

ADULT SOCIAL SERVICES DEPARTMENTAL PLAN 2012-2013

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1. <u>Departmental Overview</u>

Wirral Adult Social Services currently has 656 established posts. It employs 678 people in a mix of full and part-time posts (*Oct 11 figures*).

The Department covers a large t area of statutory responsibilities for the Council, including assessing all adult social support need, coordinating safeguarding activities, commissioning support through contracted agencies and providing specific services for people with learning disabilities and mental health needs. The Department's role continues to evolve from that of a provider to a commissioner of services, and work in ever-greater partnership with other statutory, business, voluntary, community and faith organisations in Wirral.

STRUCTURE

Lead by a Director and Senior Leadership Team, the Department is structured into four 'Branches' to optimise the business tasks;

Access and Assessment Branch

Purpose;

To assess and review the needs of adults who are in a vulnerable situation in their communities and promote their safety and self directed support.

Finance and Performance Branch

Purpose;

To provide a range of professional support services to the Department ensuring services are effectively planned, managed and developed in accordance with legislation, Council priorities and customer demand.

Integrated Communities and Wellbeing Branch

Purpose;

To ensure that information and early intervention and low level preventative support is available in local communities to help reduce the risk of deterioration in people's condition and dependence on health and social care support and to ensure that the quality of services delivered on behalf of the Department is of the highest possible standard.

Service Provision Branch

Purpose;

To provide a range of locality based services for adults living in vulnerable situations, be they in a residential setting or living in their own homes

CORPORATE PLAN

The Department contributes to the following goals in the Corporate Plan:

- To ensure vulnerable people in Wirral are safe and protected.
- To ensure that the widest possible options for care and support are made available close to where people live.
- To ensure that people can choose the care they need from a range of highquality support services and options for care.

• To ensure that vulnerable people and those in later life can get the care and support they need at an early stage to prevent problems getting worse.

KEY CHALLENGES

There are key challenges relating to managing demand, supply, quality and cost to support the achievement of the significant reduction in resources required of the Council. These include:-

- The increasing number of older people living in Wirral.
- The high number of carers in Wirral.
- An increasing number of older people living with age related conditions (such as dementia). People are living longer with their illness, with greater complexity, and with higher expectations and therefore require more support.
- The numbers of people with long-term mental health conditions who are economically inactive continues to rise.
- A significant growth in the number of adults with learning disabilities and the number of younger adults with complex needs moving through the education system.
- The gap in mortality between the most deprived areas of Wirral and other more prosperous areas.
- The health inequalities divide between Wirral Communities.
- The changing shape of communities such as an increasingly diverse population, emerging minority groups and workforce mobility.
- The growth of independent sector provision which will need careful quality monitoring.
- The effects of the current economic climate.
- The requirement to reduce spending across the whole public sector.
- The rising expectation of people regarding choice and personalisation.
- Prospect of new legislation (such as the Health and Social Care Bill and the Localism Bill).
- The reputation of the Department may suffer during a period of significant change. People's confidence in it directly impacts on their experience of the Council and on the capacity of staff to lead and manage change.

During 2011/12 there have been very large changes in the context within which DASS operates. This applies to both internal and external environments, for example

- through changes in the NHS;
- potential changes to the law following recommendations in May 2011by the Law Commission for a single, clear, modern statute and code of practice that would pave the way for a coherent social care system; and the Dilnot Report on Funding Care and Support (July 2011);
- changes following the expansion of personalisation;
- a critical Care Quality Commission inspection report of May 2010; and
- a critical external investigation conducted by Anna Klonowski Associates Limited.

Internally this has led to changes to the way that we assess need, plan support and deliver services. These have resulted in very substantial savings to the Council as

many staff have left but have meant that our staffing structure is not aligned with our needs in all places. In addition the need to improve our services in several key areas requires structural changes.

Whilst it is necessary to continually review the structure of the Department in order to respond to internal and external drivers for change, and address arising challenges, the departmental structure is founded on three principles:

Local Services

Services are delivered where possible close to where people live.

The more "universal" the service is, the more likely it is to be delivered in localities

whereas "ensciplist" or level incidence are more likely to be engagined.

whereas "specialist" or low incidence services are more likely to be organised borough-wide. In this case, "localities" will be best aligned with local democratic boundaries.

Integration

Services are most effective when they are planned, managed and delivered in an integrated way by multi-disciplinary teams across social care, health, the voluntary sector and other professions. This integrated work is most effective when teams are co-located.

Personalisation

Services need to follow the views, choices and assessed needs of users. This means that services will need to adapt and be flexible. It also means that users and carers should feel that there is a team supporting them with a key lead professional linking with them to make sure that services follow their needs.

2. What are we going to deliver in 2012-13?

The following section describes the work the Department will undertake during 2012/13 in terms of the key focus of the Corporate Plan. Each goal is described within the Corporate Plan and are aligned to the significant areas as described in the Adults' Social Care Outcome Framework (ASCOF) as published by the Department of Health in July 2011.

The ASCOF is to be used to report to the Government and the Public the strengths of social care and the delivery of better of outcomes for people who use services. It will also enable Wirral to compare its results with other councils and, for example, discuss policy approaches with outstanding performers to share learning and practice. It also supports the "Local Account" of social care by providing high level information to underpin the narrative of the Account.

Corporate Goal 1: Ensure vulnerable people in Wirral are safe and protected

<u>ASCOF definition</u>: Safeguard people whose circumstances make them vulnerable and protect them from avoidable harm.

Activity

We will	2012-13 Actions / Milestones	Relevant performance measures / indicators	Baseline	2012/13 Target	Is an EIA required?	Dept Lead
(Corporate Plan focus)						
Ensure that there are robust arrangements and procedures in place and followed in order that vulnerable	 1 Project to determine effectiveness of Safeguarding policies, procedures and governance arrangements. Governance arrangements to include accountabilities between SAPB/Community 	The percentage of who report their services make them feel safe and secure (Annual Adult Social Care Survey Question 7 - 'Safe' and Adequately Safe').	91%	93%	YES	Head of Safeguarding
people are kept safe and protected	Safety Partnership and Health and Wellbeing Boards. • Develop and embed a quality assurance auditing framework in DASS/SAPB picking	The percentage of Safeguarding Alerts completed within 24 Hours (Local Indicator 8866).	100%	100%		
	up Peer Review Challenges such as performance management and benchmarking • Undertake audit of effectiveness of service and ensure service improvements takes place on key changes. • Ensure additional safeguarding posts are operational • Ensure actions and learning from AKA report is • a) implemented and • b) DASS and SAPB can lead on critical changes.	The percentage of Safeguarding Referrals completed within 28 Days (Local Indicator 8867).	75%	80%		
	Timescale for implementation: April 2012 to March 2013					

We will	2012-13 Actions / Milestones	Relevant performance measures / indicators	Baseline	2012/13 Target	Is an EIA required?	Dept Lead
(Corporate Plan focus)						
Ensure that the provision of support and care in the independent sector is of the highest possible quality	 2. Project to review contracting activity. Ensure additional safeguarding posts in contracting and safeguarding are operational. Develop self evaluation and benchmarking programme for providers. Embed new procedure on 'Serious concern about a Provider' to ensure effective, timely action is taken to immediately safeguard service users. Review quality assurance and service standards to ensure that they safeguard people and promote their dignity and control. Establish process to ensure that all providers complete safeguarding selfassessment –SAPB to monitor through 'improvement conversations. Prioritise CRB checks for volunteers. Timescale for implementation:	The percentage of scheduled reviews for residential homes completed (New Indicator).	N/A	75%	YES	Head of Safeguarding
	April 2012 to December 2012					

Corporate Goal 2: Ensure that the widest possible options for care and support are made available close to where people live

ASCOF definition: Ensure that the people who use services have a positive experience of care and support.

Activity

We will	2012-13 Actions / Milestones	Relevant performance measures / indicators	Baseline	2012/13 Target	Is an EIA required?	Dept Lead
(Corporate Plan focus)						
Ensure that children with disabilities are effectively supported with the transition into adulthood	3. Project to implement revised transitions protocol Develop links with secondary schools, parents and other groups to improve the transition pathway Timescale for implementation: April 2012 to September 2012	The percentage of young adults transition plans that are put in place 3 months before moving into Adult Social Care Services during 2012/13 (New Indicator)	N/A	100%	YES	Head of Community Services.
Provide universally accessible information and support to people and their carers so that they are able to make choices about the care that they need to remain independent.	4. Project to Review and evaluate customer access to the Department's information sources. Timescale for implementation: June 2012 to December 2012	The percentage of people finding it 'fairly' or 'very' easy to find information about services (Annual Adult Social Care Survey Question 13).	48%	55%	YES	Head of Finance & Performand

We will	2012-13 Actions / Milestones	Relevant performance measures / indicators	Baseline	2012/13 Target	Is an EIA required?	Dept Lead
(Corporate Plan focus)					•	
Ensure that people who use social care and their carers are involved in the planning and	 5. Project to ensure robust Budget and Commissioning processes are in place. Update Joint Strategic Needs Assessment Develop over-arching Commissioning Strategy; 	The percentage of people who report being included in arranging their care (New Indicator in Annual Target Annual Adult Social Care Survey New Question).	N/A	55%	YES	Head of Finance & Performance with support from Head of
evaluation of services, and are satisfied with their experience of care	 Consult on Strategy Proposals; Obtain Cabinet approval for Strategy; Develop joint commissioning strategies with key partners, including the Clinical 	The percentage of carers who report being included in arranging care (Annual Carers Survey).	51.5%	55%		Safeguarding , Head of Personal Assessment
and support services.	Commissioning Group (CCG) • Develop specific safeguarding and personalisation commissioning strategies that reflect citizens' views • Evaluate outcomes as part of	The percentage of people who report being 'quite', 'extremely' or 'very' satisfied with their services (Annual Adult Social Care Survey Question 1– 'extremely', 'very' and 'quite' satisfied).	91%	93%		& Planning and Head of Community Services
	commissioning process. Timescale for implementation: July 2012 to June 2013	The percentage of carers who report being 'fairly', 'very' or 'extremely' satisfied with social service (Annual Carers Survey).	56%	58%		

Corporate Goal 3: Ensure that people can choose the care they need from a range of high-quality support services and options for care

ASCOF definition: Enhance the quality of life of the people who have care and support needs.

We will (Corporate Plan focus)	2012-13 Actions / Milestones	Relevant performance measures / indicators	Baseli ne	2012/13 Target	Is an EIA required?	Dept Lead
Transform in-house day services through engagement with local communities, residents and carers.	6. Project to Transform Day Services. Complete Consultation Evaluate Business Hub Pilot Formal approval of revised service model Implement revised service model Improve access to employment through	The percentage of those people with a learning disability known to the department in 2012/13 in paid employment (New indicator). New indicator measuring ratio of number of people accessing internal/external day	3.74% TBD	5.00% TBD	YES	Head of Community Services
	Business Centre development and development of wider employment opportunities	care support will be identified. Measure and targets will be set after consultation report has been considered by Cabinet.				
	Timescale for implementation: April 2012 to July 2013					
Provide integrated, high quality services in local settings	7. Project to further develop integrated locality teams alongside NHS Wirral Community Trust and GP practices.	Percentage of people using services that are satisfied with their service (Annual Adult Social Care Survey Question 1 – 'extremely', 'very' and 'quite' satisfied).	88%	90%	YES	Head of Personal Assessment & Planning
	 Re-engineer assessment processes. Review high cost places Restructure locality teams alongside ward boundaries Integrated health and social care delivery partnerships to improve the support for people with long term conditions in priority areas (dementia, reablement end of life care) 	The proportion of people who are recorded as 'delayed transfers of care' from hospital per 100,000 people (NI 131).	1.9	1.5		
	Timescale for implementation: April 2012 to March 2013					

	 8. Project to fully integrate hospital discharge service and develop team around the adult model. Review processes. Re-engineer processes so as to integrate those of DASS and WUTH Timescale for implementation: September 2012 to June 2013 9. Project to integrate Learning Disability Teams aligned to CWP Trust or localities Integrated partnerships to improve the support people with long term conditions in priority areas (dementia, end of life care) developed. Timescale for implementation: April 2012 to March 2013 				YES	
Ensure that people can manage their own support as much as they wish so that they are in control of	 10. Project to review operational personalisation procedures. Redesign self directed assessment process alongside RAS. Rollout new process to operational teams 	The percentage of people feeling in control of their care services (Annual Adult Social Care Survey Question 3 – 'much' and 'adequate' control).	75%	77%	YES	Head of Personal Assessment & Planning
what, how and when support is delivered to match their needs	Timescale for implementation: April 2012 to March 2013	The percentage of all those who approach the Department for support in 2012/13 are self-directing their support (NI 130).	80%	90%		
	 11. Project to review processes related to Carers. Complete review of Carers RAS, consult on changes and implement new system Confirm and implement allocation and distribution arrangements for carers role through DASS where appropriate. Timescale for implementation: April 2012 to December 2012 	The percentage of Carers reporting 'alright' or 'better' quality of life as a result of services (Annual Carers Survey Question 3).	82.3%	84%	YES	

	 12. Project to review arrangements for Support Planning. Agree future arrangements for delivery of support planning and, brokerage and managed funds across social care sector Develop and implement accreditation frameworks as required and review practitioner roles as required. Complete internal and external support planning audit to identify key areas for development 				YES	
	Timescale for implementation: April 2012 to December 2012				YES	
	13. Project to review short term breaks. Evaluate the impact on changes to the care and support sector in the delivery of flexible and personalised short term breaks					
	Timescale for implementation: June 2012 to March 2013				VEO	
	14 Project to improve performance on statutory reviews. • Review current working practices and processes • Assess data collection processes • Develop a framework to ensure that reviews are monitored and carried out in a timely manner				YES	
	Timescale for implementation: June 2012 to June 2013					
Provide support for people with learning disabilities and mental health needs to access training and	15 Project to develop departmental response to National Autism Strategy MILESTONES AWAITED (KR will provide by 26/2)	The percentage of those people with a learning disability known to the department in 2012/13 in paid employment (New indicator).	3.74%	5%	YES	Head of Community Services

employment opportunities	Timescale for implementation: April 2012 to March 2013	The percentage of those people with mental health issues known to the department in 2012/13 in paid employment (New indicator).	3.55%	5%	
		The percentage of those people with a learning disability known to the department in 2012/13 in settled accommodation (New indicator).	80%	88%	
		The percentage of those people with mental health issues known to the department in 2012/13 in settled accommodation (New indicator).	72%	80%	
		Project in place.	N/A	March 2013	

Corporate Goal 4: Ensure that vulnerable people and those in later life can get the care and support they need at an early stage to prevent problems getting worse

ASCOF definition: Delay and reduce the need for care and support.

Activity

Activity We will (Corporate Plan focus)	2012-13 Actions / Milestones	Relevant performance measures / indicators	Baseline	2012/13 Target	Is an EIA required?	Dept Lead
Ensure that when people develop care needs the support they receive enables them to recover and	 16 Project to further develop the 'team around the person' approach. Review the Wirral STAR service and make recommendations for the future provision to maximise efficiencies. 	The proportion of people who are admitted into residential and nursing homes in 2012/13 (per 1000 people – 'QOM' indicator).	2.13	1.50	YES	Head of Personal Assessment & Planning
regain their independence	 Establish a model and funding for the Rapid Access service in partnership with NHS Wirral. Complete the commissioning of rehabilitation services and funding 	The percentage of people discharged from hospital into re-ablement /rehabilitation in 2012/13 are intended to still at home after 91 days (NI 125).	into re-ablement /rehabilitation in are intended to still at home after			
	 arrangements with the GP consortia and finalise care pathways Confirm future investment in A&E diversion schemes 	The proportion of people who are recorded as 'delayed transfers of care' from hospital per 100,000 people (NI 131).	1.9	1.5		
	Timescale for implementation: April 2012 to December 2012					
Reduce the need for formal care by increasing the use of • Re	 17. Project to review prevention services. Review Assistive Technology service. Review 'Wirral Well' involvement. Review POPIN services 	The percentage of people finding it 'fairly' or 'very' easy to find information about services (Annual Adult Social Care Survey Question 13).	48%	55%	YES	Head of Finance & Performance
effective prevention services	 Develop case finder schemes in localities to maximise access to community and informal support networks. Review commissioning process of 	The percentage of Carers finding it 'fairly' or 'very' easy to find information about services (Annual Carers Survey).	38%	40%		
	voluntary, community and faith sector services • Develop a commissioning strategy for preventative services	The percentage of Social Care equipment delivered within 7 working days (New Local Indicator - formula for 2012/13 will include	TBD	TBD		

all services related to Social Care services that deliver equipment. Relevant target awaited).			
The proportion of people per 100,000 of the population that are supported to live at home (NI 136).	2,900	3,200	

<u>Departmental Goal 1</u>: Improving processes to improve services

Activity

We will	2012-13 Actions / Milestones	Relevant performance measures / indicators	Baseline	2012/13 Target	Is an EIA required?	Dept Lead
Ensure business processes are effective and efficient.		Efficiency Programme Initial report presented to Cabinet.	N/A	May 2012	YES	Head of Community Services
and emolent.	 Develop Efficiency strategy; Obtain Cabinet Approval; Develop Action Plan to deliver identified 	Percentage of assessments undertaken within 28 days (NI 132)	80%	85%		Services
	Efficiencies;Assess level of external support required;Implement Action Plan.	Percentage of support packages undertaken within 28 days (NI 133)	92%	93%		
	Timescale for implementation: May 2012 to May 2014	Number of assessments that are Self-Directed (Local Indicator 8858)	94%	96%		
		Percentage of Reviews undertaken (New Indicator).				
Ensure performance monitoring is robust.	Project to ensure there is sufficient capacity to deliver change. Implement Departmental restructure; Strengthen current performance systems and processes; Develop more whole systems approaches to services.	Review report and recommendations accepted by SLT		June 2012	YES	Head of Finance & Performance
	Timescale for implementation: June 2012 to December 2012					

<u>Departmental Goal 2</u>: Implement the Action Plan in response to the Independent Review of Claims made by Mr Martin Moreton (and others).

We will	2012-13 Actions / Milestones	Relevant performance measures / indicators	Baseline	2012/13 Target	Is an EIA required?	Dept Lead
Ensure that the issues raised in the Independent Review are addressed	20. Project to address issues raised in the Independent Review. • The Officers consider and report to a future	Review the Review the other issues referred to by		Apr 12	YES	Head of Finance & Performance (unless
	Cabinet meeting, during Spring 2012, the proposed way forward relating to other charging issues (outlined in Report paragraph 6.2.14 and Appendix 4 to Annex A).	AKA and report findings to Cabinet.				otherwise stated)
	The Council favourably reconsiders the effective date for the calculation of the	Clarify impact of the 'benefits trap'		Feb 12		
	reimbursements for those service users who had lived in the 3 West Wirral properties and their surviving relatives. The context of the "benefits trap" also needs to be considered as	•Report outcome and options to Cabinet		Apr 12		
	 part of this process. The Council favourably reconsiders the calculation of the reimbursement for the lack 	Clarify impact of the 'benefits trap'.		Feb 12		
	of interest. Again this must be considered in the context of the benefits trap.	Report outcome and options to Cabinet.		Apr 12		
	The outcome of complaint 3's stage 3 complaint should be reviewed in the light of the context of the events precipitating Service User 2's need to relocate and in the consultant's view this should lead to DASS	Identify person. Review evidence. Resolve outstanding issues.		Mar 12		Head of Safeguarding
	honouring the commitment to pay the top-up payment. • The quality of inputs to and outcomes from	Review process against recommendations.		Complete		Head of
	Adult Protection strategy meeting should be kept under close review, with a particular	Revise the process in line with Best Practice. Improve reporting and recording of strategy		Apr 12		Safeguarding
	emphasis on at least the following questions at each meeting: 1. What has changed for the better for the vulnerable adult?	meetings. Overview report to DASS and Safeguarding Board (input and outcomes).		Jul 12		
	2. Why did the change not occur sooner?3. What is the pathway (or project plan) for					

resolving this referral?			
4. Who is responsible for each action?			
5. Who is taking overall responsibility for the			
case and will be held accountable for the			
quality and timeliness of both the review			
and its resolution?			
Details of Adult Protection concerns raised	Currently recorded into CADT system - single point	Completed	Head of
must be logged centrally with a close	of entry.	_	Safeguarding
monitoring of the inputs, outputs and			careguaraning
outcomes recorded in detail such that the	Overview report to DASS and safeguarding Board	Apr 12	
Director can report in an open and	(input and outcomes).		
transparent way Leading Members monthly			
and the Health and Social Care Select			
Committee on a quarterly basis.			
Opportunities for the improvements in the	Personalisation process to be reviewed and	May 12	Head of
CCA and review process should be	evaluated.		Community
considered and proposals for improvement			Services
reported via the Cabinet Portfolio holder	Report to Cabinet	June 12	
during the Spring of 2012.			
The effectiveness of the actions put in place	Report to Cabinet	Completed	
since the CQC report in relation to Adult		Nov 11	
Protection (now Safeguarding) should inform			
the above, but must be based upon			
quantitative and qualitative analysis contained			
within a formal report to Members before the			
peer review in the Autumn.			
The Director of Adult Social Care should	Risk Register in place and appropriately reported.	Feb 12	
continue to ensure that there is a shared			
understanding of the risks and issues facing	Cabinet Member inclusion at	Feb 12	
DASS, at Member and Corporate	Performance SLT + monthly discussion		
Management team levels, together with the			
proposed mitigating action(s). This should be			
undertaken both formally and informally	But to the form the contract of the contract o	A 40	
DASS needs to improve its early engagement	Project to formalise closer working relationships	Apr 12	
activities with the HB Team to ensure future	underway.		
Supported Living proposals and the providing	Pathway clarified	Apr 12	Head of
agencies are clear as to the likely benefits	Patriway Clarified	Apr 12	Community
payable.	First stage – undertake Self Evaluation (Peer	Completed	Services
DASS should ensure that the planned use of	Challenge).	Completed	
a "peer review" to check, challenge/verify the	Orialionge).		
improvements and achievements of the	Corporate review to be mapped.	Apr 12	
department is seen as a means by which	Outporate review to be mapped.		
regular external progress assessments can			
be undertaken and that the Cabinet portfolio			
holder is engaged in the discussions with			

 those undertaking the review(s). The Director of Adult Social Services to review the resources allocated to safeguarding and contract monitoring, reporting back to Members at Cabinet or the Cabinet Subcommittee within 6 weeks of the publication of this report. The Cabinet ensures that the outstanding allegation from the Service Provider 3 in relation to the level of DASS funding is thoroughly and robustly investigated with a view to early resolution. This will require the development of an action plan which is approved by the Director and Cabinet Portfolio holder that includes the delivery of written updates to the Cabinet Portfolio holder 	Employed: - 5 Quality Assurance Officers; 3 Safeguarding Officers; 4½ Social Workers; 3½ Advanced practitioners Review current position in relation to contract. Develop actions as necessary. Cost and report to Cabinet Member.	May 12 May 12 May 12 May 12	Head of Safeguarding
 approximately in a 2 weekly cycle. Identify all service user related risk and ensure that people are safe. 	All Safeguarding references regarding people in report individuals to be identified, circumstances investigated and resolved.	Apr 12	Head of
 Ensure that learning from the investigation is incorporated into both actions and leadership styles in the Directorate. 	Ensure SLT undertake a full review of report, incorporate feedback and learning into Business Plan/leadership development.	Apr 12	Safeguarding

3. Financial Planning

The following table should show at a high level (e.g. as or similar to the Objective Summary of the estimates Budget Book) how the department revenue budget supports the five Corporate Plan themes.

A. Revenue

Thems/Divisions	Comings (massisted)	Corporate Themes	
Theme/Division	Services (provided)	Gross Budget	Net Budget
		£000	£000
Your Economy			
Total			
Your Family – Adults			
	Service Manager	708.7	0
	I C and W Support	1,124.6	272.1
	Service Manager	550.4	0
	Assessment and Care Management	2,267.2	2,177.7
	Community Care	4,390.0	4,046.1
	Service Manager	981.3	0
	Day Care	7,475.6	7,139.3
	Residential Homes	3,330.0	2,795.1
	Supported Employment	1,213.8	1,170.9
	Supported Living	8.0	8.0
	Service Manager	832.8	0
	Bebington and West Wirral Locality	17,108.8	9,763.0
	Birkenhead Locality	23,000.0	12,936.4
	Wallasey Locality	12,049.8	7,043.0
	Mental Health	7,474.2	4,552.9
	Learning Disabilities	21,827.0	10,274.4
	Equipment and Adaptations	1,460.8	1,285.9
	Home Care	3,520.4	537.3
	EDT	516.8	248.9
	Other Services	1,288.3	1,222.0
Total		111,128.5	65,473.0
Your family - Children			
Total			

Your Neighbourhood			
Total			
Your Council			
	Management	527.1	0
	Property Management	353.4	47.9
	Finance Support	7,708.6	0
Total		8,589.1	47.9
Overall Total		119,717,600	65,520.9

Policy Options

Policy Options 2012/13	One Off funding for	£000
Your Economy etc		

Savings

Savings 2012/13	To be achieved by	£000				
To be completed once budget is agreed February/March						

B. Capital

In 2012/13 this will suppor	t the following Corporate Pla	an Themes	5
Theme/Scheme	Details	2012/13	2013/14
		£000	£000
Your Economy			
Total			
Your Family - Adults			
Transformation of Day Services	Ensuring the best facilities for people who use services	1,250	0
Integrated IT with Adult Social Services	Providing front line staff with the best equipment to serve people who use services	1,500	0
Total		2,750	0
Your family - Children			

Total		
Your Neighbourhood		
Total		
Your Council		
Total		
Overall Total	2,750	0

4. Workforce

4.1 Workforce Monitoring

HR will provide relevant workforce profile information.

4.2 Workforce Planning

Workforce Issue	Broad Skill Development Needs	Planned Actions	Financial Implications
Project Links- Projects 2, 5, 6, 7 & 12. Need to assess impact of personalisation on the workforce which delivers assessment, care management, support planning and re-ablement services to ensure there is an appropriate skills mix to deliver new services.	 Assessing to Outcomes; Finance (including benefits); Support planning; Outcomebased Reviewing; Data inputting; Action Planning. 	Provide programme of skills based training for practitioners to support the role of personalisation.	Information Pending
Project Links- Project 1 Assess impact of day services review on workforce to ensure appropriate skills mix to deliver service	Business Advice;Change management;	Information Pending	Information Pending
Project Links- Projects 3, 4, & 11.	Multi- disciplinary	Information	Information Pending

	team-working;	Pending	
Assess further integration of locality based staff with health through joint workforce planning project.	 Knowledge development re Health systems and services; Change 	J	
project.	management		

5. **Equality and Diversity**

In support of the Council's statutory duties in relation to the Equality Act 2010, the Department will implement the Council's Equality and Diversity Policy and undertake the following actions:

- Revitalise the Department's Equality and Diversity Group and ensure that there is good representation from across the department and require representatives to liaise with their teams and actively promote equality and diversity
- Ensure that officers within the department are fully briefed about the Council's duties and provided with advice, guidance and examples of good practice.
- Complete Equality Impact Assessments for appropriate elements of the Department Plan and where there is a change to strategy, policy and practice.
- Require that EIAs be completed at the early planning stages, reviewed during the planning process and be presented alongside reports to Cabinet and Overview & Scrutiny Committees.
- Officers will be expected to not simply record what the equality implications are of any changes to strategy, policy and practice but act on the findings.
- Undertake a review over a period of time of all existing Equality Impact Assessments to ensure that they remain current.
- Analyse areas and functions where there are no Equality Impact Assessments and evaluate whether one is necessary.

In addition to Departmental work DASS will seek to develop an overarching Equality Analysis for both Safeguarding Adult Partnership and Learning Disability Partnership Boards.

All of the Department's priorities demonstrate its commitment to advancing equality through minimising disadvantage, meeting the needs of people from the protected groups, and encouraging participation in public life as required in the general equality duties. Some of the priorities are also about eliminating discrimination, harassment and fostering good relations between groups such as transforming day services, supporting victims of domestic violence, and enabling people to have increasing choice and control over their lives.

6. <u>Departmental Risk Register</u>

Corporate Plan Activity	Risk Description	Risk Owner / Responsible Officer.	Category	Existing Control Measures	Net Likelihoo d Score	Net Impact Score	Net Total risk score	Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
Safeguarding	Failure in safeguarding arrangements.	Graham Hodkinson/	Reg / Legal/ Statutory	Local Safeguarding Board monitors serious case review action plans. Weekly performance monitoring of Safeguarding information. Monthly Safeguarding Strategy meetings.	2	5	10	Monthly		Head of Safeguarding and Care Governance	Ongoing
Departmental Budget	Risk of spend not being contained within resources allocated to department.	Graham Hodkinson	Strategic	Monthly monitoring and quarterly reporting to members. Vacancy freeze, restrictions on travel, courses and other discretionary budgets.	4	4	16	Monthly to PMSLT	Individual meetings with budget managers. Specific focus on overheating budgets.	Head of Finance and Performance	Ongoing
Changes in HR services	Impact on the ability to deliver an effective	Graham Hodkinson	Strategic	Regular scrutiny and monitoring	4	3	12	Monthly to PMSLT	Regular reviews at PMSLT.	Head of Finance and Performance	On going

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	service across the Departments responsibilities.										
Introduction of a new Sector- Led Improvement framework	The Department fails to meet the requirements of the new framework.	Graham Hodkinson		Early engagement with The Local Government Association to undergo formal Peer Review.	1	4	4	Monthly to PMSLT		Head of Finance and Performance	On Going
Economic Climate	Additional pressure on services with emphasis on Personalisation . Impact of the Welfare Reform Bill changes. Impact of changes to other Council services. Impact of changes to partner services e.g. Health.	Graham Hodkinson	Financial	Performance monitoring of status of demands on services. Targeting of resources to areas of high demand. Joint working between Departments in place e.g. Joint Safeguarding. Work with NHS partners to evaluate and mitigate the impact of proposed changes.	4	4	16	Monthly	Early intervention targeted activity.	Head of Finance and Performance	Ongoing