

Recommendations for Social Care & Health Department

Recommendation 1

SC&H should consider how to strengthen relationships with the voluntary sector so that they are enabled to provide services of the desired quality and contribute to future planning.

<p><u>Status key</u> C=Completed P=In Progress</p>
--

Actions	Status	Lead	Timescales	Measures of Success	Resource Implications
Agree adoption of voluntary sector. Compact and confirm local terms.	P	SC&H	Meetings confirmed 07-09, 19-10 & 30-11. Completion date to be agreed through this process	Completion of local compact is achieved.	To be identified
Review consultation arrangements i.e. local consultation strategy.		OP Planner	Dec. 05	Consultation strategy signed off by all parties.	Officer time
Review involvement of voluntary sector in local planning groups & address gaps.		OP Planner	Dec. 05	Voluntary Sector report raised levels of satisfaction & involvement.	Officer time
Involve VS partners in developing actions in service planning.		Ruth Lake/service plan leads	July 2005 and then ongoing	Voluntary Sector responds to changing service needs. High quality services evidenced through Service User questionnaires/PIs.	Officer time

Recommendation 2

SC&H should bring to an early conclusion its attempts to reduce day service working times for older people from black and minority ethnic groups.

Actions	Status	Lead	Timescales	Measures of Success	Resource Implications
Review areas of under provision and waiting lists to identify capacity and need.	P	Ruth Lake/Sue Talton	July 05 – Mar 06	Confirmed needs analysis and service map with service plan.	Officer time
Reconfirm contracts which reflect current & protected needs, for 2006 following consultation period with Voluntary Sector, and with users during Autumn 05. Develop and implement longer term strategy to provide equitable services through generic BME day services	P	Sue Talton	March 06 March 07	Provision is brought in line with need	Demand/need in excess of current provision = resource requirement

Recommendation 3

Increase capacity to offer support to people choosing to use direct payments.

Actions	Status	Lead	Timescales	Measures of Success	Resource Implications
Develop strategy for Direct Payments (DP) and a longer term view re personalised budgets	P	Bhupen Dave	March 06	Increased amount of users receiving DPs. Reduced drop out rate	Possible short term impact of increased DP's on commissioning budgets.
Directorate to agree implementation plan to strategy.		Directorate	October 06		
Increasing focus on promotion of DP's	P	All managers	Ongoing		

Recommendation 4

Develop a strategic approach to prevention and link this coherently to other corporate initiatives.

See joint Action Plan - “vision” action 1.

Recommendation 5

Consider how to increase continuity for older people using the assessment and care management system.

Actions	Status	Lead	Timescales	Measures of Success	Resource Implications
Identify/research current areas of recognised good practice.		Ruth Lake	March 06	Improved PIs satisfaction	Dependent on outcome of research
Analyse models and determine implementation issues in Leicester - task and finish group		Ruth Lake/Bhupen Dave	April – June 06		Task & finish group to scope.

Recommendation 6

Amend the case file audit system so that it has a focus on the quality of work as well as the quality of the file

Actions	Status	Lead	Timescales	Measures of Success	Resource Implications
T&F group to review and revise audit tool and guidance.	P	Deb Perry/Caroline Bach	Sept. 05		Officer time

Recommendation 7

Revise public information strategy

Actions	Status	Lead	Timescales	Measures of Success	Resource Implications
Task & Finish group to review, revise and develop specific action plan. Also to monitor action plan reporting to (DOT/OPSG)		Tony Billings/ and Health lead	Dec 05	PI's Know how to get in touch via D/H surveys etc.	Officer time Publication/translation costs

Recommendation 8

Consider the future of the in house residential care homes and make a decision about their future, based on VFM and any other relevant considerations such as the stability of the market.

Actions	Status	Lead	Timescales	Measures of Success	Resource Implications
Develop plans for residential care through service planning process.	P	Ruth Lake	July 05 – April 06	PI – number of new admissions people supported at home.	Significant.
Respond to service plan through specific actions for residential homes – action / implementation plan.		Ruth Lake	April 06 onwards – in line with timescales in plan		

Recommendation 9

Work jointly with health and other agencies, including the voluntary sector to ensure that the role of preventative services is fully integrated into strategic planning for the future.

See joint action plan - “vision” action 1

Recommendation 10

Develop the performance management culture so that there is a clear line of sight for basic grade staff through to Departmental and Corporate objectives

Actions	Status	Lead	Timescales	Measures of Success	Resource Implications
Ensure service implementation plans in service planning framework link with staff activity to PIs.	P	Plan leads + AS	March 06	Increased staff knowledge plans in evidence.	Pre-existing activity.
Raise awareness via training sessions/information sharing.		BD/RL	Sept – Dec 05	Increased staff knowledge evidenced through supervision/appraisal.	Officer time.