



Adult Social Care and Strategic Housing Scrutiny Committee – 7 April 2008

The following documents were not available when the agenda papers were published but were circulated prior to the meeting.

	Pages
4. MINUTES To approve and sign the Minutes of the meeting held on 19 March 2008.	1 - 6
6. REVENUE BUDGET 2007/08 To provide an update on the projected outturn as of the end of February for the financial year 2007/08 for Adult Social Care and Strategic Housing.	7 - 12
8. SERVICE PLAN To consider the Adult Social Care Service Plan.	13 - 56

COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

MINUTES of the meeting of Adult Social Care and Strategic Housing Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Wednesday, 19 March 2008 at 10.00 a.m.

Present: Councillor PA Andrews (Chairman)
Councillor WLS Bowen (Vice Chairman)

Councillors: ME Cooper, H Davies, PJ Edwards, MJ Fishley,
KG Grumbley, RV Stockton and JK Swinburne

In attendance: Councillors WU Atfield, LO Barnett (Cabinet Member), KS Guthrie,
P Jones CBE, G Lucas, AT Oliver, GA Powell, SJ Robertson,
A Seldon, AP Taylor, PJ Watts and JD Woodward

40. APOLOGIES FOR ABSENCE

Apologies were received Councillors A E Gray and M D Lloyd-Hayes.

41. NAMED SUBSTITUTES

Councillor P J Edwards substituted for Councillor A E Gray.

42. DECLARATIONS OF INTEREST

Councillor Atfield declared a personal interest in respect of agenda item 6: Report on the Assessments of 18-64 Year Olds' Future Needs and Services: Mental Health and Physical Disabilities, as a Trustee of MIND. Mr R Kelly declared a personal interest in respect of agenda item 6: Report on the Assessments of 18-64 Year Olds' Future Needs and Services: Mental Health and Physical Disabilities, as Executive Director of MIND.

43. MINUTES

RESOLVED: That the Minutes of the meeting held on 10th December, 2007 be confirmed as a correct record and signed by the Chairman.

44. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

There were no suggestions from Members of the Public.

The Chairman reported her intention to add an item to the Committee's work programme on Support provided by the Council to Carers.

45. ASSESSMENTS OF 18 – 64 YEAR-OLDS' FUTURE NEEDS AND SERVICES: MENTAL HEALTH AND PHYSICAL DISABILITIES

The Committee considered proposals for the development of high-performing health and social care services by 2012 to meet the expected future needs of 18-64 year-olds in Herefordshire with mental health problems and physical disabilities. The

ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE
WEDNESDAY, 19 MARCH 2008

Chairman expressed some general reservations about the robustness of the data upon which the reports were based.

The Corporate Policy & Research Manager concurred: the reports themselves identified the deficiencies in the available data both locally and nationally and recommended action to address the local elements, as well as a further review of the levels of need for services by 2012 in the light of the better data that should be available by that time. These were not matters that were unique to Herefordshire, as similar issues existed across many local and health authorities. It was, nonetheless, possible to regard the estimates of need to 2012, which was the time-horizon for the recommended improvements in services, to be reasonably robust. What was clear, from the comparisons that had been made with high-performing areas similar to Herefordshire, was the nature and broad extent of the service improvements that were needed. He emphasised that the report had been prepared under the direction of a steering group involving a range of partners and had been quality assured by two national expert advisers, whose qualifications for the role were outlined in Appendix 3 of the report.

He first presented the section of the report on the future care needs and services for 18-64 year olds with mental health problems. He based his remarks on Appendix 1, the summary of the report, on pages 9 and 10.

He went on to say that Herefordshire spent far more on secure and high-dependency residential nursing care than the other authorities that had been used as comparators in this study. The County also provided less support for users and carers than the comparators. Whilst there was a feeling in these groups that services had improved, they still left a lot to be desired, including in respect of communication issues between users and staff and between different groups of professional staff. Direct access to secondary services as well as more training and work opportunities had also been highlighted as being of concern to users and carers.

He said that the report found it reasonable to conclude that the aggregate level of spending by the Council and the PCT in 2006-07 (including the overspend of £1.3 million against budget) was the minimum necessary recurrent funding to meet the needs of those with the most serious and the most common mental health problems up to 2012. This conclusion should be reviewed by 2012 in the light of better data, including the actual demand for fully modernised services. Since it was not possible to stop current provision before more efficient and effective services had been put in place, non-recurrent bridging funding would be required. The transformation plans to bring about the new pattern of services should be fully integrated with the steps taken to manage current in-year over-spending against budget. Cabinet had recommended to Council that the funding should be made available.

He added that the new services would only work if all those caring for and supporting people with mental health problems were developed to have the right skills and behaviours. This would need to be done as part of the introduction of the streamlined processes and ICT-based systems which were now being put in place.

Mr Hemming concurred with the previous comments that accurate data for all key aspects of were difficult to obtain at this juncture. He went on to say that improvements had been made at the Stonebow Unit, which included a suite to assess those arrested under Mental Health Act powers rather than the use of police cells, as well as the piloting of a single consultant working closely with the crisis team over admissions. This had reduced the length of stay on wards, which was to the benefit of patients, as shorter admission periods undoubtedly aided recovery.

ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE
WEDNESDAY, 19 MARCH 2008

He reported that the PCT was also good at managing people who had to be sent to psychiatric care units out of the County. A review was underway which was considering rehabilitation and recovery of patients, as well as the housing of users. This would help every Hereford patient currently out of county, and would reduce costs to the PCT. Staff were being offered additional training, and a postgraduate training was being provided for drug workers in association with the University of Worcester. Changes were also being put in hand to consider ways to improve the eating disorders services: a pilot project to treat people at home. The number of middle grade doctors was also being increased from three to five.

He went on to say that, with regard to users and carers, integrated operational management groups were being put in place. Work was being undertaken with user groups where the PCT would have the responsibility for operational feedback. In addition to these advances, work had taken place that had reduced the waiting lists for those undergoing methadone treatment.

In the ensuing discussion, the following points were made:

- A number of depressive illnesses were under reported, as those who could afford it tended to have such problems treated privately in order to avoid the possibility that their employer might access medical records.
- The Corporate Policy & Research Manager concurred, and noted that, wherever possible, these issues had been considered and taken into account in the report. He added that there was a problem of identifying all cases early onset dementia, as it was difficult to obtain reliable data regarding those who had been diagnosed.
- The Head of Service - Adult Social Care reported that the delivery of services within the County was complex. Some of the services were provided, on behalf of the Council and the PCT, by the PCT's provider-arm through joint teams and services. However, there were a number of people in residential accommodation, and some of these services were bought in by the Council from other providers. Consequently there were a number of choices that would need to be made over who was best placed to provide services in developing the County-wide services in the future.
- In reply to a question on how the out of county patient care costs could be reduced, the Corporate Policy & Research Manager directed the Committee's attention to page 31 of the report. He said that in the absence of adequate local, community-based services, the trend towards increased numbers of placements and higher costs would continue. Detailed modelling had shown, however, that should the appropriate care and support be provided locally the net effect would be that it ought to be possible to provide the aggregate proposed new pattern of services within the current level of expenditure. There would, however, always be some specialised care that would need to be provided out of County.
- In reply to a question regarding out of county costs on specialist care, Mr Hemming said that some patients would always have to go to specialist units or high security hospitals, but that there were other patients in out of county placements at the moment whose needs could not presently be addressed within the County. The PCT and Council did have the capacity to increase the available range of services so that more of these individuals could be treated at home. A repatriation programme was in hand.

- There was clearly an expanding need for carers in the home, and this was not only true of the mental health arena. It was not clear from this report, however, that this was necessarily being provided. The increase in resources that was being considered seemed to be financial and there was no indication that additional staff would be employed. The Head of Service - Adult Social Care replied that this was both a local and national problem as it was difficult to recruit people into social care. A national campaign to encourage young people to choose this career path had been launched by the government. There were particular issues in Herefordshire, which were common to all rural counties. Ways of further encouraging recruitment and retention were being considered.
- In reply to a question regarding the mental health of migrant workers, Mr Hemming said that few members of these communities came into the Council and PCT's services. Acute cases were dealt with at the Stonebow Unit. This would seem to signal that people from these groups either did not know where or how to seek help, or were concerned how they would be treated if they came forward. There was a budget for 1.5 community development workers, and the PCT would need to consider how best to connect with these communities.
- The issue was raised of the increasing local and national problem of returning Armed Service personnel with mental health issues who were trying to re-integrate into civilian life and find employment. Mr Hemming said that the Services provided treatment for those who continued to serve, but once they had been discharged, follow up care was provided by the PCT. In general, there was an insufficient number of staff trained in the appropriate psychological therapies required to deal with the post-traumatic stress syndromes which these patients presented.

Assessments of 18–64 Year-Olds' Future Needs and Services: Physical Disabilities

The Corporate Policy & Research Manager went on to report on the future care needs and services for 18-64 year-olds in Herefordshire with physical disabilities. He drew the Committee's attention to the summary at pages 93 and 94 of the report and said that currently many thousands of people within the County drew invalidity benefits, but a relatively small proportion actually accessed available services. There were an estimated 4,600 people with moderate disabilities who are likely to require care at some time, a number which was expected to increase by about 5% by 2012 and 8% by 2021. An estimated 950 currently had serious disabilities and were likely to require care at some time; a the number that was expected to increase by a maximum of 5% by 2012, but not further by 2021. Overall, the report concluded that it would appear appropriate to plan to provide care and other support for an additional 5% of people by 2012.

Users and carers had expressed broadly similar concerns to those with mental health problems. In particular, they wanted better communications with staff; more consistent support from social workers and occupational therapists, and a reduction in waiting times. They were also keen to see the extension of direct payments and personalised budgets. The Corporate Policy & Research Manager went on to say that, in order to achieve high-performing, cost effective services by 2012, Herefordshire would need to do more to support people, including those with intensive care needs, in their own homes and communities, together with other measures to give more control to users and carers. Appendix 6 of the report, pages 105 to 108, outlined in detail the improvements that would be required to existing services.

ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE
WEDNESDAY, 19 MARCH 2008

The Head of Service - Adult Social Care reported that the decision to appoint a Joint Director of Integrated Commissioning was designed to make a great deal of difference in the delivery of services. It was currently sometimes difficult to resolve the needs of different people under the aegis of different organisations with differing priorities. A temporary officer was in place who would be producing a Joint Commissioning Strategy which would be available later in the year. She went on to say that the Supporting People Programme was delivering more packages to help people with physical disabilities in ways that would involve the individual, whilst at the same time being more economical in terms of the Council's resources. Individualised budgets allowed for an agreement for a budget appropriate to the level of need. In this way, twelve people with learning difficulties, thirty-six with physical disabilities and forty carers were already being helped. In addition, a Carers Hub, entitled Herefordshire Carers Support, would be in place from the first week in April. The number of carers receiving support would be doubled.

In the ensuing discussion, the following points were made:

- The Head of Service - Adult Social Care went on to say that Herefordshire was, in her experience, the first local authority where the occupational therapists were not employed by the Council. There was a need to help individuals achieve a better quality of life, and there was concern that therapists employed in a clinical environment tended not to deal with the needs of the person as a whole. There were also concerns that the assessment process was not as joined-up as it should be, and this would be addressed. In addition, the particular requirements of young people as a distinct group would be looked at, particularly their needs for employment, housing and leisure. A Member reinforced the importance of the integration of occupational health.
- That it was important that it should be acknowledged that, without the carers at home, the burden on the Local Authority would be far greater.
- Concern was expressed that people awaiting direct payments were often those with the most severe disabilities. The Council was also failing in the area of adaptations in the home, as it was often only clear what an individual required after patients had been admitted to hospital.
- That there was much talk in the reports of reducing residential care for mentally and physically disabled people. The biggest resource issue, should the Council continue in this direction, would be the supply of appropriate affordable housing. The Corporate Policy & Research Manager said that affordable housing was expected to become a top priority for the Council in its shortly to be approved new Corporate Plan.
- The Director of Adult Social Care and Community Services said that the issue had been recognised, and that funding was in place for a dedicated worker in this area.
- In reply to a query concerning how the new ICT system would help joint working with the PCT, the Head of Service - Adult Social Care reported that the first meeting of the ISCS Board had reassured all concerned that the two organisations were moving to a closer integration. She pointed out that, at the moment, staff in the mental health services were required to input data into three different systems, which was clearly inefficient.

RESOLVED:

That;

- (a) The Committee believes that the recommendations to improve both Mental Health and Physical Disabilities are sound, although it remains concerned that some of the conclusions are based on data that is far from robust. Herefordshire Council and the Primary Care Trust (PCT) need to ensure that, as a matter of urgency, better systems of data collection and analysis are in place, so that future improvement plans are more securely evidenced-based. (The Committee understands that new systems for Herefordshire Council's social care services will be installed in the Autumn, which should greatly improve both assessments and data collection. It is hoped that the PCT will make similar improvements.) The Committee intends to focus on key outcomes, and will therefore require regular reports to the Committee on the success of achieving the reports' recommendations;
- (b) The Committee supports Recommendation B as outlined in the paper before it, but believes that joint commissioning and provision between the Council and the PCT should be strengthened (including, for example, in respect of occupational therapy), with absolute clarity about financial matters. The Committee was glad to note that recruitment to the post of Director of Integrated Commissioning was imminent. It was requested that a progress report should be brought to the Committee once the post-holder had been in position for six months, and thereafter on a regular basis;
- (c) The Committee is uncertain whether the total resources proposed will be adequate to deliver the improved services, especially as their introduction might bring increased demand, particularly if services not currently provided (i.e. for personality disorders) are introduced. This consideration should be taken into account in setting budgets for future years;
- (d) The Committee notes the high dependence on the support of the voluntary sector in the achievement of these improvement plans, and suggests that in order to achieve this they must have the confidence that adequate and secure funding is in place;
- (e) Outside funding sources should be sought as a matter of priority, and internal funding should be made available to support this function;
- (f) A report on action on the workforce improvements necessary to implement the reports' recommendations, including as regards the training, recruitment and retention of staff, should be made to this Committee in three months' time;
- (g) The importance of the integration of ICT systems between the Council and the PCT be emphasised, and that this matter should therefore be monitored to ensure that the work being undertaken delivers the outcomes required. A progress report should be provided to the Committee in six months' time.

The meeting ended at 11.55

CHAIRMAN

REVENUE BUDGET 2007/08

Report By: Interim Finance Manager Adult & Community Services

Wards Affected

County-wide

Purpose

1. To provide an update on the projected outturn as of the end of Period 11 (February) for financial year 2007/08 for Adult Social Care and Strategic Housing.

Financial Implications

2. These are contained in the report.

Background

3. The Adult Social Care and Strategic Housing Scrutiny Committee receives regular Budget monitoring reports with the most recent one covering the period to October 2007. The position presented to the 10th December Committee showed a projected overspend of £4.41m on Adult Social Care, a projected overspend of £0.11m on Strategic Housing, and an under spend of £0.09m on Commissioning and Improvement.

Updated Position

4. The updated position is as follows:

	2007/8 Budget	Projected overspend October 2007	Projected Overspend February 2008
	£m	£m	£m
Adult Social Care	31.00	4.41	3.575
Comm.& Improvement	1.24	(0.09)	(0.177)
Strategic Housing	2.03	0.11	(0.001)
Total	34.27	4.43	3.397
Less needs analysis Funding for short-term packages		0.50	0.50
Projected overspend		3.93	2.897

Further information on the subject of this report is available from
Greg Evans, Interim Finance Manager Adult & Community Services on 01432 260545

Adult Social Care

5. The position to February 2008 is a significant improvement on that reported to the previous Scrutiny Committee. A detailed breakdown of the projected overspend as at February 2008 is presented at appendix I, which shows that of the £3.575m, learning disabilities contributes £2.64m, mental health £1.08m and physical and sensory disabilities £0.477m. The major budget pressures across all service groups within Adult Social Care are residential and nursing care placements and domiciliary care costs.
6. The movement in residential care placements year to date are as follows:

		April 2007	August 2007	October 2007	February 2008	Net Change Year to date
Learning Disabilities	Agency placements	18	18	17	17	-1
	Residential	74	90	93	92	+18
	Nursing	7	9	10	12	+5
Mental Health	Residential	145	160	159	150	+5
	Nursing	111	110	108	90	-21
Physical Disabilities	Residential	17	20	19	16	-1
	Nursing	10	12	11	11	+1
Older people	Residential	125	126	130	127	+2
	Nursing	119	121	122	120	+1
	Total	626	666	669	635	+9

7. The position reported to October showed a significant increase of 43 nursing and residential packages; however since then the position has stabilized in most areas with a number of reductions within Mental Health. The change in the overall position since that reported in October is a net decrease of 34 packages. This reduction is one of the contributing factors to the reduction in the forecast overspend position.
8. In addition to the reduction in residential and nursing packages there are several other factors contributing towards the reduction in the forecast outturn position for Adult Social Care. The October position did not account for grant income from preserved rights, Carers grant and LPSA2 pump priming grant which was still to be allocated out to specific service headings. A detailed review of the payments for the Shaw contract, after taking account of one-off interim arrangements, showed that the October forecast included commitments which will not now be incurred.
9. For 2007/08 £2.7 million invest to save funding was earmarked for the Directorate. Approximately £500k of this is forecast to be spent in 07-08 on new initiatives to develop new models of service delivery. The spend to date and budget provision are

held centrally and are not reflected within these figures. A further £500k has been released to fund specific short term packages, pending redesign of service provision.

10. In line with the Council's overall financial policy a centrally held contingency has been set aside for Social Care (both Adults and Children's) of £1.3 million. £650k will be allocated to adult social care to reduce the overspend position.
11. The Directorate is in discussion with the PCT about Free Nursing Care costs and this may have an impact on the final outturn position.
12. The opening of the Leadon Bank facility in Ledbury has had a broadly neutral effect on the forecast outturn, since residents are now able to access benefit payments which they could not whilst living in the old facility. The new facility is far from operating at full capacity however the financial impact of rent voids falls on the Shaw Special Purpose Vehicle Company and not the Council. The facility is currently projected to be at full capacity by September 2008, however the council has allocated additional staff resources to try and speed this up. Regular meetings with Shaw are taking place to address both the immediate issues around empty flats and the longer-term financing issues of the contract. The main additional direct cost falling on the Council is for the extra domiciliary care provision within the contract, which will result in an additional £57k for 2007-08.

Remedial Action

13. The work undertaken by the Directorate in recent months to bring expenditure back into line with the budget has begun to have a positive impact and this is reflected in the improved outturn position. The Adult Services Transformation Board is implementing an action plan intended to contain and reduce spending whilst ensuring there is a move towards a more modern style of service delivery.
14. Significant additional funding has been allocated to the Directorate within the MTFMS (Medium Term Financial Management Strategy) for 2008-09. This funding will be used alongside additional income from fairer charging, new grant funding and revised arrangements with the PCT to move towards achieving a balanced budget for 2008-09. This process is being supported by a detailed zero-based budgeting exercise for staff and contract costs, whilst new arrangements for budget clinics involving Finance staff and Budget Managers are in place, which will focus on income generation as well as controlling expenditure.
15. A review of the level of support by the PCT is underway. In particular the amount continuing care funding received. There is also a reassessment of all mental health clients, who do not contribute to their care because they fall within Section 117 provisions.
16. Supporting people funding has been agreed to provide a roving night service and to provide temporary accommodation to people in crisis. Staff are working closely to identify areas where under committed supporting people monies can be used within the terms of the grant to mitigate costs.
17. Further assistance may occur as a result of a proposal put forward to utilise an additional £500k of supporting people funding. This would assist people in transition

from residential care to self directed care options and therefore reduce financial pressure.

Commissioning & Improvement

18. The major factors in the projected under spend are delays in recruitment and the decision to carry out data cleansing in –house rather than use an external source. In addition a Department of Health grant has been secured to fund purchase of PC's, leading to a further saving.

Strategic Housing

19. The major budget pressure within Strategic Housing is the demand for temporary accommodation for homeless people. The period since October has seen some fluctuation in homelessness levels. As at February there is a forecast overspend of £101k within homelessness, however this is mitigated by savings within several other areas through a combination of one-off vacancies and grant funding. The overall forecast outturn for Strategic Housing is a break-even position; however homelessness remains a volatile and unpredictable area.
20. In 2008-09 there will be a significant reduction in the grant funding that has supported the budget position in Strategic Housing in recent years. Any further one-off savings through vacancies are unlikely. A recovery plan to minimize the level of spending on temporary accommodation and goodwill payments is being developed in order to deliver a balanced budget for 2008-09.

RECOMMENDATION

THAT the Committee notes and comments on the projected outturn for financial year 2007/08 for Adult Social Care and Strategic Housing.

BACKGROUND PAPERS

- Appendix I attached

APPENDIX I

Adult Social Care and Strategic Housing Budget Monitoring period 11 2007-08

	2007/2008 Budget	YTD Actuals @ February 2008	YTD Budget @ February 2008	YEAR END PROJECTION @ February 2008	YEAR END VARIANCE Over / (Under)
Strategic Housing (inc Supporting People)	2,027,563	-3,511,805	1,738,467	2,026,662	(901)
Commissioning & Improvement	1,243,730	564,940	884,475	1,066,882	(176,848)
Adults	237,410	2,078	217,626	291,445	54,035
Adult Placement Scheme	0	-250,935	0	0	0
Learning Disabilities	8,425,681	9,752,380	7,723,188	11,063,350	2,637,669
Mental Health	4,701,033	5,860,311	4,309,280	5,783,267	1,082,234
Older People	13,079,890	11,066,448	11,989,899	12,409,394	(670,496)
Physical Disabilities / Sensory Impairment	2,968,486	3,611,410	2,721,662	3,445,467	476,981
Prevention Services	176,780	159,501	162,048	180,524	3,744
Section 75 Arrangements	1,059,318	1,107,097	906,866	1,060,931	1,613
Service Strategy	333,122	296,451	305,340	322,605	(10,517)
Transport	4,970	47,573	4,556	4,970	0
Total Adult Social Care	30,986,690	31,652,314	28,340,465	34,561,953	3,575,263
Total	34,257,983	28,705,449	30,963,407	37,655,497	3,397,514

ADULT SOCIAL CARE SERVICE PLAN 2008-09

REPORT BY: HEAD OF ADULT SOCIAL CARE – OLDER PEOPLE AND PHYSICAL DISABILITIES

Wards Affected

County-wide

Purpose

1. To provide the committee with details of the service plan for adult social care for 2008/09.

Financial implications

2. The Plan outlines the ongoing commitment to modernising adult social care and to use the Council's agreed additional resources in a way which 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.

Background

3. This service plan details an ambitious programme which builds on the work that has been done in the previous year to modernise and improve adult social care. Whilst it is only for one year, the underlying principles of supporting people to remain independent, of working more closely with health, and of providing high quality services which are value for money will continue beyond this financial year. However given the likely changes to the way adult social care is organised following the implementation of the Chief Executive's new joint management structure, it seems sensible to focus this plan on this year's objectives and priorities.
4. 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.
5. 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.
6. In July 2007 the interim Head of Adult Social Care 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.
7. 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 plan for adult social care. There are now six priorities as follows:

ADULT SOCIAL CARE AND STRATEGIC HOUSING SCRUTINY COMMITTEE

- 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.
8. The plan 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. 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. This is the framework for more detailed project plans and team plans, which will ensure successful implementation.
9. There are two 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.
10. 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.
11. An ‘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.
12. 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).
13. The Service Plan will be monitored at the monthly meeting of Adult Social Care managers chaired by the Head of Service.

RECOMMENDATION

THAT This report be noted subject to any comments the Committee wishes to make and the Committee monitor progress on implementation through the quarterly performance reports.

BACKGROUND PAPERS

- **None identified**



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.

10

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 3rd (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 1st 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, the use of 2 flats in Ross for emergency respite and rehabilitation 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:

COUNCIL TOP PRIORITIES
LAA

Reshaped adult health and social care, so that more older and other vulnerable people maintain control of their lives

- Help vulnerable people to live safely and independently in their own homes

Improvements in Adult Social partnership arrangements both externally. The priorities of the and Herefordshire Partnership contributions to improving the in the county. This is reflected and Community Services:

To enhance quality of life, well-being of people in

ordinated provision of health, social care, housing and community services.

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 background
- 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

Care are dependent on good within the Council and wider directorate, the Council recognise the wider health and well-being of adults in the overall purpose of Adult **health, social and economic Herefordshire through the co-**

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
Sam P	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 Integrated Commissioning		EB	April '08 – Dec 08		Smooth transfer of leadership and management to new Director 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	BRP	EB	April '08 – March '09		Budget allocations clear at start of year Monthly budget clinics identify any issues and take		

	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						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	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	Improved choice	Monitoring system agreed with leads for each grant Regular reports to Adult Commissioning Board with recommendations for improvement		
1b	Workforce development		GC					8(i)(iii)	
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	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) All senior practitioners to hold	APA 9	1, 2,7

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	PQ award. 16 additional social workers to hold PQ1/consolidation module. 3 practice assessors to enable workbased learning unit. 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. Create and implement multi-agency workforce development strategy for Physical Disability services	JP/ ME	April 2008 – Mar 09	Improved quality of life, dignity and respect	Implementation plan for learning disability workforce agreed and delivered- 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	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.			
Priority 2. Strengthen Joint Commissioning and Stakeholder involvement								
Ref	Actions	Links	Lead	Time-scale	Outcomes for service users and carers	Measures	CSCI APA Ref	LAA Priority
2.a	Shaping the Market		GV				9(i)(ii)(iv)	5,6,8
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		

2b	Implementing commissioning intentions	EB/PR				9(ii)(iii)
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
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	July 2008	Improved health and wellbeing	Increase in those in receipt of CHC – measured through quarterly ADASS return	

2b8a	Convene a joint workshop for HC and PCT staff on local process		GV/PR	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 well-being	Agreed outcome standards for all service areas. Positive feedback from stakeholder groups (eg 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 well-being	QAF All contracts have agreed quality standards incorporated informed by effective user involvement		
Accountable: Change Management Group								
Ref	Priority 3 Strengthen User and Carer Engagement	Links	Lead	Time-scale	Outcomes for service users and carers	Measures	CSCI APA Ref	LAA Priority
3a	Strengthen Service User Engagement		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 service users in the commissioning process	4(viii)	
3a4	Agree employment strategy to include Training and Development and Social Enterprise	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		
3b	Strengthen Carer Involvement	JS				2(ii), 4(iii) [N135]	5,6,8
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 st 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 across all client groups	MS	Oct 2008	Making a positive contribution. Improve quality of life for carers	Range of choice 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.		
3c	Enhance communication with service users and carers	AH		Making a positive contribution	P&RM	3(ii)(iii), 5(i) (ii), 7(i)(ii)	5,6,7,8
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		

Accountability: Change Management Group								
Ref	Actions	Links	Lead	Time-scale	Outcomes for service users and carers	Measures	CSCI APA Ref	LAA Priority
4a	Extend Self-Directed Care & Personalised budgets across all client groups		GV		Increased choice and control/Improved quality of life		4(i)(ii)(vi)(vii), [N130, N133], 5(iii), 7(iv)	6,7,8
4a1	Embed Single Assessment Process across all relevant organisations	T.O.M.	PAS	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, including self-funders, on Personalisation		SH	April 2008		Staff and service users understand how personalisation works		
4a7	Work with key providers to develop independent brokerage and a range of other support options for		GV/AS	April '08 to March '09		Increased range of service options available		

	Personalisation, including self-funders												
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				
4a11	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				
4a12	Pilot 10% of Carers receiving Personalised Budgets	JS	April 2008-March 09						40 carers using personalised budgets				
Priority 5.													
Increase options to support independence													
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 & well-being		1(iii)	8					
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/	June 2008	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		PM			Improved co-ordination							

	processes are included within the solution.								
5b	Increase number type and usage of supported housing options	PS			Improved Quality of Life				4
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 Housing numbers of general accommodation units to be made available to all vulnerable adults	PS	June 2008		Improved Quality of Life			Agreed number of units let to vulnerable adults	4(vi)
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 facilities	DH	Sept. 2008		Improved Quality of Life			All users have up to date assessment s. 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.		
5c	Increase options to provide support in peoples' homes	GV					8
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	4(vi)	

5c4	Implement Pilot at Leadonbank as re-ablement flats (for all adult client groups)	DH /AM	May 2008	Improved Quality of Life	supported at home Reduced admissions to residential care 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 outcome surveys with control group	AM/ SP	Evaluate June 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)						
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	Modernise Day Opportunities across all client groups to ensure co-ordination and consistency of approach, and reduce duplication	JS		Increased Choice & Control/Improved Health & Well-being and Quality of Life								2,6,8
Ref	Actions	Lead	Time-scale	Outcomes for service users and carers	Measures	CSCI APA Ref	LAA Priority					
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 opportunities.	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.							

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 personalised and individualised budgets, in order to achieve intended outcomes and benefitting 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 service delivery for Learning Disabilities.	LD T.O.M.	MM/ LF	April 08 to Sept 08	Improved Quality of Life/ Increased Choice &Control	Increased number of users with learning disabilities experience and enjoy broader range of day activities	4(vi)	
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		

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	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					
5d8.	Rebranding of day opportunities and marketing strategy developed and implemented to meet the demands of the changing market.	LF	August 08 - Feb 09	Increased Choice & Control	Improved information for service users and carers						
5d9	Increase use of public transport and access to community services through travel training	TA	April '08 – March '09	Increased C&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	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.						

5e	Develop and implement Mental Health Rehab and recovery service	DT	Improved Health & well-being		
5e1	Produce business plan for rehab & recovery service	DT	April 2008	Business Plan produced and distributed to appropriate bodies	
5e2	Produce operational policy, including mission statement for rehab & recovery service	DT	June 2008	Operational policy produced.	
5f	Develop and/or modernise integrated community services to support independence	JH		Improved Health & well-being	
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	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 Managed options	JH/ FW	May 08	Improved information and advice for the public	
5f7	Prepare service specification for county wide counselling service Procure service counselling	MM IB	April 08 July 08	Earlier intervention for those suffering from mental ill-health	

5f8	Develop integrated stroke services in line with the national Stoke Strategy (Dec.2007)	PS		June 08 March 09 Sept 08 Sept 08	Complete map of local services across all sectors and identify areas for development Stroke Network set up with neighbouring authorities Current staffing levels and the organisation of in-patient therapy services reviewed to meet RCP guidelines Recently established community therapist and family support services reviewed and evaluated and expanded as appropriate		
Priority 6. Accountability: Change Management Group							
6a	Agree joint Quality Assurance Framework and implement across health, social care and independent and voluntary sector providers	AH	April 2008 – March 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?)	SP	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(iii)
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	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	
6b	Ensure equality of access to information and advice and to social care and health care services for all vulnerable adults	EB/ JH				5(i)(ii)	5,8
6b1	Increase the take-up of benefits by promoting the service more widely on the web, holding Information events in Hereford city and the	SB	April 08- Mar 09	Economic well-being	Increase the number of people helped to claim benefits by 5% , with an increase from those		

	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-agency partnership overseeing Adult Safeguarding Board Business Plan		SC	April 08	Freedom from discrimination & harassment / Leadership	Board activity, through regular and purposeful meetings Ensuring activity of sub groups effective Actions to improve adult safeguarding in Herefordshire	7(i)		
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 & harassment	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 & harrasment	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 service to health and social care user groups and updated as needed	ISCS	BL	Sept 2008 And ongoing	Freedom from discrimination & harrasment	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 account of individual and organisational rights and responsibilities including 'information sharing' protocols and links to IT – and implemented by all partners.	4(vii), 7(i)	8,9
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		LB	April '08- Mar '09	Maintaining personal dignity and respect	Reduced number of people in shared rooms	7(iii)	

	permanent care					
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 from 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>1.1 Name of policy or service being assessed</p>	<p>Adult Services- Assessment and Care Management, Day Opportunities, Community Equipment, Residential Care, Intermediate Care.</p>
<p>1.2 Is this an Internal or an External Service, or both?</p>	<p>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 Adult and Community- Social Care</p>
<p>1.3 Directorate/Department</p>	<p>Catherine Nolan</p>
<p>1.4 Lead Officer</p>	<p>Attendees at the EIA Workshop held on the 12th December 2007.</p>
<p>1.5 Names of those responsible for undertaking this assessment</p>	<p>Representatives from Learning Difficulties, Older People, Physical Disabilities and Mental Health Services. Partners from the Voluntary Sector and Health</p>
<p>1.6 Date this assessment was completed</p>	<p>20th December 2007</p>
<p>1.7 Date this assessment was seen by the Head of Service</p>	<p></p>
<p>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.</p>	<p></p>
<p>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</p>	<p></p>

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 Opportunities Policy which complies with statutory obligations. Contracts are monitored to ensure compliance and promotion of best practise.</p> <p>Access to services is through a range of referral routes including self referral.</p> <p>Information leaflets, newsletters and promotional materials are available in a range of formats, including easy read, Braille, audio-tape and different language.</p> <p>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>2.2 How does your service/policy currently promote equitable access (please state the evidence for your response)?</p>	<p>Information leaflets, newsletters and promotional materials are available in a range of formats, including easy read, Braille, audio-tape and different language.</p> <p>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>
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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>
<p>3.2 What were the specific aims of the above training?</p>	<p>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.</p>
<p>3.3 What on-going training do you plan to do and when?</p>	<p>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</p>

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

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

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
<p>Issues impacting On All Strands Of Diversity</p>	<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 and increasing the delivery services in these areas.</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 services.</p> <p>GAPS</p> <p>Lack of contract monitoring</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 12th 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.
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"> To include diversity and values based training and development opportunities <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>

Diversity strand	Action identified	Timescales (when this work is to be completed)	Who is responsible?	Improvement aim/outcome
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.
All	Develop a social care - wide communication strategy : <ul style="list-style-type: none"> • Produce accessible information in a range of formats • consultation frameworks and feedback processes • Quality assurance framework and implementation process • Roadshow's and promotion events explaining the role of ASC 	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"> • Better informed about the role of ASC. • Clear about their entitlements and rights • Wider professional community (particularly health care professionals) are better able to promote an understanding of the support ASC is able to offer.
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"> • Relationship with self directed support • Thorough training in both the processes, scope and value base of Direct Payments for all operational staff including finance colleagues. 	<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	<p>Developing clear commissioning plans across all services to create viable alternatives to residential and nursing care</p>	TBA	Jean Howard and Martin Smith	More effective and responsive services

SECTION 3

Managing Risk – Risk Register



HEREFORDSHIRE COUNCIL

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		
CSCI 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 b) Timeliness of corp org dev programme c) Lack of strategic leadership/direction and appropriate transition arrangements d) Impact on budget of increase in demand	2	2	4	Engage external support/expertise		EB	2	2	4
			2	3	6	-New senior management structure		GH	2	3	6
			2	4	8	March 08 -Appointment to joint commissioning post		GH	2	4	8
			2	3	6	Budget Recovery Plan		EB/SC	2	3	6

2	Joint commissioning	<p>e) Financial risk of Shaw contract not delivering reductions in res care.</p> <p>f) Service not improving sufficiently - star rating at risk</p> <p>a) Market does not respond quickly enough</p> <p>b) Unable to reach agreement with PCT on CHC</p> <p>c) Market not responding to QA</p> <p>d) Not able to properly engage providers in service developments</p>	3	2	6	-Detailed work to understand implications and alternatives – RSL and Housing Corp funding	EB	3	2	6
3	Strengthen user engagement	<p>a) Systems fail to engage sufficiently</p> <p>b) Carers' hub not accessible to all or delivered on time.</p>	2	2	4	Dedicated officer time	EB/SC	1	2	2
4	Personalization	<p>a) RAS not set correctly</p> <p>b) lack of budget control, inability to purchase</p>	3	3	9	Dedicated officer time	EB/SC	2	3	6
			2	2	4	Learning translated from LD pilot	EB	2	3	6

56		<p>within allocation</p> <p>c) Budget gap</p> <p>d) Generalization of assumptions from pilot may not be accurate</p> <p>e) Capacity for staff to be released for change training/development</p> <p>f) Implementation of framework “1” running in parallel – staff capacity</p> <p>g) Readiness for change, staff morale low</p>	3	2	3	3	9	<p>% contingency built in</p> <p>Learning from national and local pilots. Good evaluation.</p> <p>Potential use of Transformation Grant for temp. staff</p> <p>As above</p>	EB/SC	2	3	6
5	<p>Increase options to support independence</p>	<p>a) Insufficient housing options</p> <p>b) Support services (HR&IT) not flexible enough creating delays in setting up services.</p>	3	4	2	4	4	<p>Plan with strategic housing</p> <p>Escalate to Director</p>	EB/SC	2	3	9
6	<p>Implement robust quality assurance.</p>	<p>a) Inconsistent application of QA framework</p> <p>b) SA Board does not make sufficient impact</p>	2	2	3	4	4	<p>Adequate levels of contract monitoring</p> <p>-SB Executive closely monitor implementation -all staff trained in SA and dementia</p>	EB/SC	2	2	4