

**East Sussex County Council, Adult Social Care.
Current progress against recommendations of the 2006 East Sussex SCOPS inspection**

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
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| <p>Report Recommendation 2.1</p> <p>The council should ensure that the well being agenda is reflected in all developments including the implementation of the Three Year Plan. (para 4.7)</p> | <p>Extract from draft Joint Older People’s Commissioning Strategy (April 07):</p> <p>It is our strategic aim to preserve our investment in preventative services and seek to increase the range of preventative supports we can make available.</p> <p>ASC directly invested £2.1m in non-care managed support for older people and we would seek to preserve that investment and indeed increase it if re-commissioning processes allow it or more external funds become available. As we’ve said however, our direct investment in this area will always be constrained by our need to prioritise most of our spend on intensive services, so better partnership-working is crucial in achieving better impacts from our individual resources. To this end, we will:</p> <ul style="list-style-type: none"> • Build on and improve our partnership-working on preventative and wellbeing services through the Local Area Agreement, more joint commissioning and also better aligned work with the District & Borough Councils and other parts of the County Council such as Transport & Environment and Libraries. • Support the fund raising activities of others, including preparing partnership bids. This includes smaller scale funding using the Grant-finder database and the Bidding Bulletin (which goes out to 800 groups across the County) and funding support to the sector delivered by the umbrella groups we fund. On a larger scale we will support larger partnership bids such as for Extra Care schemes or national bids. • Increasingly, be more pro-active in identifying the ‘universal services’ which can be utilised more creatively than we have in the past eg leisure facility-based activities to support fitness and reduce social isolation. | <p>Older Peoples Commissioning Strategy published.</p> <p>Older Peoples Commissioning Strategy Implementation Plan currently being developed.</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|--|--|--|
| | <ul style="list-style-type: none"> • Scrutiny Review of Preventative Services The East Sussex County Council is also undertaking a 'Scrutiny Review' of preventative services which is due to be completed this September 2007. The Review Board is gathering data from a wide range of agencies, and evidence from a number of perspectives including PCTS, service users and older people. It has already considered a number of issues and current developments such as the LAA, voluntary sector services, 'telecare', Supporting People and the 'Independence First' (POPP) programme. It is expected that the recommendations of the Review Board will be taken forward as part of this Strategy in the future. • Quality of Life: Building on our multi-agency Older People's Involvement Strategy, development of 'developing quality of life with older people in East Sussex' Action Plan being drafted by May 2007. Through the East Sussex County Council Interdepartmental Working Group for Older Peoples Services, a series of workshops are currently taking place around key themes identified by Older People. Actions & outputs from the workshops will be used to develop the Action Plan: <ul style="list-style-type: none"> ○ Pensions Partnership Forum (healthy finances) 21st February ○ Getting out and about 14th March ○ Promoting a healthy old age 27th March ○ Lifelong learning 19th April • Joint appointment of new Director of Public Health completed, reinforcing and building our joint activity in wellbeing service developments • Local Area Agreement target 10.1: Improving the well-being of older people by increasing the number who are actively participating within the community: Forums continue with recruitment initiatives and exercises. A successful Joint Forums Development Day on 8/11/06 was held to share good practice and learn from Shropshire Association of Senior Citizen Forums. A combination of forum membership and individuals engaged on a | <p>Scrutiny Review of Preventative Services to report in September 2007.</p> <p>Draft Quality of Life Plan produced, Consultation June to September 2007.</p> <p>Completed</p> <p>Older Peoples Forum membership increases.</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|---|---|--|
| | <p>regular basis though events and meetings has meant that a minimum of 2000 older people were engaged in both setting the agenda and designing services in 2006/07</p> <ul style="list-style-type: none"> • Three Year Plan: Delivery of the Three Year Plan commitment to: “develop initiatives to promote enhanced well-being for those with less complex needs – preventative and non-care managed services” will largely be captured within the activities shown above, including POPP and Telecare. Progress against these areas of work will be reviewed on a quarterly basis through the business plan monitoring process. | <p>Three Year Plan Implementation Plan published.</p> |
| <p>Report Recommendation 2.2</p> <p>The council should ensure that the views of older people's and carers are sought in a systematic way through the forums and other events and that those views inform and effect developments and planning. (para 4.12)</p> | <ul style="list-style-type: none"> • Older Peoples Forums: Outcomes achieved by the older people’s forums in their first year of operation include: <ul style="list-style-type: none"> ○ membership totals across all of the forums has risen from 500 in early 2006 to just under 1500 in December 2006 (see above) ○ Seaford Seniors’ Forum has worked in partnership with the Seaford Community Partnership, the Town Council and Age Concern to gain grant funding to plan a circular 5 mile exercise path with marker points. The exercise path opened in December 2006. ○ Meridian Coast and Downs Mature Citizens’ Forum has held a health and wellbeing day with partners in Newhaven, attended by over 100 local people; ○ each forum has produced at least one newsletter on items reflecting the interests of older people in their local areas ○ at least three public meetings have been organised by the forums to allow debate and discussion to happen between local older people and their local and national political representatives; ○ representatives from older people’s forums have attended meetings on day centre closures, and how the new service replacing them can be best configured, and | <p>Older Peoples Forum development & engagement continues. Significant achievements in 2006/07.</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|--|---|--|
| | <p>engaged in debates about housing support services and local health service sustainability plans.</p> <ul style="list-style-type: none"> ○ Forum representatives have been significantly involved in partnership projects for older people developments in East Sussex, as well as being highly involved in the implementation of the East Sussex Strategy for Involving Older People through being part of the Strategy work plan; ○ Constitution for county wide structure agreed. 'East Sussex Seniors Executive' to be launched in April 2007; ○ Representation onto the Older Peoples Partnership Board, the key planning forum for older people's services in east Sussex. <ul style="list-style-type: none"> ● Through their membership of the local forums, older people have also been directly involved in a number of other activities aimed at sharing ownership of the initiatives and projects that are designed to increase quality of life and wellbeing for older people. Examples include: <ul style="list-style-type: none"> ○ participation in development the East Sussex County Council Well-Being Action Plan for Older People (draft available May 2007) ○ participation on the interview panel for the Partnership Projects for Older People Programme Manager and currently as a Reference Group for the programme ○ involvement in the annual Council Reconciling Policy and Resources priority setting consultation process (September / October 2006) ○ bi-annual question and answer sessions with the Director of Adult Social Care; ○ reviewing and making changes to financial assessment literature used by Adult Social Care ● Carers Commissioning Strategy: 80+ carers and representatives from carer organisations attended Carers Consultation day, January 2007 - comments informed strategy. ● Joint Older Peoples Commissioning Strategy: A number of key stakeholder events were | <p>Strategy produced in accordance with timescales.</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|--|--|---|
| | <p>held throughout the development of the strategy, which directly informed its direction and content, including a key stakeholder event Friday 2nd March 2007, jointly hosted by Director of Adult Social Care and Chief Executive, Hastings & Rother PCT and East Sussex Downs & Weald PCT</p> <ul style="list-style-type: none"> o 80+ attendees from a range of statutory, independent and voluntary sector, and representatives from the Older Peoples Forums <ul style="list-style-type: none"> • Invest to save project BME outreach and Engagement (see 2.12) • Direct Payments Strategy: Direct Payments users consultation event (March 2007). See 2.5 below. • User feedback: 2007/08 Adult Social Care Business Plan target: <ul style="list-style-type: none"> o 'Redesign customer satisfaction questionnaires around the 7 outcomes measures' September 2007 o Joint report on user satisfaction survey feedback and compliments and complaints 'Listening and Responding' presented to DMT and Service Management Teams on a quarterly basis. | <p>Strategy produced in accordance with timescales.</p> <p>Draft Direct Payments Strategy out for consultation.</p> |
| <p>Report Recommendation 2.3</p> <p>The council should ensure that the development of a joint commissioning strategy with shared needs analysis is a priority and receives full</p> | <p>Joint Older People's Commissioning Strategy (April 07):</p> <ul style="list-style-type: none"> • Strategy agreed by ESCC Cabinet on 1st May 2007 <p>Extract from draft Joint Older People's Commissioning Strategy (April 07):</p> <p>Needs assessment: The needs assessment was undertaken jointly as part of the strategy development. The approach involved using latest census data to understand how many older people live in East Sussex now, and predicting how this population will change in the future. Following this the assessment looked at existing services and how they are used by older</p> | <p>Older Peoples Commissioning Strategy produced in partnership with Health, including joint needs assessment.</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|---|---|--|
| <p>support across the health economy. (para 5.1)</p> | <p>people now, enabling predictions to be made about what we would need to provide in the future if we carried on in the same way as before. This also provides us with an overall estimate of how much it would cost to provide these same sorts of services in the future.</p> <p>A more detailed analysis of the numbers of older people who suffer from particular illnesses, and the impact these have on their need to go in to hospital or use social services, was then undertaken, enabling us to consider whether spending our money in different ways could improve the health and well being of older people in the future.</p> <p>Initial work identified that although cancer and coronary heart disease (including heart failure) are the reasons for most admissions, other main reasons for admission, namely falls, stroke, chronic obstructive pulmonary disease (COPD) and dementia, can all give rise to very high levels of need for both health and social services. For these reasons, we jointly commissioned a more detailed assessment undertaken of the needs arising from these problems, by the Public Health Research Unit (PRHU) in Oxford. The results have been incorporated into the strategy and were reported to the stakeholder event on 2nd March (see below).</p> <ul style="list-style-type: none"> • Key stakeholder event Friday 2nd March 2007, jointly hosted by Director of Adult Social Care and Chief Executive, Hastings & Rother PCT and East Sussex Downs & Weald PCT <ul style="list-style-type: none"> ○ 80+ attendees from a range of statutory, independent and voluntary sector, and representatives from the Older Peoples Forums ○ Event included Needs Analysis presentation by Director of Public Health & Medical Director and Transitional Director of Public Health | |
| <p>Report Recommendation 2.4</p> <p>The council should ensure all key stakeholders, with special</p> | <p>Three Year Plan Stakeholder events:</p> <ul style="list-style-type: none"> • At the two most recent overarching stakeholder meetings (September 2006 and January 2007) a range of key stakeholders were represented including independent providers. Attendees included: PCT's, District & Borough Councils, Sussex Partnership Trust, Age Concern, Care for the Carers, East Sussex Disability Association, Crossroads, Registered Care Homes Association, Block Contract Care Partnership. | <p>Three Year Plan stakeholder events held. Joint strategic planning arrangements currently being</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|--|---|---|
| reference to independent sector providers are engaged in strategic planning processes. (para 5.2) | <ul style="list-style-type: none"> • This included stakeholders agreeing how they will be involved in ongoing planning. An annual cycle for updating the Three Year Plan has now been agreed. The cycle aligns the annual Three Year Plan refresh, reconciling policy and resources, annual business planning and target setting processes. • It was agreed at the last overarching stakeholder group that most of the consultation would go via the existing partnership boards but there would be some cross-service locality based events in September. • Joint Older Peoples Commissioning Strategy: Key stakeholder event Friday 2nd March 2007 | agreed with Health. |
| <p>Report Recommendation 2.5</p> <p>The council should ensure that robust systems are in place to encourage and support the take up of direct payments amongst older people. (para 6.4)</p> | <ul style="list-style-type: none"> • Direct Payments Support Service contract: Three year contract commenced in February 2007. • Independent Provider Option for home care: Introduced in November 2006 and project manager appointed to manage the roll out. Existing home care users can use Direct Payments to choose a provider of their choice or remain with their current provider. Consolidated rates for commissioned services have been agreed. • Three year strategy currently being written (to be published June 2007). Consultation event held in March. 50+ Direct Payments users attended and were consulted on the 6 areas within the CSIP 'Increasing the uptake of Direct Payments' document. This information is currently being fed into the strategy, therefore users will have a clear voice within the strategy itself. <ul style="list-style-type: none"> ○ It is recognised that the 'employment' model can be overwhelming for some Older People, therefore the Independent Provider option has been developed, and the strategy will include other options such as linking with Extra Care Providers to consider the use of Direct Payments (Year 3 of strategy). One-off payments will also be included in the | Direct payments option for Home Care users introduced, |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <p>strategy alongside other options.</p> <ul style="list-style-type: none"> • Independent Living Trust developments: Local guidance published, based on good practice models, and Independent Living Trusts are now available as option for assessing staff. • Staff training programme is being revised over the next year, including updated training on the new options available to Direct Payments users. | <p>Independent Living Trusts introduced.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Report Recommendation 2.6</p> <p>The council should ensure that carers assessments are a priority by setting improvement targets at team level, including the promotion of general information for carers. (para 6.11) (para 6.13)</p> | <ul style="list-style-type: none"> • PAF C62 Carers Services is a priority PAF for 2007/08. <ul style="list-style-type: none"> ▪ Carers Assessments continue to be monitored on a monthly basis, by team. In addition, team and individual staff level information is available to operational managers through 'InfoView' reports. • Carers Assessments are averaging over 330 per month – see table below. <table border="1" data-bbox="501 938 1160 1214"> <thead> <tr> <th>Month</th> <th colspan="3">Assessments</th> <th>Total</th> </tr> <tr> <th></th> <th>Separate</th> <th>Declined</th> <th>Joint</th> <th></th> </tr> </thead> <tbody> <tr> <td>Feb-07</td> <td>100</td> <td>3</td> <td>223</td> <td>326</td> </tr> <tr> <td>Jan-07</td> <td>100</td> <td>4</td> <td>279</td> <td>383</td> </tr> <tr> <td>Dec-06</td> <td>51</td> <td>3</td> <td>198</td> <td>252</td> </tr> <tr> <td>Nov-06</td> <td>89</td> <td>9</td> <td>256</td> <td>354</td> </tr> <tr> <td>Oct-06</td> <td>91</td> <td>10</td> <td>263</td> <td>364</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Development of Voluntary Sector provision of Carers Assessments: Successful pilot completed. • 2007/08 service level business plan targets include: | Month | Assessments | | | Total | | Separate | Declined | Joint | | Feb-07 | 100 | 3 | 223 | 326 | Jan-07 | 100 | 4 | 279 | 383 | Dec-06 | 51 | 3 | 198 | 252 | Nov-06 | 89 | 9 | 256 | 354 | Oct-06 | 91 | 10 | 263 | 364 | <p>Carers assessments and services increased during 2006/07.</p> |
| Month | Assessments | | | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Separate | Declined | Joint | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|--|--|--|
| | <ul style="list-style-type: none"> ▪ Learning Disability Assessment & Care Management: Increase carers assessments and carers grants by 25% (baseline 175) ▪ Directly Provided Services: Support carers to avoid admissions to long term care; Provide regular and responsive respite and day care services for Carers; Develop and evaluate support groups to carers; Increase the flexibility of day services start and finish times to support carers ▪ OT services: Increase joint carer/client assessments by 6% ▪ Hospital Teams: Increase the uptake of carers support grant by 10% ▪ Assessment & Care Management – Sensory: 95% of service users who complete the satisfaction survey felt that their carers needs were taken into account (baseline 91%) ▪ Resources: Streamline Carer Assessment process (Business Transformation) <ul style="list-style-type: none"> • Information etc <ul style="list-style-type: none"> ▪ 8 county wide road shows enabling carers to receive assessment & find out about services & support. ▪ Monitor feedback from carers on information provided through annual carer survey: Survey completed, 85% of respondents found the information contained in leaflet either very or quite useful. Survey to be repeated in September 2007. | |
| <p>Report Recommendation 2.7</p> <p>The council should ensure that there is improved consistency with regard to safeguarding case practice across the</p> | <ul style="list-style-type: none"> • Adult Protection policies and procedures are in the process of being reviewed and updated on a pan-Sussex basis (West Sussex, East Sussex & Brighton and Hove). <ul style="list-style-type: none"> ▪ Directly Provided Services have developed and are piloting the Medication Policy and Learning Disability Services are currently piloting the revised Restrictive Physical Interventions policy. These policies will be rolled out and form part of the new pan-Sussex policies. • Consistency of approach: Scrutiny report in March was agreed and as a result a project manager will now be appointed to audit East Sussex practice to ensure consistency across | <p>Launch of joint Adult Protection policies and procedures, June 2007.</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|--|--|---|
| county. (para 6.15) | <p>the county geographically and across all services.</p> <ul style="list-style-type: none"> • Assessment & Care Management: An additional 3 full time equivalent Senior Practitioners have been recruited in Assessment & Care Management to increase the supervisory capacity of qualified workers within the service. The additional staff will support and develop adult protection, casework and staff development, improving quality and ensuring consistency of approach. | |
| <p>Report Recommendation 2.8</p> <p>The council should ensure that assessments and care plans focus on improving outcomes for older people including; (para 7.5)</p> <ol style="list-style-type: none"> 1. Develop a more holistic analysis of overall needs, including well being and social inclusion 2. Develop multi-disciplinary working across all teams, including single assessment 3. Record risk and | <ul style="list-style-type: none"> • New Care Plan has been launched and staff training completed. This provides a consistent approach across the county and is used in partnership with providers. The care plan is structured around the 7+2 outcomes. • A series of training and development workshops are currently being held for practitioners to increase awareness and understanding of the social inclusion and wellbeing agendas, the first of which occurred on 6 December with 30 practitioners. • Initiatives introduced through POPP (Partnerships for Older People Projects) are becoming increasingly aligned with operational teams, bringing the care managed and preventative services agendas closer together. For example, the Navigator Service (which 'sign-posts' older people to local services and facilities in a pro-active and tailored way). This alignment is mirrored in the development and delivery of carers assessments and services e.g. carer assessments being undertaken by the voluntary sector. • Single Assessment Process roll out completed in accordance with the implementation plan. • Risk Assessment Tool has been developed across all funding panels (see 2.10). | <p>New Care Plan introduced.</p> <p>Single Assessment process rolled out in accordance with plan.</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|---|---|---|
| <p>contingency planning</p> <p>4. Consistently meeting target times</p> | <ul style="list-style-type: none"> • Increased resources have been made available to the Older Peoples and Physical Disability budget holders (£600k initially) with delegation to practice managers to fund short term services for up to 6 weeks. This approach avoids admissions to long term care and enables more effective risk management. • Waiting times <ul style="list-style-type: none"> ▪ The department embarked upon a significant improvement programme for the waiting time indicators. Process mapping from initial contact through to assessment completion has been undertaken, service by service, across the department. This led to Carefirst (client database) processes and guidance being revised and a comprehensive staff training programme followed. ▪ In addition, team and individual level performance reporting has been introduced. This ability to view performance in real time and an understanding of the issues through performance management systems has led to a significant improvement in waiting times for assessments (D55) from 49.4% in 2005/06 to 62.9% in 2006/07. ▪ Activity targeted at improving the waiting times for service packages (D56) has resulted in increased performance throughout 2006/07 from 72.4% in quarter 1 to 79.0 at the end of 2006/07. | <p>Increased resources to avoid admissions to long term care.</p> <p>Significant improvement in waiting times for assessments and services.</p> |
| <p>Report Recommendation 2.9</p> <p>The council should ensure that there is evidence of consistent quality monitoring of practice across all</p> | <ul style="list-style-type: none"> • Pilot of revised carefile quality monitoring toolkit: Pilot completed. The toolkit is currently being further revised in light of some manual quality assurance processes being superseded by electronic solutions i.e. the Infoview reports system enables managers to electronically monitor the quality of certain aspects of case recording, on an individual basis. • Peer review model: Model has been developed and agreed by cross-service working group. The model has been agreed and activity will commence shortly. An implementation | <p>Casefile quality monitoring toolkit introduced.</p> <p>Peer review model developed and</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|---|---|--|
| teams. (para7.9) | <p>programme is in place with key staff identified to take this forward.</p> <ul style="list-style-type: none"> • Improving practice through staff development: <ul style="list-style-type: none"> ▪ An additional 3 full time equivalent Senior Practitioners have been recruited in Assessment & Care Management to increase the supervisory capacity of qualified workers within the service. The additional staff will support and develop adult protection, casework and staff development, improving quality and ensuring consistency of approach. ▪ Social work career pathways in Adult Social Care are being aligned to the recruitment and retention approach used in Children's Services. Once qualified, staff will be part of an ongoing programme of professional development. Achievements will be linked to incremental career progression. | <p>agreed. Pilot commenced June 2007.</p> <p>Additional supervisory capacity introduced.</p> |
| <p>Report Recommendation 2.10</p> <p>The council should ensure that there is a consistent approach to the application of Fair Access to Care across the funding panels. (para 8.3)</p> | <ul style="list-style-type: none"> • Risk Management Tool: This has been developed across all funding panels. It provides a risk score to each application for funding. The risk management tool will be reinforced by the introduction of the Service Appraisal System (SAS). <ul style="list-style-type: none"> ▪ Management oversight of panel spend will be possible through SAS as it will enable managers to look across all electronic panel data to check that cases are being consistently prioritised according to risk, alongside the application of FAC's. ▪ SAS will also formalise the identification of risks – nothing can be funded through the panels until a risk category has been applied. • Peer review model (see 2.9) • An additional 3 full time equivalent Senior Practitioners have been recruited in Assessment & Care Management to increase the supervisory capacity of qualified workers within the service. The additional staff will support and develop adult protection, casework and staff development, improving quality and ensuring consistency of approach. | <p>Risk Management tool developed.</p> |
| <p>Report</p> | <ul style="list-style-type: none"> • Mental Health commissioning strategy: Due for publication October 2007. Stakeholder | |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|--|--|--|
| <p>Recommendation 2.11</p> <p>The council should ensure that a broad range of services is available for older people with mental health needs. (para 8.7)</p> | <p>consultation is being undertaken. Adult Social Care & PCTs have agreed to review Mental Health Commissioning arrangements to deliver a more robust joint approach.</p> <ul style="list-style-type: none"> • Service Developments: <ul style="list-style-type: none"> ▪ Pilot of Memory Assessment Team in Bexhill as part of the POPP work. ▪ Joint commissioning work has a stated aim to enhance Mental Health services in primary care to provide earlier intervention & assisting primary care to support people with common Mental Health problems. ▪ A review of day services for people with Mental Health needs is being undertaken. ▪ “Express Yourself Gallery” –social enterprise. ESCC contributed a capital sum & the development manager is an ESCC employee seconded to Sussex Partnership Trust. The aim is to create employment & voluntary opportunities for people with Mental Health problems within a socially inclusive mainstream business. | <p>Service developments for older people with mental health needs introduced.</p> |
| <p>Report Recommendation 2.12</p> <p>The council should continue to develop its strategic approach, both internally and with health partners to create better access and develop specialist services for underserved communities. (para</p> | <ul style="list-style-type: none"> • Invest to save project BME outreach and Engagement: (Extract from end of year report March 2007) <ul style="list-style-type: none"> ○ Friends, Families & Travellers (one of the 3 key partners for the project) has made contact with over 150 Gypsies and Irish Travellers since July 2006. This includes those who are in housing, on authorised sites and highly mobile Travellers on unauthorised encampments. 37 of these have been prepared to fill in the Project Monitoring Form which captures information about the individual and their experience of accessing services, to feed directly into the project. Out of those 37 people, 24 have been referred on to different services provided by Adult Social Care. This has resulted in 10 assessments being carried out by ASC, with 8 people currently receiving a service that they would not have otherwise received. ○ FFT run two health improvement groups, which work with Travellers to identify their own health needs, supporting them to do this, as well as providing specialist Traveller Health Advice. They also outreach to Gypsies and Travellers in the County to support and encourage access to services. | <p>Improved access for BME and Gypsy and Traveller communities.</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|--|---|--|
| 8.14) | <ul style="list-style-type: none"> ○ The Christmas party, for participants of the Hailsham Travellers Support Group was attended by over 40 adults and children, many of whom had been collected from unauthorised encampments. It was a great opportunity to engage the most hard to reach group of Travellers and explain to them the services that they may be entitled to. ○ Friends Families & Travellers arranged a series of bus visits to Gypsy sites in each location within the county, and with a representative from Adult Social Care to publicise the project and talk with potential clients. ○ Over 60 new Sompriti referrals particularly focusing on BME people who have been vulnerable for a long period. ○ Good progress on supporting people with a variety of services from sheltered homes, direct payments to carers' respite being promoted. ○ Adult Social Care service users are being supported to gain confidence in beginning to give their views to improve services. ○ Learning beginning to develop between partners of where gaps may be and methods of addressing these will be progressed in year 2. | |
| <p>Report Recommendation 2.13</p> <p>The council should ensure that plans are</p> | <ul style="list-style-type: none"> • Target setting: PAF target setting process included DMT & Heads of Service. Three year targets have been set for all indicators. • Priority PAF indicators agreed for 2007/08 including D56, E82, C28 & D40. 2006/7 priorities to continue - C62, D55 & C51. | <p>Three Year targets set for all PAF indicators.</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
|--|--|---|
| <p>implemented to enhance staff understanding of performance and embed a performance management culture that contributes to better outcomes for older people. (para 9.6)</p> | <ul style="list-style-type: none"> • A large part of planned improvement will be delivered through: <ul style="list-style-type: none"> ▪ the business transformation programme, which began March 2006 ▪ availability of predictive planning & performance management tools, April 2007 ▪ redesign of existing adult social care computer systems. • Infoview reporting: Funding for a server license has been secured. This means that we can effectively have unlimited numbers of users making use of the system. The system provides a range of team and staff based reports relating to PAF performance and accuracy of information recording. • Better outcomes: An example of how the performance culture is becoming embedded is reflected through the significant and sustained improvement in reducing Delayed Transfers of Care attributable to Adult Social Care. • Business Planning: Service level reporting model developed, based on 7+2 outcomes. A series of service based staff business planning workshops held early 2007. The workshops were attended by a cross section of staff from each service, over 200 staff attended in total. <ul style="list-style-type: none"> ▪ Risks & contingencies are included in the service level and departmental plans. | <p>Better outcomes for older people through reduced delayed transfers of care.</p> <p>Service level business plans produced & aligned to CSCI outcomes.</p> |
| <p>Report Recommendation</p> | <ul style="list-style-type: none"> • Departmental Management Team: Each quarter the Departmental Management Team will hold a meeting dedicated to quarterly monitoring performance, | <p>Quarterly Departmental Management Team</p> |

| Older Peoples Inspection Report Recommendation | Update | Milestones / achievements |
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| <p>2.14</p> <p>The council should continue to develop mechanisms which ensure consistent performance particularly at team level, taking into account information supplied by older people and carers. (para 9.6)</p> | <ul style="list-style-type: none"> • Monthly Performance Board to commence in April 2007. The introduction of this Board follows from 3 initial meetings held with a range of operational and support managers, focussing on the current priority areas for improvement. <ul style="list-style-type: none"> Monthly <ul style="list-style-type: none"> ▪ Review performance against the priority PAF indicators. ▪ Identify actions for performance improvement and a service and team level. ▪ Spotlight on specific services Quarterly <ul style="list-style-type: none"> ▪ Undertake a structured quarterly review of PAF performance against Adult Social Care Business Plan Targets. ▪ Review performance against the priority PAF indicators. ▪ Consider forecasted outturns against annual / three year targets. ▪ Consider performance information alongside complaints, compliments and user feedback. ▪ Board Membership – Operational Management Team, Finance, Performance Manager. On a quarterly basis the head of Complaints and Quality & Consultation Manager will attend. ▪ Implementation Forum: Performance against the set of priority PAF indicators will be reported to this monthly forum of cross departmental heads of service (chaired on a rotating basis by DMT member). | <p>meeting dedicated to performance monitoring.</p> <p>Monthly Performance Board introduced.</p> |
| <p>Report Recommendation 2.15</p> <p>The council should ensure that closer working is encouraged</p> | <ul style="list-style-type: none"> ▪ Older people's services interdepartmental working group established October 2006. Chaired by Assistant Director, Strategy and Commissioning, Adult Social Care. Membership includes: Transport and Environment, Policy & Communications, Law and Personnel, Children's Services and Corporate Resources. ▪ Developing Quality of Life with Older People Action Plan– this action plan will be developed as an outcome from the Older Peoples Services Interdepartmental Working | <p>Interdepartmental working group for older peoples services established.</p> |

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| <p>between directorates to enable a corporate approach to meeting the needs of older people and their carers. (para 9.10)</p> | <p>Group. (see 2.1 above)</p> | |
| <p>Report Recommendation 2.16</p> <p>The council should ensure that the work continues on developing more effective partnerships between social care and some of the health organisations to develop more integrated strategic planning, development, commissioning and service delivery to achieve better outcomes for older people and their carers. (para 9.12)</p> | <ul style="list-style-type: none"> ▪ Whole Systems Leadership Group (WSLG) developed with reference to interfaces between health and adult social care services. It brings together senior managers to work collaboratively to ensure operational systems underpinning service delivery are cohesive & subject to continuous & sustainable improvement. The WSLG will look to integrate systems to provide seam-free and efficient care. A Joint Health and Adult Social Care Executive Group Chaired by Director ASC established, the aim being to: <ul style="list-style-type: none"> • Remove existing divide to facilitate easier access to services. • Maximise potential for linking areas of common interest & having a shared strategic agenda; • Maximise resources, reduce duplication & improve co-ordination; • Further develop opportunities for joint working / commissioning; • Ensure joint priorities are delivered • Evidence of effective partnership working: 13th February 2007 the East Sussex Hospitals Trust (ESHT) escalated to 'code black'. Resulting outcomes included: <ul style="list-style-type: none"> ○ At least 32 patients discharged from ESHT by adult social care and the PCT's. ○ A further 13 assessments by the psychiatric liaison service resulting in 9 discharges ○ 5 patients discharged from community beds (freeing up beds to help ESHT) ○ Linda Smith (Individual and organisation development, Department of Health) congratulated health and adult social care for the collaborative work in these difficult circumstances: <i>"It must be a model of how organisations can work together across organisational boundaries"</i> | <p>Whole Systems Leadership Group established.</p> |

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| | <ul style="list-style-type: none">• Older People's Commissioning Strategy (published April 07):<ul style="list-style-type: none">○ Strategy approved by ESCC Cabinet on 1st May 2007• Mental Health commissioning strategy: Due for publication October 2007. | |