



# **Adult Social Care Service Plan 2008-09**

**Drafted, agreed and to be implemented in conjunction with  
Herefordshire Primary Care Trust**

## **Introduction to Adult Social Care service plan 2008/2009**

This is a brief summary of how the plan has been developed and how it will ensure that we continue to make significant improvement.

It is intended to be easily read and understood, and to provide an important and helpful framework for all staff and teams who are contributing to the improvement of adult social care.

There are 2 important additional sections:

- a) Section 2 - Equality Impact Assessment and action plan – issues of equality and diversity are addressed in all the work that we do. The attached EIA clarifies the links between the improvement agenda and equality issues. The action plan will be monitored alongside the service plan.
- b) Section 3 : Risk Register – the main risks associated with the delivery of this plan are identified with mitigating action as appropriate.

## **Background 2007/2008**

During 2006/ 2007 the Department of Health (DH) supported Herefordshire in its commitment to improve adult social care. This was primarily focussed on five identified work-streams which concentrated on specific areas needing development. The DH provided further financial support to implement these in 2007-08.

The Learning Disability (LD) inspection, which took place in February 2007, identified further areas requiring considerable improvement, which were addressed through the implementation of a comprehensive action plan, with additional support from the DH.

An overall transformation programme, incorporating the five work-streams and the LD action plan but also covering other key improvement projects either in existence or thought to be needed in future, was developed during the first part of 2007 and was reflected in the 2007/2008 adult social care business plan.

In July 2007 the interim Head of Adult Services and the Change Manager were appointed to provide additional senior management capacity. The improvement programme was reviewed and updated to put in place a cohesive and co-ordinated transformation

programme which will make a real difference to all adults requiring care and support in Herefordshire. This is being achieved by building on the work already done, by ensuring overall leadership and direction and by clarifying the inter-relationship between different aspects of the programme. By doing this we will make the most effective use of our resources and maximise the impact of change. The adult social care service plan for 2008/2009, which includes the transformation programme takes this work forward for the coming year.

### **Summary of Achievements in 2007/2008 against the key priorities**

**Effective leadership and management:** change management group and challenge team established to drive forward transformation programme, learning disability action plan implemented, budget action plan implemented to address year on year overspending through strengthened budget control and using new investment monies to develop community options to reduce reliance on residential care, fairer charging - consultation completed, final proposal agreed by Cabinet with implementation to start in April 2008.

**Strengthening joint commissioning:** for older people and learning disability investment plans focusing on supporting independence in the community progressed, needs analysis for mental health and physical disability completed, post established in the Alliance to support shaping the market with the 3<sup>rd</sup> (voluntary) sector, role of joint Adult Commissioning Board strengthened, sub group of the Public Services Trust reviewing Section 75 arrangements, LD accommodation and support commissioning process with preferred provider identified.

**User and carer engagement:** learning disability Partnership Board reviewed and re-established with full user and carer involvement including charter for involvement agreed, project to establish a carers' hub on target to achieve this for 1<sup>st</sup> April 2008. Engagement with Involving People Team at the PCT and helping to inform LINK selection process.

**Assessment and Care Management** – work with Deloitte completed to finalise the 'Target Operating Model', a framework for the future taking account of personalisation, risk management, focus on outcomes, integration with health and the links to the new social care I.T. system. Considerable progress has been made on developing and implementing self-directed care for adults with Learning Disabilities, with 25 people now in receipt of individual budgets using the In Control model.

**Communication** –a communication strategy has been developed and agreed, including regular Director’s conferences for all staff, monthly news and views, range of newsletters for staff, users and providers published.

**Service developments**-- new services for older people established to reduce reliance on residential care include a roving night service, domiciliary care for older people with mental health problems, and the opening of 35 new extra care units and 10 rehabilitation places in Ledbury. Day Opportunities for all client groups are currently being reviewed and in L.D. services are already changing. Two sites have been agreed for housing support options to be developed for Adults with Learning Disabilities, 6 units in Ross-on-Wye and 8 units in Hereford.

Prevention services: The Red Cross Village Warden Scheme successfully piloted with roll out planned across Herefordshire this year; Signposting scheme extended; countywide Footcare scheme delivered by Age Concern to five sites across Herefordshire.

**Quality Assurance** –a new quality framework is being developed to underpin all the work of the adult social care and will be based on three key measures of quality: outcomes for service users and carers, how much assessment and service we provide, and to what standards. The Shaw Healthcare contract, which was set up in 2004, has been reviewed and recommendations are being taken forward. The Safeguarding committee’s role has been reviewed and strengthened.

**A more detailed summary of improvements and achievements for 2007/2008 will be published in April 2008.**

## **2008/2009 Service Plan and Transformation Programme**

The priorities for the Transformation Programme follow on from the progress made in 2007/2008. The improvement plan for learning disability is included now within the overall planning for adult social care. The seven priorities have been slightly amended – communication is now included within leadership and management so there are now six priorities as follows:

- Effective Leadership and Management
- Strengthening Joint Commissioning
- Strengthening user and carer engagement
- Personalisation – agreeing and implementing Herefordshire’s plan for “Putting People First”

- Increasing options to support independence
- Implementing a robust Quality Assurance Framework

There are three documents that form the plan, the overall Service Plan, the Transformation Programme and the summary document – At a glance plan for Adult Social Care.

The transformation programme is a major component of the overall Service Plan for Adult Social Care and is easily identified within the Service Plan. Actions relating to transformation are in blue text within the Service Plan.

The Service Plan clearly identifies the link between action and LAA priorities and CSCI issues to be addressed arising from the Annual Performance Assessment (APA). The Service Plan has grouped actions under the CSCI outcomes creating a real link between our business plan and working towards improvements in outcomes for users and carers. The recommendations from the CSCI Summary Report are appended at the end of the document.

The Plan when finalised will be complete with identified leads, timescales, targets, and outcomes. This will be the framework for more detailed project plans and team plans, which will ensure successful implementation.

The 'At a Glance' one page summary will be widely available to all staff and managers and will also include actions that are part of the Transformation Programme, Phase II, easily identified in blue. A monitoring version of this will also be produced to enable clear and easy links between priorities and progress for all staff.

The Transformation Programme will be monitored monthly at the Transformation Board for Adult and Community Services (chaired by the Director of Adult and Community Services) and reported to the joint Adult Commissioning Board (currently chaired by the PCT Director of Commissioning until the appointment of the Director of Integrated Commissioning).

The Service Plan will be monitored at the monthly meeting of Adult Social Care managers chaired by the Head of Service.

## Council Commitment to Improving Adult Social Care

The Council's proposed new corporate plan has adult social care as one of a small number of top priorities, and this is reflected in the proposed new LAA. The precise words are:

Improvements in Adult Social partnership arrangements externally. The priorities of Council and Herefordshire wider contributions to well-being of adults in the the overall purpose of Adult **To enhance quality of life, economic well-being of people in Herefordshire through the co-ordinated provision of health, social care, housing and community services.**

<p><b>COUNCIL TOP PRIORITIES</b></p> <p>Reshaped adult health and social care, so that more older and other vulnerable people maintain control of their lives</p>	<p>LAA</p> <ul style="list-style-type: none"> <li>• Help vulnerable people to live safely and independently in their own homes</li> </ul>
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Care are dependent on good both within the Council and the wider directorate, the Partnership recognise the improving the health and county. This is reflected in and Community Services: **health, social and**

And in the themes from the Corporate Plan 2008-09:

- **Health and well-being:** To improve the health and well-being of all our citizens aged 18-64, reducing health inequalities and promoting the maximum possible control and independence for disadvantaged groups
- **Older people:** To ensure that older people remain healthy, independent and active continuing to live in and contribute to their local communities

This is also reflected as priorities in the Community Strategy and in the Local Area Agreement (LAA). The priorities within the Community Strategy that are particularly important are:

- Increase access to and participation in learning and development at all levels in order to raise achievement, address worklessness and improve workforce skills
- Increase the availability of appropriate, decent and affordable housing
- Encourage thriving communities where people are able to influence change and take action to improve their area, regardless of their back ground
- Encourage and promote a healthy lifestyle with particular attention to: reduce smoking, encourage healthy eating and avoid excessive consumption of alcohol
- Help vulnerable people to live safely and independently in their own homes

Of the 35 National Indicators which will be the LAA priorities the following are included, and are particularly relevant to Adult Social Care:

NI 130	Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information
NI 136	People supported to live independently through social services (all ages)
NI 142	Number of vulnerable people who are supported to maintain independent living
NI 152	Working age people on out of work benefits

## Adult Social Care Plan with links to CSCI APA Recommendations and LAA Priorities

### Key to Leads:

Initials	Name	Directorate or Organisation
AD	Amanda Dallimore	Herefordshire Council (HC)
AH	Andrew Hasler	Herefordshire Council
AS	Andrew Strong	The Alliance
BL	Barbara Lloyd	Adult Social Care, HC
BMc	Billy McAlinden	Adult Social Care, HC
BP	Barbara Parkinson	Independent
CG	Chris Gill	Adult Social Care, HC
DH	Denise Hawkins	Adult Social Care, HC
EB	Eleanor Brazil	Adult Social Care, HC
EM	Euan McPherson	Herefordshire Primary Care Trust

FW	Fran Warden	Herefordshire Primary Care Trust
GC	Gi Cheesman	Herefordshire Council
GT	Graham Taylor,	Herefordshire Primary Care Trust
GV	Gill Vickers	Adult Social Care, HC
IB	Ian Barnet	Herefordshire Primary Care Trust
JH	Jean Howard	Herefordshire Primary Care Trust
JLH	Jo Hart	Adult Social Care, HC
JP	Jan Parfitt	Herefordshire Primary Care Trust
JS	Jan Scrivens	Adult Social Care, HC
KHD	Katrina Healey	Commission for Efficiency of Service Delivery (CSED)
LB	Lydia Bailey	Adult Social Care, HC
LF	Laura Ferguson	Adult Social Care, HC
LL	Leslie Libetta	Adult Social Care, HC
ME	Margaret Ellis	Independent
MF	Martin Flowers	Herefordshire Primary Care Trust
MM	Mike Metcalf	Herefordshire Primary Care Trust
PAS	Pam Saunders	Herefordshire Primary Care Trust
PM	Project Manager (intermediate care)	(awaiting appointment)
PS	Peter Sowerby	Herefordshire Primary Care Trust
SB	Susie Binns	Herefordshire Council
SC	Stephanie Canham	Adult Social Care, HC
SD	Sue Doheny	Herefordshire Primary Care Trust
SM	Sheila Morgan	Adult Social Care, HC
SP	Sally Preedy	Herefordshire Council
SCP	Sharon Pugh	Adult Social Care, HC
SAMP	Sam Powles	Herefordshire Council

### Key to Links:

T.O.M.	Target Operating Model – a framework for the delivery of a new model of assessment and care management, developed in Herefordshire with Deloitte during 2007
ISCS	Integrated Social Care solution – the project to deliver the new social care I.T. system during 2008

QAF	Quality Assurance Framework
T&D	Training and development plan
CSP	Community Service Plan
BRP	Budget Recovery Plan
LD Plan	Learning Disabilities Action Plan

### Health Priorities

This plan links to Herefordshire PCT Three Year Commissioning Strategy and 2008/9 LDP priorities

Priority 1. Effective Leadership and Management		Accountability: Eleanor Brazil						
Ref	Actions	Links	Lead	Time-scale	Outcomes for service users and carers	Measures	CSCI APA Ref	LAA Priority
1a	Enhance Leadership and Management		EB		Improved health and well-being, quality of life, choice and protection from abuse		8(ii)(iv)(v)	
1a1	Change Management Group and Challenge Team to prepare for and work with the Director of		EB	April '08 – Dec 08		Smooth transfer of leadership and management to new Director		

	Integrated Commissioning					Social care priorities delivered within integrated arrangements		
1a2	Change Management Group and Challenge Team to agree and implement and lead on the Transformation Programme		GV	April '08 – Mar '09		Project leads deliver projects within timescales Improvement co-ordinated across adult social care and health		
	Ensure maximum benefit from the implementation of the new electronic Social Care system	T.O.M ISCS	EB	April-Oct. 2008		Social care leads identified and released to work on Framework i New system implemented delivering timely accurate information		
1a3	Evidence effective budget management and ensure that the additional resources allocated into the baseline for modernisation are used in a way that provides greater choice for users, more support in the community and value for money, and that this is achieved within the total adult social care budget	BRP	EB	April '08 – March '09		Budget allocations clear at start of year Monthly budget clinics identify any issues and take appropriate action Any overspends identified and action taken. Financial impact of modernisation clarified and monitored Work with CSED to ensure benchmarking and value for money, based on national good practice		

1a4	Evidence contract monitoring to ensure efficient and high quality service provision by: Establishing a Monitoring schedule (including service user feedback mechanisms) and implementing this for all contracts, and using the information to inform commissioning decisions.	QAF	MS	April '08 – March '09	Improved , quality of life and protection from abuse	More registered providers scoring at least good. Reduced number of AP referrals due to poor provider performance. Monitoring information used to work with providers on improvements		
1a5	Establish process for ensuring 8 Area Based Grants linked to adult social care are used effectively to support priorities		LL	April 08- March 09	Improved choice	Monitoring system agreed with leads for each grant Regular reports to Adult commissioning Board with recommendations for improvement		
<b>1b</b>	<b>Workforce development</b>		<b>GC</b>				<b>8(i)(iii)</b>	
1b1	To ensure sufficient supply of suitably qualified and competent workforce meeting National Occupational Standards	T&D	LF	April 08 – March 09	Effective Commissioning and use of resources	Deliver in- house 36 NVQs Level 2 15 Learning Disability Awards Level 2 25 NVQ Level 3 (including assessor awards) 15 learning Disability Award Level 3 33 NVQ Level 4 (RMA/Care	<b>APA 9</b>	<b>1, 2,7</b>

						All senior practitioners to hold PQ award. 16 additional social workers to hold PQ1/consolidation module. 3 practice assessors to enable workbased learning unit.		
1b2	Ensure social care staff, with health staff are effectively supported and trained to respond to the modernisation programme		GV	April – June 08	Improved choice	Workshops commissioned and run to cover culture awareness, preparation for self directed care for front line staff and managers, and coaching/ influencing skills for managers		
1b3	Identify skills and competencies for workforce in new integrated model of Intermediate Care services		JP	Sept 2008	Improved health and well-being	The model of service is agreed and the workforce requirements to deliver are also agreed. Work with the project manager to ensure staff are recruited, trained and supported to deliver an integrated service.		
1b4	Create and implement multi-agency workforce development strategy for Learning Disability services.	T.O.M	JP/ ME	April 2008 –Mar 09	Improved quality of life, dignity and respect	Implementation plan for learning disability workforce agreed and delivered-		

	Create and implement multi-agency workforce development strategy for Physical Disability services					Workforce development plan agreed for physical disability following finalisation of the joint commissioning plan		
1b5	Identify skills and competencies required to develop a career framework for staff within Long Term Conditions services, within localities and Implement workforce development plan across primary, acute and social care staff within Long Term Conditions services	T.O.M	PAS	Feb 2009	Improved health and well-being, dignity and respect and quality of life	Workforce development issues addressed as part of the LTC project Workforce development lead is a member of the steering group Staff recruited, trained and supported to deliver an improved integrated service		
1b6	Ensure a workforce plan is completed for adult social care incorporating the work identified above and ensure consistency with the Corporate (PST) Organisational Development Programme		EB/ GC	April '08 – July 08		Corporate H.R. task groups complete framework for 'model' workforce plan. Adult social care complete workforce plan in line with model. Appropriate number of staff recruited, supported and trained to deliver a modernised service.		
<b>Priority 2. Strengthen Joint</b>		<b>Accountable: Change Management Group, until appointment of Joint</b>						

Commissioning and Stakeholder involvement		Commissioning Director						
Ref	Actions	Links	Lead	Time-scale	Outcomes for service users and carers	Measures	CSCI APA Ref	LAA Priority
<b>2.a</b>	<b>Shaping the Market</b>		<b>GV</b>				<b>9(i)(ii)(iv)</b>	<b>5,6,8</b>
2a1	Hold workshop for independent and voluntary sector providers to brief on Personalisation agenda		GV/AS	April 2008	Improved choice	Providers develop new service options		
2a2	Develop and strengthen older people's mental health, physical disabilities, learning disabilities and carers commissioning local boards to ensure effective involvement of service users, carers, and independent and voluntary sector providers.		GV/AS	May 2008	Improved choice	Majority of providers attend and find forum useful		
2a3	Engage providers to provide opportunities for employment for service users		AS	August 2008	Improved quality of life	More service users are employed		
2a4	Review current arrangements for professional and clinical involvement across all areas and make recommendations for improvements		JH	June 2008	Leadership	Increased engagement of professionals and clinicians in commissioning decisions		
<b>2b</b>	<b>Implementing commissioning intentions</b>		<b>EB/PR</b>				<b>9(ii)(iii)</b>	

2b1	Finalise Physical Disabilities Joint Commissioning strategy and ensure agreement of implementation plan at Adult Commissioning Board		ME	July 2008	Improved choice, health and well-being, quality of life	Commissioning intentions agreed and influence service development		
2b2	Define and document clear commissioning intentions for each service area		EB	July 2008	Improved choice, health and well-being, quality of life	Commissioning priorities and timescales for commissioning activity across adult health and social care agreed		
2b3	Commence Partnership Programme for accommodation and support for people with learning disabilities		SC	April 2008- July 08	Improved quality of life	Cabinet decision April 08 – contract commencement July 08 Fewer service users in residential care		
2b4	Reduce numbers of learning disabled service users in registered care by 25		SC	March 2009	Improved quality of life	PI 79 measure - measured reduction in registered care by actively moving people on to new models of service.	C30	
2b5	Ensure equality of access to health services for LD service users		SC	Sept. 2008	Improved health and wellbeing	59 health action plans in place. All AWLD registered with GP	4(vii) C30	7,8
2b6	Re-commission an improved rehabilitation service for visually impaired people		DH/ JS	July 2008		Central rehab service based within voluntary sector accessible to all VI clients Increased number of people being reabled.  Increased range of rehab services provided.		

2b7	Agree new CHC guidelines implementation with PCT		SC	April 2008	Improved health and wellbeing	Joint working principles agreed April 08. More service users have joint health and social care packages		5,6,8
2b8	Review jointly with the PCT existing service users where eligibility for CHC is in dispute		SC	july2008	Improved health and wellbeing	Increase in those in receipt of CHC – measured through quarterly ADASS return		
2b8 a	Convene a joint workshop for HC and PCT staff on local process		GV/P R	April 2008	Leadership, commissioning and use of resources	Workshop for key staff April 08, timely decisions made on eligibility for CHC, staff from both organisations work together effectively		
2b9	Embed outcome focussed commissioning with clarity on quality standards	QAF	MS/ AH	April '08 – Mar '09	Improved quality of life, health and wellbeing	Agreed outcome standards for all service areas  Positive feedback from stakeholder groups (e.g. Valuing People Board)	9 (ii) (iii)	5,6,8
2b10	Implement agreed quality standards across provider contracts	QAF	MS	April '08 – Mar '09	Improved quality of life, health and wellbeing	QAF All contracts have agreed quality standards incorporated informed by effective user involvement		
<b>Priority 3 Strengthen User and Carer Engagement</b>		<b>Accountable: Change Management Group</b>						
<b>Ref</b>		<b>Links</b>	<b>Lead</b>	<b>Time-</b>	<b>Outcomes</b>	<b>Measures</b>	<b>CSCI</b>	<b>LAA</b>

				scale	for service users and carers		APA Ref	Priority
3a	<b>Strengthen Service User Engagement</b>		DH				3(i)(ii)(iii)	6,8
3a1	Develop a framework which includes links to existing networks and engagement with new Local Engagement Network (LINK) to create a joint approach to talking to all adult service users and ensure their involvement in planning, developing, evaluating and monitoring services.		DH	April 2008	Making a positive contribution	Framework agreed and signed off by the LINK. Full engagement of all networks with LINK Service users involved in agreeing priorities		
3a2	Develop locality/community models of engagement using good practice examples		DH	April 2008	Making a positive contribution	Establish a range of models of engagement throughout county, and encourage positive interaction Service users influence decision making	3(i)(ii)(iii)	
3a3	Create systems to use information from service users in effective ways. Also feedback results from service user engagement to participants and joint commissioning		DH	August 2008	Making a positive contribution	Evidence how consultation has shaped service development and provision. Informing commissioning process of feedback and involving carers and	4(viii)	

						service users in the commissioning process		
3a4	Agree employment strategy to include Training and Development and Social Enterprise	LD	MM	June 2008	Making a positive contribution /Economic well-being	Increased number of adults with disabilities or mental health problems in employment	6(i) (ii)	
3a5	Set up 'Deaf Direct' consultation forum to develop services using good practice benchmark information from other areas		DH	June 2008	Making a positive contribution	Rolling programme of events held Linked with other stakeholders to ensure consultation meaningful and countywide.		
3a6	Gain information in a range of ways to ensure that 'Seldom Heard' people, who don't currently use services, have a voice		DH	Oct. 2008	Making a positive contribution	Increased number of people who don't currently use services involved in user engagement activities		
<b>3b</b>	<b>Strengthen Carer Involvement</b>		<b>JS</b>				<b>2(ii), 4(iii) [N135]</b>	<b>5,6,8</b>
3b1	Contract for running of 'Carers' Hub' to be awarded to independent provider		BP	April 2008	Increased Choice & Control	Detailed spec signed off which incorporates the main points for the HUB  Carers Hub operational from 1 <sup>st</sup> April 2008		

						100% increase in number of carers receiving information, advice and support		
3b2	3 month consultation with Carers on delivery of short breaks		BP	Feb 2008	Increased Choice & Control	Increased number of carers consulted.  Options/ideas put forward by carers influence commissioning of services.		
3b3	Specifications in place for short breaks		BP	June 2008	Improved Quality of Life/Increased Choice & Control/Increased Health & Well-being	Increased number of carers using Individual budgets.  Services delivered in line with specification	DB5	
3b6	Develop Carers' consultation forum for Older People and Physical Disabilities		JS	April 2008	Making a positive contribution	Carer forums established and meeting regularly		
3b7	Appointment of Carers Officer		JS	Sept 2008	Making a positive contribution/ Increased choice and control	Carer's officer appointed.  Carers involved in planning and service development.		
3b8	Contracts let for short breaks		MS	Oct	Making a positive	Range of choice for carers		

	across all client groups			2008	contribution. Improve quality of life for carers	to secure short term breaks through IB or commissioned services		
3b9	Increase Carers Assessments to 12% across each client group		CG	Mar '08 – April '09	Improved quality of life	Increased number of Carers having a positive experience and clear outcomes identified for carers.		
<b>3c</b>	<b>Enhance communication with service users and carers</b>		<b>AH</b>		<b>Making a positive contribution</b>	<b>P&amp;RM</b>	<b>3(ii)(iii), 5(i)(ii), 7(i)(ii)</b>	<b>5,6,7,8</b>
3c1	Develop DVD and other media as promotional material and information for all adult Service Users and their Carers		AH	April 2008		DVD developed with full user involvement Service users and potential users are better informed about how to access support		
3c2	Improve accessibility of information for Service Users and Carers including enhanced Council web-site content		AH	April 2008	Improved quality of life	Service users and potential users are better informed about how to access support		
<b>Priority 4. Personalisation - Agree and implement Herefordshire plan for 'Putting People First'</b>		<b>Accountability: Change Management Group</b>						
<b>Ref</b>	<b>Actions</b>	<b>Links</b>	<b>Lead</b>	<b>Time- scale</b>	<b>Outcomes for service users and carers</b>	<b>Measures</b>	<b>CSCI APA Ref</b>	<b>LAA Priority</b>

4a	<b>Extend Self-Directed Care &amp; Personalised budgets across all client groups</b>		<b>GV</b>		<b>Increased choice and control/Improved quality of life</b>		<b>4(i)(ii)(vi) (vii), [N130, N133], 5(iii), 7(iv)</b>	<b>6,7,8</b>
4a1	Review SAP to include personalisation	T.O.M	GV	April 2009		Single assessment process understood and used by multi-disciplinary staff group		7,8
4a2	Agree appropriate Resource Allocation System, ensuring equity across each of the client groups and Carers.		GV+S amP	April 2008		Resource allocation systems agreed and piloted		
4a3	Review and agreed internal business processes in order to deliver Personalisation including equality of access	T.O.M	TK	April 2008		Business processes support delivery of a personalised service	2(i)	
4a4	Implement information sharing protocol across health and social care	ISCS	EB/ JH/ DH	September 2008		Improved information sharing across health and social care		
4a5	Identify leads to work with Herefordshire Connects on developing an ICT interface between ASC and Health	ISCS	EB	May 08		Reduction in number of systems used by staff across health and social care		
4a6	Communication plan in place to inform current and potential adult service users and carers,		SH	April 2008		Staff and service users understand how personalisation works		

	including self-funders, on Personalisation							
4a7	Work with key providers to develop independent brokerage and a range of other support options for Personalisation, including self-funders		GV/ AS	April '08 to March '09		Increased range of service options available		
4a8	Offer S-D Care and Personalised Budgets to all new individuals coming into Learning Disability Services		BM	April 2008- March 09		Increased number of service users using individual budgets		
4a9	Pilot 10% of individuals receiving S-D Care and Personalised Budgets in Older and physically disabled Peoples' services		CG	April 2008- March 09		36 older and physically disabled people using personalised budgets		
4a1 1	Pilot 12 individuals receiving S-D Care and Personalised Budgets in Mental Health Services		MH	April 2008- March 09		12 individuals with mental health problems using personalised budgets		
4a1 2	Pilot 10% of Carers receiving Personalised Budgets		JS	April 2008- March 09		40 carers using personalised budgets		
<b>Priority 5. Increase options to support independence</b>		<b>Accountability: Change Management Group</b>						
Ref	Actions	Links	Lead	Time-scale	Outcomes for service users and carers	Measures	CSCI APA Ref	LAA Priority
5a	Intermediate Care Service		GT		Improved Health &		1(iii)	8

					<b>well-being</b>			
5a1	Deliver integrated intermediate care service across Herefordshire with single access point	T.O.M	GT/PM	Sept. 2008	Health & well-being	Integrated service operational	1(iii)	
5a2	Establish single line management of intermediate care		GT/JS	May 2008	Health & well-being	Project manager appointed	1(ii)	
5a3	Re-designed care pathways for Intermediate Care	T.O.M	GT/	June2008	Health & well-being	Clear referral and access pathways, services co-ordinated and complementary		
5a4	Increase the use of Intermediate Care from community settings.	T.O.M	PM	June 08-March 09	Health & well-being	Fewer people admitted to hospital	1(i)(ii)	
5a5	Liaise regularly with the Change Officer/Business Analyst role for ISCS project to ensure all new processes are included within the solution.		PM			Improved co-ordination		
<b>5b</b>	<b>Increase number type and useage of supported housing options</b>		<b>PS</b>		<b>Improved Quality of Life</b>			<b>4</b>
5b1	Ensure a co-ordinated approach, across vulnerable adult groups, regarding supported housing needs with strategic housing		PS/SM		Improved Quality of Life	Joint approach in place to identify priorities for meeting housing need Reduction in numbers in residential care	4(vi)	
5b2	Identify and agree with Strategic		PS	June 2008	Improved Quality of	Agreed number of units let	4(vi)	

	Housing numbers of general accommodation units to be made available to all vulnerable adults				Life	to vulnerable adults		
5b5	Work with Strategic Housing to consider short-term development of Disraeli Court as 'Half-way Hs/Step-down' units		PS		Improved Quality of Life	Reduced number in residential care Increased opportunity for agreed number of service users to benefit from living in the community	4(vi)	
5b6	Ensure smooth transition for those residents moving from Elmhurst and Orchard House into Rose Gardens extra care facil		DH	Sept. 2008	Improved Quality of Life	All users have up to date assessments. Plans agreed to meet individuals' current needs All those in residential care are considered for extra care as first possible option		
5b7	Ensure appropriate take up of Leadon Bank and Shaw Extra Care facility		DH	May 2008	Improved Quality of Life	Increase publicity and promotion of new service countywide. Engage current service users in promoting "positive" feedback to prospective service users. All units occupied		
5b8	Work with Supporting People to review the Adult Placement Scheme		LL	Dec 2008	Improved Quality of Life	Service user support needs reappraised and agreed with SP service		

						Clear standards implemented for all placements		
5b9	Mental Health links developed with Herefordshire Housing/Housing providers		DT	June 2008	Improved Quality of Life	Improved relations between MH and housing Increased number of housing staff attending MH awareness and Mental capacity act training	4(vi)	
5b10	Mental Health Supported Housing Team in place		DT	March 2009	Improved Quality of Life	Housing team recruited Increased number of people supported in the community	4(vi)	
5b11	Individual Placement and Support (IPS) employment service developed within all Mental Health teams		DT	March 2009	Economic Well-being	IPS employment specialist in post Increased number of people supported into employment		
5b12	Mental Health user led project on recovery and Wellness Recovery Action Plan (WRAP) training in place		DT	March 2009	Health & Wellbeing & Positive contribution	Training sessions run during the year. Improvement in mental health of those delivering and receiving the training,		
<b>5c</b>	<b>Increase options to provide</b>		<b>GV</b>					<b>8</b>

support in peoples' homes								
Ref	Actions		Lead	Time-scale	Outcomes for service users and carers	Measures	CSCI APA Ref	LAA Priority
5c1	Work with Supporting People to re-commission the Telecare Service across all vulnerable adult client groups		JLH	Sept. 2008	Improved Quality of Life	Milestones for the tendering process completed. Successful contractor delivers service from 1 October 2008 against agreed specification.	4(vi)	
5c2	Provide an additional 30% of new users (150) with Telecare services (across all adult client groups)		JLH	April '08 – Mar '09	Improved Quality of Life	150 new users. Service users are supported to retain their independence through telecare services	4(vi)	
5c3	Provide a Just Checking unit to a target of 40 individuals with mental health needs or learning disabilities		AM	April '08- Mar '09	Improved Quality of Life	Relatives and service users feel confident that the service user is being supported at home Reduced admissions to residential care	4(vi)	
5c4	Implement Pilot at Leadonbank as re-ablement flats (for all adult client groups)		DH /AM	May 2008	Improved Quality of Life	Opportunity for vulnerable adults to experience supported access to the community	4(vi)	
5c5	Roving Night Service pilot evaluated using service user/carer satisfaction and		AM/ SP	Evaluate June 08 and decide	Improved Quality of Life	Reduction in number of people admitted to residential care	4(vi)	

	outcome surveys with control group			re roll out		Service users and their families feel well supported		
5c6	Mental Health domiciliary care service pilot evaluated using a service user/carer satisfaction and outcome survey with control group		AM/SP	Evaluate May 08 and decide re roll out	Improved Quality of Life	Reduction in number of people admitted to residential care Service users and their families feel well supported	4(vi)	
5d	<b>Modernise Day Opportunities across all client groups to ensure co-ordination and consistency of approach, and reduce duplication</b>		JS		<b>Increased Choice &amp; Control/Improved Health &amp; Well-being and Quality of Life</b>			<b>2,6,8</b>
<b>Ref</b>	<b>Actions</b>		<b>Lead</b>	<b>Time-scale</b>	<b>Outcomes for service users and carers</b>	<b>Measures</b>	<b>CSCI APA Ref</b>	<b>LAA Priority</b>
5d1	Agree new models and a strategy for delivering for day opportunities for older people and for adults with physical disabilities, that are 'needs led', community focussed and will provide a structure for early intervention, preventative services, and rehabilitation, which support independence and ordinary lifestyle		SM	April 2008-Sept 08	Increased Choice & Control	Feedback from countywide consultation events and from Scrutiny Committee Task Group used to inform the models;  Cabinet approval to proceed.		

	opportunities.							
5d3	Implement day opportunity models for older people and adults with physical disabilities		SM	Sept. 2008	Improved Quality of Life/ Increased . Choice &Control	Increased number of service users adopting personalisation and individualised budgets, in order to achieve intended outcomes and benefiting from new pattern of services Voluntary and independent sector organisations undergo development to provide increased options for service users, to enable them to achieve intended outcomes;  Service users offered greater choice and services which help them remain independent	4(vi)	
5d4	Liaise regularly with the Change Officer/Business Analyst role for the integrated Social Care Solution (ISCS) project to ensure all new processes are included in the solution.					Improved information for managers and staff.		
5d5	Develop locality model of	LD	MM/	April 08 to	Improved Quality of	Increased number of	4(vi)	

	service delivery for Learning Disabilities.	T.O.M	LF	Sept 08	Life/ Increased Choice &Control	users with learning disabilities experience and enjoy broader range of day activities		
5d6	Implement Action plans linked to the Strategy in each locality to shape new developments and , create opportunities for users	LD	MM/ LF	June – Sept 2008	Increased choice and control	Users involved fully in the development process External funding achieved to support development New premises secured Service users offered greater choice and services which help them remain independent Increased number of service users adopting personalisation and individualised budgets, in order to achieve intended outcomes and benefiting from new pattern of services		
5d7.	Review and implement a change of Job descriptions and titles in Day Opps staff teams to include staff consultation, Unison, Job Evaluation and change of contracts		LF	July 08	Increased Choice & Control	Staff supported and trained to work in flexible ways to enhance service users' experience		
5d8.	Rebranding of day opportunities		LF	August 08	Increased Choice &	Improved information for		

	and marketing strategy developed and implemented to meet the demands of the changing market.			- Feb 09	Control	service users and carers		
5d9	Increase use of public transport and access to community services through travel training		TA	April '08 – March '09	IncreasedC&C Improved QL Freedom from Discrimination	Increased number of service users using public transport	5(i)(ii)	3
5d10	Develop a range of opportunities to help service users/carers into employment and training	CSP	MM	April'08 to Mar'09	Economic Well-being	Establishment of increased number of social firms and other organisations with more service users and carers accessing training and employment	4(vii), 6(i)(ii)	1,2,6
5d11	Increase the provision and take up of specialist hearing equipment		DH		Improved Quality of Life	Increase in numbers of service users receiving specialist services and maintaining their independence.		
<b>5e</b>	<b>Develop and implement Mental Health Rehab and recovery service</b>		<b>DT</b>		<b>Improved Health &amp; well-being</b>			
5e1	Produce business plan for rehab & recovery service		DT	April 2008		Business Plan produced and distributed to appropriate bodies		
5e2	Produce operational policy,		DT	June 2008		Operational policy		

	including mission statement for rehab & recovery service					produced.		
<b>5f</b>	<b>Develop and/or modernise integrated community services to support independence</b>		<b>JH</b>		<b>Improved Health &amp; well-being</b>			
5f1	Establish new multi-disciplinary assessment and care/case planning processes in Hereford.		SD/ EB	July 08		Improved co-ordination, fewer people admitted to hospital or residential care.		
5f2	Develop project plan to implement Long Term Conditions self-management and develop links with Personalisation		PAS	July 08		Increased number of people with long term conditions receiving co-ordinated health and social care		
5f3	Implement Supported Care Pathway Co-ordinators including integration of the Well-being Co-ordinator posts		Pam S/MF	Sept 08		Increased number of people with long term conditions receiving co-ordinated health and social care		
5f4	Review ICES service in light of National Transformation Project and re-specify as necessary		PS	August 2008	Improved quality of life, increased choice and control	Service delivered to agreed standards		
5f5	Review O.T.services to consider integration with social care and enhance O.T. role in promoting independence		PS	August 08		Improved co-ordination in assessment and rehabilitation across health and social care		
5f6	Expand Sign-posting scheme and other Prevention/Non Care		JH/ FW	May 08	Improved Quality of Life/Increased Choice & Control	Improved information and advice for the public		

	Managed options							
5f7	Prepare service specification for county wide counselling service		MM	April 08	Improved Quality of Life/Improved Health & Well-being	Earlier intervention for those suffering from mental ill-health		
	Procure service counselling		IB	July 08				
5f8	Develop integrated stroke services in line with the national Stoke Strategy (Dec.2007)		PS		June 08	Complete map of local services across all sectors and identify areas for development		
					March 09	Stroke Network set up with neighbouring authorities		
					Sept 08	Current staffing levels and the organisation of in-patient therapy services reviewed to meet RCP guidelines		
					Sept 08	Recently established community therapist and family support services reviewed and evaluated and expanded as appropriate		
<b>Priority 6. Implement Robust Quality Assurance Framework</b>		<b>Accountability: Change Management Group</b>						
6a	Agree joint Quality Assurance Framework and implement		AH	April 2008 – March				

	across health, social care and independent and voluntary sector providers			2009				
6a1	Populate the Quality Assurance Framework with 3 levels of quality measures: (How much? How well it was delivered? What effect did it have on the quality of life for the service user or carer?)		SCP	April 2008	Improved quality of life, dignity and respect	Users are more satisfied with the quality of services and the benefits achieved	1(i),2(ii)	
6a2	Roll out Quality Assurance Framework in Adult Social Care and Hereford Primary Care Trust		JS/ SD	May 2008	Improve Quality of Life, Dignity and respect	Improved quality within A+CM for service users.  Training session delivered to all practitioners.  Evidence of improvement gained through supervision.	9(v)	
6a3	Roll out QAF across voluntary & independent sector		MS/ AS	April 2008 – March 09	improvement to quality of life, dignity and respect	Stakeholder feedback and level of adoption of effective QA systems by service commissioners and providers  Development of continuous improvement		

						measures influencing future contract standards		
6a4	Include Quality Assurance issues in regular Performance Champions Clinics		AH	April 2008	improvement to quality of life, dignity and respect			
6a5	Ensure a common and consistent approach to assessment through improved training and documentation		SCP	2008	improvement to quality of life, dignity and respect			
6a6	Implement effective pathways from Children to Adult services	LD	CG/ BMc	April 2008	Improved Quality of life	Numbers of young adults referred through transition process – children with disabilities team Decrease in the number of younger adults in inappropriate residential settings Number of joint worked cases		5,8,10
<b>6b</b>	<b>Ensure equality of access to information and advice and to social care and health care services for all vulnerable adults</b>		<b>EB/ JH</b>				<b>5(i)(ii)</b>	<b>5,8</b>
6b1	Increase the take-up of benefits by promoting the service more widely on the web, holding Information events in Hereford		SB	April 08- Mar 09	Economic well-being	Increase the number of people helped to claim benefits by 5% , with an increase from those		

	city and the Market Towns and identifying people from hard to reach groups who may be entitled to benefits					considered hard to reach. Minimum of 50 referrals where the referral comes as a result of web information. Minimum of 600 people provided with advice at information events, and 25 of those seen awarded additional benefits as a result		
6b1	Ensure equality of access to health services for people with learning disabilities	LD	MM	April '08 -Mar'09	Improved health and wellbeing	All those with learning disability are registered with a GP	4(vi)	
6b2	Develop and expand advocacy services for vulnerable adults		JS/MS	April 2008	Increased choice	Service Users/Carers fully informed of the entitlement to advocacy Positive feedback from service users on feeling supported. Availability of appropriate skilled advocacy to meet informed demand	4(iv)	
6c	Ensure effective multi-agency Safeguarding processes in place		SC					
6c1	Adult Safeguarding Board operational, effective multi-		SC	April 08	Freedom from discrimination &	Board activity, through regular and purposeful	7(i)	

	agency partnership overseeing Adult Safeguarding Board Business Plan				harassment / Leadership	meetings Ensuring activity of sub groups effective Actions to improve adult safeguarding in Herefordshire		
6c2	Adult Safeguarding Board sub groups operational and managing their individual action plans Responding to/influencing Adult Safeguarding Board		BL	July 08	Freedom from discrimination & harrassment	Sub groups have clear work plans and deliver them		
6c3	Appropriate levels of training in Adult Safeguarding to be provided to all Herefordshire staff across all sectors who have roles and responsibilities providing service to health and social care user groups		BL	July 2008 Sept 08 From Sept 08	Freedom from discrimination & harrassment	Trainer in post Prioritised Training Plan agreed and implemented	4(vii), 7(i)	8,9
6c4	Review Adult Safeguarding practice, to ensure practice robust, and compliant with procedures and policy  Review Adult Safeguarding procedures, policy and guidance to ensure this supports good practice , and is accessible as a guide to partners providing	ISCS	BL	Sept 2008 And ongoing	Freedom from discrimination & harrassment	Raised quality of Adult Safeguarding practice Actions to Safeguard are evident and evidenced  Procedures, policy and guidance, are fit for purpose, developed in the light of national and local drivers, and taking	4(vii), 7(i)	8,9

	service to health and social care user groups and updated as needed					account of individual and organisational rights and responsibilities including 'information sharing' protocols and links to IT – and implemented by all partners.		
6c5	Improve communication about Adult Safeguarding and about activity to ensure Safeguarding internally and externally		BL	April 2008  Jun 08	Leadership	Information made available in partner agency publications ( 'News and Views', 'The Alliance newsletter' etc and at partner agency Team Meetings and management meetings. Local media used to inform user groups and the public.	7(i) (ii)	
6c6	Ensure all single people with learning disabilities who are in need of residential care are offered single rooms on admission to permanent care		LB	April '08- Mar '09	Maintaining personal dignity and respect	Reduced number of people in shared rooms	7(iii)	
6c7	Ensure person centred approach includes inter-personal relationships		CN	April 2008	Increased choice and control	Support plans include consideration of inter-personal relationships	7(iv)	

## **KEY AREAS FOR IMPROVEMENT BY OUTCOME – 2007/08 (CSCI Annual Performance Assessment )**

### **Improved health and emotional well-being**

- 1.1 Evaluate impact on the work being done to promote healthier lifestyles and well being to ensure it is making a difference.
- 1.2 Continue to develop the services to increase the number of intermediate care places both residential and non-residential to prevent hospital admission and facilitate timely discharge.
- 1.3 Ensure the plans to further develop intermediate care services are clear about targets, objectives, costs and consider the access for younger adults to these services.

### **Improved quality of life**

- 2.1 To ensure the plans to improve services and opportunities for adults with disabilities are progressed to enable adults with complex and specialist needs to have the same opportunities of independence and choice.
- 2.2 The range of services and support for carers needs to be developed.
- 2.3 Develop evaluation processes to understand the impact of the preventative work to ensure future developments are based on information that has improved outcomes for people.

### **Making a positive contribution**

- 3.1 The arrangements to engage with people who use services and carers to facilitate their involvement in the development of the service needs to be improved to ensure that they are clear, consistently timely and make a difference.
- 3.2 The council needs to review communication and information sharing with people who use services and carers.
- 3.3 To continue with the work streams from the Carers Commissioning Strategy

### **Increased choice and control**

- 4.1 Continued development to increase the uptake of direct payments
- 4.2 Improve performance on the timely provision of a service
- 4.3 Improve the assessments of carers with services and support that make a difference to their lives.
- 4.4 To develop advocacy services for specific groups, including people with specialist and individual needs.
- 4.5 Information about services and how to make complaints needs to be clearer.
- 4.6 Continue with the development of the range of alternative services to provide choices and reduce the dependency on traditional residential care.
- 4.7 Continue to meet the issues identified within the Learning Disability Report to improve the services for people with a learning disability.
- 4.8 To improve the systems to enable all staff to learn lessons form the outcome of complaints.

#### **Freedom from discrimination or harassment**

- 5.1 Improve information to ensure people who pay for their own care are aware they can access social care assessments.
- 5.2 Ensure people understand the implications of the eligibility criteria
- 5.3 To continue to develop a range of services to meet the needs of the diverse groups within Herefordshire

#### **Economic well being**

- 6.1 To develop a range of opportunities to help people who use services and carers into employment
- 6.2 To develop links with local businesses to support the initiative and the council to take a lead role in how they provide opportunities.

#### **Maintaining personal dignity and respect**

- 7.1 To complete the work on strengthening and implementing the Protection of Vulnerable Adults work and consider how this can be communicated to all people and organisation in Herefordshire.

- 7.2 To ensure all people know how to make a referral if they have concerns
- 7.3 To improve the choice of a single room for people entering a care home
- 7.4 To further develop the person centred approach to include interpersonal relationships

**Leadership**

- 8.1 To develop the workforce plan
- 8.2 Full implementation of the Learning Disability Action Plan
- 8.3 To progress the training and qualifications opportunities for the staff
- 8.4 To ensure the delivery of the improvement plans in a timely way
- 8.5 To refresh the communication strategy to ensure all people are being kept updated

**Commissioning and use of resources**

- 9.1 Link the strategic plans with robust delivery plans
- 9.2 Continue with the improvements to contract monitoring and dealing with poor providers
- 9.3 Embed outcome focussed commissioning with clarity on quality standards
- 9.4 Continue with the working relationship with the providers and involve them in helping to shape the market
- 9.5 All directly provided services should achieve a Quality Rating of at least 'good'.

**SECTION 2 Equality Impact Assessment and Action Plan**

**1. Key Information**

<p><b>1.1 Name of policy or service being assessed</b></p>	<p>Adult Services- Assessment and Care Management, Day Opportunities, Community Equipment, Residential Care, Intermediate Care.</p>
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1.2 Is this an Internal or an External Service, or both?	Both  Adult Services directly provides a range of services- assessment and care management, day opportunities, community equipment, residential care, intermediate care, welfare rights.  It also works in partnership with a range of agencies to deliver services- Voluntary Sector, Health, Private Sector, Department of Work and Pensions, Education
1.3 Directorate/Department	Adult and Community- Social Care
1.4 Lead Officer	Catherine Nolan
1.5 Names of those responsible for undertaking this assessment	Attendees at the EIA Workshop held on the 12 <sup>th</sup> December 2007. Representatives from Learning Difficulties, Older People, Physical Disabilities and Mental Health Services. Partners from the Voluntary Sector and Health
1.6 Date this assessment was completed	20 <sup>th</sup> December 2007
1.7 Date this assessment was seen by the Head of Service	
1.8 Describe the aims of the policy or service which is being assessed:- To deliver a range of high quality services which promote the health, wellbeing and independence of citizens of Herefordshire.	
1.9 Is there a specific single group to which this policy or service is aimed? To what extent do the other strands of diversity impact on this group?- Adult service users and carers- Learning Difficulties, Mental Health, Older People, Physical Disabilities. All strands of Diversity impact on these service users.	

## 2. The General Duty

Fundamentally, the EIA process is based on the requirements of the Race Relations (Amendment) Act 2000, which places a “General Duty” upon all Public Authorities to:

- Eliminate unlawful racial discrimination
- Promote equality of opportunity
- Promote good relations between different racial groups

However, as the Council has extended the scope of its EIAs to each of the diversity strands, in addition to race, you should also consider:

- Gender (male, female, transgender)
- Disability (physical or mental impairment, progressive or chronic illness)
- Religion or Belief
- Sexual orientation (lesbianism, homosexuality, bisexuality)
- Geography (urban, rural, town, village, different dwellings)
- Age (children, children in care, teenagers, young people, adults, older people)
- Income

If you do not have the information requested, it is likely that you will need to make this an action point in your action plan.

<p>2.1 How do you know that your service does not discriminate against different racial groups (please state the evidence for your response)?</p>	<p>Diversity data collection on CLIX. Analysis of this data is reported and the findings used to inform the development of services to all groups within the community.</p> <p>Service users have an assessment of need, focusing on the need of the individual. Assessment documentation is completed to ensure that if a person has needs in relation to their race/age/sexual orientation/income/religion/ location this will be reflected in the care plan and delivery of services. Regular reviews are undertaken to ensure needs are being met.</p> <p>Service user involvement in the planning and development of services is a key priority of the Directorate. Service User Networks, focus groups and questionnaires are facilitated, with the feedback used to shape and improve the access to and delivery of services.</p> <p>All contracts and SLA's have a clause stating that providers must have an Equal</p>
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	<p>Opportunities Policy which complies with statutory obligations. Contracts are monitored to ensure compliance and promotion of best practise.</p>
<p>2.2 How does your service/policy currently promote equitable access (please state the evidence for your response)?</p>	<p>Access to services is through a range of referral routes including self referral. Information leaflets, newsletters and promotional materials are available in a range of formats, including easy read, Braille, audio-tape and different language. Dedicated Public Consultation and Involving People Teams work with the local community to promote and support access to services. Partnership working with the Voluntary Sector promotes access to services, through activities such as advocacy, sign posting and information and advice.</p> <p>This is an area that we recognise we need to develop further.</p>
<p>2.3 How does your service/policy currently promote good relations between different groups (please state the evidence for your response)?</p>	<p>Service User forums are facilitated to explore the needs of each group, and identify and share good practise. Partnership working with the Alliance to promote a quality framework for the delivery of services to all community groups- AQUA Accreditation. Provider forums are promoted to identify and share good practise.</p>

### 3. Training and Development

You must train your staff in relation to diversity in order to mainstream diversity considerations into all aspects of the work that you do.

<p>3.1 When did your staff last undertake training in relation to diversity (or specific aspects of diversity)?</p>	<p>All new staff undertake corporate training as part of the induction process. Ongoing training is undertaken by the locality teams as part of the Managing Excellence Programme. Individual staff have attended both internal/external courses. Specific issues and skill gaps are addressed through the supervision process.</p>
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3.2 What were the specific aims of the above training?	Awareness raising and understanding of the issues that different members of the community face. All training and development is aimed at improving working practise and ensuring that the learning is applied to their job role.
3.3 What on-going training do you plan to do and when?	Training Needs Analysis to be carried in conjunction with the Training Team, to identify skills and knowledge gaps. Training and Development Programme to be drawn up to respond to the findings of the Training Needs Analysis- Dec 09

#### 4. Partnerships and Procurement

If you contract out services or work in partnership with other organisations, Herefordshire Council remains responsible for ensuring that the quality of provision/delivery meets the requirements of the Race Relations Amendment Act 2000, i.e.:

- Eliminates unlawful racial discrimination
- Promotes equality of opportunity
- Promotes good relations between different racial groups

4.1 What information do you give to the partner/contractor about the council's commitment and expectations with regards to mainstreaming diversity (CEP, DES, RES, GES, LAA)?	<p>Information and standard setting for services to meet the diverse needs of local community takes place through a range of structure at all levels of the organisation. These include :</p> <p>Joint Adult Commissioning Board- a partnership group consisting of Health, Voluntary Sector, Carer and user representation.</p> <p>Provider forums to discuss the quality standards for service delivery- including accessibility and requirements of different groups within the community.</p> <p>The facilitation and support of service user and carer networks to ensure</p>
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	<p>individuals are aware of the council's commitment to diversity and their views and opinions are fed back into the planning and development of services.</p> <p>All contract and SLA's detail the statutory obligations and the Councils Policy must be adhered to. In addition, each contract identifies specific requirements that must be met e.g. Meals on Wheels contract states that a range of meals must be available to meet an individual's dietary need.</p>
<p>4.2 What information do you monitor from the partner/contractor in order to ensure that they assist in the delivery of the council's equality targets and objectives?</p>	<p>All contractors for older person services must be AQUA accredited, and meet the diversity standards set in this quality framework. This quality framework has been set up in partnership with the Council and Health and promotes the Councils equality targets and objectives.</p> <p>Contracts and SLAs are monitored to determine performance against the standards identified in the contract, including diversity and inclusion. If there is a failure to meet these an improvement plan is drawn up and implemented.</p> <p>Assessment and care planning records the individual needs of the service users and carers. These are reviewed on a regular basis to ensure services meet these needs, are inclusive and accessible.</p>

## 5. Assessing Equality Impact

You should now complete the table on the next page by identifying areas of concern and areas of good practice within your service/policy. Each box should be filled in. Take as much space as you need. For each of the issues you have identified, you must identify corresponding actions. The following list will help you to think about the issues you should include in this assessment.

<p>Accessibility</p> <ul style="list-style-type: none"> <li>• Is literature available in different formats including easy-read? Does literature carry the alternative formats statement?</li> <li>• Do you promote translation and interpretation facilities?</li> <li>• Availability for different geographical areas</li> <li>• Physical accessibility to buildings/venues/forums</li> <li>• Parents with pushchairs and young children</li> </ul>
<p>Promotion of the policy/service, marketing and publicity</p> <ul style="list-style-type: none"> <li>• Where do you promote your services?</li> <li>• How do you promote your services to minority groups in the county?</li> <li>• What are you doing to address the needs of the Travelling community and their specific needs?</li> <li>• Are you addressing the needs of disabled people in accordance with 2005 legislation (particularly learning disability)?</li> </ul>
<p>Monitoring and service take-up</p> <ul style="list-style-type: none"> <li>• What monitoring arrangements are currently in place? (if there are no monitoring arrangements you must identify what you propose to do)</li> <li>• On which groups does your service have the greatest impact?</li> <li>• How can you demonstrate your findings?</li> <li>• Is your service take-up representative of the population as a whole? Are there some groups which are under or over-represented in relation to your service take-up?</li> </ul>
<p>Consultation</p> <ul style="list-style-type: none"> <li>• What consultation exercises have you undertaken in the last two years and what have these consultations told you?</li> <li>• What consultation do you plan to undertake in the coming 12 months?</li> </ul>

*Complete each box showing areas of concern and areas of good practice, evidence and conclusions*

An Equality Impact Assessment Workshop took place on the December 2007, with a range of partners/stakeholders to identify areas of good practice and gaps within the provision of adult services. From these findings the Action Plan was drawn up.

	Accessibility	Promotion	Monitoring and service take-up	Consultation
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	Accessibility	Promotion	Monitoring and service take-up	Consultation
Issues impacting On All Strands Of Diversity	<p>GOOD PRACTICE</p> <p>Dedicated Public Consultation and Involving People Team, ensuring literature is available in different formats and bears the alternative format statements.</p> <p>Use of a reader's panel to ensure literature is accessible to the community.</p> <p>Signposting scheme which directs and supports service users to access services.</p> <p>ILF worker recruited to support service users' access funding for services.</p> <p>Diversity Team have provided a commitment to provide an easy read document on request</p> <p>Multi-purpose Use Group looking at rural locations</p>	<p>GOOD PRACTICE</p> <p>Dedicated Public Consultation and Involving People Team, promoting services through a range of models- focus groups, surveys, network meetings.</p> <p>Personalisation Agenda- In Control Pilot/Direct Payment, promotes choice and meeting specific individual needs.</p> <p>Spotlight on services newsletter circulated to service users, informing them of service developments.</p>	<p>GOOD PRACTICE</p> <p>Needs analysis carried in all service areas, which has mapped the demographic profile of the Herefordshire Community- including minority groups. This will act as a benchmarking for monitoring service uptake.</p> <p>Local PI's introduced in LD services. This learning is being shared in adult services.</p> <p>The Alliance AQUA quality framework assesses the policy and procedures providers have in place to meet the needs of minority groups.</p> <p>CSCI Action Plan in place addressing the under representation of minority groups in the up take of services.</p> <p>Investment in the development of quality assurance framework to promote access to</p>	<p>GOOD PRACTICE</p> <p>Dedicated Public Consultation Team and Involving Team carrying out a range of consultation exercises- Telecare, Day Opportunities, Meals Provision, Fairer Charging.</p> <p>Equality workshop held on the 12<sup>th</sup> December 2007 to undertake the EIA.</p> <p>Clear structures and feedback on how consultation is being fed into corporate process</p>

## 6. Action Plan

Use the table below to list the actions arising from this exercise. Add as many lines as you need. The actions identified here need to be incorporated into your Service Plan and Directorate Service Plan.

Diversity strand	Action identified	Timescales (when this work is to be completed)	Who is responsible?	Improvement aim/outcome
All/geo	Scope the feasibility of adopting a locality based structure for the delivery of all adult services across Health Social Care.	Oct 08	GV/EB/SC	Consistent, equitable and inclusive approach to services, more easily available to people living in rural areas..
Access	Identify areas where service delivery should be 24/7 ; scope the implications of this and create an implementation plan.	Dec 08	Adult Service Managers	Maximise the feasibility of people remaining in their own homes; increases the availability of individualised services.

Diversity strand	Action identified	Timescales (when this work is to be completed)	Who is responsible?	Improvement aim/outcome
All	<p>A Directorate TNA to be carried to determine training and development needs and link to SRD Process.</p> <ul style="list-style-type: none"> <li>To include diversity and values based training and development opportunities</li> </ul> <p>Follow up with an accredited training a Programme, to meet the identified needs,</p>	Dec 09	Lead service manager, (Sue CN happy to lead this) supported by Liz French Ali Chambers, Carol Trachnitis.	<p>An informed, knowledgeable and skilled workforce, able to challenge entrenched, discriminatory practice.</p> <p>Increase awareness and skills will enable staff to promote community based options and diminish dependency on segregated services</p>
All	Review the assessment/process and paperwork, to ensure that it recognises and responds to diversity issues. This should include Carers assessments.	Dec 09	All Adult Service Managers	Inclusive assessment and planning processes will promote and reinforce the delivery of personalised services.

Diversity strand	Action identified	Timescales (when this work is to be completed)	Who is responsible?	Improvement aim/outcome
All	Develop a social care - wide communication strategy : <ul style="list-style-type: none"> <li>• Produce accessible information in a range of formats</li> <li>• consultation frameworks and feedback processes</li> <li>• Quality assurance framework and implementation process</li> <li>• Roadshow's and promotion events explaining the role of ASC</li> </ul>	August 08	All service managers across social care  with Andrew Hasler and Robert Blower	Existing and prospective service users are: <ul style="list-style-type: none"> <li>• Better informed about the role of ASC.</li> <li>• Clear about their entitlements and rights</li> <li>• Wider professional community (particularly health care professionals) are better able to promote an understanding of the support ASC is able to offer.</li> </ul>
All	Develop Operational Plans for each key service area (including carers' needs) identifying vision, objectives, and actions over the next three years...	Draft Dec 2008  Completed March 2009	Service managers	A clear, public vision about service delivery and priorities which will promote inclusion and integration.

Diversity strand	Action identified	Timescales (when this work is to be completed)	Who is responsible?	Improvement aim/outcome
All	<p>Extend the availability of self directed support to other adult service users.</p> <p>Clarity about the Direct Payments Policy and implementation plan, addressing:</p> <ul style="list-style-type: none"> <li>• Relationship with self directed support</li> <li>• Thorough training in both the processes, scope and value base of Direct Payments for all operational staff including finance colleagues.</li> </ul>	<p>TBA by the EB</p> <p>TBA</p>	<p>E.B.</p> <p>Change/challenge team/ J.S.</p>	<p>Person centred flexible supports available to all people eligible for support</p> <p>As above</p>
All	Developing clear commissioning plans across all services to create viable alternatives to residential and nursing care	TBA	Jean Howard and Martin Smith	More effective and responsive services

## SECTION 3

## Managing Risk – Risk Register



**Corporate/Directorate/Service/Project:**    **Adult Social Care**

**Chief Executive/Director/HOS/Project Owner:**    **Eleanor Brazil and Stephanie Canham**

Risk Details						Mitigation Strategy			Assessment of Residual Risk		
Risk Reference Number	Council/Service Objective	Risk Description	Likelihood (probability)	Potential Impact (Severity)	Risk Score	Potential Mitigation Strategy Summary	Cost of Mitigation	Risk Owner	Likelihood (probability)	Impact (Severity)	Residual Risk Score
1	Leadership and management	a)Insufficient staff capacity/capability	2	2	4	Engage external support/expertise		EB	2	2	4
		b)Timeliness of corp org dev programme	2	3	6	-New senior management structure -		GH	2	3	6

		c)Lack of strategic leadership/direction and appropriate transition arrangements	2	4	8	March 08 -Appointment to joint commissioning post		GH	2	4	8
		d)Impact on budget of increase in demand	2	3	6	Budget Recovery Plan		EB/SC	2	3	6
		e) Financial risk of Shaw contract not delivering reductions in res care.	3	2	6	-Detailed work to understand implications and alternatives – RSL and Housing Corp funding		EB	3	2	6
		f)Service not improving sufficiently - star rating at risk	3	2	12	Adult social care transformation programme in place.		GH	2	4	8
2	Joint commissioning	a)Market does not respond quickly enough	2	2	6	Engagement with providers on need for change		EB/SC	2	2	4
		b)Unable to reach agreement with PCT on	3	3	9	Agreement on protocols and dispute resolution		SC	2	2	4

		<b>CHC</b>									
		<b>c)Market not responding to QA</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>QAF takes into account existing regulation standards reached</b>		<b>EB/SC</b>	<b>2</b>	<b>2</b>	<b>4</b>
		<b>d)Not able to properly engage providers in service developments</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>Review TOR of service design group</b>		<b>EB</b>	<b>1</b>	<b>2</b>	<b>2</b>
<b>3</b>	<b>Strengthen user engagement</b>	<b>a)Systems fail to engage sufficiently</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>Dedicated officer time</b>		<b>EB/SC</b>	<b>1</b>	<b>2</b>	<b>2</b>
		<b>b)Carers' hub not accessible to all or delivered on time.</b>	<b>3</b>	<b>3</b>	<b>9</b>	<b>Dedicated officer time</b>		<b>EB/SC</b>	<b>2</b>	<b>3</b>	<b>6</b>
<b>4</b>	<b>Personalization</b>	<b>a))RAS not set correctly</b>	<b>3</b>	<b>3</b>	<b>9</b>	<b>Learning translated from LD pilot</b>		<b>EB</b>	<b>2</b>	<b>3</b>	<b>6</b>
		<b>b) lack of budget control, inability to purchase within allocation</b>	<b>3</b>	<b>3</b>	<b>9</b>	<b>% contingency built in</b>		<b>EB/SC</b>	<b>2</b>	<b>3</b>	<b>6</b>
		<b>c)Budget gap</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>Learning from national and local pilots. Good evaluation.</b>		<b>EB</b>	<b>2</b>	<b>3</b>	<b>6</b>
		<b>d)Generalization of assumptions from pilot</b>									

		may not be accurate	3	3	9	Potential use of Transformation Grant for temp. staff		EB	2	3	6
		e)Capacity for staff to be released for change training/development									
		f)Implementation of framework “P” running in parallel– staff capacity	3	4	12	As above		EB/SC	3	4	12
		g)Readiness for change, staff morale low	2	3	6	Action plan for staff development		EB/SC	2	2	4
5	Increase options to support independence	a)Insufficient housing options	3	2	4	Plan with strategic housing			2	2	4
		b)Support services (HR&IT) not flexible enough creating delays in setting up services.	4	3	12	Escalate to Director		EB/SC	3	3	9
6	Implement robust quality assurance.	a)Inconsistent application of QA framework	2	2	4	Adequate levels of contract monitoring		EB/SC	2	2	4

		<b>b)SA Board does not make sufficient impact</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>-SB Executive closely monitor implementation -all staff trained in SA and dementia</b>		<b>SC</b>	<b>1</b>	<b>2</b>	<b>2</b>
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