

## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Children & Families Division – Locality Services
<b>MAIN SERVICE AREA</b>	15 Locality Teams; 6 Family Centres
<b>2002/03 BUDGET £m:</b>	£8.5m
<b>CURRENT STAFF NUMBERS (FTE)</b>	253

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- Ensure that children are protected from significant harm
- Implement care plans for looked after children and enhance their life chances
- Ensure that the quality of life for children identified as being in need is enhanced
- Maintain, as far as possible, effective investments in family support services

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- Ensured that 100% children on Child Protection Register have a key worker
- Increased (by 4%) to 98.5% reviews of children on Child Protection Register within prescribed timescales
- Ensured that 88% of looked after children have appropriate health checks
- Ensured that 90% of looked after children's reviews took place on time
- Successful implementation of the National Framework for the Assessment of Children in Need

### **CORE AND NON-CORE ACTIVITIES**

#### **1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

##### **(A) Statutory Duties**

Assessment of children at risk/in need (3,600 referrals per annum). Implement care plans for 470 looked after children and child protection plans for 240 children; provide and co-ordinate services for around 1000 children with high level of need. (Undertaken by 120 SWs/Senior Practitioners/Assistant Social Workers).

Total costs, including admin, managers, premises, transport = £5.75m

6 x Family Centres (2 run by NCH) provide services to around 1000 children; cost = £1.07m

Additional family support services = £652,000. These comprise community family workers, contact and transport costs for looked after children, specific payments to support children in need.

##### **(B) Cabinet priority (as set out in the Policy Steer).**

Maintain, as far as possible, effective investments in family support services.

(C) Activities and functions essential to support the administration functions of the County Council.

## 2. NON-CORE

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

Services are only provided for children at eligibility levels 4, 5 and 6, in order to comply with the duty in the Children Act to provide services to children in need. Threshold for service provision is high and non-core activities are not delivered.

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

To reconfigure the Children and Families budget in order to increase investment in family support services (% expenditure on children in need but not looked after decreased from 23.5 to 22 in 2001/2 and the number of looked after children increased by 2.5%). A new family support strategy is currently being drafted, in line with Joint Review recommendation and Best Value Review recommendation. Joint Review concluded that child protection services were sound.

Main risk is difficulty in recruitment and retention of qualified social workers; must remain competitive in salaries with other authorities in the South East.

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

Extensive consultation took place in 2001 as part of Best Value Review of Family Support and Child Protection Services. Best Value action plan currently being implemented.

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

£160,000 efficiency savings were made in 2002/3 budget following Best Value Review.

In addition, £100,000 was realigned from family centres budget to agency placements budget in 2001/2 and 2002/3 budgets. This will be reinvested in family support budget once reduction in agency placements has been achieved. (NB. East Sussex spend on children in need at 22% of budget is well below the England average of 28.4% and the South East average of 30.7%).

## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Children & Families – Looked After Children
<b>MAIN SERVICE AREA</b>	Fostering, Adoption, Residential Care
<b>2002/03 BUDGET £m:</b>	£7.7m
<b>CURRENT STAFF NUMBERS (FTE)</b>	122

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- Fostering
- Increase number of 'in-house' carers by 30
  - Reduce reliance on Independent Fostering Agencies
  - Enhance levels of support for carers
  - Improve service quality by full implementation of National Foster Care Standards
- Adoption & Permanence
- Increase percentage of looked after children adopted
  - Increase percentage of looked after children placed with permanent foster carers
  - Implement National Minimum Standards for Adoption from 1.4.03 and Adoption and Children Bill (once enacted)
  - Expand post-adoption service
- Residential Care
- Ensure that residential units continue to provide safe, good quality care and implement fully the Children's Homes Regulations and Standards

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- April 2001 – March 2002
- Increased proportion of looked after children placed for adoption to 11% (from 7%)
  - Increased proportion fostered by 1% to 69%
  - 47 adopters were approved
  - Increased number of foster carers by 10
  - Residential units were at full occupancy and received positive inspection reports, especially Lansdowne Secure Unit

### **CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

#### **(A) Statutory Duties**

To provide a range of accommodation for children 'looked after' by the Local Authority.

318 children fostered; 28 by Independent Fostering Agency carers,  
290 by in-house carers – fostering budget is £4.2m.  
52 children placed for adoption – adoption budget is £940,000

18 children placed in in-house residential care – budget is £1.2m  
23 children placed in agency residential placements - agency budget is £1.5m (includes 28 in agency fostering)

**(B) Cabinet priority (as set out in the Policy Steer).**

Expand the in-house fostering service and fostering and adoption services generally, so as to meet the potential growth in the number of looked after children.

**(C) Activities and functions essential to support the administration functions of the County Council.**

**2. NON-CORE**

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

There are none.

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

To continue to expand and develop in-house fostering and adoption services and to provide a quality service for looked after children. (£0.5m in 2002/03)

Drivers for change are new National Regulations and Minimum Standards for Children's Homes, for Fostering and for Adoption (+ the Adoption and Children Bill, which will require expansion of post adoption services). Performance Indicators for looked after children are generally good. Risks are failure to recruit and retain foster carers, leading to increase in IFA placements and budget overspend. Joint Review recommended investment in 'in-house' foster care.

For residential care, in the medium term, we shall review the nature of 'in-house' residential care and the future of the secure unit.

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

A consultation exercise is currently underway as part of the Best Value Review of Services for Looked After Children.

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

There is limited scope for savings – there is a statutory duty to provide services for looked after children. There is a need to invest more in the fostering service in 2003/4 in order to remain competitive with IFAs; otherwise we run the risk of failing to recruit and retain carers and will have to increase expenditure on agency foster placements (at rate of £750-£900 per week).

A proportion of the budget comes from specific, ring-fenced grants – Quality Protects and Leaving Care Grant.

## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Children & Families – Specialist Services (including Child Protection)
<b>MAIN SERVICE AREA</b>	Disabled Children, Care Leavers and Young Homeless, Youth Offending Team, Emergency Duty Service, CAMHS, Child Protection Unit, Looked After Children Unit
<b>2002/03 BUDGET £m:</b>	£4m
<b>CURRENT STAFF NUMBERS (FTE)</b>	163

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- Improve services for disabled children and their families, by fully implementing Carers and Disabled Children Act 2000, developing a joint strategic framework and expanding the range of respite and support services
- Continue to implement Children (Leaving Care) Act 2000 and enhance the life chances of care leavers
- Provide a range of services to young offenders in order to reduce re-offending, as required by Crime and Disorder Act
- Review Emergency Duty Service
- Develop joint CAMHS with Health, and joint Education Support Team for looked after children
- Continue the effective work of the Child Protection Unit in monitoring and improving child protection practice
- Expand Looked After Children Unit to replicate for looked after children the quality assurance function of the Child Protection Unit
- Implement teenage pregnancy strategy and expand under 19's multi-agency drug and alcohol team.

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- In 2001/2, the Social Services Department kept in touch with 84% of care leavers, increased to 70% (from 64%) the percentage of care leavers engaged in education, training and employment at age 19, and increased to 80% (from 67%) the percentage of care leavers in suitable accommodation at age 19
- Average number of days between arrest and sentence for young offenders reduced from 117 in March 2001 to 71 by March 2002; proportion of interventions with young offenders increased to 40% in 2001/2
- Direct payment pilot set up for disabled children and index of disabled children set up
- Under 19s multi agency drug and alcohol team developed by March 2002.

### **CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

#### **(A) Statutory Duties**

Disabled Children's Service – fieldwork teams provide a service to 400 children; 115 children receive residential respite care; 60 children receive Family Link Service; 90 children receive

Outreach (344 hours weekly). 30 children are in long term agency placements. Total service cost is £3.7m.

Emergency Duty Service deals with 5000 East Sussex referrals per annum (includes children and adults); cost is £205k.

Leaving Care Service deals with 216 young people – cost is £1m

Youth Offending Team – Social Services Department contribution is £692k. Teams deals with around 1000 young offenders per annum.

Child Protection and Looked After Children Units and Quality Assurance - £462k. Chair all Child Protection Conferences and by April 2003 will chair all LAC Reviews.

CAMHS, Teenage Pregnancy services and Under 19's Substance Misuse services are funded from specific grants.

**(B) Cabinet priority (as set out in the Policy Steer).**

**(C) Activities and functions essential to support the administration functions of the County Council.**

**2. NON-CORE**

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

The activities above are all core – services must be provided for disabled children, as prescribed in the Children Act and the Carers and Disabled Children Act. Services are only provided for children at eligibility levels 4, 5 and 6.

Services for care leavers, young homeless and young offenders are all required by legislation.

The Child Protection/Quality Assurance Unit is necessary for performance management and was praised by Joint Review.

CAMHS, Teenage Pregnancy and Under 19's Substance Misuse services have to be delivered as stipulated in strategies submitted to Government departments.

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

- To deliver all the above services within a joint strategic framework and in an integrated manner
- To continue to perform well in the delivery of services to care leavers and to young offenders – both services recently commended
- To improve services for disabled children and their families in line with recommendations of Joint Review
- To make necessary changes to Emergency Duty Service following fundamental review in 2002
- To continue to improve quality assurance function and thereby improve services delivered.

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

Consultation with disabled children and their families as part of Best Value Review in 2001 – need for more equitable, need led, integrated service.

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

Little scope – Disabled Children's Service needs improvement. Other services are partly funded by ring fenced grants.



## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Care Management and Commissioning
<b>MAIN SERVICE AREA</b>	Learning Disability
<b>2002/03 BUDGET £m:</b>	£1.4m
<b>CURRENT STAFF NUMBERS (FTE)</b>	Operational assessment staff 26 FTE

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- ◆ To integrate the Learning Disability Assessment Service with East Sussex County Health Learning Disability Services and introduce single assessment and care management (FACS).
- ◆ To concentrate on strategic commissioning to fill identified gaps in service and ensure a healthy development of the local mixed economy of care for this client group with emphasis on maximising opportunities for people with a learning disability to stay at home in their local community.

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- ◆ Taking the assessment service through a process of change to make the transition to co-located teams, soon to be integrated teams

### **CORE AND NON-CORE ACTIVITIES**

#### **1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

##### **(A) Statutory Duties**

All services within this subdivision are statutory under the following legislation: National Assistance Act 1948, Chronically Sick & Disabled Persons Act 1970, Mental Health Act 1983, NHS & Community Care Act 1990, Carers (Recognition & Services) Act 1995, Community Care (Direct Payments) Act 1996, Carers & Disabled Children Act 2000, Care Standards Act 2000 and Health & Social Care Act 2001.

##### **(B) Cabinet priority (as set out in the Policy Steer).**

- ◆ Implement cost effective joint arrangements
- ◆ Increase opportunities for people with a learning disability to stay in their local community / at home.

**(C) Activities and functions essential to support the administration functions of the County Council.**

None

## **2. NON-CORE**

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

None

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

### Risks

Recruitment and retention of assessors/social workers

Commissioning in the independent sector in a timely way to meet identified service demand including specialist care for those with very complex needs currently presenting to adult services at transition.

### Drivers

Joint Review

Health & Social Care Act – pooled budgets

White Paper: Valuing People

Reduce residential & nursing provision – PAF C27

People with a Learning Disability helped to live at home – PAF C30

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

Consultation in different locations across the county regarding Integration of SSD Learning Disability Assessment with newly formed East Sussex County Healthcare Trust. Feedback from the consultation is that people welcome a more streamlined service, and are hopeful that pooled resources will bring improvements in services and increased choices for service users in line with 'Valuing People' White Paper.

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

None identified although setting up joint teams with health is likely to lead to increased efficiency within the envelope of current resources.



## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Preventative
<b>MAIN SERVICE AREA</b>	Learning Disability (Commissioned Services)
<b>2002/03 BUDGET £m:</b>	£4.1m (of which £1m is independent Day Care and £0.5m is domiciliary care)
<b>CURRENT STAFF NUMBERS (FTE)</b>	

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- ◆ To work with partners to maximise the independence of people with Learning Disabilities and prevent unnecessary admission to residential care
- ◆ To commission and develop integrated services that promote and maximise independent living in line with Best Value principles
- ◆ To commission strategically across a range of private providers and support agencies to meet individual identified need in a timely manner in the local community

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- ◆ Continuous development of Transition Process for school leavers
- ◆ Continuous monitoring and reviewing of services commissioned and provided within a best value framework
- ◆ Working towards integration & pooled resources with colleagues in NHS Trusts

### **CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

#### **(A) Statutory Duties**

All services within this subdivision are statutory under the following legislation: National Assistance Act 1948, Chronically Sick & Disabled Persons Act 1970, Mental Health Act 1983, NHS & Community Care Act 1990, Carers (Recognition & Services) Act 1995, Community Care (Direct Payments) Act 1996, Carers & Disabled Children Act 2000, Care Standards Act 2000 and Health & Social Care Act 2001.

#### **(B) Cabinet priority (as set out in the Policy Steer).**

- ◆ Increase support for those living at home
- ◆ Cost effective service provision

(C) Activities and functions essential to support the administration functions of the County Council.

None

## 2. NON-CORE

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

None

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

### Risks

Recruitment and retention of assessors/social workers

### Drivers

Supporting People

Health & Social Care Act – flexibilities/pooled budgets

White Paper: Valuing People

PAF C30 - People with a learning disability helped to live at home

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

Consultation in different locations across the county regarding Integration of SSD Learning Disability Assessment with newly formed East Sussex County Healthcare Trust. Feedback from consultation is that people welcome a more streamlined service, and are hopeful that pooled resources will bring improvements in services and increased choices for service users in line with 'Valuing People' White Paper.

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

- ◆ To obtain Best Value by concentrating on developing community provision in partnership e.g. for people coming through transition to prevent admission to residential care
- ◆ Following appointment of Learning Disability Joint Commissioner to strategically review expenditure on preventative services for learning disability across the County & across agencies and reconfigure to maximise outcomes for spend



## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Residential & Nursing
<b>MAIN SERVICE AREA</b>	Learning Disability (Commissioned Services)
<b>2002/03 BUDGET £m:</b>	£12.2m (of which £9.8m is used for commissioning in the independent sector)
<b>CURRENT STAFF NUMBERS (FTE)</b>	Operation Assessment staff 26 FTE

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- ◆ To undertake a robust review of existing services and contracts across Health and Social Services to recommend reconfiguration for maximum outcomes and minimum spend.

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- ◆ Establishing innovative and creative care packages to reduce the proportionate spend on residential care.

### **CORE AND NON-CORE ACTIVITIES**

#### **1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

##### **(A) Statutory Duties**

All services within this subdivision are statutory under the following legislation: National Assistance Act 1948, Chronically Sick & Disabled Persons Act 1970, Mental Health Act 1983, NHS & Community Care Act 1990, Carers (Recognition & Services) Act 1995, Community Care (Direct Payments) Act 1996, Carers & Disabled Children Act 2000, Care Standards Act 2000 and Health & Social Care Act 2001.

##### **(B) Cabinet priority (as set out in the Policy Steer).**

- ◆ Implement cost effective joint arrangements
- ◆ Increase opportunities for people with a learning disability to stay in their local community / at home.

##### **(C) Activities and functions essential to support the administration functions of the County Council.**

None

## 2. NON-CORE

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

None

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

### Risks

Recruitment and retention of assessors/social workers

Developing the independent sector in a timely way to meet identified service demand including specialist care for those with very complex needs currently presenting to adult services at transition.

Introduction of National Care Standards Act 2000 affecting the viability of current residential providers (particularly small registered grouphomes) which is leading to precipitous home closures in the sector.

### Drivers

Health & Social Care Act – pooled budgets

White Paper: Valuing People

Supporting People

Reduce residential & nursing provision – PAF C27

People with a Learning Disability helped to live at home – PAF C30

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

Consultation in different locations across the county regarding Integration of SSD Learning Disability Assessment with newly formed East Sussex County Healthcare Trust. Feedback from the consultation is that people welcome a more streamlined service, and are hopeful that pooled resources will bring improvements in services and increased choices for service users in line with 'Valuing People' White Paper.

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

'Choice in East Sussex' is a project proposal to review the £5.5m expenditure on 'out of county' specialist residential placements for adults with a learning disability & complex needs (through associated or dual diagnoses) by commissioning appropriate local specialist services to allow their return to East Sussex.



## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Care Management and Commissioning
<b>MAIN SERVICE AREA</b>	Mental Health
<b>2002/03 BUDGET £m:</b>	£2.1m
<b>CURRENT STAFF NUMBERS (FTE)</b>	CMHT (working age adults) 59.5 FTE OP MH 21.5 FTE Forensic & Substance Misuse 10.5 FTE

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- ◆ To develop Partnership working with the NHS and other organisations thereby implementing the recommendations of the National Service Framework MH and Joint Review by creating seamless services
- ◆ To maximise the independence of people with mental health problems
- ◆ Maximise the independence of people with mental health problems by increasing their opportunities to influence their care plans under the Care Programme Approach (CPA)

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- ◆ Development of integrated Community Mental Health Teams (CMHT's) for older people with mental health needs
- ◆ Development of integrated Substance Misuse Teams
- ◆ Established joint office bases for CMHT's for working adults
- ◆ Worked in partnership with NHS Trusts to help create a new countywide trust for delivering mental health services

### **CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

#### **(A) Statutory Duties**

All services within this subdivision are statutory under the following legislation: National Assistance Act 1948, Chronically Sick & Disabled Persons Act 1970, Mental Health Act 1983, NHS & Community Care Act 1990, Carers (Recognition & Services) Act 1995, Community Care (Direct Payments) Act 1996, Carers & Disabled Children Act 2000, Care Standards Act 2000 and Health & Social Care Act 2001 and the National Service Framework Mental Health 2000.

**(B) Cabinet priority (as set out in the Policy Steer).**

To work with partners to provide an integrated range of services to enable adults with assessed mental health needs to be supported wherever possible in their own homes and to maximise their independence. In particular by establishing effective joint and cost effective arrangements with the NHS and the independent sector and integrating Health and Social Care assessment and provision.

**(C) Activities and functions essential to support the administration functions of the County Council.**

None

**2. NON-CORE**

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

None

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

Risks

Recruitment and Retention of Social Workers particularly ASWs

Drivers

NSF Mental Health

Health and Social Care Act – pooled budgets

Monitoring the Admissions to residential & Nursing care – PAF C26 & 27

Delayed discharges from acute beds that SSD take responsibility for – KPI 16

Emergency psychiatric re-admission rate – PAF A6

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

Consultation process around the implementation of the NSF Mental Health to highlight to users and carers that choices will be inevitable since there is a shortfall in resources to implement the National Service Framework.

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

Continue to develop Supporting People initiatives to take pressure of the CC budget.

## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Preventative
<b>MAIN SERVICE AREA</b>	Mental Health
<b>2002/03 BUDGET £m:</b>	£1.06m
<b>CURRENT STAFF NUMBERS (FTE)</b>	Operational staff Day Centres 9.4 FTE Ops staff Supported Accommodation 8.3 FTE

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- ◆ To provide appropriate support to people with a mental health problem to enable them to remain in their own homes
- ◆ To maximise the independence of people with mental health problems
- ◆ To promote the importance of social care in Mental Health services

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- ◆ Expanded services for supported accommodation using the opportunities afforded by Supporting People
- ◆ Developing assertive outreach teams
- ◆ Introduced new procedures for assessing carers needs

### **CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

#### **(A) Statutory Duties**

All services within this subdivision are statutory under the following legislation: National Assistance Act 1948, Chronically Sick & Disabled Persons Act 1970, Mental Health Act 1983, NHS & Community Care Act 1990, Carers (Recognition & Services) Act 1995, Community Care (Direct Payments) Act 1996, Carers & Disabled Children Act 2000, Care Standards Act 2000 and Health & Social Care Act 2001 and the National Service Framework Mental Health 2000.

#### **(B) Cabinet priority (as set out in the Policy Steer).**

To work with partners to provide an integrated range of services to enable adults with assessed mental health needs to be supported wherever possible in their own homes and to maximise their independence. In particular by establishing effective joint and cost effective arrangements with the

NHS and the independent sector and integrating Health and Social Care assessment and provision.

**(C) Activities and functions essential to support the administration functions of the County Council.**

None

**2. NON-CORE**

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

Provision of Day Centre and Supported Accommodation services are not statutory requirements, but they are promoted in the National Service Framework (NSF) Mental Health as ways to prevent emergency Hospital and longterm residential admissions.

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

Risks

Time pressure to maximise the sizing of the Supporting People pot

Drivers

Supporting People

NSF Mental Health

Adults with mental health problems helped to live at home – PAF C31

Clients over 65 with mental health problems receiving intensive home care – PAF C28

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

There have been meetings with users in Hastings about services jointly provided by East Sussex County Healthcare Trust and ESCC Social Services. The feedback from this forum has led to the development of a more robust access and response team and the development of assertive outreach in Hastings.

There have been public meetings with users and carers regarding the progress in implementing the NSF Mental Health. At the consultation meetings attendees have been made aware that choices will be inevitable as there is a shortfall in resources to properly implement the Framework.

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

Efficiency savings were implemented by cutting £350K of contracted services in the private & voluntary sector in relation mainly to day services and employment (PACT). This has had a knock-on effect of placing additional pressures on CMHTs of supporting people directly, which in turn has led to increased waiting lists for assessment.

The Supporting People initiative is being exploited to relieve the pressure on the Community Care

budget

## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Residential and Nursing
<b>MAIN SERVICE AREA</b>	Mental Health
<b>2002/03 BUDGET £m:</b>	£1.8m
<b>CURRENT STAFF NUMBERS (FTE)</b>	CMHT (working age adults) 59.5 FTE OP MH 21.5 FTE Forensic & Substance Misuse 10.5 FTE

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- ◆ To keep under review existing services and to contract for new placements using the standards contained in the National Service Framework for Mental Health and the principles of best value

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- ◆ Expanded services for supported accommodation

### **CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

#### **(A) Statutory Duties**

All services within this subdivision are statutory under the following legislation: National Assistance Act 1948, Chronically Sick & Disabled Persons Act 1970, Mental Health Act 1983, NHS & Community Care Act 1990, Carers (Recognition & Services) Act 1995, Community Care (Direct Payments) Act 1996, Carers & Disabled Children Act 2000, Care Standards Act 2000 and Health & Social Care Act 2001 and the National Service Framework Mental Health 2000.

#### **(B) Cabinet priority (as set out in the Policy Steer).**

To work with partners to provide an integrated range of services to enable adults with assessed mental health needs to be supported wherever possible in their own homes and to maximise their independence. In particular by establishing effective joint and cost effective arrangements with the NHS and the independent sector and integrating Health and Social Care assessment and provision.

#### **(C) Activities and functions essential to support the administration functions of the**

**County Council.**

None

**2. NON-CORE**

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

None

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

Risks

Recruitment and retention of professionally qualified staff

Introduction of National Care Standards Act 2000 affecting the viability of current residential providers (particularly specialist EMI provision) which is leading to precipitous home closures in the sector.

Drivers

National Care Standards Act 2000

NSF Mental Health

Admissions to residential care – PAF C26 & C27

Delayed discharges from acute beds that SSD take responsibility for – KPI 16

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

Consultation process around the implementation of the NSF Mental Health to highlight to users and carers that choices will be inevitable since there is a shortfall in resources to implement the National Service Framework.

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

Regular monitor and review of specialist residential and nursing home places funded via the community care budget.

Considering block rather than spot contract arrangements to obtain best value.

## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	RESIDENTIAL AND NURSING
<b>MAIN SERVICE AREA</b>	OLDER PEOPLE
<b>2002/03 BUDGET £m:</b>	£25.8m
<b>CURRENT STAFF NUMBERS (FTE)</b>	

### SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.

- To support older people wherever possible in their own homes by retaining the current level of admissions to residential and nursing home care, and steadily increasing both the numbers supported in their own homes, and those receiving “intensive” home care packages.
- To reduce delayed discharge, while recognising the need to invest heavily in support at home, and resisting the temptation to increase residential and nursing home care admission rates, which would be the easiest solution, but strategically wrong.
- To become increasingly a commissioning organisation, and to build greater strategic commissioning capacity; to commission care using Best Value principles, reducing current levels of direct provision where comparable quality care is available at lower cost in the independent sector.
- To increase steadily the levels of spend on older people, in order to narrow the gap between current levels of spend, and the SSA for Older People.

### SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).

- Commenced review of the Council's own Residential homes.
- Managed provision within available Community Care budget.

### CORE AND NON-CORE ACTIVITIES

#### 1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).

##### (A) Statutory Duties

All services in this sub-division are statutory as they are designated to meet individuals needs identified as part of a Social Care Assessment undertaken in the context of the NHS and Community Care Act

£25.8m

##### (B) Cabinet priority (as set out in the Policy Steer).

Conclude review of homes  
Pay more to providers

- Increase independent sector fees (3.4% Real Terms Increase to Elderly Residential and Nursing Sector)

£0.6m



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**(C) Activities and functions essential to support the administration functions of the County Council.**

None

**2. NON-CORE**

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

None

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

<p><u>Risks</u> Residential Care Allowances, Preserved Rights, Free nursing Care, Fee Increases, Delayed Discharge</p> <p><u>Drivers</u> Joint Review NSF for Older People Outsourcing of Provision/Residential Homes Review Shift to supporting people at home Capacity/cost of Independent Sector Provision</p> <p><u>Indicators</u> PAF C26 – Admissions of people over 65 to residential/nursing care</p>	<p>£3.7m</p>
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***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

Consultation was carried out with partners as part of the process to create:

1. The Joint Review Action Plan
2. The Delayed Discharge Performances Improvement Plan

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

<ul style="list-style-type: none"> <li>• Maintain residential admissions at current level</li> <li>• Review of Directly Provided residential care</li> </ul>		<p>£0.4m £0.4m</p>
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## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	CARE MANAGEMENT AND COMMISSIONING
<b>MAIN SERVICE AREA</b>	OLDER PEOPLE
<b>2002/03 BUDGET £m:</b>	£4.2m
<b>CURRENT STAFF NUMBERS (FTE)</b>	

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- To transform assessment and care management, training and developing the workforce, devolving budgets, integrating the process with health professionals, and significantly developing reviewing and the close care management of people prior to hospital admissions, and after hospital discharge.
- To reduce delayed discharge, while recognising the need to invest heavily in support at home, and resisting the temptation to increase residential and nursing home care admission rates, which would be the easiest solution, but strategically wrong.
- To become increasingly a commissioning organisation, and to build greater strategic commissioning capacity; to commission care using Best Value principles, reducing current levels of direct provision where comparable quality care is available at lower cost in the independent sector.
- To make major progress in integrating health and social care, through integrated strategic commissioning, pooled budgets, and single assessment and care management.
- To increase steadily the levels of spend on older people, in order to narrow the gap between current levels of spend, and the SSA for Older People.

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- Reduced the number of patients experiencing delayed discharge from hospital
- Created a countywide reviewing team.

### **CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

#### **(A) Statutory Duties**

All services within sub-division are statutory under the following legislation:

£4.2m

National Assistance Act, NHS Community Care Act, Carers Act

#### **(B) Cabinet priority (as set out in the Policy Steer).**

- Block contracting of care services
- Development of commissioning into Local Health Economies
- Implement joint care management in integrated teams

<b>(C) Activities and functions essential to support the administration functions of the County Council.</b>		
None		
<b>2. NON-CORE</b>		
<b>Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.</b>		
<b>(Describe the activities and their cost)</b>		
None		
<b><i>MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).</i></b>		
<u>Risks</u> Social Worker Recruitment and Retention  <u>Drivers</u> Joint Review NSF for Older People Joint commissioning of services with Health	£0.42m	
<b><i>CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.</i></b>		
Consultation was carried out with partners as part of the process to create:  3. The Joint Review Action Plan 4. The Delayed Discharge Performances Improvement Plan		
<b><i>“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.</i></b>		
None  Some of the initiatives set out in 1(b) will however generate increased efficiency within existing resources.		



## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	PREVENTION SERVICES
<b>MAIN SERVICE AREA</b>	OLDER PEOPLE
<b>2002/03 BUDGET £m:</b>	£13.0M
<b>CURRENT STAFF NUMBERS (FTE)</b>	

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- To support older people wherever possible in their own homes by retaining the current level of admissions to residential and nursing home care, and steadily increasing both the numbers supported in their own homes, and those receiving “intensive” home care packages.
- To reduce delayed discharge, while recognising the need to invest heavily in support at home, and resisting the temptation to increase residential and nursing home care admission rates, which would be the easiest solution, but strategically wrong.
- To become increasingly a commissioning organisation, and to build greater strategic commissioning capacity; to commission care using Best Value principles, reducing current levels of direct provision where comparable quality care is available at lower cost in the independent sector.
- To develop, jointly with Health, a broader and more extensive range of intermediate care schemes, through both short-term measures in 2002/03, and based on a joint analysis of need, in the longer term.
- To increase steadily the levels of spend on older people, in order to narrow the gap between current levels of spend, and the SSA for Older People.

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- Established a range of intermediate care services (including an expansion of the Council's own Living at Home Programme) in partnership with Health colleagues.
- Developed new supported housing initiatives with Housing and Health colleagues.
- Implemented Best Value Review of Home Care.
- Developed “Rapid Response” community support service in partnership with other agencies.

### **CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

#### **(A) Statutory Duties**

Most services within this sub-division are statutory as they meet individuals needs assessed under the NHS and Community Care Act. however, there is an acknowledged need to invest in low level/preventative care to reduce the reliance on high cost residential/nursing services.

#### **(B) Cabinet priority (as set out in the Policy Steer).**

Reduce use of residential care. Increase support to people in their own homes.		
<ul style="list-style-type: none"> <li>Development of Intermediate Care</li> <li>Increase care at home</li> </ul>		£0.5m £0.6m
<b>(C) Activities and functions essential to support the administration functions of the County Council.</b>		
None		
<b>2. NON-CORE</b>		
<b>Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.</b>		
<b>(Describe the activities and their cost)</b>		
None – see Section 1(a)		
<b><i>MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).</i></b>		
<u>Risks</u> Fairer Charging for Home Care, Supporting People Transfer, Reshaping Older Peoples services.		£1.3m
<u>Drivers</u> Joint Review NSF for Older People Outsourcing of Provision/Best Value Review		
<u>Indicators</u> PAF C28      Number of households receiving intensive home care PAF C32      Number of older people helped to live at home		
<b><i>CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.</i></b>		
Consultation was carried out with partners as part of the process to create: <ol style="list-style-type: none"> <li>The Joint Review Action Plan</li> <li>The Delayed Discharge Performances Improvement Plan</li> </ol>		
<b><i>“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.</i></b>		
<ul style="list-style-type: none"> <li>Review Directly Provided Home Care</li> </ul>		£0.4m

## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	CARE MANAGEMENT AND COMMISSIONING
<b>MAIN SERVICE AREA</b>	PHYSICAL DISABILITIES
<b>2002/03 BUDGET £m:</b>	£2.0m
<b>CURRENT STAFF NUMBERS (FTE)</b>	

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- To transform assessment and care management, training and developing the workforce, devolving budgets, integrating the process with health professionals, and significantly developing reviewing and the close care management of people prior to hospital admissions, and after hospital discharge.
- To reduce delayed discharge, while recognising the need to invest heavily in support at home, and resisting the temptation to increase residential and nursing home care admission rates, which would be the easiest solution, but strategically wrong.
- To become increasingly a commissioning organisation, and to build greater strategic commissioning capacity; to commission care using Best Value principles, reducing current levels of direct provision where comparable quality care is available at lower cost in the independent sector.
- To make major progress in integrating health and social care, through integrated strategic commissioning, pooled budgets, and single assessment and care management.

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- Implemented Access and Eligibility Criteria
- Reduced waiting times for assessment
- Established joint contact teams
- Instigated a project aimed at creating a Joint Community Equipment Store
- Reviewed referral management process to facilitate consistent delivery of social care assessments.

### **CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

#### **(A) Statutory Duties**

All services within this sub-division are statutory under the following legislation:  
National Assistance Act, Chronically Sick and Disabled Persons Act, NHS and Community Care Act, Carers Act

£2.0m

**(B) Cabinet priority (as set out in the Policy Steer).**

Develop proposals for joint equipment service with Health		
<ul style="list-style-type: none"> <li>Integration of equipment services</li> <li>Creation of multi-disciplinary OT teams</li> </ul>		
<b>(C) Activities and functions essential to support the administration functions of the County Council.</b>		
None		
<b>2. NON-CORE</b>		
<b>Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.</b>		
<b>(Describe the activities and their cost)</b>		
None		
<b><i>MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).</i></b>		
<u>Risk</u> Social Worker Recruitment and Retention		£0.6m
<u>Drivers</u> Joint Review Joint Commission of Services with Health		
<b><i>CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.</i></b>		
Consultation was carried out with partners as part of the process to create: <ol style="list-style-type: none"> <li>The Joint Review Action Plan</li> <li>The Delayed Discharge Performances Improvement Plan</li> </ol>		
<b><i>“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.</i></b>		
None		
Some of the initiatives set out in 1(b) will generate increased efficiency within existing resources		



## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	PREVENTION SERVICES
<b>MAIN SERVICE AREA</b>	PHYSICAL DISABILITIES
<b>2002/03 BUDGET £m:</b>	£2.6m
<b>CURRENT STAFF NUMBERS (FTE)</b>	

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- To support older people wherever possible in their own homes by retaining the current level of admissions to residential and nursing home care, and steadily increasing both the numbers supported in their own homes, and those receiving “intensive” home care packages.
- To reduce delayed discharge, while recognising the need to invest heavily in support at home, and resisting the temptation to increase residential and nursing home care admission rates, which would be the easiest solution, but strategically wrong.
- To become increasingly a commissioning organisation, and to build greater strategic commissioning capacity; to commission care using Best Value principles, reducing current levels of direct provision where comparable quality care is available at lower cost in the independent sector.
- To develop, jointly with Health, a broader and more extensive range of intermediate care schemes, through both short-term measures in 2002/03, and based on a joint analysis of need, in the longer term.

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- Delivered 97% of DLE (costing less than £1000) within three weeks of assessment.
- Increased the value of items recovered and recycled (from £80,000 to £120,000)
- Co-ordinated a Joint Approach to Adaptations group to improve the process.

### **CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

#### **(A) Statutory Duties**

Most services within this sub-division are statutory as they meet individuals needs assessed under the NHS and Community Care Act and the Chronically Sick and Disabled Persons Act.

#### **(B) Cabinet priority (as set out in the Policy Steer).**

Complete day centre review

- Increased Daily Living Equipment Budget
- Increased use of Direct Payments (Support Service)

£0.1m  
£0.05m

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**(C) Activities and functions essential to support the administration functions of the County Council.**

None

**2. NON-CORE**

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

The few non-core activities are designed to ensure that the maximum number of adults with a Physical Disability are supported in their own homes for as long as possible. This reduces the demand on and cost of statutory services.

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

Risks

Supporting People

£0.1m

Drivers

Joint Review

Shift to supporting people at home

NHS Plan – Community Equipment Services

Indicators

PAF D38 Equipment under £1,000 delivered in less than three weeks

PAF C29 People with Physical Disabilities helped to live at home

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

Consultation was carried out with partners as part of the process to create:

9. The Joint Review Action Plan

10. The Delayed Discharge Performances Improvement Plan

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

None identified as investment in this area is expected to generate efficiency savings/reduce pressure on the Residential/Nursing sub-division of this Service Area.



## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	RESIDENTIAL AND NURSING
<b>MAIN SERVICE AREA</b>	PHYSICAL DISABILITIES
<b>2002/03 BUDGET £m:</b>	£1.8m
<b>CURRENT STAFF NUMBERS (FTE)</b>	

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- To support older people wherever possible in their own homes by retaining the current level of admissions to residential and nursing home care, and steadily increasing both the numbers supported in their own homes, and those receiving “intensive” home care packages.
- To reduce delayed discharge, while recognising the need to invest heavily in support at home, and resisting the temptation to increase residential and nursing home care admission rates, which would be the easiest solution, but strategically wrong.
- To become increasingly a commissioning organisation, and to build greater strategic commissioning capacity; to commission care using Best Value principles, reducing current levels of direct provision where comparable quality care is available at lower cost in the independent sector.

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- Managed provision within available Community Care budgets

### **CORE AND NON-CORE ACTIVITIES**

#### **1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

##### **(A) Statutory Duties**

All services in this sub-division are statutory as they are designed to meet individuals needs identified as part of a Social Care Assessment undertaken in the context of the NHS and Community Care Act.

£1.8m

##### **(B) Cabinet priority (as set out in the Policy Steer).**

None identified

<b>(C) Activities and functions essential to support the administration functions of the County Council.</b>	
None	
<b>2. NON-CORE</b>	
<b>Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.</b>	
<b>(Describe the activities and their cost)</b>	
None	
<b><i>MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).</i></b>	
<u>Risks</u> Residential allowances, free nursing care, fee increases  <u>Drivers</u> Joint Review Shift to supporting people at home	£0.59m
<b><i>CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.</i></b>	
Consultation was carried out with partners as part of the process to create:  11. The Joint Review Action Plan 12. The Delayed Discharge Performances Improvement Plan	
<b><i>“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.</i></b>	
None  However, the review and reprovisioning of a number of high cost out of county placements (in conjunction with Health partners) will generate increased efficiency within the existing resource base.	

<b>Sub-Division Pro-forma</b>	
<b>SUB-DIVISION</b>	Directorate Support Services, Social Services Department
<b>MAIN SERVICE AREA</b>	Support Services
<b>2002/03 BUDGET £M:</b>	4.2
<b>CURRENT STAFF NUMBERS (FTE)</b>	42.4 FTE

<b>SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04</b>
<p><b>Personnel Section</b>  Implement the workforce changes required for the Reconciling Policy &amp; Resources Programme, Review of Homecare Service and Review of Directly Provided Residential Homes. Review and implement a revised Learning Disability staffing structure.  Establish a Joint Workforce Strategy for the Department integrated with Health Partners and take forward other workforce integration required by SSI Joint Review  Implement personnel and staffing processes for Mental Health service integration with Health Partners.  Implementation of a revised pay and grading structure for the Social Services Single Status staff group (2,600 staff)</p> <p><b>Health and Safety Unit</b>  Improved management of health and safety at a local level with Health Partners including rationalisation of procedures.</p> <p><b>Training &amp; Development Unit</b>  Process qualification targets in line with NSF's, Quality Protects and TOPSS Strategy  Maintenance of liP standards and re-accreditation  Deliver the Annual Training Plan 2003/4 in collaboration with Health Partners.  Deliver the ACPC training plan on target and to cost.</p> <p><b>Buildings Unit</b>  Implement the Property Asset Management Plan for SSD  Implementation of outcomes of the Departmental Property Strategy Group.  Implement office moves to achieve Corporate and departmental targets 2003/4  Obtain the best performance and value from the contract with Owen Williams Ltd and successor.  Project manage the accommodation for the integrated Lewes and Wealden LD Service with Health Partners.  To work with Operational Managers to secure viable and affordable accommodation for the Day-Care and Home Care services re-locating from Firwood House, Eastbourne</p> <p><b>Communications Unit</b>  Implement the SSI Joint Review requirements on Communications Strategy in SSD.  Effectively manage the increased usage of the Information Line (10% in 2002) for the Department within current resources.</p> <p><b>Complaints Unit</b>  Ensure Complaints handling protocol accepted and used by all Health PCTs and Trusts  Have policy in place for dealing with persistent complainants for Social Services, and available to be used by other Departments  Annual Complaints Report agreed by Lead Member</p>

## **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma)**

### **Personnel Section**

- ✓ Commendation of service by SSI/Audit Commission Joint Review - 'The Department has some real strengths in relation to Human Resource Management' – *Joint Review Report, 2002*
- ✓ Successful restructuring of the Personnel Section to introduce generic teams and achieve 10% saving required by Corporate review of support services
- ✓ Devised and implemented effective recruitment and retention measures for key staff groups, which were commended by the Joint Review
- ✓ Undertaken all 420 single status job evaluation interviews within the timescales set.
- ✓ Implementation of new Management of Attendance Scheme, resulting in a 3.6% reduction in sickness absence.

### **Health & Safety Unit**

- ✓ Commendation for East Sussex Social Services by National Task Force for policy and procedures on violence at work – adopted as "Best Practice" example on their national website

### **Training and Development Unit**

- ✓ Commendation by SSI Joint Review - 'Training is good. There is a substantial investment in training and staff have good access to it...' – *Joint Review Report 2002*
- ✓ Generated external funding of £60,000 in partnership with UNISON, Health and independent sector providers for specific training & development initiatives.
- ✓ Delivered the Departmental Training & Development Plan whilst achieving prescribed savings of £80,000.
- ✓ Implemented the agreed ACPC Training Strategy and Plan.
- ✓ Implemented a successful programme of targeted training for the new Practice Manager tier of management.

### **Communications Unit**

- ✓ Commendation by SSI Joint Review
- ✓ Implemented the Departmental Communications strategy.
- ✓ Provided an Information Line service to 20,000 enquirers (10% increase over the previous year).
- ✓ Achieved a positive promotion of Departmental initiatives and good practice via the press.

### **Buildings Unit**

- ✓ Phase 1 of St Mary's House offices programme successfully completed in partnership with East Sussex County Healthcare Trust.
- ✓ Successful accommodation of Contact Teams and Employment Services Teams in Horsted Square.
- ✓ Significant progress towards strategic property plan through new office accommodation with disposal of 3 poor quality office sites.

### **Complaints Unit**

- ✓ Successfully dealt with a major increase in complaints over the last 3 years as highlighted in Annual Lead Member Report
- ✓ Complaints procedure booklet revised and awarded Crystal Mark.
- ✓ Response times to complaints from children and young people complaints reduced and a target time of 14 days introduced.

## **CORE AND NON-CORE ACTIVITIES**

**1 CORE – (state the current activity level and cost and what discretion exists over the type, level and cost of each activity)**

**(A) Statutory Duties**

**Personnel Section**

- Statutory framework of employment legislation eg Employment Relations Act, Sex Discrimination Act, Health & Safety at Work Act, Equal Pay Act etc – delivered via Employee Relations and Recruitment & Selection casework/professional services;
- Statutory duty enforced by SSI (Social Services Inspectorate) to ensure the Department employs sufficient numbers of appropriately qualified staff to deliver statutory operational services to meet Children's Act, Mental Health Act, etc.;
- Statutory requirements, enforced by SSI, to meet Government Workforce Planning legislation and targets for Social Care staff set out by TOPSS, Skills Council, National Care Standards Commission, General Social Care Council and Codes of Conduct.
- Recruitment & Selection (professional and admin services) delivered to meet Departmental statutory obligations under 'Warner' procedures ;
- Personnel services in relation to pay and conditions of service activity – statutory obligation and Employment Law to pay and apply conditions of service to staff correctly;
- Workforce planning information – statutory requirement to provide specific staffing information to the DoH, SSI and Audit Commission eg SSD0001

Direct employee costs: £592,200

**Health and Safety Unit**

- Provision of 'Competent Person' to provide health and safety advice, guidance etc. -- (Health and Safety At Work Act 1974 (HASAWA), Management of Health and Safety at Work Regs. 1999).
- Provision of health and safety training – (HASAWA, Management of Health and Safety at Work Regs. 1999, Display Screen Equipment Regs. 1992, Fire Precautions (Workplace) Regs. 1997, Manual Handling Regs. 1992, Food Safety Regs. 1995.

Annual budget is part of Personnel budget (£30,000 staff)

**Training & Development Unit**

Budget £1,455,000 gross; £577,000 Government TSP SSD Grant and other income.

The following activities and costs are 70% funded by the TSP Grant:

Diploma in Social Work  
Post-Qualifying Child Care Award  
ASW training  
Health & Safety Training  
Equalities Training

National Service Frameworks and Government Targets and Standards (see attached for detail)

Children and Families Division  
Foster carers  
Adults Division training  
Management development  
Safety of Social Care Workforce

**Buildings Unit**

Budget £1.58 million (2 staff)

Ensure that Social Services buildings are in compliance with the Building Act 1984, the Workplace (Health, safety & welfare) Regulations 1992, the Control of Asbestos at Work (Amendment) Regulations 1998, the Health and Safety at Work Act 1974, the Fire Precautions Act 1971, the Disability Discrimination Act 1995, the Care Standards Act 2000, and the Children Act 1989.



Budgetary provision of £596k for maintenance and minor works. Budgetary provision of £94k to cover consultants' fees in association with such works, or to obtain specialist and technical advice. Activities carried out by CRD-Property are set against a re-charge budget of £96.4k.

### **Communications Unit**

- i Statutory requirement to provide relevant, accessible information for the public about range of services provided by SSD.
- ii Operation of Information Line – Access in to the department and to give callers information on social care and health. It exists as a directive of the Community Care Act 1992. It received 20,000 calls in 2001 and distributes statutory Information Leaflets to the public to all SSD offices, libraries and community colleges and partnership organisations such as Health (GPs, Hospitals etc.). It received over 72,000 requests for information leaflets in 2001 from the public and partner organisations over and above those distributed as normal.

Costs: staff £164,000; supplies and services £37,000.

### **Complaints Unit**

Complaints Procedure arising from:     The Children Act 1989  
  The NHS and Community Care Act  
  The Children (Leaving Care) Act 2000

There is a statutory duty to respond to complaints. In 2001/02 there were 736 Stage 1 complaints; 15 Stage 2 (formal investigations); 4 complaints review panels. No discretion to reduce cost level or type of activity. Statutory requirement to respond to complaints within fixed timescales.

Annual budget is £152,830 including on-costs.

## **(B) Cabinet Priority (as set out in the Policy Steer)**

### **Personnel Section**

- 1.a: Fostering & Adoption – implementation of new National Minimum Standards arising out of National Care Standards Commission eg registration of all Social Workers, new national Codes of Conduct for social care workforce;
- 2.b: Review of in-house Older People's Homes – provision of Personnel work required to achieve staffing outcomes- redeployment, redundancy etc;
- 3.a & 6.c: Joint/partnering arrangements with Health – undertake partnership HR issues with Health arising out of Integration;
- 5.a: Review of Learning Disability Services Day Centre provision – provision of Personnel work required arising out of service savings targets and re-configuration of services - redeployment, redundancy etc;

### **Training & Development Unit**

Implementation of updated PDS (Performance Development System) of Appraisal and Development for all staff of Department to meet Performance Management objectives of Council.

### **Buildings Unit**

- Provide input to the Council's four-year capital programme
- Provide specialist input to the review of residential homes for older people
- Act as 'Intelligent Client' for Social Services in accordance with the outcome of the Best Value Report of Property.

## **(C) Activities and functions essential to support the administration functions of the County Council**

### **Personnel Section**

- Administration of the Conflicts of Interest Policy for all staff in the Department;
- Development and implementation of recruitment and retention initiatives eg Social Workers, Occupational Therapists etc;
- Provision of occupational testing services eg Aptitude tests, written exercises etc for senior

managerial posts within the Department

- Contribution to Corporate projects eg Single Status (job evaluation; monthly pay etc).

#### **Health & Safety Unit**

Risk Assessments and Incident recording system for all staff.

#### **Training & Development Unit**

ICT Training

Financial Support Unit Training

Employment Services training

Training and NVQ's for Administrative Staff

Personnel Section Training (Employee Relations)

Training Premises Costs

#### **Buildings Unit**

Supporting CRD-Property by contributing to the development of:-

- The New Workplace Standards
- The proposals for arrangements to deal with Maintenance Term Contracts.
- The Facilities Management Users Group

#### **Complaints Unit**

- Statutory Annual Report to Lead Member.
- Corporate County Council complaints that arise for other reasons, separate from SSD statutory purposes, eg. MPs letters, Councillors representations on behalf of constituents etc.

## **2 NON-CORE**

### **Non-Core activities i.e. everything included in this Service Sub-Division not shown as Core (Describe the activities and their cost)**

#### **Personnel Section**

The services and functions currently delivered by the Personnel Section are a core requirement for the County Council in terms of meeting its responsibilities as an Employer (see Core section). The current Best Value Review of HR Services across the Authority will consider these issues in more detail and make recommendations for future arrangements.

#### **Training & Development Unit**

Investors in People - £6,900

#### **Communications Unit**

i Yearly external and internal Communications Questionnaire: to ask staff and partners about their preferred information and communications needs and to listen to feedback in order to inform practice.

ii Focus groups to user-test information to the public.

iii "Members Briefing" – regular newsletter

iv "Brief Encounter" - staff newsletter (monthly).

Costs are part of overall staffing budget shown under Core – cannot be assessed without use of time-recording of staff functions.

### **MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information)**

#### **Personnel Section**

- Health & Social Care Integration will have a significant impact, both in terms of the Personnel work needed to support the process of operational service Integration and in terms of the future shape of joint Personnel services from Health and Social Services eg move to pooled budgets, joint procedures and processes, a shared policies approach etc;

- Personnel work arising out of the Joint Review Report - Major programme of change on re-shaping Adult Services and implementation of Care Management. The re-configuration of these services and achieving targets set by the SSI will require a significant Personnel input;
- Implementation of new National Minimum Standards for Social Care Workforce (National Care Standards Commission)

#### **Health & Safety Unit**

- Significant joint work needed with Health partners to develop a joint Health & Safety framework for shared services and staff.
- Identifying and assessing the health and safety related to new computer users as a result of 'Direct Practitioner Input'.
- Government's National Task Force's review on violence against social care staff, implementing and maintaining their recommendations.

#### **Training & Development Unit**

- Achievement of Government minimum standards and targets for the training of social care staff and managers. (see attached chart)
- Maintenance of liP Standards
- More effective workforce planning, training and performance management

#### **Buildings Unit**

- Positive Corporate steer on property and disposals will help Departmental "Intelligent Client" role. Good progress on rationalisation of property portfolio
- The consolidation of the maintenance function and activity to CRD-Property carries a risk that detailed operational knowledge will not be available to direct outcomes
- Increasing integration of services with Health will make greater demands on the "Intelligent Client" to reconcile Corporate County Council and Health Service priorities which may not match!

#### **Communications Unit**

- i **ICT Vision 3a: E-government agenda-Prospects:** Prospects good if Communications keep up with forward trends in design, technology and e-marketing. Also excellent prospects for networking information with partners and other organisations. This will all save money as print/paper costs decrease.
- ii **Risk:** Lack of information sharing between services, because of different systems, protocols etc.

#### **Complaints Unit**

The number of complaints in SSD has increased significantly.

Much of this increase is attributable to complaints arising from lack of funding, delayed discharge etc. National trend towards increased consumer expectations and a willingness to pursue concerns which are linked to a greater readiness to take forward litigation. This is usually preceded by complaints activity.

Major need to develop customer care initiatives (not currently resourced).

### **CONSULTATION – Give details of any consultation carried out, its purpose and what information was gained from it**

#### **Personnel Section**

- Well established system of Recruitment Evaluation Questionnaires (questionnaire is sent to all applicants appointed requesting assessment of the various stages of the recruitment process;
- liP staff surveys;
- Exit interviews for all Social Workers, OTs, Senior Practitioners to support recruitment and retention initiatives.

All information gained from these exercises is fed-back via team meetings, working group meetings, PDS or supervision. Positive use is made of the information to change procedures and initiate actions.

#### **Health & Safety Unit**

- All incidents reported to each Departmental and Divisional JCC for staff consultation and action
- Annual SSD Health & Safety Review is used for joint consultation with Trade Unions and staff. Feedback is translated into performance targets for following year

#### **Training & Development Unit**

- liP Staff Feedback Groups established in each Division. Feedback to DMT for action
- Quarterly attendance at divisional management teams to discuss the training plan
- The Training Plan is approved by DMT following widespread consultation throughout the department and service management teams on which each service-related training officer sits as a full member of the team.

#### **Buildings Unit**

Staff User Groups established in major office sites to provide feedback for specific local action.

#### **Communications Unit**

- Yearly external and internal Communications Questionnaire: to ask staff and partners about their preferred information and communications needs and to listen to feedback in order to inform practice.
- Focus groups to user-test information to the public: to assess user experience of information in order to inform future design and accessibility preferences.
- Ongoing: reply paid postcard (email where request for information was electronic) to public re: satisfaction over information received.

#### **Complaints Unit**

- Annual Report includes consultation information received from those who have used complaints procedure or have an interest in it, eg. advocacy services.
- Customer satisfaction surveys are sent to complainants, within two months of complaint resolution.

### **'LIVING WITHIN SCOPE AND OUR MEANS' – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division**

#### **Personnel Section**

- 10% budget reduction in 2002/03 financial year; deletion of 2 posts
- reduction of management structure; previously 2 LPD manager posts, reduced to 1 in April 02.
- significant number of credit hours on flexi scheme owed to staff as a result of reduction in the staffing complement to achieve the budget reduction in 2002/3
- the introduction of a replacement HRMS in 2004 will provide opportunities to achieve efficiency savings through the re-engineering of a number of the current HR admin processes.

#### **Health & Safety Unit**

Reduction in office space costs through co-location with Buildings Unit.

#### **Training & Development Unit**

Prescribed savings for 2002/3 of £80,000 plus £28,000 from staffing.

#### **Buildings Unit**

Reduction of £50,000 in Planned Maintenance Budget for 2002/3

#### **Communications Unit**

Since 2001, 3 communications posts (Managerial and SO1) deleted in Reconciling Policy and Resources Review, with savings of £71,000 made. In addition, £19,000 savings made in telephones and PR budgets.

#### **Complaints Unit**

None possible in view of significant increase in volumes of complaints.

SSI Joint Review outcome required additional appointment of Children's Complaints Officer.

## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Finance & Business Support
<b>MAIN SERVICE AREA</b>	Support Services
<b>2002/03 BUDGET £m:</b>	£5.1m
<b>CURRENT STAFF NUMBERS (FTE)</b>	110

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- To balance the Social Services budget including savings from the Reconciling Policy and Resources Exercise
- To produce an achievable medium term financial commissioning strategy
- Devolve the community care budget to at least third tier managers, aligning service planning with resources
- Improve the Management and Performance Information of the department
- Implement the e-business through Information for Social Care and the new corporate framework
- Where applicable project manage the review of directly provided services and commission these services effectively in the private sector
- Implement new working arrangements for home care services including enhancing the purchasing role and 3 year block contracting

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- Achieved a balanced budget for the first time since 1999.
- Reconciling Policy and Resources planning exercise completed successfully to provide opportunity to refocus resources.
- Project managed the introduction of the Purchasing unit into Purchasing and Contracting
- Successful consolidation of implementation of CareFirst in Childrens Services.
- Three year financial modelling completed to help long term planning
- Top category 'information for Social Care' classification awarded (top 14%)
- Successful restructure implementation in both Finance and ICT to focus on commissioning infrastructure
- Researched and Project Managed the Devolvement and Disaggregation of the community care budget to provide better accountability and meet strategic objectives of the department
- Increased income collection by £500,000 p.a. through Attendance Allowance Project

**CORE AND NON-CORE ACTIVITIES**

**1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

**(A) Statutory Duties**

Income Collection for Residential and Nursing Care Services (Community Care Act)  
Setting of Social Services Budget and Closing of accounts (Local Government Finance Act)

**(B) Cabinet priority (as set out in the Policy Steer).**

Closer Financial Management to achieve financial stability

Implement E-business into service departments with a key accountable officer

Improve efficiency and effectiveness of preventative services through better contracting, brokerage and market management

**(C) Activities and functions essential to support the administration functions of the County Council.**

Financial Services – The unit is responsible for accounting and financial management function of the department. The Unit is also responsible for paying invoices from providers and making non-payroll payments to staff and carers.

E-Business – Review of County Council ICT completed by October 2002 outlined the need for e-business development in departments to improve efficiency, access and service delivery. The unit is also responsible for the key client database (Carefirst) and the production of management information for the department

Contracts and Purchasing – This unit is now a key part of the recovery process for Social Services. The purchasing unit has streamlined the process for purchasing home care, instigated block contracts whilst continuing to support functions such as contracts for services

**2. NON-CORE**

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

Only the collection of residential and nursing payments and the payment of invoices could be described as statutory core duties. The setting of the Social Services budget and the production of financial accounts are also required under the Local Government Finance Act. However all other functions are needed to assist in the recovery of the department.

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

The Finance and Business Support Unit will work with the department towards achieving an overall higher performance as deemed acceptable by the SSI, through the Joint Review Action Plan.

The division will help the department move towards becoming a commissioning organisation concentrating on preventative services, changing our skills and focus to adapt to the requirements of the department.

The main risks for the division are in recruiting and retention of suitably qualified and experienced staff working in a period of significant change and low morale

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

Joint Review Consultation ongoing

Consultation with Independent Sector Home Care Providers: – preparing for block contracting and improved market conditions. Need for consolidation of market, long term stability and changes to terms and conditions of payments.

***“LIVING WITHIN SCOPE AND OUR MEANS” – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

Attendance Allowance Project - £500,000 per annum

Corporate Savings through restructure of ICT

Financial Officers savings in 2002/03 £30,000

With the budget coming in on line for the first time in 3 years and predicted to do so in 2002/03, the reconfiguring of e-business and the creation of a purchasing unit helping to achieve the prevention strategies for Older People, it would not be appropriate to review staffing levels until the department becomes a complete commissioning department

## Sub- Division Pro-forma

<b>SUB-DIVISION</b>	Policy and Performance Review Unit
<b>MAIN SERVICE AREA</b>	Management and Support Services
<b>2002/03 BUDGET £m:</b>	£0.9m
<b>CURRENT STAFF NUMBERS (FTE)</b>	25.0 fte

### **SUMMARY OF KEY OBJECTIVES OF THIS SUB-DIVISION PROPOSED FOR 2003/04.**

- To support the department in developing policy, strategies and strategic commissioning of services
- To develop partnerships with stakeholders, and integrated ways of working with NHS, voluntary sector and other stakeholders
- To develop and manage the department's business planning cycle and performance management systems

### **SUMMARY OF KEY ACHIEVEMENTS SINCE APRIL 2001 (where not shown on main service proforma).**

- Developed a framework for integrating services with health to implement the NHS Plan and Health Act
- Co-ordinated the grant and bidding process and reviewed procedures with the voluntary sector
- Introduced the performance management system to drive forward performance management
- Established and co-ordinated 5 extra care housing pilot projects
- Produced the 'Whole Systems Review of Services for Older People'
- Established the 'Strategic Housing Forum'
- Set up the Supporting People Team
- Established and co-ordinated 5 Sure Start initiatives across the County
- Implemented the Carers and Disabled Persons' Act 2001/2
- Produced the 'Better Care Higher Standards' Charter 2001/2 and annual report
- Co-ordinated the Joint Review of Social Services, including producing the Joint Review Position Statement

### **CORE AND NON-CORE ACTIVITIES**

#### **1. CORE - (state the current activity level and cost and what discretion exists over the type, level and cost of each activity).**

##### **(A) Statutory Duties**

Within its key areas of responsibility a substantial amount of the projects and regular work carried out by the unit is in response to legislation or government guidance. Given that the only budget the unit has is salaries it is difficult to apportion activity or cost in this area. There is no discretion with any of this work and all of it needs to be carried out within the department.

##### **Policy Development and Strategic Planning:**

- Implementing the corporate and departmental race and equality scheme
- Producing a Performance Improvement Plan for delayed discharges
- Implement the Carers and Disabled Persons Act
- Identify impact of new homelessness legislation for Social Services and produce proposals for its' implementation



- Further develop and co-ordinate the Direct Payments scheme
- Co-ordinate the production of statutory plans (Joint Investment Plans for older people; learning disability; physical disability and welfare to work; and Children and Young People's Strategic Plan etc.)
- Support and develop the Children and Young People's Strategic Partnership
- Co-ordinating the Supporting People process and preparing for the transfer of funds in 2003 and developing the Supporting People Strategy
- Develop proposals for implementing the 'Valuing People' white paper in learning disability services
- Developing an adult protection strategy

**Performance Management:**

- Producing the Social Services contribution to the Council Plan (the statutory Best Value Performance Plan)
- Co-ordinate targets for the Best Value performance Indicators and their subsequent auditing process
- Produce 'Better Care Higher Standards' charter and annual report
- Carry out annual user surveys to produce statutory performance indicators and the Children in Need census
- Produce bi-annual Social Services Inspectorate Spring and Autumn Position Statements
- Produce weekly and monthly monitoring information for DHSC for delayed discharges and to monitor the Performance Improvement Plan
- Produce, implement and monitor the Joint Review Action Plan

**Partnership Working;**

- Contribute to the development of Health Act flexibilities and intermediate care services for older people
- Co-ordinate the process for allocating the statutory Carers and Promoting Independence Grants
- Lead for the County Council on producing a multi-agency Compact with the voluntary sector
- Lead for the County Council, as accountable body or lead agency, on the Sure Start schemes within East Sussex

**(B) Cabinet priority (as set out in the Policy Steer).**

The majority of the statutory work described above is also directed at implementing the Council's policy steers, but in addition the following non-statutory work contributes to their implementation. Again it is difficult to apportion activity or cost in this area to the unit's salaries budget. There is discretion in carrying out the elements of this work, however without it the Council's policy steers for social services would be impaired.

**Policy Development and Strategic Planning:**

- Develop a protocol for appeals to decisions of the funding panel
- Carry out best value review of older people's services
- Carry out a review of care management and implement proposals within the adults assessment service
- Co-ordinate the development of 5 extra care housing schemes as alternatives to residential care
- Carry out the best value review of children in public care
- Develop proposals and an investment plan for intermediate care services for older people to modernise services and reduce the level of delayed discharges
- Develop a multi-agency extra care housing strategy

**Performance Management:**

- Develop PSA for older people and negotiate with DHSC lead

**(C) Activities and functions essential to support the administration functions of the County Council.**

A large amount of the work of the unit goes into supporting the administration of the County Council in both its role as a social services authority and its wider Council functions

**Policy Development and Strategic Planning:**

- Analyse 2001 census and its implications for the provision of social services
- Assessing the needs of local communities to identify service changes and developments
- Establish a system with district councils for identifying and aggregating need for supported housing
- Manage the process for allocating the Community Partnership Finance grant to local voluntary organisations
- Develop a joint strategy for physical disability and sensory impairment services
- Produce a carers' strategy
- Develop joint planning process; including strategic planning forums at local and countywide level and their relationship to LSP development

**Performance Management:**

- Develop the social services performance management system
- Produce the Social services Strategic Plan
- Monitor the targets in both the Council Plan and the Social Services Strategic Plan
- Set targets for social services PAF and local indicators and monitor them on a quarterly basis
- Analyse complaints and compliments for the department
- Contribute to the CPA assessment of the Council

**Partnership Working;**

- Co-ordinate the development of the department's advocacy strategy with voluntary sector organisations
- Participate in the production of local Health Improvement and Modernisation Plans
- Participate in the community planning process and the development of Local Strategic Partnerships
- Co-ordinate housing issues with district and borough councils
- Develop and maintain relationships with the voluntary sector and represent the dept. on key forums with other agencies

**2. NON-CORE**

**Non-core activities i.e. everything included in this Service Sub-Division not shown as Core.**

**(Describe the activities and their cost)**

There are a few residual projects that can be loosely categorised as community development work that fall outside the Council's core activities. However we have already withdrawn from most of these in the last 12 months with the reduction in the community Development Team. Those that remain tend to be where we have agreed to be the accountable body or lead agency for SRB and other regeneration funds (e.g. Robsack Community Centre) which it is difficult to withdraw from in the short term. However these are relatively few in number.

***MEDIUM TERM VISION (an assessment of the prospects and risks – including drivers for change, quality of service and any supporting performance indicators and benchmarking information).***

The unit has a number of key functions in modernising the department's services, particularly in response to the joint review. This is both to plan and monitor the detailed response across all services and to carry out some of the specific projects that are needed to implement change. In particular we will contribute to a greater integration with health; a more strategic process for planning and delivering services and the performance management process for ensuring that it happens. The risks are that the demands on the unit will be far greater than its available resources and as such the quality of work will suffer and projects will be delayed.

***CONSULTATION - Give details of any consultation carried out, its purpose and what information was gained from it.***

- Consultation on the draft Joint Review Action Plan to include views of stakeholders within in and the contribution they can make to achieving its objectives
- Supporting People shadow strategy to develop priorities for future supported housing developments
- Consultation with key stakeholders and service users through the best value review of older people
- Consultation with young people to inform the children and young people's strategic plan
- Consultation with service users for the PAF indicators

***"LIVING WITHIN SCOPE AND OUR MEANS" – Give details of any efficiency savings made and/or planned and the scope and impact of making savings in this sub-division.***

Savings of £150,000 were made in 2002/3 by reducing the Community Development Team. This resulted in our having to withdraw from providing support to voluntary organisations and other developments across the County.

Given the size of the unit it is not possible to make efficiency savings there would have to be reductions in the service provided. Because of the major changes needed to reconfigure our services and change the culture of the department it would not be appropriate to make savings in this unit as these would jeopardise this process.