering adolescent placement to receive training on drug issues.	<ul style="list-style-type: none"> 33% of all adolescent placement scheme foster carers will have taken part in substance misuse training by March 2002. Inclusion in induction, for all new foster carers. 	John Tovey 01273 482527 pg 50		↔	
S/C (C3.9)	Develop an under 18's multi-agency Drug and Alcohol Team that will provide treatment services for the county by March 2002.	To ensure that accessible quality treatment services for problematic drug and alcohol use are available to young people in the community.	<ul style="list-style-type: none"> Service operational by March 2002. Monitor uptake of service and level of service user satisfaction. 	John Tovey 01273 482527 pg 50		↔	

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Learning and Development Targets

Ref	What we will do and when	What we hope to achieve	How we will measure our success	Contact & BVPP Pg no	Score	↑ ↔ ↓	Comment
Increase employee awareness of partnership and joint working							
H/C (L1.1)	Meetings of Healthy Community Promotion Group.	Cross-departmental contribution to health and wellbeing in the County. Staff to develop increased awareness of the importance of promoting health and wellbeing in the County.	Four meetings per year.	David Archibald 01273 481238 pg 68		↓	Priorities have changed and meetings are no longer taking place. Recommend that target is deleted.
H/C (L1.2)	Review of progress against targets reported to Cabinet on a quarterly basis.	Cross-departmental contribution to health and wellbeing in the County.	Four progress reports to Cabinet per year.	David Archibald 01273 481238 pg 68		↔	
S/I (L1.1)	Meetings of Social Inclusion Promotion Group.	Cross-departmental contribution to social inclusion in the County.	Four meetings per year.	David Archibald 01273 481238 pg 87		↓	Priorities have changed and meetings are no longer taking place. Recommend that target is deleted.
S/I (L1.2)	Review of progress against targets reported to Cabinet on a quarterly basis.	Cross-departmental contribution to social inclusion in the County.	Four progress reports to Cabinet per year.	David Archibald 01273 481238 pg 87		↓	Delete this target, as covered above.
Active participation in crime and disorder audits and strategy development							
S/C (B2.2)	Review and improve liaison arrangements between the criminal justice system and mental health services by March 2002	Effective risk assessment and risk management procedures for people with mental health problems.	Procedure developed which meets new statutory requirements by March 2002.	Phil Gander 01273 482195 pg52		↔	



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Increase employee awareness of partnership and joint working							
H/C (L1.3)	Involve staff from all departments and agencies and other stakeholders in Best Value reviews.	Cross-departmental contribution to health and wellbeing in the County.	Departments involved in reviews as appropriate. Wide range of agencies involved in reviews.	Roger Howarth 01273 481327 pg 68		↔	
Review services using Best Value measures							
H/C (B1.1)	Project manage the Best Value Review of Services for Elderly People, within the agreed timescale of May 2001 to December 2001. Create action plan for implementation of recommendations.	Improved efficiency and service quality. Efficiency gains achieved where appropriate.	Best Value review of Services for Elderly People undertaken and completed. Action Plan for implementing recommendations created.	Roger Howarth 01273 481327 pg 69		↓	





Financial Targets

Ref	What we will do and when	What we hope to achieve	How we will measure our success	Contact & BVPP Pg no	Score	↑ ↔ ↓	Comment
Exercise effective control over resources							
H/C (F1.1)	Manage the budget effectively and within limits set by ESCC.	Efficient service delivery within budget.	Budget on target.	David Archibald 01273 481238		↓	Projected £0.5m overspend. Action Plan in place.
H/C (F1.2)	Identify major variances together with recommendations for corrective action.	To manage the budget effectively and within limits set by ESCC.	Gap analysis undertaken and targets achieved.	David Archibald 01273 481238		↔	Completed – approved by Cabinet on 31 July 2001.

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Identify and pursue all opportunities for attracting funding and investment							
H/C (F2.1)	Work with partner agencies to increase external funding sources to support this priority.	Increase funding from external sources for this priority by 5%.	Income won in 2000/01 £1,939,714. Target income 2001/02 £2,036,699.	Bob Sherwood 01273 481238		↓	Funding being sought in a number of areas across the Council. Target of £2m unlikely to be met, will need to be reviewed during 3rd quarter.
H/C (F2.2)	Support the preparation of healthy living centre bids, consistent with ESCC's other strategies.	Develop programmes across the County with partners to reduce health inequalities.	Four partners in East Sussex are successful in their bids for this money by October 2001.	Bob Sherwood 01273 481252		↔	Bids for four new Healthy Living Centres have now been made. Awaiting decision.
S/I (F1.1)	Work with partner agencies to increase external funding sources to support this priority.	Increase funding from external sources by 5% on 2000/01 figures.	Income won in 2000/01 £5.3million Target income 2001/02 £5.6million	Bob Sherwood 01273 481238		↓	Funding being sought in a number of areas across the Council. Target of £5m unlikely to be met, will need to be reviewed during 3rd quarter.
Develop Joint Investment Plans with the Health Authority							
H/C (F3.1)	Produce plans in partnership with Health colleagues and continue to develop implementation plans.	Set out proposals for joint Health and Social Services investments in services.	Joint Investment Plans produced, baselines developed and targets set by March 2001.	Bob Sherwood 01273 481252 pg 70		↔	

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