

**BEST VALUE REVIEW OF SERVICES FOR  
VULNERABLE CHILDREN**

**OVERVIEW REPORT AND IMPROVEMENT PLAN**

**JUNE 2002**

# INDEX

1. Introduction
2. The Strategic Case for Services for Vulnerable Children
3. Organisation of the Review
4. Methodology
  - Challenge
  - Compare
  - Consult
  - Compete
5. Budget Analysis
6. Conclusions and Improvement Dimensions
7. The Improvement Plan
8. Appendices
  - 8.1 Union / Association Comments
  - 8.2 Critical Reader Comments

## 1. INTRODUCTION

Since April 2000, Leicester City Council has been reviewing the services for which it is accountable under the duty of Best Value. This requires the City Council to secure continuous improvement in the way it exercises its functions, having regard to a combination of economy, efficiency and effectiveness. The Council is committed to ensuring that it offers efficient, quality services and that it facilitates and enables quality services to be provided by other parties within the City.

Best Value Reviews **challenge** the very purpose and need for the service and the method by which it is currently provided. **Compare** how the Council is performing over time in relation to its objectives, its comparator groups and other providers. **Consult** with relevant stakeholders about the current operation of services and views regarding the future operation of services. Finally, use competitive processes where appropriate, as a means to securing improvements in quality, efficiency and effectiveness.

The government has been clear that the purpose of Best Value has been to work towards making a real and positive difference to the services received by local people and to enhance the outcomes for local people.

The Best Value Review examines a range of services for Vulnerable Children available within the City. It aims to establish:

- The strategic case for services for vulnerable children.
- How these services are performing.
- The future direction for services.

The Review provides an Improvement Plan, identifying a clear direction for the future role, development and operation of services subject to review.

This Overview Report provides an overview of the scope, methodology and conclusions of the Review together with the Improvement Plan.

## 2. THE STRATEGIC CASE FOR SERVICES FOR VULNERABLE CHILDREN

The Government has identified three key populations of children who have different levels of need: 'all children', 'vulnerable children' and 'children in need'. All children require good universal services to promote their health and development through childhood. Vulnerable children are those whose life chances will be jeopardised unless action is taken to prevent difficulties continuing. Children in need, within the meaning of the Children Act, 1989 may require services under Part III of the Act.

Children move within this framework as their needs and circumstances change, often quite rapidly. Children who are both vulnerable and in need are likely to be in receipt of services provided by a range of providers. However, these may be time limited, or be provided sequentially or concurrently, this creates a complex configuration of services.

'Tomorrow's Future, Building a Strategy for Children and Young People', (I) clearly indicates the need for a framework of services to enable children and young people

to flourish. It states that services need to be of sufficiently high quality and breadth to recognise individual need.

Leicester City is a vibrant and multi-cultural city. The predominant ethnic group is white, comprising 51.5% of the school age population.

Thirteen of the City's wards score significantly poorly on the index of multiple deprivation and on this basis, the city has been chosen as a recipient of the Neighbourhood Renewal Fund. New Deal for communities, Sure Start and Children's Fund. It must be noted however, that the ward analysis does not address need at a community level and indeed, the wards do not always form natural communities.

The Childcare Audit of 2001 identified a population of 77,229 children between the ages of 0 and 19 years. This figure can be broken down further into the following bands:

▪ Under 5 years	14,399
▪ 5 to 13 years	37,690
▪ 14 to 16 years	7,388
▪ 17 to 19 years	17,752

Government figures estimate that out of a total of 11 million children within the UK, 4 million are vulnerable at any one time. (Rosalind Pearce & Associates, 2000). This represents a figure of 36%, which if applied to the city corresponds to a figure of 27,802 vulnerable children. Within the City the following categories of 'vulnerability' and 'need' are represented.

▪ Children in need (non disabled)	2023
▪ Children looked after	520
▪ Children with statements of educational need	2101
▪ Disabled children	2900
▪ Children on the Child Protection Register	318

It is a clear requirement of the Best Value process, to challenge the purpose and need for each service subject to review. The forgoing identifies the need for services, however, in order to tackle the problems of social exclusion effectively and therefore, to enhance life chances and the independence of vulnerable children and their families, it is vital for Leicester City Council to organise its own services and assist in the co-ordination of all services by:

- Providing appropriate departmental and business unit structures and associated systems to provide high quality, timely, locally accessible and responsible services.
- Ensuring effective user participation and empowerment.
- Removing unnecessary professional boundaries, and
- Achieving the most economic and efficient use of available resources through integrated partnerships and strategic alliance.

### 3. THE ORGANISATION AND METHODOLOGY OF THE REVIEW

The Review was organised within the framework of Leicester City Council's Best Value Review Guidelines produced in January 2001.

This process divides the Review into three key stages incorporating nine individual steps. These are as follows:

<b>BEST VALUE PROCESS</b>			
<b>Timetable</b>	<b>Stage</b>	<b>The Individual Steps</b>	<b>Responsibility</b>
NOV-DEC 2000	STAGE 1	1. Annual Review of 5 year programme	Directors Board / Cabinet
JAN-APRIL 2001	STAGE 1	2. Scoping of Review	Assistant Director (via consultation), Directors Board, Best Value Members Working Group, Cabinet.
MAY 2001	STAGE 1	3. Fundamental Challenge	As above
MAY-JUNE 2001	STAGE 1	4. Reconfirm scope, key strategic issues, objectives and outcomes.	As above
JUNE 2001	STAGE 1	5. Determine the route a) Service assessment b) Performance management.	As above
JULY-DEC 2001	STAGE 2	6. Service assessment	Assistant Director, Review Teams, Scrutiny Director
JAN-MAY 2002	STAGE 2	7. Improvement Plan	Assistant Director, Review Teams, Scrutiny Director
JUNE 2002 – ONWARDS	STAGE 3	8. Implementing planning, monitoring and review.	Relevant management teams for specific service areas / facilitators.
JUNE 2002 – ONWARDS	STAGE 3	9. Innovation and learning	As above

The aim of scoping the review at an early stage was to assist in clarifying the service areas, functions and issues to be included within the review theme.

The review concerns planning to meet the needs of vulnerable children. The size and complexity of the total services provided for vulnerable children led to a decision to review Duty and Assessment functions, Disabled Children's Services and the Youth Offending Team (YOT) separately. The review attempted to take account of the interfaces between these different components of the services provided by the City Council. Therefore it is important to recognise that vulnerable children are in receipt of services provided by a range of other City Council business units and other statutory and voluntary providers.

The business units included within the scope of the review as a result of this exercise were as follows:

Social Services Department:

- Fostering Services,
- Adoption Services,
- Leaving Care Services,
- Residential Care,
- Children and Family Resources.

Education Department:

- Admissions and Exclusions
- Early Years Development and Child Care Team
- Educational Psychology Service
- Special Education Service
- Special Needs Teaching Service
- Student Support Service
- Ethnic Minorities Achievement Grants

Multi-Agency Services:

- Child and Adolescent Mental Health Service (CAMHS)

It has been recognised by the Review that by not including all services for vulnerable children within the scope of the Review some potential opportunities for improvement may have been reduced. However, in drawing conclusions and making recommendations the Review has attempted to consider the impact across all Services and made links to services outside the scope of the Review.

During Stage 1 the review was subject to a fundamental challenge by officers and Members. The purpose of this exercise was to challenge why the service was provided at all and in the case of statutory services to consider if the minimum service level required to meet statutory requirements should be exceeded.

Finally, to complete Stage 1, it was decided by members to use service assessment as the route for the review to effect service improvement. This allowed for a more detailed analysis of the performance, service requirements, and options for improvement within and by the service business units included in the review.

The service assessment stage completed an analysis with regard to achieving continuous improvement with particular reference to six key issues.

These were:

- Inconsistencies existed between and within business units and departments;
- A lack of integration existed between and within business units and departments;
- Insufficient local responsiveness;
- A lack of accessibility for service users;
- Duplication of effort between and within business units
- Variable performance against key performance indicators.

The review approached this task by using the Best Value 4Cs framework.

### **Challenge:**

The challenge strategy used the six areas outlined above, and produced in the Interim Report (June 2001). This perspective was generated through early discussion with managers and staff within the business units, partner agencies and through consultation exercises conducted in the previous eighteen months in relation to the Business units in the Review.

These six areas were identified as potential barriers to effective earlier integrated interventions and to achieving service improvement.

Four review teams were established in order to consider how the six areas for service improvement impacted upon the following aspects of service provision:

- The structures considered most appropriate for meeting the needs of future service provision;
- How to involve and empower people who need services;
- How current professional boundaries might be developed to support greater integration of service provision;
- How partnerships with other agencies (voluntary, public and / or private) might be developed to achieve seamless services and integration of resources;
- How to enhance the outcomes for young people.

In addition, Dr Ruth Sinclair, Director of Research at the National Children's Bureau acted as a critical reader throughout the service assessment phase of the review.

### **Compare:**

Both Education and Social Services Departments rely heavily upon Government Performance Indicators to benchmark the relative performance of services for vulnerable children.

Whilst the review encompasses a range of services for vulnerable children, many of the performance indicators used relate to the more intensive services for children in need, with special educational needs or who are looked after.

Many indicators are new and are therefore, not currently comparable. Analysis of performance indicators confirmed that both the social services and education departments together with health are highly interdependent, but deliver inconsistent and variable performance. No overall strategic direction is apparent to enable

prioritisation or targeting of performance indicators where performance is poor. The most obvious in this category is the educational performance of children looked after.

Performance indicates replication of departmental 'silos' and insufficient corporate awareness, vision and strategic direction for children's services within the Council. This is particularly important given the large number of actual and potential stakeholders in the area of children and families services.

Each of the four Review Teams undertook their own desktop research in order to form examples of best practice to support the improvement factors they recommended.

In addition, to facilitate consideration of structures, discussions were held with four authorities with alternative management structures and service delivery configurations. Milton Keynes, Hertfordshire, Brighton and Hove and Herefordshire. These authorities were not identified as direct comparators, but were used in order to explore their rationale for changing structures and to hear the lessons learnt from these changes and from their alternative arrangements and partnerships.

### **Consult:**

For the purpose of easing consultation, stakeholders were divided into three categories. These were:

- Service End Users
- Professional Stakeholders
- Staff

### **Service End Users**

The Review identified that there had only been limited consultation with Service End Users regarding how they felt about the quality of services provided by the fifteen business units. Any consultation that had occurred during the previous eighteen months related to specific service areas or general Council Services.

As a result, the focus of additional consultation was all fifteen business units and then to relate any comments to the six areas of concern. The Office for Public Management (OPM) was commissioned to conduct a consultation exercise with users and carers of services. The groups that were consulted included;

- Asian Carers
- Young Carers
- Asylum Seekers
- Families using an SSD Family Centre



- Families of children with a statement of special educational need.
- African-Caribbean Children
- Homeless Young People
- Families of Children with Autism

A range of methodologies was used in a series of focus groups to gather relevant information. This included sentence completion, drawing and story telling techniques.

To support the work undertaken by OPM, a questionnaire was also placed in the LINK magazine published by the City Council. The magazine is delivered to every household in Leicester. The questionnaire was aimed at those people who had used services for vulnerable children in order to establish whether they had felt empowered in their situation whilst dealing with Council staff and what would have helped to achieve greater empowerment.

### **Staff**

Council staff, including teachers were briefed on the aims and objectives of the Review and how they could contribute, at nine briefings held between July and September 2001. Following the briefings all staff involved in providing relevant services were invited to complete a questionnaire. Over 700 questionnaires were forwarded with over 100 responding.

The views of the Head Teachers were surveyed separately using a telephone survey conducted by OPM.

### **Professional Stakeholders**

During the Review two meetings were held with professional stakeholders in June and October 2001. Stakeholders were invited to set out their recommendations for improving services for vulnerable children in a questionnaire.

### **Compete:**

The current position regarding outsourcing of services by Leicester City Council is that:

The Social Services Department undertakes case-by-case placement of children in private or voluntary homes or independent fostering agencies (IFAs). It also has a limited number of service level agreements with voluntary organisations related to specific service areas.

The Education Department is required to delegate spending responsibility for a substantial 78% of its current budget. It is expected that this figure will increase by 2% annually for the foreseeable future. The Education Department is then required to compete for many of the services covered by the delegated budget.

The department is responsible for ensuring the quality of service provided by the school is maintained and that standards are raised, irrespective of how and where services are commissioned.

To further identify potential opportunities for outsourcing within the private, voluntary the Review Commission source research. The Improvement and Development Agency (IdeA) were commissioned to identify those authorities that had outsourced services for vulnerable children. Following this OPM were commissioned to undertake consultation with the authorities identified to be most active in outsourcing. The Broad topic areas investigated were:

- Rationale, unit rates
- Method of contracting, type(s) of contractor
- Benefits / savings and drawbacks / obstacles of outsourcing – Key issues to consider.

## 5. BUDGET ANALYSIS

The total Net Budget 2001 / 2002 (including overhead above and below the line) for business units included in the Review was £23,795,02.

<b>Gross Budget 2001 / 2002</b>	<b>Cost (£)</b>	<b>% of Gross Budget (£)</b>
Employees	13,659,900	41%
Operating Costs	19,897,962	59%
<b>Gross Budget</b>	<b>33,557,892</b>	<b>100%</b>
Deductions	Income (£)	
Income and Grants	9,762,841	
<b>Net Budget</b>	<b>23,795,021</b>	

### 5.1 Gross Budget and Expenditure

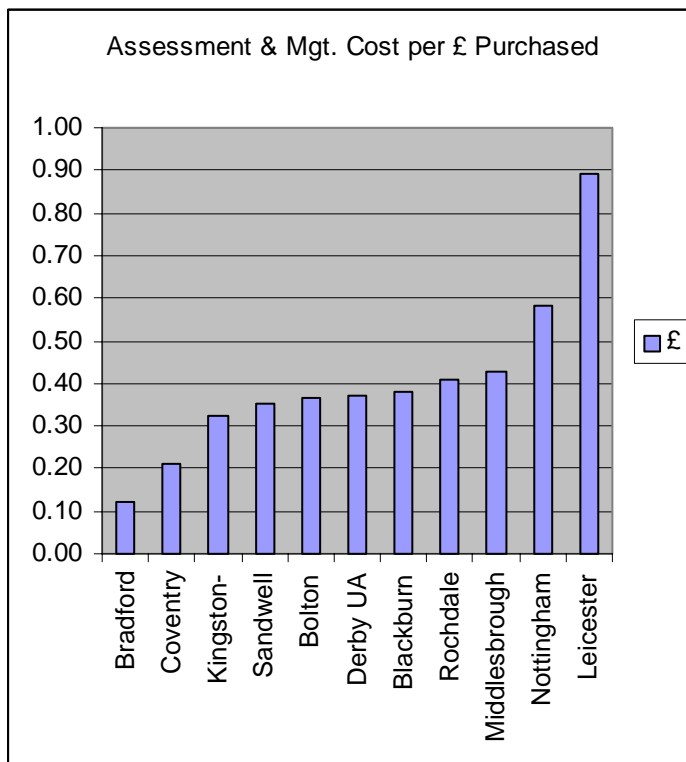
The scope of services for Vulnerable Children covered by this review differs for the Education and Social Services departments, in that the review considers the assessment, commissioning and provision of education services while only considering the elements of direct provision of social services. The Access and Assessment of Social Services for Vulnerable Children is to be reviewed in 2003. This is particularly relevant when considering the Social Services element of the overall budget for services for vulnerable children.

By analysing the budget and expenditure figures for the services covered by the review. The following is indicated:

- An increasing expenditure trend for Social Services with budget figures for 2000/2001 £13.8m and 2001/2002 £15.3m. Actual expenditure in 200/2001 exceeded budget by £1.1m with this trend continuing into 2001/02.

- Education budgets are also showing an increasing expenditure trend, although at first glance, the figures for education show a reducing budget from 2000/2001 £19.5m to 2001/2002 £18.3m. This is explained by the delegation of £4m of the SEN budget to schools from the Special Education Service budget. Expenditure in 2000/2001 exceeded budget by £1m, the department is reporting an expected increase of £200k on the 2001/2002 budget.

By benchmarking with its comparator group Leicester social services is shown to have the third highest expenditure per child, which would appear to contradict the need for an increase in expenditure. However, the City's budget for direct service provision is low in comparison with other comparator authorities, whilst that for assessment and commissioning care management appears high. The following graph illustrates the council's apparent poor productivity measured by the management cost incurred per pound of direct services provided.



These comparator figures must be considered as indicative, for whilst the figures for Leicester are mathematically correct, it is possible that authorities may have interpreted the CIPFA model in different ways.

Within the Education department it has not been possible to analyse comparatively the total gross budgets of the business units within the Education department which provide services for Vulnerable Children. This is because the Educational Statistics 2000/2001 Estimates produced by CIPFA do not report a total cost of service equating to the business units in this review. The only figure providing any indication of comparative cost with comparator family authorities, as defined by

Ofsted, covers the special education needs of pupils. This figure encompasses the cost of:

Special Needs Teaching  
 Support Services  
 Special Education Services  
 Psychology Service  
 Admissions and Exclusions  
 Education Welfare Service

The Business Units excluded are EMAG, Shopper's and Children's Play Centre and, The Early Years Development and Child Care Team.

Table comparing the cost of meeting the special education needs of pupils with our comparator authorities.

Leicester UA Comparator Group (2000/01 onwards)	Total Gross Budget £	Total Population	Pupil Numbers	Spend per Pupil £
<b>Leicester</b>	<b>10,175,000</b>	<b>300,500</b>	<b>47,798</b>	<b>213</b>
Middlesborough	4,963,000	144,100	24,170	205
Bolton	9,292,000	268,200	47,230	197
Blackburn with Darwen	5,028,000	139,400	26,162	192
Derby UA	6,922,000	235,800	39,196	177
Sandwell	8,735,000	286,000	52,766	166
Bradford	14,259,000	481,000	88,546	161
Coventry	8,160,000	307,200	51,505	158
Rochdale	5,830,000	208,200	37,142	157
Kingston-upon-Hull	5,552,000	262,000	43,421	128
Nottingham	5,988,000	287,000	Not known	N/A
<b>Average</b>	<b>78,916,000</b>	<b>2,632,400</b>	<b>457,936</b>	<b>172</b>

The following qualifications must be taken into account when interpreting the performance figures above:

- whilst the figures for Leicester are mathematically correct, it is possible that authorities may have interpreted the CIPFA model slightly differently
- the figure for Leicester includes the £4m cost of statementing, which may have been delegated to schools by other authorities. Leicester has delegated this cost in 2001/2002 and the next CIPFA returns will reflect this change
- the figures reported, while comparable, do not equal the budget figures in section 4.3 of this report due to the Section 52 methodology used to calculate the CIPFA returns.

To assess the differing service pressures placed upon each education authority would require comparator figures for the level of SEN incidence. These figures are not available and together with the above qualifications this makes comparative assessment of service efficiency very difficult if not impossible. Assessment practice and thresholds significantly influence SEN incidence and therefore impact spend patterns.

#### **4.6 Analysis of expenditure by Intensity of Service**

The philosophy underlying the review is that the redistribution of investment from intensive services to less intensive/preventative services will create a circle of improvement. The result of this will be a reduction in demand for intensive services, followed by lower costs and an increase in children living with at home and accessing universal services. This should enable them to enjoy greater independence and improved life chances.

The review team analysed the distribution of running costs and overheads in proportion to staff time across four levels of service intensity. These were defined as follows:

Level 1	Universal services to all children.
Level 2	Community support services for Vulnerable Children.
Level 3	Services targeted at Children in Need.
Level 4	Intensive services to Children Looked After and/or on the child protection register.

Services provided by Social Services are heavily biased towards intensive services, which represent 77% of the gross budget for 2001/2002. The picture for education services is almost reversed with greater expenditure forecast on level 2 support services, which represent 61% of gross budget. It appears therefore that greater opportunities may exist within Social Services for moving towards a preventative strategy. However, without appropriate and targeted investment in services provided by both departments for “hard to reach” children with complex needs, it will be difficult to achieve this shift in balance. There needs to be balanced investment across all four levels of intervention to achieve sustainable change.

The Authority has a statutory duty to show a 2% efficiency saving over the five-year Best Value Review Programme.

The Chief Financial Officer has set out specific financial objectives for consideration in each review – these are:

- Full consideration of the expectations of Revenue and Capital Budget Strategies and the Income Generation Strategy.
- Setting out of financial options to include consideration of the implications of a 2% reduction in costs (how? what? impact?)

- the option for re-investing 2% in the service area (how? what? impact?)
- the implications of re-aligning overall spend to comparator data where this is available.
- utilising the information found at (a) to (c) above, plus any other financial objectives attached to the review to make specific financial proposals, for recommendation to Directors Board.

The figure of 2% relates directly to the controllable costs of the services delivered. It is necessary to take account of any grant funding towards the cost of services delivered and any matched funding required by government to secure the these grants. In order to avoid any loss of grant, both grants and matched funding have been removed from the 2% percent calculation. The figure of 2% of direct controllable cost for the delivery of services to Vulnerable Children is £469,721. The following table illustrates the distribution of direct costs, grants and matched funding across business units.

The budget situation within services for Vulnerable Children is complex and dynamic. This is exemplified by the direct impact of rising numbers of Looked After Children on both the Social Services budget and the indirect impact on the Education budget.

Any reconfiguration programme requires a twin track approach which ensures sufficient new investment in complex Level 3 and 4 services whilst increasing the investment in preventative services. This will begin to impact on the efficiency of the system by reducing complex, high cost interventions. However, this process will take time perhaps three to five years.

Alongside this it is evidenced that greater efficiency and economy can be achieved within children's services. The development of services in an unco-ordinated and separate way has caused a significant lack of integration, duplication and inefficiency.

It would appear that through creating a strategic lead for children's services and an incremental approach to merging business units, that improved efficiency will be achieved.

Evidence also suggests that the support service burden on children's services exacerbates this lack of efficiency and economy and requires a significant refocusing of service.

Finally, there is also evidence of potential for outsourcing some of the services budget to review. This would be both on cost grounds and with the intention to reduce stigma and improve community perception of the services provided by the Council. It is likely that the national charities provide the appropriate expertise, unit costing and practice match to provide these services on behalf of the Council.

As a result, of action in those three areas, the Review consider both savings and opportunities for reinvestment are possible over a five year period. Importantly it is envisaged that by implementing the Improvement Plan these savings can be achieved whilst improving outcomes for children and their families.

Business Unit	2001/2002			2001/2002		
	Direct Cost Budget £(k)	Direct Spend Budget £(k)	Controllable Overheads £(k)	Total Direct Budget £(k)	Grant Income £(k)	Matched Funding £(k)
Children and Family Resources	3,532,900	0	385,314	3,918,214	0	0
Adoption (including allowances)	662,400	0	72,215	734,615	69,900	0
Leaving Care Services	1,367,200	0	149,149	1,516,349	1,068,200	0
Children's Residential	4,119,100	1,180,900	578,006	5,878,006	45,600	0
Fostering	3,013,700	0	328,686	3,342,386	406,500	0
CAMHS (Innovation)	214,200	0	0	214,200	214,200	45,800
CAMHS (Mental Health G1)	21,700	75,000	0	96,700	96,700	0
SSA Reduction (Care Leavers Bill)	-882,000	0	-96,168	-978,168	0	0
<b>Sub Total SSD</b>	<b>12,049,200</b>	<b>1,255,900</b>	<b>1,417,202</b>	<b>14,722,302</b>	<b>1,901,100</b>	<b>45,800</b>
Special Needs Teaching Service	2,165,705	9,100	162,901	2,337,706	0	0
Student Support Service	1,583,419	120,000	117,267	1,820,686	120,000	0
Special Education Service	400,904	3,254,200	39,889	3,694,993	0	0
Psychology Service	1,046,296	115,000	73,328	1,234,624	57,500	57,500
Admissions and Exclusions	324,056	24,400	31,159	379,615	0	0
Early Years Development and Child Care Team	180,451	3,357,938	14,690	3,553,079	3,357,938	0
Education Welfare Service	667,608	0	56,995	724,603	0	0
Ethnic Minorities Achievement Grants	303,898	3,645,100	159,299	4,108,297	1,931,903	1,713,197
Shoppers Play Centre	89,100	0	6,008	95,108	0	0
<b>Sub Total Education</b>	<b>6,761,437</b>	<b>10,525,738</b>	<b>661,536</b>	<b>17,948,711</b>	<b>5,467,341</b>	<b>1,770,697</b>
<b>Total Vulnerable Children's Services</b>	<b>18,810,637</b>	<b>11,781,638</b>	<b>2,078,738</b>	<b>32,671,013</b>	<b>7,368,441</b>	<b>1,816,497</b>

Subject to 2% saving	£	23,486,075
----------------------	---	------------

Savings of 2% equals	£	469,721
----------------------	---	---------

## 6. CONCLUSIONS AND IMPROVEMENT DIMENSIONS ARISING FROM THE REVIEW

This section is an assimilation of analysis of factors drawn from the Review. It outlines the key conclusions of the Review and the dimensions identified as requiring significant action to achieve improvement.

### 6.1 Introduction

The work of the four Best Value work groups – Structure, Partnerships and Alliances, Professional Boundaries and Empowerment – has been combined with feedback from staff, stakeholders and users to develop a comprehensive list of 14 improvement dimensions. These are all targeted towards generating improvement with conclusions across the six areas of concerns highlighted by the Review and combine to produce the Best Value Improvement Plan.

The six areas of concern were:

- A lack of integration
- A lack of consistency
- Significant duplication of effort
- A lack of accessibility
- Insufficient local responsiveness
- Variable performance

In order for the Review to generate a series of recommendations for improvement and to produce a comprehensive Improvement Plan these factors have been clustered into fourteen key dimensions.

The Review has concluded that by demonstrating and achieving improvement in these dimensions, Best Value will be achieved through the delivery of improvement across the six areas of concern.

These may be clustered into groups of factors which would have a direct and immediate impact upon children and families, those which will assist services to improve and enhance service user focus and those which will improve service efficiency and impact indirectly to the service user.

In terms of setting priorities for change, these groups suggest a clear direction.

#### Direct and Immediate Impact Factors:

Improved user and carer involvement  
Improving the accessibility of services  
Ensuring flexible and local responsiveness  
Earlier Intervention  
The implementation of common assessment frameworks and joint working arrangements  
More flexible professional boundaries



### Factors that improve and enhance service user focus:

Effective strategic and operational partnerships between – and with – other statutory, voluntary and private agencies.

Agreed joint protocols in relation to areas of joint work or common interest between agencies.

Using pooled budgets to enhance joint initiatives and multi-agency / partnership working

Communication

### Factors which Improve Service Efficiency:

Improved performance management

A change in the culture and attitude of the organisation.

Multi-disciplinary professional development

Improved information Communication Technology (ICT)

## **6.2 Direct and Immediate Impact Factors**

### Improved User and Carer Involvement:

Significant progress has been made to improve consultation with, and the involvement of, service users, parents, and carers in planning and providing services for Vulnerable Children and Children in Need. By developing a cycle of continuous improvement that places the views of users at its centre, it will be possible to elicit opinions from users who will in turn, learn to have confidence that their opinions will be valued and considered carefully. This cycle should be built into the business planning cycle of all business units, which should be subject to the rigour of clear consultation targets.

The engagement of children, young people and their families and carers in decision making would improve significantly, the sense of ownership and participation in casework by service users. There are models already in use, which could be used as the springboard for future development (for example, family group conferences).

Developing working practices that emphasise openness, honesty and transparency with service users, through regular home visits, shared reports and assessments and providing information in appropriate languages are all vital to improving user satisfaction. Making clear the right of users to complain will also demonstrate that the Authority is committed to providing or commissioning services, which put people first.

However, genuine engagement can only be achieved through combining early involvement with respect for the user. The availability of independent advice and support was highly valued by service users and was perceived as enabling them to contribute more effectively to case planning and action. This approach was seen to be empowering for service users.

### Improving the Accessibility of Services:

Consumer feedback indicates that services are not considered to be fully accessible by many individuals and groups within the City. This applies both to physical and cultural accessibility. Given the relatively low take-up of services by some minority groups within Leicester, this presents as a major challenge.

Accessibility was viewed as patchy and not supported by any strategy, vision or plan for improvement. A strategy to improve accessibility, therefore, should be an integral part of the 'Revitalising Neighbourhoods' initiatives. Improving access to all services will enable the targeting of each service in order to monitor the movement to universal services.

Greater involvement in planning and participation in local services was seen, by users, as something that would generate improvements. A better understanding of the roles and function of services was also seen as a factor for improved consumer satisfaction.

The facility of extended hours of operation was viewed as a significant influence on service take-up. Council services are not generally available outside office hours and this is seen clearly as a barrier to accessibility and hence, to improved outcomes. Services are perceived as being provided – not when most practical for service users, but for the convenience of professionals and some statutory organisations. However, many voluntary agencies in Leicester have recently increased the availability of services outside of office hours and frequently report better outcomes as a result. It is clear that for some consultees, the Authority's current arrangements fall far short of a 'people first' service.

### Ensuring Flexible and Local Responsiveness:

It is evident that a more flexible localised response would improve the users' perception of the service and reduce factors such as stigmatisation and disaffection. However, in the case of Children's services, this area of work is relatively underdeveloped within the City. It is intended that these issues will be addressed through the 'Revitalising Neighbourhoods' initiative. However, it is clear from responses to this review, that far greater community consultation and involvement are necessary. It is suggested that multi-agency service provision should be focussed around already established community groupings such as: Community Centres; School development Groups; Family Centres; Neighbourhood Centres; Schools; and Sure Start Centres.

The concept of the 'One Stop Shop' was regarded uniformly as having the potential to address the current limitations in the area. Many of these problems could be remedied quickly and effectively, by using established sites. A perceived reluctance on the part of partnership members to organise meetings in the local communities was viewed as reducing significantly each Partnership's potential. By using resources in neighbourhoods to meet and communicate with local people, greater community ownership is likely to be achieved. Developing the relationship between LCPP, renewal and regeneration initiatives and local partnerships developments, in keeping with the emerging arrangements for neighbourhood representation in the City. By focussing support on key localities, this approach would also provide the facility to reduce duplication and to improve efficiency.

The Council's departmental organisational arrangements are perceived as 'silo' structures inhibiting locality-based partnerships from having an input into the various departmental planning systems. Joint, or corporate, representation at senior level would improve local input and therefore ownership, of departmental planning. This may also improve the communication regarding national and regional priorities and enable these to be better translated into priorities at a local level.

Regular area operational meetings, across services and agencies, would examine methods of eradicating duplication and increase local people's awareness of the services provided by each of the agencies.

However, current geographical boundaries for service provision are not coterminous. Cluster groups, School Development Groups, LLL cluster groups, Sure Start areas, Wards and PCTs all have different boundaries. This inhibits working together and exacerbates those concerns articulated throughout the Review. Without the rationalisation of boundaries, improvement will continue to be impaired. It is suggested that as part of 'Revitalising Neighbourhoods', there should be a rationalisation, as far as possible, of all such groups across the Authority, to establish the closest fit which would allow each to map closely to another. Clearly, this would also be reflected in operational service structures.

#### Earlier Intervention:

The intention to refocus resources towards earlier and targeted intervention is at the heart of this Best Value Review. By investing in earlier support, the need for more costly intervention at a later date will be reduced significantly. This will, in turn, improve service capacity and efficiency. To realise this objective, accurate early identification and screening systems must be developed.

There must also be a better balance between preventative, targeted and universal services. For example, Family Centres within the Social Services department do not always target preventative interventions that might enable families to use universal services, nor do they offer sufficiently structured interventions that produce change within families. As a result, this service falls between a universal and a targeted service and therefore, does not facilitate greater independence.

High quality support services, provided across the full age and needs spectra will enhance the multi-agency provision of active preventative systems. The connexions agenda of providing a Personal Adviser (PA) to all young people between the age of 13 – 19 years should have the capacity to offer holistic support and signpost young people to the most appropriate service. For example, by targeting particular problem areas, such as school exclusion, with pre-exclusion screening and support, it will be possible to increase capacity and to generate improvement across the Vulnerable Children / children in Need sector.

A large number of authorities contacted as part of the review have indicated that they have achieved improved efficiency and outcomes for children through adopting targeted outsourcing strategies. This evidence suggests that services currently provided by the City Council could be 'Market Tested' as part of a co-ordinated approach to seeking effective partnerships with other providers.

The earlier work of the Children and Family Resources Review indicated the need to provide a broader range of targeted family support services. It also recommended the mainstreaming of City Council services with those of other agencies and initiatives. Finally, it identified that a number of outsourcing opportunities endorses this approach and recommends the development of a similar strategy to support the implementation of the Improvement Plan.

#### The Implementation of common Assessment frameworks and Joint Working Arrangements.

Although significant advances have been made in the area of joint assessment, it is clear that the imposition of multiple or serial assessments on service users is both frustrating and disabling. Similarly, for many staff it is also perceived as frustrating and time-consuming and an area of tension with service users. For the Authority and other partner agencies, it duplicates work, provides inconsistent outcomes, and consumes considerable resources, ultimately impairing outcomes for users.

It would appear that much of the professionals' stated need to undertake their own assessment is based on a lack of trust and confidence in assessment undertaken by others. This severely impairs the capacity for joint work.

Reducing the number of unnecessary or replicated assessments is critical if service user perceptions are to be improved. The Review envisages therefore, key agencies working towards the integration of the assessment processes for Vulnerable Children / Children in Need. To be fully effective all agencies should use a shared system – perhaps utilising the Children in need Assessment Framework (CINAF) as a starting point. This will need to include clear threshold criteria for the entitlement for services. In addition, opportunities for fast track assessment and self-assessment should be explored in order to reduce unnecessary bureaucracy and to increase responsiveness.

Revised and comprehensive information sharing protocols and procedures will also need to be developed. Services such as the Youth Offending Team, for example, use such an approach and provide a model suitable to be developed for broader application.

Responses have indicated that a co-ordinated multi-disciplinary approach to addressing the needs of Vulnerable children / Children in Need could be achieved through establishing the 'keyworker' model. This model already underpins the concept of Personal Advisers linked to the Connexions Strategy. In order to support this approach, joint training is essential. There are examples where this has already proved to be effective: CAMHS, Child Therapy Strategy, Children in Need Assessment Framework (CINAF).

Combining care planning, personal education planning systems and their associated review arrangements are areas for improved synergy. A move towards standardising assessment processes would be complemented by a similar standardisation of review arrangements. This would enhance casework planning and outcomes.

Accessibility to services is closely associated with assessment and referral systems. Multiple assessment systems are already in existence but multiple and different referral routes and threshold criteria add to the confusion. There is a need therefore, to investigate the opportunities for developing common referral routes and associated system. This could be resolved by co-locating service providers and by improving Information Technology and management information systems. The 'one stop shop' may satisfy many of these improvements.

New 'joined up' approaches to working with Vulnerable Children and Children in need will require a culture and structures that encourage greater appreciation of and respect for, roles within those agencies involved in providing services across the City. The fact that respondents feel that this is not yet in place within the City, makes a strong case for the greater integration of services to achieve this end.

#### More Flexible Professional Boundaries:

The Review identified a range of professional boundaries both between agencies and between the fifteen business units, despite the fact that many of the units work with the same children and families. Service users often find it difficult to understand the role of the various professionals involved in the childcare system. Although in Leicester, there are many examples of multi-disciplinary or multi-skilled teams working to reduce duplication and to improve outcomes for people, a more flexible approach to professional boundaries should be adopted. Merging some of the business units and re-badging some posts and units may assist this.

The merger of business units into fewer, more coherent units, provides opportunities for economies of scale, clearer lines of accountability and improved efficiency. Whilst achieving these cost benefits, the service user perception would also be greatly enhanced.

As there is a significant overlap and duplication in the skills, experience and competencies required by the staff within the fifteen business units, it is suggested that a series of core and group competencies be developed in order to facilitate a more integrated approach to staffing and providing services.

The perceived, and actual lack of co-ordination of service provision is often the result of a proliferation of different professionals using different systems and techniques to serve the same population. By improving joint training and developing multi-disciplinary teams and protocols, co-ordination can be improved and replication reduced.

### **6.3 Factors that Improve and Enhance Service User Focus**

#### Effective Strategic and Operational Partnerships between and with other Statutory, Voluntary and Private Agencies:

Further development of the Leicester Children's Planning Partnership (LCPP) will enable:

- Consultation on broad policy, together with procedural and partnership frameworks

- Provision and advice on development and operational issues
- The formulation of initiatives in response to local government objectives, which arise from National initiatives.

There should be clear ownership of the partnership by all agencies concerned with services for Vulnerable Children and Children in Need. In the view of the Review Team, the LCPP should be adopted by the Council as the preferred forum, given that the community leadership approach is key to achieving improved partnership planning and functioning. The LCPP should be acknowledged, therefore, as the key multi-agency forum for strategic planning. It will maintain a formal link with the Local Strategic Partnership (LSP).

Examination of practice to date suggests that a variety of planning systems, timescales, plans and processes are used within different departments and agencies. The introduction of the National Service Framework for Children's Services will provide a clear opportunity to create synergy in planning exercises and hence, any subsequent plans that are developed.

It will be important to review the relationship between LCPP, the Early Years Development and Child Care Partnership (EYDCCP) and any existing locality-based service delivery partnerships (or any of those likely to be developed under 'Revitalising Neighbourhoods') with a view to establishing consistent, integrated and accountable arrangements for such partnerships. Consideration also needs to be given in relation to the City Council's relationship with the Connexions Partnership, integrated planning will be vital to ensure that the services due to commence September 2002 contribute to achieving better outcomes for young people.

During the Review consultation, concern was expressed that Social Services and Health personnel dominated LCPP. In some cases, it was argued that the Partnership, like the Area Child Protection Committee (ACPC), should have independent chairing arrangements. It would be appropriate therefore, to review the chairing and membership arrangements for LCPP.

#### Agreed Joint Protocols in Relation to Areas of Joint Work or Common Interest between Agencies:

It was generally accepted that where protocols were jointly developed, implemented and monitored, with common targets, those agencies worked more effectively together. This in turn, resulted in improved outcomes for children and their families. By developing a range of operational protocols linked to the strategic intention of the LCPP, most of the six areas of concern would show significant improvement.

There is a lack of coherent strategy (and therefore operational protocols) with regard to information sharing which is hampering effective work with children and families. It is a matter of some urgency therefore, that this is addressed in the immediate future through the development of information sharing protocols.

The view has been expressed that, given the significant investment in Looked After Children Services, many relevant outcome indicators were unrealised, in particular the Educational attainment of looked after children.. As a result, it was considered that a re-affirmation of the City Council's commitment to corporate parenting was

vital to improving outcomes for Looked After children. This would create a climate, which would allow a shift of resources towards prevention to take place.

#### Using Pooled Budgets to Enhance Joint Initiatives and Multi-Agency / Partnership Working:

The culture of departmentalism identified by some respondents, can be seen as the maintaining of separate professional roles and cultures, supported by separate budgets. This has created significant tension both within the City Council and with partner agencies. The development of shared objectives and multi-disciplinary working underpinned by pooled budgets, was considered to be an important step towards improving outcomes.

Examples such as Sure Start and the Youth Offending Team were seen as effective models offering integrated approaches to providing services which, ultimately, enhanced outcomes. There was a general agreement that pooled budgets should be developed across a range of shared priorities. Respondents felt that budgets are constantly under pressure leading to cost shunting or substitution, a practice that has often reduced, rather than enhanced, capacity. The perception that the City Council protects its own budgets, thereby reducing the potential to effect change, is widely held. The Authority must therefore, work towards using its own resources more effectively to facilitate change. From the consumer's point of view, this is seen as one of the key components in building the trust and confidence required for pooled budget initiatives. Areas where pooled budgets have been particularly singled out are those child funding subsidy budgets such as transport and placements.

In its role as a facilitator of services, the City Council is ideally placed to improve access to community based resources and funding as with, for example, Braunstone New Deal for communities, Sure Start, Neighbourhood Renewal and the Children's Fund. By ensuring that these initiatives are developed in partnership with LCPP and that they enhance the specific capacity of mainstream services, improvements in core targets can be achieved. Equally importantly, the shift from expensive targeted services towards less expensive universal services can be greatly accelerated.

Finally, there is considerable evidence within the report, that the expenditure on direct services is insufficient, given the total expenditure on services. This is largely as a result of the high costs of support services at a departmental and corporate level. Shifting the balance of spend towards preventative and universal services is dependent on achieving changes in strategy and working practices within business units and the development of a targeted strategy. This should be developed in partnership with all interested parties within the City for providing services to Vulnerable Children and Children in Need.

#### Communication:

Communication between departments within the City Council and between the Council and other agencies involved with Vulnerable children and Children in Need was viewed as ineffective and therefore, a significant barrier to improvement. The paucity of effective communication undermines improvement across all improvement dimensions. The merger of business units and the development of a

new management structure under the 'Revitalising Neighbourhoods' initiative should facilitate improved communication. In addition, simple solutions suggested by consultees, such as: regular area-based meetings across services and agencies; improvements in the translation of Council literature; and the creation of regular 'newsletter' service for consumers, would all work toward eradicating duplication and increase the awareness of service provided.

#### **6.4 Factors which Improve Service Efficiency**

##### Improved Performance Management:

It is evident from the relevant performance indicators, that performance across services for Vulnerable Children and Children in Need is inconsistent. The quality of management information across the City Council is generally poor. It appears inaccessible to many and is rarely shared in full. This makes monitoring performance and ensuring compliance extremely problematic. It will be a priority therefore, to make improvements in the sharing of information by developing systems that convey data directly to front line managers. This should be combined with the devolution of budgets to the same managers, together with activity monitoring, linked to budget targets. Wherever possible and appropriate, this should be a joint agency solution. The development of an effective performance management system is, therefore, critical to service delivery improvements.

There is little evidence that the concept of service monitoring and evaluation by service users, external agencies and consultants has been considered. It would be possible to use local or national organisations to support this process, for example, De Montfort University; Ofsted; DFES; DoH; or the SSI. However, without effective and regular consultation with service users it will be difficult to incorporate this information and feedback into strategic and operational planning cycles. It must be a priority, therefore, to develop effective feedback systems within a framework of continuous improvement.

##### A Change in the Culture and Attitude of the Organisation:

The culture and attitude of the organisation were regarded as 'traditional', in that they focus upon inputs and processes, or services provided, rather than on performance and outcomes for children and their families.

Many respondents suggested that a change in attitude was necessary, in order to empower all stakeholders. This was particularly so in relation to social inclusion issues, where it was considered that mechanisms were needed to improve the involvement of parents, carers, and young people regarding their assessed needs – and the services required to meet them.

The skill levels and the expertise of staff in engaging community representation and involvement were seen as adding significant value to the processes adopted by the City Council. However, their availability was considered to be patchy and inconsistent. Further development of these services, therefore, would pay dividends. It is likely that the establishing of local fora and neighbourhood management via the 'Revitalising Neighbourhoods' initiative will enhance community cohesion.



It is particularly important to begin changing the attitudes and values of all service providers in order to foster a culture where effective partnership with citizens is given a high value. It was suggested that this aspect of community engagement should be reflected in the performance management arrangements for all business units. As part of this process, it may be necessary – where acceptable and practical – to cede some power to the community or service users within the business planning cycle.

Equalities were often seen as peripheral to mainstream service provision and therefore, were given insufficient attention in planning and development and in ensuring the service provision adequately met local needs. For a Beacon Authority, these issues should become a natural and routine part of the activities of managers and staff. It is important therefore, that such issues are also embedded firmly in the performance management systems both of the relevant business units and of the partnership bodies. This will be strengthened by the setting of clear equalities targets in all partnership agreements.

Although there is evidence of improving dialogue with Black and Asian partnerships within the private sector or industry, these can be utilised more effectively. This will also identify areas of operation in which the Council needs to change, in order to work more effectively with such entrepreneurial and representative groups.

Many respondents remarked that the culture of the City Council does not always encourage or achieve effective joint working. Examples of 'departmentalism' are often apparent. The development of more effective working relationships between business units, service providers and groups of staff is a critical factor in generating improvement. Greater understanding and respect of their roles of different professionals, departments or agencies, must underpin this. There are many examples of departments developing services or submitting applications for funding without consultation with other departments or representatives of the community. This has led to duplication, a lack of strategic coherence and tensions between those staff groups whose energies should be expended for the benefit of Vulnerable Children and Children in Need.

#### Multi-Disciplinary professional Development:

Managers and professionals must have a clear understanding of the priorities of the services, the context within which services are provided, an understanding of each other's roles and responsibilities. Perhaps more importantly, they should have an understanding of what is expected of them as individuals in achieving the desired outcomes for Vulnerable Children and Children in Need. A comprehensive programme of individual and team development is necessary. Previously used examples of multi-professional and multi-agency joint training, such as those used with CAMHS, the Child Therapy Strategy, and the Children in Need Assessment Framework, have proved highly effective.

Allied to training and development is the need to develop core competencies for those working in and managing services for Vulnerable Children and Children in Need. Evidence from the Review suggests that skills and competencies that enhance the effectiveness of the organisation are greatly valued. However, their knowledge and experience competencies are given less weight. It should be possible therefore, to establish a clear and concise set of core and specialist

competencies that can be used to develop a shared approach to the provision of services. This would also ensure greater synergy to the development of the knowledge and expertise of staff in this area.

Building the capacity of other workers such as foster carers and volunteers must not be ignored. This is particularly important given the recruitment and retention difficulties being faced by every agency working with Vulnerable Children and Children in Need. It should be a priority therefore, to increase the use of accreditation systems to re-enforce carers' and paraprofessionals' skills.

#### Improved Information Communication Technology (ICT):

The lack of consistent and complementary management information systems across all agencies was seen as a barrier to improvement. This is particularly evident when individual departments within the City Council are unable to provide compatible and consistent information. The capacity to share statistical information between the Education and Social Services Departments and health was seen as the first priority in this area and an important step in the joint planning and commissioning of services.

It was also considered by the Review to be appropriate to incorporate the voluntary sector ICT planning into overall the ICT planning for Vulnerable Children / Children in Need services in order to improve resource mapping and planning. This would further enhance data collection and analysis to support strategic planning.

Stand-alone systems encourage duplication of effort, reduce consistency and often result in variable performance. The sharing of strategic and operational information would enable multi-disciplinary teams to function more effectively and would facilitate a shift towards an integrated approach to casework planning. Increased harmonisation across agencies and providers in relation to information sharing, common assessment and screening should improve outcomes for service users and would greatly enhance the perception of the service within the community.

However, the potential for improvement by developing common systems must be balanced with the duty to comply with the requirements of the Data Protection Act and the implications of the Human Rights Act, Article 8 (right to privacy).

## **6.5 Conclusion**

The Government is determined to continue to improve the life chances of Vulnerable Children and children in Need to give strong support to their families. Action on renewing neighbourhoods as a way of tackling social exclusion and its effects on children, is at the heart of the government's policy of ending child poverty within twenty years.

Leicester City Council has set key objectives against which to develop its strategy for Neighbourhood Renewal alongside those of the Health Action Zone, Sure Start and Children's Fund initiatives and these will have a major impact on how services for Vulnerable Children and Children in Need will be improved.

All statutory agencies have roles in empowering other agencies and providing co-ordination and leadership to achieve these objectives. These are:

- To create local opportunities for communities to engage with the Council
- To enable front line members to offer community leadership locally
- To enable young people to be more involved in appraising local needs and making local decisions that affect their communities
- To enable the allocation of some resources to be made at a local level
- To facilitate the production of local service plans for defined communities
- To co-ordinate better the delivery of services by the Council and other agencies at a local level
- To optimise the use of publicly owned property within local communities
- To optimise the opportunities for utilising new technology to improve service delivery
- To optimise the use of the financial resources and to maintain effective financial management within any new management arrangements
- To optimise the ability to put resources into front line service delivery through rationalising client, contractor and consultant management arrangements
- To develop an organisational structure and culture to sustain the other chances emanating from the project

Services for Vulnerable Children and Children in Need must become a liberating force in the lives of those who require them. There is a first priority to protect and safeguard. However, the City Council's services must also open up new opportunities for enabling children and young people to live as normal and fulfilling lives as possible by empowering them to make choices.

Services in Leicester for Vulnerable Children / Children in Need and their families, operate in a dynamic and changing environment. They are subject to considerable new legislative requirements and duties, practice development, inspection and regulation. They also experience a number of obstacles both to the management of change and in delivering services which offer Best Value. These include difficulties in recruiting and retaining appropriate staff, service fragmentation and the under development of information and Communication Technology and management information systems.

These issues must be considered alongside new Best Value duties to promote and improve the economic, environmental and social well-being of our local community. The impact of local government modernisation and the flexibilities of the Health Act 1999, contribute to the complexities of the operational environment.

These improvement dimensions indicate clearly the direction for the development of the business units covered by the Review. However, it is by establishing a co-ordinated, integrated and consistent approach to the strategic development of operational services that the Council will ensure improvements to the life chances of Vulnerable Children / Children in Need within Leicester City.

The Review Team is confident that better outcomes for Vulnerable Children and Children in Need can be achieved through the targeted actions for service improvement outlined in the Improvement Plan.

## SECTION 7

### **The Improvement Plan**

This section contains the final Improvement Plan. It details the recommendations of the Review, the desired outcomes, timescales, responsibility and critical success factors required to achieve comprehensive improvement against the following:

- A lack of integration.
- A lack of consistency
- Significant duplication of effort
- A lack of accessibility
- Insufficient local responsiveness
- Variable performance.

There are inevitable many links between the many action points in this improvement plan. Some of these links are explicitly cross-referenced, but for others the links are implicit and will become apparent as the actions are implemented.

As a result, the improvement dimensions have been clustered into groups of factors as follows:

- Direct and Immediate Impact Factors
- Factors that improve and enhance Service user focus
- Factors which improve service efficiency

IMPROVEMENT DIMENSION	RECOMMENDATION	DESIRED OUTCOME	TIMESCALE	RESPONSIBILITY	CRITICAL SUCCESS FACTORS	MONITORING ARRANGEMENTS Pis	INDICATIVE SAVINGS
DIRECT AND IMMEDIATE IMPACT FACTORS							
<b>1. Improved user and carer involvement.</b>	-	-	-	-	-		
<b>1.1</b>	Establish a continuous improvement model for implementation in each business unit, which include user and carer reference groups and links to local fora.	1. Increases consultation, participation and involvement of service users and stake-holders in business planning. 2. Improves communication and empowerment of service users.	Sep 2002 – Jan 2003	Directors' Board / DMTs	Business Plans in place showing evidence of service user feedback incorporated into a unit improvement plan.	Performance management. Business Plans. DMTs.	
<b>1.2</b>	Where services are locally based, local service users should be represented on a local service reference group. (Community Fora.)	1. Increases participation of service users in local planning and audit. 2. Raises awareness of service either available or being developed.	Sep 2002	Directors' Board / Service Directors	User representatives involved in community Fora.	DMTs.	
<b>1.3</b>	Establish practice standards, which automatically generate copies of relevant reports, etc. for users and carers.	1. Improves empowerment. 2. Improves the ability of service users to participate and provide effective feedback on services. 3. Improves the profile of children's services within the local community	Commence Sept. 2002	Service Directors	Increase in the number of reports shared.	File sampling by Service Managers.	
<b>1.4</b>	Regular communication of performance against indicators to service users.	1. Increases empowerment and participation of service users. 2. Provides opportunities to improve the profile of children's services within the City.	Sep 2002	Service Directors	Regular updates through existing channels eg LINK	Half yearly reports to Scrutiny Committees	

<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS</b>
<b>1.5</b>	Adopt policies of early intervention (see Joint Family Support Strategy).	1. Reduces the number of vulnerable children and children in need in receipt of targeted and intensive services. 2. Increases the independence of service users. 3. Reduces the unit cost of service provision. 4. Increases the capacity to provide increased universal and screening services.	Commence Jan 2003	Service Directors	Shift of resources towards earlier intervention.	Directors' Board	Reconfiguration of budgets.
<b>1.6</b>	Further develop representation and advice services.	1. Increases participation and empowerment of service users.	Sep 2002	Corporate Directors	Specific policies in place.	Annual Report	
<b>1.7</b>	Undertake customer service training for all operational staff and managers.	1. Increases the accessibility and responsiveness of services. 2. Reduces the number of complaints made regarding service provision.	Commission 2002.	Human resource managers/service managers	Staff attend training.	ERDs Community fora.	
<b>2. Improving the accessibility of services.</b>	-	-	-	-	-	-	
<b>2.1</b>	Develop a children's services communication strategy that includes integrated and common literature, a common purpose, vision and priorities (see Joint Family Support Strategy)	1. Improves community involvement and accessibility. 2. Increases awareness of services available within diverse or 'hard to reach' communities.	Commence Jan 2003	Corporate Directors / LCPP / Service Directors	Strategy in place followed by literature/materials/events.	Community fora/LCPP	
<b>2.2</b>	Train staff involved in access services to enhance knowledge of the role and function of other business units and partner agencies.	1. Improves communication between professionals. 2. Improves signposting for service users.	Dec 2002	Head of Service/Staff development units.	Improved knowledge.	ERDs and Customer Performance Management feedback.	

<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS</b>
<b>2.3</b>	Review job descriptions of key staff to create increased flexibility.	1. Increases availability of services at more 'user friendly' times. 2. Improves efficiency of capital resources. 3. Accelerates responsiveness of services. 4. Reduces the disruption of service provision due to 'out of hours' crises. 5. Increases the opportunities to develop multi-disciplinary teams.	Jan 2003	Human resource managers/Heads of Service.	Extended opening hours for a range of services, commencing with Family Centres.	Service user feedback. PIs	
<b>2.4</b>	Consider options for development of extended hours where required.	1. Increases availability of services at more 'user friendly' times. 2. Improves efficiency of capital resources. 3. Accelerates responsiveness of services. 4. Reduces the disruption of service provision due to 'out of hours' crises.	Commence Sept 2002	Human resource managers.	Extended open hours for a range of services.	Service user feedback PIs -	
<b>2.5</b>	Promote the need for improved capacity of translation services to reduce delays in work processing.	1. Reduces delays in assessment. 2. Improves responsiveness of service.	Sep 2002	Directors' Board.	Increase in turnaround time for translated documents.	Service managers. PI – reduce timescales for production of translations/transcripts.	
<b>2.6</b>	Review all buildings in accordance with DDA in relation to accessibility.	1. Increases accessibility.	April 2001 – ongoing.	Property portfolio managers.	All buildings reviews and action plans in place.	DMT	
<b>2.7</b>	Review recruitment and retention strategies to increase the representation of staff to the City's diversity.	1. Increase service responsiveness. 2. Increases service user empowerment.	Sep 2002	Human resource managers	Staff group shows increase in cultural representation.	Directors' Board DMTs.	

<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS</b>
<b>2.8</b>	Consider establishment of Family Support Services Brokerage function linked to joint needs and services mapping at 1.2 above	Enhance service user access to family support services through enhanced signposting	Dec 2002	Strategic Directors / LCPP	Staff group more aware of existing range of services including culturally appropriate services	Directors' Board DMTs.	
<b>3. Ensuring flexible and local responsiveness.</b>	-	-	-	-	-		
<b>3.1</b>	Devolve a range of current delivery activities to a local level eg. Doctors' surgeries, schools, resource centres, neighbourhood centres or 'one stop shops'. (This should be linked to the 'Revitalising Neighbourhoods' initiative based on prototype of Braunstone through LCPP)	<ol style="list-style-type: none"> <li>1. Reduce stigma of receiving services from statutory agencies.</li> <li>2. Increase responsiveness of and access to services for service users and other professionals.</li> <li>3. Improve the perception of City Council services within localities.</li> <li>4. Improve integration of services at a local level.</li> <li>5. Improve communication between professionals at a local level.</li> <li>6. Reduce serial or repetitive information gathering and assessments.</li> </ol>	Jun 2002 onwards	Strategic Directors / Service Directors / LIFT Project / Health Partnership Board	A range of local delivery venues are established which are acceptable to local users.	Community fora and user feedback. PI Reduction in CP referrals/re-registration.	
<b>3.2</b>	Arrange more planning meetings in localities using local facilities.	<ol style="list-style-type: none"> <li>1. Improve community ownership of services.</li> <li>2. Improve communication with localities.</li> </ol>	Jun 2002	Relevant Chairs of Planning and Regeneration meetings.	Increase in number of meetings held in local venues.	Community fora/user feedback.	



<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS</b>
<b>3.3</b>	Ensure that LCPP is involved in regeneration initiatives such as SRB, Neighbourhood Renewal and ESF through LSP.	1. Increase opportunities for match funding and enhance opportunities for mainstreaming new developments e. Sure Start. 2. Improve coherency of planning across social regeneration initiatives.	Jun 2002	Strategic Directors / Service Directors	LCPP contributes to regeneration planning.	Directors' Board/LCPP. PIs - increase in families using family support services.	
<b>3.4</b>	Establish a consistent communication system between local communities and children's services.	1. Raise awareness of children's services strategy, services available and access routes. 2. Increase involvement of local people in planning, developing and reviewing services.	Sept 2002	Service Directors / Heads of Service	Increase in appropriate referral levels. Committee reports showing evidence of local communication and consultation.	Community fora and user feedback.	
<b>3.5</b>	Establish regular local cross agencies/ professional meetings and training.	1. Increase awareness of services provided by agencies amongst professionals. 2. Improve casework planning.	July 2002	Heads of Service / Service Directors	Meetings held regularly in local venues.	Minutes of meetings.	
<b>3.6</b>	Consider scope for organised service provision across co-terminous boundaries linked to Revitalising Neighbourhoods' initiative.	1. Improved planning and co-ordination of services. 2. Services more responsive to local needs. 3. Services linked to neighbourhood management and local priorities.	Sept 2002	Directors' Board	Improved locality working.	Reports to Directors' Board/Cabinet/LCPP.	
<b>3.7</b>	Identify key managers in each business unit to have links with local fora	1. Improve consultation with local communities.	Commence Sept/ 2002	Heads of Service / Service Directors	Key managers identified and attending meetings.	Community Fora and user feedback.	

IMPROVEMENT DIMENSION	RECOMMENDATION	DESIRED OUTCOME	TIMESCALE	RESPONSIBILITY	CRITICAL SUCCESS FACTORS	MONITORING ARRANGEMENTS PIs	INDICATIVE SAVINGS
<b>4. Earlier intervention</b>	-	-	-	-	-	-	
<b>4.1</b>	Adopt the Sure Start approach to early years family support services by mainstreaming a range of current activities.	1. Reduces the dependency on intensive and children in need services. 2. Reduces the unit cost of service provision. 3. Increases the opportunities to lever additional funding from public or private initiatives.	Commence April 2002	Directors' Board / LCPP / Service Directors	Reconfiguration of services.	LCPP/DMTs. PIs – Reduction in teenage pregnancy. -Increased performance in SATs. - Reduction in number on CPR & LAC	
<b>4.2</b>	Review screening and early identification systems throughout the City (link to development of assessment framework for vulnerable children compatible with framework for Children in Need)	1. Reduces the need for intensive, targeted services. 2. Improves the opportunities to develop locally accessible services provided by a range of partners. 3. Increases the responsiveness of services.	Oct 2002	Service Directors / LCPP	Improved and agreed multi-agency systems in place.	Performance management. PIs - Reduction in referral rates. - Improvement in SATs results.	
<b>4.3</b>	Shift the targeting of some social services family centres towards universal services where appropriate.	1. Improves outcomes for service users. 2. Improves accessibility of services in localities.	Commence Sept 2002	Service Directors / Cabinet	Improved Systems in place. A broader range of services available.	Performance Management/LCPP. PIs - improved literacy rates. - reduction in number on CPR.	DRS savings achieved.

<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS 2001/02</b>
<b>4.4</b>	Shift the targeting of some social services family centres towards a broader age range and towards children with greater needs.	<ol style="list-style-type: none"> <li>1. Reduces the throughput of cases to require intensive packages of care.</li> <li>2. Improves the distribution of services to a broad range of service users.</li> <li>3. Reduces the unit case of intensive provision for children in need</li> </ol>	Commence Sept 2002	Service Directors / Cabinet	Improved systems in place. A broader range of services available.	Performance management. PIs – reduction in LAC. - improved literacy rates. - reduced SSD referral rates. - increased contact with care leavers.	DRS savings achieved.
<b>4.5</b>	Explore alternative means of family support provision (see brokerage function above 2.8)	<ol style="list-style-type: none"> <li>1. Reduces the stigma experienced by service users of using LA provision.</li> <li>2. Improves added value through additional funding opportunities.</li> </ol>	June – Dec 2002	Directors' Board / LCPP / Service Directors	Lower unit costs, improved performance.	Performance management.	£200K over five years.

IMPROVEMENT DIMENSION	RECOMMENDATION	DESIRED OUTCOME	TIMESCALE	RESPONSIBILITY	CRITICAL SUCCESS FACTORS	MONITORING ARRANGEMENTS PIs	INDICATIVE SAVINGS
<b>5. Implementing common assessment frameworks and joint working arrangements.</b>	-	-	-	-	-	-	
<b>5.1</b>	Develop multi-agency assessment process and documents linked to the Children in Need Assessment Framework (CINAF).	<ol style="list-style-type: none"> <li>1. Reduces the number of serial assessments experienced by service users.</li> <li>2. Ensures common information is available to departments and partner agencies.</li> <li>3. Improves accuracy of information available.</li> <li>4. Accelerates the assessment process to reduce delays in provision.</li> <li>5. Increases service user empowerment.</li> </ol>	Dec 2002	Service Directors / LCPP	Reduction in the number of single agency assessments	Quarterly activity reports to DMT. PIs - Reduction in number of core assessments.	Quarterly activity reports to DMT.
<b>5.2</b>	Develop a training programme for staff in all agencies on use of assessment framework.	<ol style="list-style-type: none"> <li>1. Enables multi-disciplinary approach to be adopted in service development.</li> <li>2. Increases the awareness of roles and functions of professionals.</li> <li>3. Improves consistency of assessments.</li> </ol>	Dec 2002	Service Directors / LCPP	Reduction in the number of single agency assessments. All relevant staff attend training.	Service managers.	
<b>5.3</b>	Develop integrated ICT systems: a) across the Authority b) Multi-agency	<ol style="list-style-type: none"> <li>1. Increases responsiveness of assessments.</li> <li>2. Improves information sharing between professionals.</li> </ol>	Dec 2003	Service Directors / LCPP	Forms on line.	LCPP/DMTs	

<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS</b>
<b>5.4</b>	Agree and develop the concept of personal identification numbers of all service users whilst taking account of DPA.	<ol style="list-style-type: none"> <li>1. Increases responsiveness of assessments.</li> <li>2. Improves information sharing between professionals.</li> <li>3. Improves capacity to track and plan casework, particularly concerning transitions.</li> </ol>	Commence Dec 2002	Service Directors / LCPP	<ul style="list-style-type: none"> <li>• PIN concept agreed by agencies.</li> <li>• Practical implementation agreed across IT systems</li> </ul>	LCPP/DMTs	
<b>5.5</b>	Establish a Personal Adviser (PA) system for a service user based on a key worker model. (Linked to Connexions implementation in Sep 2002.)	<ol style="list-style-type: none"> <li>1. Improves case co-ordination.</li> <li>2. Improves communication with other stakeholders.</li> <li>3. Reduces case planning drift.</li> <li>4. Increases empowerment of service user.</li> </ol>	Dec 2002	Service Directors	PAs in place.	DMTs/LCPP	
<b>5.6</b>	Undertake a feasibility study to establish a standardised reviewing system for all service users receiving targeted rather than universal services.	<ol style="list-style-type: none"> <li>1. Enhances casework planning and outcomes.</li> <li>2. Improves communication and awareness between parties involved in casework.</li> <li>3. Reduces the risk of duplication.</li> <li>4. Re-enforces an integrated approach to service provisions.</li> <li>5. Reduces the number of meetings necessary and therefore improve efficiency of the service.</li> </ol>	Dec 2002	Directors' Board / Service Directors	Integrated planning system in place	Performance management. PI - increase in number of reviews completed with timescales.	

IMPROVEMENT DIMENSION	RECOMMENDATION	DESIRED OUTCOME	TIMESCALE	RESPONSIBILITY	CRITICAL SUCCESS FACTORS	MONITORING ARRANGEMENTS PIs	INDICATIVE SAVINGS
5.7	Develop a common threshold criteria document for access to universal, targeted and intensive services (see Joint Family Support Strategy)	1. Provides clarity regarding role and function of providers. 2. Increases the consistency of service provision across the City. 3. Increases the empowerment of service users.	Commence Sept 2002	Corporate Directors / LCPP / Service Directors	Criteria document produced Dec 2002.	PIs – Lower no of referrals to corporate / multi-agency family support services Reduction in school exclusion. -Reduction in number on CPR. - Reduction in LAC	
<b>6. More flexible professional boundaries.</b>	-	-	-	-	-		
6.1	Establish core and group competencies for staff working within children's services and consult upon.	1. Increase opportunities to establish multi-agency, multi-disciplinary teams. 2. Reduce duplication of activity through multi-skilling. 3. Merged business units with reduced management/administration on-costs.	Sept 2003	Service Directors / Heads of Service / Human Resource Managers.	A range of core competencies established.	Performance management. New reporting arrangements.	
6.2	Establish a work group to consult on the merger of a number of business units within departments and between departments. (see 1.4 above)	1. Reduce duplication of effort and therefore enhances efficiency. 2. Reduce inconsistency of service. 3. Improve responsiveness of services. 4. Reduce the number of independent assessment activities. 5. Reduce level of confusion regarding responsibility regarding role and budgets. 6. Reduce the management and administrative on-costs.	July 2002	Directors' Board / Cabinet / Service Directors	Reduction in the number of business units. Proposals produced following consultation.	Report produced for Directors' Board.	£100K over five years.

IMPROVEMENT DIMENSION	RECOMMENDATION	DESIRED OUTCOME	TIMESCALE	RESPONSIBILITY	CRITICAL SUCCESS FACTORS	MONITORING ARRANGEMENTS PIs	INDICATIVE SAVINGS
FACTORS THAT IMPROVE AND ENHANCE SERVICE USER FOCUS							
<b>7. Effective strategic and operational partnerships with other agencies</b>	-	-	-	-	-		
<b>7.1</b>	Establish a Corporate Director for Children's Services within the City Council	1. Enhanced Strategic planning to improve consistency.	April 2002	Directors' Board/Cabinet	More streamlined planning and greater synergy between key plans.		
<b>7.2</b>	Establish joint planning machinery ED/SSD with joint mapping / data exchange functions (consider creation of joint post to facilitate this)	Enhanced Strategic planning to improve consistency.	Sept 2002	Directors' Board	More streamlined planning and greater synergy between key plans.		
<b>7.3</b>	Develop proposals and consult on a range of structural options for services for children within the City. a) Corporate b) Multi-agency	1. Improved efficiency and effectiveness of services	a) Oct 2002 – Dec 2002 b) Oct 2003 – Dec 2003	Directors' Board Health Partnership Board	To have established a coherent structural implementation plan for the development of services for vulnerable children.		£100K over five years.
<b>7.4</b>	LCPP will continue to report to Cabinet/Scrutiny & Health Partnerships	Sustain existing effective planning partnership	Sept 2002	Cabinet / Scrutiny / Health Partnership Board	To ensure effective and coherent communication		
<b>7.5</b>	Develop and consult on short term efficiencies, both structural and procedural	1. Improved efficiency and effectiveness of services	Oct 2002	Directors' Board	Multi-agency shared assessment processes		Reduction in no. of assessments

<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS</b>
<b>7.6</b>	Leicester Children's Planning Partnership becomes a sub-group of the Local Strategic Partnership (LSP) with regular liaison systems.	1. Improved planning link between children's services and the LSP.	June – Sept 2002	LSP/Directors' Board	Evidence that key strategic issues are considered by LCPP.	Quarterly update reports for LSP. PIs. Production of Children's VCSP.	
<b>7.7</b>	Formalise the relationship between LCPP and the Early Years Development and Child Care Partnership (EYDCP) and other locality based service delivery partnerships.	1. Consistent partnership arrangements 2. Formal links to overall strategy by local partnerships. 3. Opportunities for integrated partnerships at a local level.	Sept 2002	Corporate Directors/Chair of LCPP.	LCPP receives reports on regular basis. Joint investment opportunities developed.	Self-monitoring. Feedback from local fora.	
<b>7.8</b>	Consider need for LCPP to establish multi-agency sub-group to manage implementation of the National Service Framework for children's services.	1. Improves proactive planning between agencies. 2. Common vision and priorities. 3. Increase opportunities for pooled budgets. 4. Increased opportunities for multi-agency teams.	By June 2002	Service Directors Directors' Board Health Partnership	NSF implementation plan in place. JIP in place.	Regular reports to LCPP/Directors' Board. PIs. Production of JIP.	
<b>7.9</b>	Promote the relevance and importance of LCPP through a communication strategy to ensure empowered representation.	1. Improved awareness of children's strategies within the City by service users and key stakeholders. 2. Enhanced engagement with LCPP by partners.	June 2002 onwards	Corporate Directors/Chair of LCPP.	That LCPP is not dominated by one agenda or agenda.	Annual review of representation. Regular reporting to LSP/Scrutiny Committees.	
<b>7.10</b>	Relaunch the City Council's Corporate parenting initiative.	1. Improve educational attainment and achievements of children looked after. 2. Enhance local political governance of corporate parenting.	Sept 2002	Service Directors / Chair of corporate parenting group	Cabinet and Director's Board leads for corporate parenting. Greater awareness of children looked after. Reduction in LAC	Annual report to each portfolio, Scrutiny Committees and Cabinet. PIs Reduce lack of stability by 10% → five years.	£100K over five years.



<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS</b>
7.11	Develop an action plan to implement the LCPP Joint Family Support Strategy. This will coincide with the development of the Vulnerable Children's Services Plan	Multi-agency shared strategy with agreed action plan.	Commence Sept 2002	Corporate Directors/Chair of LCPP / Service Directors	Agreed investment plan for next 3 – 5 years	Review of implementation through LCPP with annual reviews	
<b>8. Develop protocols between business units and between key agencies.</b>	-	-	-	-	-	-	-
8.1	Emphasise Joint Family Support Strategy as strategic driver (see 1.11)	Multi-agency shared strategy with agreed action plan.	Sept 2002 onwards	Corporate Directors/Chair of LCPP.	Agreed investment plan for next 3 – 5 years	Review of implementation through LCPP with annual reviews	
8.2	LCPP to develop and consult on new protocols within the City.	1. Produce new or improved protocols to enhance outcomes for children.	Jun 2002 – Dec 2002	Corporate Directors/ Heads of Service/ LCPP	New protocols in place.		
8.3	Establish clear lines of accountability for compliance to protocols with appropriate reporting systems.	1. Improve monitoring, review and audit of compliance to protocols. 2. Link team to service activity and budget performance management.	Jun 2002 – Sept 2002	Directors of SSD and Education shifting to Corporate Director's posts post April 2002.	New structural arrangements agreed. Dec 2002		
<b>9. Using pooled budgets to enhance joint initiatives and multi-agency partnership working</b>							
9.1	Consider applicability of establishing pooled budgets attached to multi-disciplinary teams.	1. Improves performance management of budgets. 2. Reduces delays in decision-making. 3. Improves service efficiency.	Dec 2002	Directors' Board / Service Directors	Pooled budgets established.	DMTs	

<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS</b>
<b>9.2</b>	Establish a pooled transport budget.	1. Increases responsiveness of services. 2. Reduces cost of service. 3. Reduces delays in decision-making.	April 2003	Directors' Board / Service Directors	Pooled budgets established.	DMTs	£50K over five years.
<b>9.3</b>	Establish a pooled out of authority/independent placements budget, with associated protocols through LCPP.	1. Reduces delays in decision-making. 2. Improves opportunities for innovative practice development. 3. Improves efficiency of service. 4. Increases contract compliance.	April 2003	Directors' Board / Service Directors / Health Partnership	Pooled budgets established with common protocols including Health contribution.	DMTs. PIs - 10% reduction in out of Authority/independent school placements.	£100K over five years.
<b>9.4</b>	Establish budget targets linked to activity, which are devolved to the lowest point of management. This should be combined with monthly reporting of expenditure against activity.	1. Improves performance management. 2. Improves budget monitoring and reporting. 3. Improves budget forecasting capability. 4. Increases ownership of budget management amongst middle managers.	April 2003	Directors' Board / Service Directors	Budgets established	DMTs / Service Directors	
<b>9.5</b>	Explore opportunities to pool budgets with partner agencies within the context of LCPP Objectives.	1. Increases integrated working practices across agencies. 2. Re-enforces LCPP priorities for action and provision of services. 3. Facilitates the establishment of multi-disciplinary teams.	Dec 2002	Directors' Board / Service Directors / LCPP	Budgets established.	LCPP/DMTs.	

IMPROVEMENT DIMENSION	RECOMMENDATION	DESIRED OUTCOME	TIMESCALE	RESPONSIBILITY	CRITICAL SUCCESS FACTORS	MONITORING ARRANGEMENTS PIs	INDICATIVE SAVINGS
<b>10. Communication</b>	-	-	-	-	-		
<b>10.1</b>	Undertake a consultation process on structural options. (See 1.3) a) Corporate b) Multi-agency	1. Provides a clear vision for form to follow function. 2. Provides a structural framework for delivering improvement. 3. Improved efficiency and effectiveness of services.	a) Sept 2002 – Dec 2002 b) Sept 2003 – Dec 2003	Directors' Board / LCPP	To have established a coherent structural implementation plan for the development of services for vulnerable children.	Directors' Board DMTs Cabinet	£100K over five years.
<b>10.2</b>	Develop a multi-agency newsletter for children's services.	1. Improves awareness of role and function of staff and business units. 2. Provides opportunities to involve staff and service users in service development. 3. Provides opportunities to obtain feedback on performance of services.	Nov 2002	Service Directors	Newsletter produced at regular intervals.	Service Directors	
<b>10.3</b>	Develop a Leicester Children's services website (link to mapping and brokerage function)	1. Improves awareness of role and function of staff and business units. 2. Provides opportunities to involve staff and service users in service development. 3. Provides opportunities to obtain feedback on performance of services.	Sep 2002	ICT managers.	Website operating by Dec 2002.	Service Directors	

IMPROVEMENT DIMENSION	RECOMMENDATION	DESIRED OUTCOME	TIMESCALE	RESPONSIBILITY	CRITICAL SUCCESS FACTORS	MONITORING ARRANGEMENTS PIs	INDICATIVE SAVINGS
FACTORS THAT IMPROVE SERVICE EFFICIENCY							
<b>11. Improved performance management</b>	-	-	-	-	-	-	
11.1	Review research in order to develop evidence of effectiveness of preventative models.	1. Increases credibility of service developments and improves measurement of service outcomes. 2. Raises the profile of children's services within the City. 3. Increases the evidential base in order to target service developments.	June - Oct 2002	Corporate Directors / LCPP / Service Directors	Reports commissioned and produced.	DMTs/LCPP.	
11.2	Establish monthly reporting systems against key performance indicators and outcomes (see joint mapping / planning function)	1. Improves monitoring and review of performance. 2. Increases the decision-making capacity of the service. 3. Increases the opportunity to take remedial action in areas of poor or inadequate performance. 4. Improves service and budget planning	Dec 2002	Service Directors	Reports produced	Performance management system	
11.3	Undertake a zero-base budgeting exercise to ensure linkage between budget and activity performance.	1. Improves budget planning. 2. Enables effective budget devolvement to occur. 3. Enables effective and appropriate budget and activity targets to be established for each cost centre.	Post Sept 2002	Service Directors	Reconfigured budget	Directors Board/SRG.	

<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS</b>
11.4	Establish consultation and feedback loop with service users and stakeholders as part of the business planning cycle.	1. Improves the participation and involvement of service users in judging performance. 2. Increases the responsiveness of the service.	Sep 2002.	Directors' Board	Business Plans in place showing evidence of service user feedback incorporated into a unit improvement plan.	Performance management. Community fora.	
11.5	Undertake a detailed unit costing exercise of all vulnerable children's services.	1. Enables market testing to occur. 2. Establishes balance of cost of commissioning against actual cost of provision.	Dec 2002	Service Directors	Report produced by April 2002	Directors Board/SRG. Cabinet Scrutiny Committees	£500K over five years.
<b>12. Multi-disciplinary professional development.</b>	-	-	-	-	-	-	
12.1	Review each departmental training programme and develop a comprehensive multi-agency development programme.	1. Improves joint working relationships and increases the ability to establish core competencies. 2. Increases awareness of role and function between operational and management staff. 3. Increases the ability to target training towards areas of poor performance.	Sep – Dec 2002	Human Resource Managers.	A revised training programme established.	DMTs	

<b>IMPROVEMENT DIMENSION</b>	<b>RECOMMENDATION</b>	<b>DESIRED OUTCOME</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITY</b>	<b>CRITICAL SUCCESS FACTORS</b>	<b>MONITORING ARRANGEMENTS PIs</b>	<b>INDICATIVE SAVINGS</b>
<b>12.2</b>	Establish core competencies with reference to the development programme.	1. Improves consistency of service delivery and methodology. 2. Supports the establishment of multi-disciplinary working. 3. Enables business units to merge and create service synergies. 4. Improves the linkage between activity and performance.	Commence working group Sep 2002	Service Directors / Human Resource Managers.	Team work programme established. Positive feedback for users.	Annual survey of service users/ stakeholders	
<b>12.3</b>	Establish a human resource strategy for children's services which takes account of multi-skilling, recruitment and retention, and accreditation systems.	1. Improves consistency of service delivery and methodology.	Dec 2002	Human resource managers. Heads of Service	Strategy produced Dec 2002	SRG/DMTs	-
<b>13. Improved ICT</b>	-	-	-	-	-	-	
<b>13.1</b>	Establish a workgroup to formalise information sharing protocols both between departments within the City Council and also with partner agencies.	1. Improves efficiency of services. 2. Reduces duplication of information gathering. 3. Improves the effectiveness of assessment process. 4. Improves city-wide service planning.	Sep 2002	Service Directors / LCPP	Proposals produced.	LCPP/DMTs.	
<b>13.2</b>	Incorporate voluntary sector providers of service in ICT planning	1. Increases the capacity of the voluntary sector provision.	Dec 2002	Service Directors	Voluntary sector provide input.	LCPP	
<b>13.3</b>	Work towards establishing management information systems, which populate each other.	1. Reduces the need for serial assessments. 2. Reduces duplication of information gathering. 3. Enables one worker to co-ordinate and supervise responses.	Dec 2002	ICT Managers/ Carefirst implementation group.	Routine information being shared.	DMTs	

IMPROVEMENT DIMENSION	RECOMMENDATION	DESIRED OUTCOME	TIMESCALE	RESPONSIBILITY	CRITICAL SUCCESS FACTORS	MONITORING ARRANGEMENTS PIs	INDICATIVE SAVINGS
<b>14. A change in the culture and attitude of children's services.</b>	-	-	-	-	-		
<b>14.1</b>	Consolidate the performance management arrangements with clear monitoring, reporting and compliance procedures, for Managers and operational staff, within children's services. This should be linked to achievement of key PIs and Public Service Agreement (PSA) Targets.	1. Improves performance management culture within business units. 2. Re-enforces a corporate vision and objectives for children's services. 3. Provides a clear linkage between activity and budget management. 4. Formalises to the City's achievement of PSA targets.	June 2002	Human resource managers/Heads of Service	Improved performance against Performance indicators. Improved budget management.	Performance management. Supervision. PSA reporting arrangements. PIs.	
<b>14.2</b>	Consolidate continuous improvement procedures for all business units as part of the Business Planning cycle that involves and ensure feedback from service users.	1. Formalises the consultation and involvement of service users and stakeholders in regular business unit improvement plans. 2. Increases the responsiveness of business units to service user and stakeholder feedback.	June 2002	Directors' Board	Business Plans in place showing evidence of service user feedback incorporated into a unit improvement plan.	Performance management. Business Plans.	
<b>14.3</b>	Establish additional and joined-up corporate / multi-agency consultation processes. Building on existing processes.	1. Increased consultation/ participation with demonstrable impact on planning and service development.	June 2003	Corporate Directors	Development of robust consultation mechanisms. Increase in numbers involved in participation.		
<b>14.4</b>	Establish service user feedback system both during and at the end of any intervention.	1. Improves the responsiveness of services. 2. Increases service user empowerment.	Commence June 2002	Service Directors	Systems established.	Reports to DMT/Directors' Board/Cabinet/Scrutiny Committees.	

IMPROVEMENT DIMENSION	RECOMMENDATION	DESIRED OUTCOME	TIMESCALE	RESPONSIBILITY	CRITICAL SUCCESS FACTORS	MONITORING ARRANGEMENTS PIs	INDICATIVE SAVINGS
14.5	Produce clear information on the roles and functions of business units and professionals for service users and partner agencies in a range of languages.	<ol style="list-style-type: none"> <li>1. Increases awareness of services available for service users.</li> <li>2. Increases understanding of role and function of services.</li> <li>3. Increases accessibility.</li> </ol>	Sept 2002	Service Managers	Information in place and on Intranet and Internet	Reports to DMTs.	