

Access to Assessment Processes

EINA 2 Action Plan

Introduction

This Action Plan is derived from an EINA 2 audit, which was undertaken in respect of the Assessment service within the Adults division and completed in August 2006. The Action Plan is built around four themes. These are drawn from the recommendations made in the report. This approach has been used to ensure that the connection between the discrete issues is made and to ensure that there are not an overwhelming number of individual items for action.

| Action 1. Projects currently under way (web re-design and contract review) should take account of the findings of the EINA audit. | | | |
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| Work | Lead Officer | Completion\implementation date | What will be different? |
| The Web redesign/public information project should ensure that the outcomes of this work including meeting the needs of users with a sensory disability and users whose first language is not English are incorporated into the work | Elaine Davies/ Andrew Hannon | 31/12/2006 | <ol style="list-style-type: none"> 1. Public information will be provided in a greater range of formats, online access will be improved, 2. The information held on the Directorate's internet site will be more comprehensive and more accessible. |
| The contract review project should ensure that the outcomes of this work are incorporated into the work | Paul Blow/ Andrew Hannon | 31/12/2006 | <ol style="list-style-type: none"> 1. In house - there will be a clarity about the Council's equality and diversity expectations, 2. Contracts will be clear about equality and diversity related service standards, 3. The focus on equality and diversity should assist the identification of gaps – this may have financial implications for the Directorate/Grants Direct funding. |

| Action 2. Team based work including quality assurance audits should be introduced. | | | |
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| Work | Lead Officer | Completion\implementation date | What will be different? |
| Each team should undertake an annual user satisfaction audit | Team Managers | 31/03/07 | <ol style="list-style-type: none"> 1. Clearer understanding of work outcomes, 2. Scope to develop evidence based improvements in services. |
| Each team should be afforded support to ensure that the audit format is robust and complies with the RGF ¹ | Tony Earl | On-going | <ol style="list-style-type: none"> 1. Good, consistent quality audit tools, 2. Audit format complies with RGF expectations. |
| Each team/management group should include “equality and diversity” as a standing agenda item | Team/ Service managers | From 01/11/06 | <ol style="list-style-type: none"> 1. Staff and managers have time and the scope to look at practice in the context of equality and diversity, 2. Improving practice |
| Teams should be encouraged to undertake a project, identified by the team, that will improve practice, | Team Managers | From 01/11/06 | <ol style="list-style-type: none"> 1. Tapping into staff expertise/enthusiasm, 2. Tangible improvements in service delivery, 3. Cumulatively, division wide gains for service users. |
| The Divisional Equality Group should co-ordinate this area of work and disseminate outcomes. | Jim Rogan | Quarterly basis | <ol style="list-style-type: none"> 1. Scope to co-ordinate developmental work, share outcomes and avoid duplication of effort. |
| Training and staff development should be offered to ensure all staff are confident and comfortable in discussing equality and diversity related matters with service users, managers are equally confident in their leadership role in the work of the staff that they manage and that managers are able to access, use and discuss performance outcomes with staff | PM's/WDU | From 01/11/06 | <ol style="list-style-type: none"> 1. Staff “anxieties” about raising equality and diversity issues addressed, 2. Managers equipped to operate more confidently in this area of work. |

¹ RGF – Research Governance Framework

Action 3. New developments in service delivery and partnership arrangements should incorporate the work identified in the audit.

| Work | Lead Officer | Completion\implementation date | What will be different? |
|---|---|--------------------------------|---|
| <p>Richmond Direct project staff should ensure:</p> <ul style="list-style-type: none"> • All operational staff are aware of the interface with team based assessment work, • Users with a sensory need receive an appropriate initial service, • Public information is available to guide service users through the new service. | <p>RD lead/ Caroline Farrar</p> | <p>31/10/06</p> | <ol style="list-style-type: none"> 1. Clarity about the role/purpose of Richmond Direct, 2. Services for users with a sensory need are appropriately addressed at the initial point of contact, 3. Service users receive a clear, well signposted service. |
| <p>The four joint teams should together work with health colleagues to draw up agreed standards of practice in meeting equality and diversity related work.</p> | <p>Jane Clark/ TMs/PCT</p> | <p>31/12/06</p> | <ol style="list-style-type: none"> 1. Consistent service across teams and between staff from the agencies involved, 2. Focus on equality and diversity and scope for agencies to work together to improve practice. |
| <p>Work should be undertaken with voluntary sector partners to ensure that they are equipped and able to meet the needs of the diverse communities and are aware of the standards and expectations the Council has in this area of work.</p> | <p>Contract leads</p> | <p>From 01/11/06</p> | <ol style="list-style-type: none"> 1. Improved practice within the voluntary sector, 2. Clear council standards established and applied, 3. Potential funding and support implications. |

| Action 4. Developmental work should be taken forward in three service areas. | | | |
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| Work | Lead Officer | Completion\implementation date | What will be different? |
| <p>Sensory Services. A project should be established to:</p> <ul style="list-style-type: none"> • Build staff and resource capacity in the sensory services team, • Engage with Kingston Hospital audiology services, • Improve the facilities available for users with a hearing loss in Council centres, • Support capacity building in the voluntary sector in conjunction with Grants Direct, <p>In taking this forward consideration should also be given to users with a visual loss and those with dual registration.</p> | <p>Overall lead: G Freeland Bright</p> | 31/03/2007 | <p>Improved services for the hearing impaired through:</p> <ul style="list-style-type: none"> • Greater staff awareness of the needs of the hearing impaired, • Improved services in council day centre facilities, • Scope to improve the contribution of the voluntary sector, • More broadly; improve council wide awareness and responsiveness to the needs of users with a hearing impairment. |
| <p>Learning difficulties. A project should be established to:</p> <ul style="list-style-type: none"> • Review the service access criteria, • Audit user/carer perception/experience of transition service and respond to outcomes, • Undertake an outreach programme to engage BME communities, • Review the efficiency of the assessment process, | <p>Overall lead: N Rayner</p> | 31/06/2007 | <p>Improved services for learning disabled users through:</p> <ul style="list-style-type: none"> • More efficient and clearer service access criteria and assessment mechanisms, • Transition service improvements informed by user input, • Engagement with the BME communities, • Confidence that the service operates on the basis of need. |

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| <ul style="list-style-type: none"> • Review 2004/05 referral data relative to 2005/06 to ascertain the extent (if any) of differential treatment. | | | |
| <p>Mental Health. A project should be established to:</p> <ul style="list-style-type: none"> • Establish a clear profile of the race, culture, ethnicity and gender of the user group, • Make use of the resultant data to inform practice, • Explore ways to meet the needs of users who are vulnerable of have a “personality disorder” diagnosis, • Explore the lessons of the audit for the management of mental health and OP mental health services, • Explore why BME users disproportionately access the OPMH service, • Review 2004/05 referral data relative to 2005/06 to ascertain the extent (if any) of differential treatment. | <p>Overall lead:</p> | <p>31/06/2007</p> | <p>Improved services for users with a mental health need through:</p> <ul style="list-style-type: none"> • Clearer understanding of the local user profile, • Vulnerable people receive a service that addresses need, • Improved management arrangements, • Improved services for specific sub-groups within the cohort, • Confidence that the service operates on the basis of need. |