

WIRRAL COUNCIL

CABINET

22 SEPTEMBER 2011

SUBJECT:	<i>DEPARTMENT OF ADULT SOCIAL SERVICES: FUTURE STRUCTURE</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>HOWARD COOPER</i>
RESPONSIBLE PORTFOLIO HOLDER:	<i>COUNCILLOR ANNE MCARDLE</i>
KEY DECISION?	NO

1.0 PURPOSE OF REPORT

- 1.1 To set out for Cabinet the rationale for the restructuring of the Department of Adult Social Services
- 1.2 To recommend to Cabinet a revised staffing structure for the Department of Adult Social Services.

2.0 RECOMMENDATIONS

- 2.1 That Cabinet approve the revised staffing structure for the Department of Adult Social Services.
- 2.2 That the establishment of the posts above spinal column point 49 as described in paragraph 11.2 be recommended for approval by the Employment and Appointments Committee

3.0 REASONS FOR RECOMMENDATION/S

- 3.1 The Department has undergone radical change since November 2010. This has been partly the result of reforms introduced by the current Interim Director in response to critical external reports in the autumn of 2010 and partly following the Council's voluntary severance activity. This report sets out a proposed structure to ensure the Department of Adult Social Services (DASS) is able to respond to these changes and to address the new challenges to come in the next three years.

4.0 EXECUTIVE SUMMARY

4.1 To respond to recent changes and address the challenges that are likely to arise and be faced by DASS in the next three years the proposed structure is founded on three principles:

4.1.1 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 “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.

4.1.2 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.

4.1.3 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.

4.2 Unusually, the report describes the structure from the bottom up. Eight “**Building Blocks**” are described that, taken together, provide all the services that fall to DASS. In principle, these “Building Blocks” could be combined together in a variety of ways to produce a line management structure for the department as a whole. The report proposes such a structure based on the current pattern. This could, however, be changed relatively easily to accommodate future needs. The Building Blocks are:

Block 1	Locality Working
Block 2	Short Term Support to Regain Independence
Block 3	Support for Provision to meet Personal Choice
Block 4	Support for Specialist Needs
Block 5	Early Advice and Support
Block 6	Market Management and Development
Block 7	Commissioning Support
Block 8	Safeguarding Adults and Children (Jointly with CYPD)

4.3 The proposals will be funded from three sources:

- In recognition of the need to strengthen Adult Social Care practice following inspection activity a specific sum of £600,000 was allocated to the Department in the 2011/12 budget process.
- An amount of £300,000 has been allocated by the Strategic Change Programme Board for the consequences of the EVR and Severance exercise.
- Reviewing the use of current staffing resources

5.0 BACKGROUND AND KEY ISSUES

5.1 During 2010/11 there have been very large changes in the context within which DASS operates. This applies both to the external environment, for example

- through changes in the NHS,
- potential changes to the law following recommendations in May 2011 by 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 also the Dilnot Report on Funding Care and Support (July 2011)
- changes following the expansion of personalisation and
- a very critical inspection report

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 no longer matches our needs. In addition the need to improve our services in several key areas requires structural changes.

5.2 Looking at each of these areas in turn:

5.2.1 NHS changes

- (i) Every part of DASS activity impinges on health and changes to the NHS, both current and planned, impact on the work of the Department.
Key areas include the following:
 - The development of GP Consortia with changed geographical footprints, potentially varying approaches to commissioning and to the potential role of social care in relation to health;
 - The emphasis on continuity in care pathways for patients into, through and out of health intervention.
 - The potential move of Public Health into the local authority.
- (ii) It is impossible to say at the current time what the impact of these changes may be, or at what time further action might be needed. Some action on the DASS structure cannot, however, be delayed and so these proposals are designed to allow the greatest flexibility for future amendment.
- (iii) This will involve changing the way that we work with NHS colleagues, other parts of the Council and voluntary sector partners towards more integration and a greater emphasis on supporting individuals. Key issues are:
 - The need to make sure that teams in each locality in Wirral can work with people having low to moderate needs and ensure that people with greater needs can access specialist services;
 - The need to make sure that these teams operate in an integrated way across social care, health and other services;
 - The need to strengthen the degree of integration in services for people with particular needs such as learning

disabilities, mental health and autism;

- The need to strengthen our work with the NHS to avoid people having to go into hospital where this is possible and, where they do so, ensure that their experience through discharge and re-enablement to independent living is smoothly planned in an integrated way.

5.2.2 Law Commission Report: Adult Social Care May 2011 and The Commission on Funding Care and Support (the Dilnot Report, July 2011)

- (i) Under the reforms proposed by the Law Commission, older people, disabled people, those with mental health problems and carers will, for the first time, be clear about their legal rights to care and support services. Local councils across England and Wales will have clear and concise rules to govern when they must provide services.
- (ii) The Dilnot Report makes recommendations on how to achieve a fair, affordable and sustainable system for funding adult social care in England. It proposes a partnership model in which costs are shared between the state and individuals who have sufficient means. The report endorses the role of local authorities in commissioning and delivering local services.
- (iii) Whilst the recommendations of both reports are yet to be debated by Government it is apposite that DASS should be aware of and structured in such a way as to respond to any changes that might arise through these proposals.

5.2.3 Changes following the expansion of personalisation in the way that we assess need, plan support and provide services

- (i) We have dramatically increased the proportion of our client group who have a self-directed assessment potentially leading to a personal support plan and personal budget. This has grown from 8% in November 2010 to around presently 40% and will become 100% by March 2013. This means that an increasing number of people are exercising choice in innovative ways and our task is to make sure that people have access to high quality information and advice and that appropriate services are available. The Council remains a significant provider of day services and, for some specialist groups, short breaks. This will continue and needs to develop in its quality and diversity. In the area of residential care, the Council is now more strongly a commissioner of independent provision. The majority of staff who left DASS in the EVR/Severance exercise were employed in this sector and those who stayed have now been redeployed into day service and short break teams.
- (ii) Key issues that need to be addressed following these changes include:
 - The need to strengthen support planning to help people to exercise choice and access appropriate support;

- The need to improve our information and advice activity to make sure that people can exercise informed choice;
- The need to strengthen our quality assurance work to make sure that the independent sector meets the needs and expectations of users;
- The need to develop the quality of, and extend the range and diversity of day services and short break provision so that they better meet people's needs.

5.2.4 Changes following critical inspection findings

- (i) The inspection in 2010 was critical of a number of areas of the department's work and this was subsequently re-enforced in national assessments by the Department of Health. Criticisms focussed around **Choice** (which particularly relates to the provision of information and advice and the operation of personalisation) and **Respect and Dignity** (which particularly relates to safeguarding). This leads to the following key issues to be addressed:
- The need to strengthen social work fieldwork teams to make sure that people's needs can be assessed promptly and skilfully;
 - The need to strengthen the quality management of social work so that organisational learning and development can be embedded;
 - The need to strengthen and reform our work at the first point of contact, the "front door";
 - The need to strengthen personal support planning;
 - The need to strengthen safeguarding by drawing from best practice in CYPD and in other DASS areas;
 - The need to strengthen complaints management.

6.0 THE BUILDING BLOCKS

- 6.1 This section tabulates the eight building blocks that, taken together, describe the work that falls to DASS. They incorporate in an overt way the principles outlined in the Executive Summary and, in doing so, address the issues described in section 5 above.

BUILDING BLOCKS:

BLOCK 1: <u>Locality Working</u>

<i>This reflects our commitment to integrated, multidisciplinary, locality based, locally delivered services with a strong interface with local communities, primary care teams and general practices.</i>
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<p>Span <i>(This defines the geographical boundaries of the localities based on Council Wards, to link with the Localism Bill and balance population load)</i></p>		<p>Functions <i>(This defines the range of services to be delivered in localities. It does NOT define the line management arrangements within the locality teams.)</i></p>
<p>Localities: Birkenhead</p>	<p>Birkenhead; Tranmere; Bidston St James; Claughton; Oxton; Prenton.</p>	<p>1. First Contact/Referral/Emergency Out of Hours Response <u>Jointly</u> responsible for the Adult Central Advice & Duty Team and line management of emergency duty team. (management responsibility with Wallasey)</p> <p>2. Screening, Initial Assessment and Regaining Independence Screening referrals, applying FACS eligibility criteria, signposting, first assessments, emergency support, unscheduled reviews/minor changes, safeguarding referrals/investigations, access to support for regaining independence, admissions prevention.</p> <p>3. Assessment and Support (including Assessment Support Planning extended support and validation) Responsible for joint comprehensive assessments, working in partnership, validation, support planning, on-going interventions and protection plans, commissioning of services following reablement, access to personal budgets</p> <p>4. Review Undertaking scheduled and statutory reviews of support plan and verifying and evidencing that outcomes have been met. Targeted review of case where appropriate and undertaking review projects as required.</p> <p>Integrated Teams could consist of, for example: Social Workers, Assessment Support Officers, Occupational Therapists, STAR workers, POPIN workers, Community Nurses, Allied Health Professionals, Day Service managers, Housing/RSL, Voluntary Community & Faith Sector representatives, Team Support Officers.</p>
<p>Localities: Wallasey</p>	<p>Wallasey; New Brighton; Seacombe; Licard; Leasowe/Moreton East.</p>	
<p>Localities: South and West</p>	<p>Moreton West and Saughall Massie; Upton; Greasby/Frankby/Irby; Pensby/Thurstaston; Heswall; West Kirby; Hoylake/Meols; Clatterbridge; Bebington; Bromborough; Eastham.</p>	

BLOCK 2: Short Term Support to Regain Independence

This area of work recognises that some people, often elderly or frail, live independently with success in the community but then experience and an acute health episode. This might be, for example, a fall, a heart attack, stroke, or as a result of a long-term condition such as dementia or Parkinson's disease. This might need admission to hospital but recovery or management of their condition is expected and, with support, the person will be able to return to independent life. The area defines the arrangements that we put into place with partners to minimize the need for admission, to support the person through hospital to discharge and to enable them to regain the skills needed for independent life. Minimizing the occurrence of re-admission.

<u>Span</u>	<u>Functions</u>
<p>Integrated services for regaining independence</p>	<p>Support for people moving into, through and out of hospital and returning to independent living in the community. Includes on site admissions prevention (accident and emergency, primary care assessment unit) and timely discharge and transfer to recovery services</p> <p>Particular focus on frail old people, people experiencing one or a number health needs including orthopedic problems, dementia, acute cardiovascular problems and stroke</p> <p>Development and management of a “Team Around the Person” model which will support the service user/patient in their journey from home to hospital and back into the community. This will be supported by integrated procedures, practices, assessments and fully aligned pathways of recovery tailored to the needs of the individual service user and patient. Liaison with the NHS Community Trust and the GP Commissioning Consortia will aim to reduce the need for admission through the timely use of community based support. Integrated work with Wirral University Teaching Hospital Trust around pro-active in-hospital support and multidisciplinary preparation for discharge. A fully integrated multidisciplinary team of health, social care and voluntary, community and faith sector staff supporting discharge will ensure active management and support of discharges. Following discharge from hospital, service user/patients will access a full range of short-term assessment, recovery and rehabilitation services. These will include STAR (Short Term Assessment and Reablement), Intermediate Care, and Rapid Access services. Dedicated physiotherapy and occupational therapy in these schemes will maximise opportunities for returning home supported by support plans and personal budgets.</p> <p>These services will retain seamless links with locality teams to ensure effective transition into mainstream services following discharge from reablement and intermediate care.</p>

BLOCK 3: Support for Provision to Meet Personal Choice

This defines work which helps people to plan to meet their support needs and to make choices. It then ensures that provision is in place to meet those needs and choices

<u>Span</u>		<u>Functions</u>
Personal Support Planning and Provision	Following self-directed assessment, supporting people to make choices in translating developing their support plan and accessing provision.	Managing the process of support planning linked to advocacy. Linking support plans to a pre-pay card system. Ensuring that support plans are linked to our commissioning of provision.
Daytime provision to meet the choices and assessed needs of our client group.	Working from the outcomes of personal support planning to make sure that services are available locally to meet people's choices and needs..	Managing in-house provision of day centres and other day services to make sure that it is of high quality, responsive to people's wishes and delivered cost effectively. Developing new services to meet people's needs. Working with the independent sector to develop high quality services that will attract people. Developing more and innovative approaches to employment, especially for people with LD Development of alternative daytime provision including options such as Social Enterprises, Mutual's etc
Short break provision	Developing a wide range of short break provision to make sure that people have a rich and diverse offer to choose from.	Managing in-house provision for LD and MH (in liaison with Specialist Services Block), currently at Sylvandale, Girtrell Court and Fernleigh. Developing new, innovative approaches to short breaks and bringing them to the market.

BLOCK 4: Support for Specialist Needs

This defines the organization and leadership arrangements for a range of specialist activity operating across the borough at the “high need” end of the spectrum. All activities will be integrated, and usually co-located, with partners. It does not therefore define day-to-day management arrangements.

<u>Span</u>		<u>Functions</u>
Integrated Services to people with high levels of need relating to mental health and learning disability.	Learning Disability Mental Health Autism	Development and commissioning of services for adults with learning disabilities. and adults with mental health needs, including new personalised resources models of support. Ensuring effective transition arrangements for adults with learning disabilities. Development of new pathways for support and services for people with social, language and communication difficulties on the autistic spectrum. Developing personalisation for people with learning disabilities, Assessment of support needs for people with LD, Integrated Learning Disabilities and mental health teams with staff from DASS, CWP Trust and the voluntary sector. Undertaking Statutory Responsibilities under the Mental Health and Mental Capacity Act. Integrated support for people with mental health problems Short break and community based provision for these client groups. Liaison with and support for carers and voluntary community and faith sector organisations working with these service user groups.

BLOCK 5: Early Support and Advice

This defines areas of work operating borough wide at the “universal” end of the spectrum of need, designed to help people avoid movement into higher levels of support

<u>Span</u>		<u>Functions</u>
Advice and Information.	Social marketing and information provision. Integrated working with Public Health. Customer feedback and consultation. Welfare benefits advice. POPIN.	Web presence, publications and campaigns. Co-ordination of public consultations at DASS level and Council. Input of customer experiences into planning and commissioning. High quality information input into personal support planning.
Community Support	Services that draw on support from the community to provide help for people to live independently. Development of the range and capacity of these services.	Support for the voluntary sector. Support for carers. Advocacy support. Equality, diversity and fairness
Practical Support for Independent Living	A range of support based on practical activity and the use of technology to enable people to live independently without the need for high level provision.	Assistive technology Community Equipment Handypersons Adaptations Links with Supporting People initiatives

BLOCK 6: Market Management and Development

This area of work describes how we manage our contractual relationship with independent providers to make sure that there is a high quality, cost effective sector responding to the needs of vulnerable adults.

Commissioning Independent Provision	Management of the contractual and business relationship between the Council and independent providers so that we can meet assessed needs in a cost effective and high quality way.	Responding to levels of need for residential, short break and supported living provision (as identified above) and supporting the commissioning process. Market development and management, particularly in the independent residential sector. Tendering, contract management and compliance Quality of independent provision Value for money and affordability.

BLOCK 7: Support for Commissioning

This describes work that we do to support the commissioning process as it happens across the whole department. It includes the work needed to identify need and to allocate and control the resources to meet that need. The work also includes the evaluation of the impact of our work and our relationship with Council strategic planning.

<u>Span</u>		<u>Functions</u>
Planning and Performance	Integration of DASS procedures into the process of strategic planning and performance management across the Council and the provision of management intelligence to inform commissioning.	Liaison with the wider council and other partners regarding corporate planning and strategic change. Construction and monitoring of the department plan. Maintenance and servicing of the performance management framework. Robust Business Data Analysis Management information and intelligence. Research to support development. SWIFT system maintenance and development IT development and Information Governance The secretariat.
Finance and Resources	Control and management of the use of financial, fixed and human resources to meet the Council's objectives. Budget construction and monitoring and closure of accounts. The Medium Term Financial Strategy. Leadership of action to reduce spending.	Payments and audit of accounts Liaison with the Department of Finance, internal and external audit; fraud prevention debt recovery. Support for the Commissioning Provision Block. Capital budget and liaison with Asset Management. Risk management and resilience.
Self Directed Support	Direct payments and Personal Budgets advice.	Payments to Care Providers and Voluntary Organisations Financial Protection (Appointeeships/Court of Protections) Liaison with HR and monitoring of employee expenditure.

BLOCK 8: Safeguarding Vulnerable Adults

This describes the work that we do to keep vulnerable people safe from harm. It is managed jointly with Children and Young People's Services. Like CYP, it involves leadership of work across the partnership of public, private and voluntary sector organizations in Wirral.

<u>Span</u>		<u>Functions</u>
Safeguarding vulnerable adults <i>(This work to be managed jointly with CYPD)</i>	Leadership of the partnership to safeguard vulnerable adults (and <i>inter alia</i> children) and management of the internal arrangements for safeguarding for DASS.	Provide the leadership and secretariat for the SAPB (and LCSB). Develop and manage the procedures for safeguarding within DASS. Monitor and quality audit the operation of these procedures. Manage the investigation of, and action on specific safeguarding cases. Oversee safeguarding allegations relating to independent sector provision. Oversee allegations against staff of abuse. Ensure that training in relation to safeguarding is delivered across the partnership and improves practice.
Complaints <i>(This work to be managed jointly with CYPD)</i>	Management of the process for investigating and addressing complaints from service users and carers and the monitoring of subsequent follow up action.	Management of the complaints process, including logging, investigation, resolution and tracking follow up. Analysis of the patterns and underlying causes of complaint and pursuing appropriate development. Response to Ombudsman investigations. Response to Freedom of Information requests. Oversight of response to requests from Councilors and MPs.

6.2 The proposed high level structure charts for the eight building blocks are shown at Appendix 1.

7.0 RELEVANT RISKS

7.1 Risk of harm to a vulnerable adult is a key corporate risk on the Council's risk register. This structure is intended to strengthen the Council's professional expertise and management to mitigate this risk. The external inspection report of 2010 highlighted that this risk was real and present.

7.2 Risk of market failure of a significant external provider was recently included on the corporate risk register in response to turbulence in the social care market. This was highlighted recently when Southern Cross ceased to be a care provider. As the Council commissions more services externally, it becomes even more important that the Council has expertise in this area. These

proposals strengthen that expertise and mitigate the risk.

- 7.3 The department is subject to high expectations from Government, regulators and the public around provision of social care. These are currently driven by the move towards a more personalised offer based on individual choice. The departmental risk register records reputational and other risks around failure to meet these expectations. These proposals are key to mitigating this risk.

8.0 OTHER OPTIONS CONSIDERED

- 8.1 A range of possible management structures have been considered in developing these proposals. These have included further integration with children's services and with public health. These are not recommended at this time in view of:
- the high degree of uncertainty in the external environment,
 - the high level of risk in major organisational change,
 - the degree of change already being assimilated,
 - the amount of risk that would be concentrated in one place in such options.
- 8.2 However, the modular structure proposed would allow further re-organisation to take place at a future date should this prove desirable.

9.0 CONSULTATION

- 9.1 There has been internal consultation with the Chief Executive, the Director of Finance, the Director of Children's Services and the Head of HR/OD. There have been initial discussions with health partners regarding those areas where the structure implies that the two organisations will come together. The proposals are well received.
- 9.2 Consultations will be held with Trade Unions should the proposals find favour.

10.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 10.1 These proposals are designed to enable the Council to have much better engagement with the voluntary, community and faith sectors in the field of social care. Several of the proposed changes relate directly to this and all imply much closer working relationships from strategic planning to frontline delivery.

11.0 STAFFING IMPLICATIONS

- 11.1 Under the terms of delegated authority the Director can agree, in consultation with the Director of Finance and Head of HR/OD, changes to staffing establishments below spinal column point 49. Any such changes must have relevant budgetary provision identified. Proposals will be agreed between the relevant officers to implement this element of the restructure covering an additional 31.8 posts at a cost of £1.2m. It should also be noted that reviewing the structure has resulted in identifying 16 posts at a cost of £669,000 for deletion.

11.2 Cabinet is requested to recommend the following 6 posts above spinal column point 49 at a cost of £373,000 to Employment and Appointments Committee for approval

11.2.1 Strategic Leadership Team:

The Council's Employment and Appointments Committee approved interim Management arrangements at the meeting on 23 March 2011. It is now timely to review those interim arrangements and seek approval to make permanent appointments.

11.2.2 Within the Strategic Leadership Team it is proposed to permanently establish 2 posts:

(i) **Head of Personal Support**

The Head of Personal Support is an essential role required to strategically lead and manage the teams within the branch of Personal Support. This is a vital role to ensure that the work commenced with service users having their personal budgets continues. The role is essential to ensure that the choice the Council offers is real, and that services are available that meet users expectations and needs. With personalisation people have much more choice in how they spend their personal budgets, it is therefore essential that this post-holder drives this work forward and ensures that we work also with the market in developing new and innovative options for service users.

Within the interim arrangements this post is Head of Service level, and in order to strengthen the Strategic Leadership Team and deliver the required outcomes it is proposed to now establish this on a permanent basis DCO3 (£66,017 – £73,352). The post is currently filled on a fixed term basis.

(ii) **Head of Safeguarding (Joint post with CYPD)**

The Committee previously approved the creation of an interim post of Joint Adults and Children's Safeguarding, with the department of Children and Young People. This post has been essential to ensure the practice of safeguarding is delivered to a high standard, and significant improvements have been made to drive up this level of improvement.

Within the interim arrangements this post is Head of Service level, and in order to strengthen the Strategic Leadership team and deliver the required outcomes it is proposed to now establish this on a permanent basis DCO3 (£66,017 – £73,352). This post is occupied by a permanent employee; therefore it is proposed to assimilate the current post holder into this established post.

11.2.3 Personal Assessment and Planning:

Within the Personal Assessment and Planning branch it is proposed to create the following new posts:

(i) **Principal Manager – Regaining Independence EPO6**

It is proposed to create a new post of Principal Manager EPO6 to lead and manage this team. The postholder will provide strategic leadership to the team to ensure effective working with partners to deliver the support required to people using the service.

The post is required to manage a number of Service Managers and staff within the service to ensure all performance management targets are met and all team members deliver to their objectives.

11.2.4 Personal Support:

Within the Personal Support branch it is proposed to create the following new posts:

(i) **Principal Manager - Support Provision EPO6**

It is proposed to create a new post of Principal Manager EPO6 to lead and manage this team. The postholder will provide strategic leadership to the team to ensure that the outcomes of personal support planning work is undertaken to make sure that services are available locally to meet people's choices and needs. The post is required to manage a number of Service Managers and staff within the service to ensure all performance management targets are met and all team members deliver to their objectives.

The post-holder will be responsible for the overall delivery of the in-house provision of day centres and other day services. It will be essential for the post-holder to deliver high quality services to meet user requirements and develop new services to ensure that the Council continues to provide services of choice to service users.

(ii) **Principal Manager - Specialist Needs EPO10**

It is proposed to create a new post of Principal Manager to lead and manage this team. The postholder will provide strategic leadership to the team to ensure that the team organises and co-ordinates the arrangements of a range of specialist activity for adults with mental health and learning disabilities. The post is required to manage a number of Service Managers and staff within the service to ensure all performance management targets are met and all team members deliver to their objectives.

The post-holder will drive the development and commissioning of services for adults with mental health and learning disabilities including new personalised models of support. The post-holder will ensure that the Council meets its statutory responsibilities under the Mental Health Act and Mental Capacity Act.

11.2.5 Community Services:

Within the Community Services branch it is proposed to create a number of new posts and re-grade and re-designate other posts:

- (i) **Principal Manager Early Support and Advice EPO6**
It is proposed to re-grade and re-designate the post of Service Manager (Community and Wellbeing) to Principal Manager Early Support and Advice. The postholder will lead and manage the early support and advice teams.

The Principal Manager post will provide strategic leadership to the teams to ensure that the team drives forward the support for users to ensure that they can live independently. The post is required to manage a number of Service Managers and staff within the service to ensure all performance management targets are met and all team members deliver to their objectives.

The post-holder will be required to develop the range and capacity of the services, including development of the range and advice is made available to people, in conjunction with partners within Public Health. The post-holder will be responsible for initiating and developing links with the community to ensure that support is provided to help people live independently.

12.0 FINANCIAL IMPLICATIONS

12.1 Budgetary provision of £900,000 has been identified to implement the overall revised staffing structure for the Department (see paragraph 4.3).

12.2 The overall resources available for the restructure proposals is supplemented by the use of savings of £669,000 from the deletion of 16 posts.

12.3 The estimated costs of establishing 31.8 posts below spinal column point 49 is £1.2m. The estimated costs of establishing 6 posts graded more than spinal column point 49 is £373,000

12.4 Overall costs of the proposals can therefore be summarised:

Element	£	£
Available resources		
2011/12 budget allocation	600,000	
EVR and Severance resources	300,000	
Freed resources from deleted posts	669,000	
Total Available		1,569,000
Costs:		
below spinal column point 49	1,200,000	
spinal column point 49 or PO14	373,000	
Total Costs		1,573,000
Remainder funded within budget		4,000

13.0 LEGAL IMPLICATIONS

13.1 No specific legal implications arise as a result of this report.

14.0 EQUALITIES IMPLICATIONS

14.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

Yes - An EIA has been conducted on the impact of the service changes on employees. A further EIA will be conducted once the structure is implemented to assess the impact on employees.

15.0 CARBON REDUCTION IMPLICATIONS

15.1 No specific carbon reduction implications arise as a result of this report.

16.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

16.1 No specific planning and community safety implications arise as a result of this report.

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APPENDICES

Appendix 1 – Building Blocks – High Level Structure Charts

REFERENCE MATERIAL

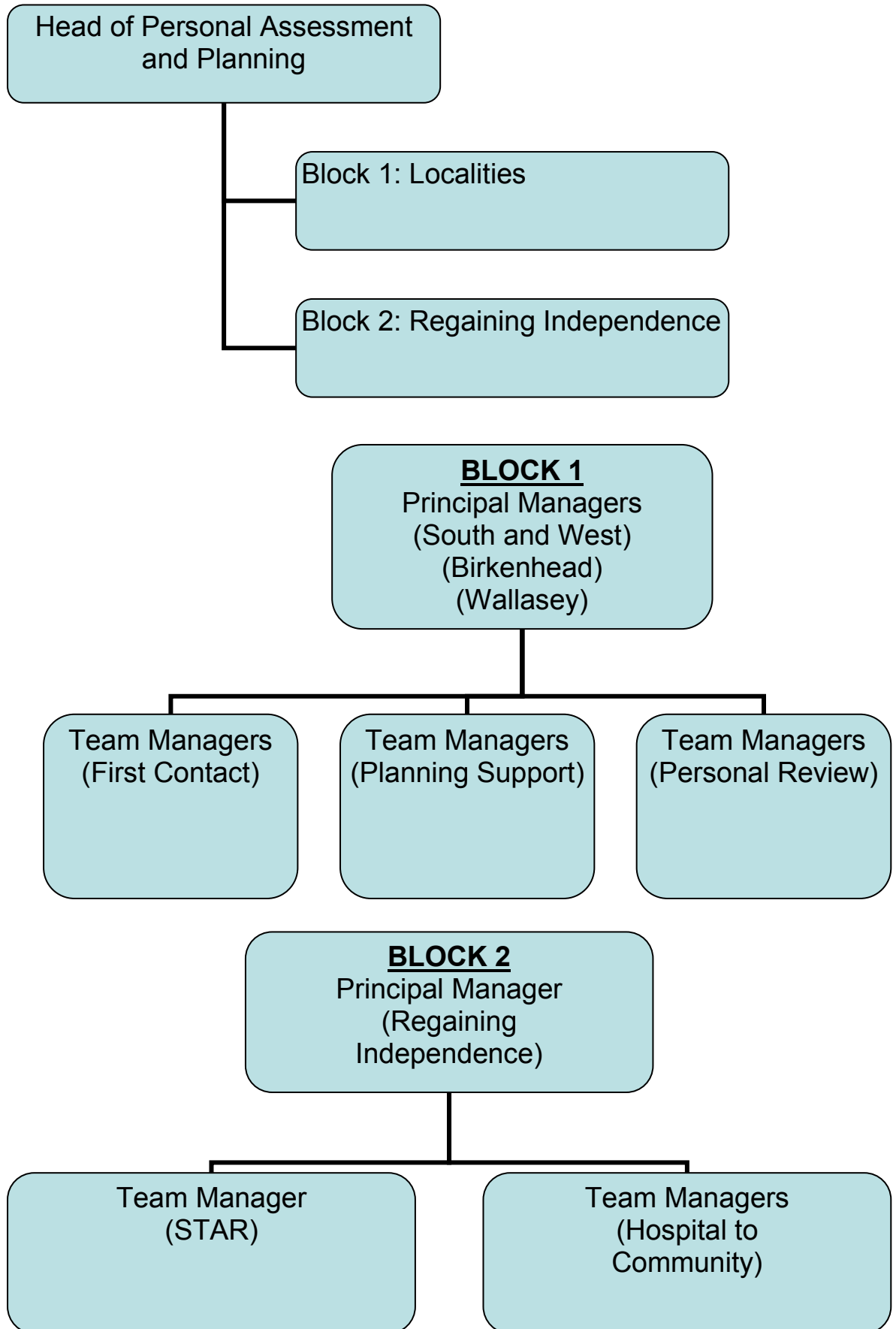
None

SUBJECT HISTORY (last 3 years)

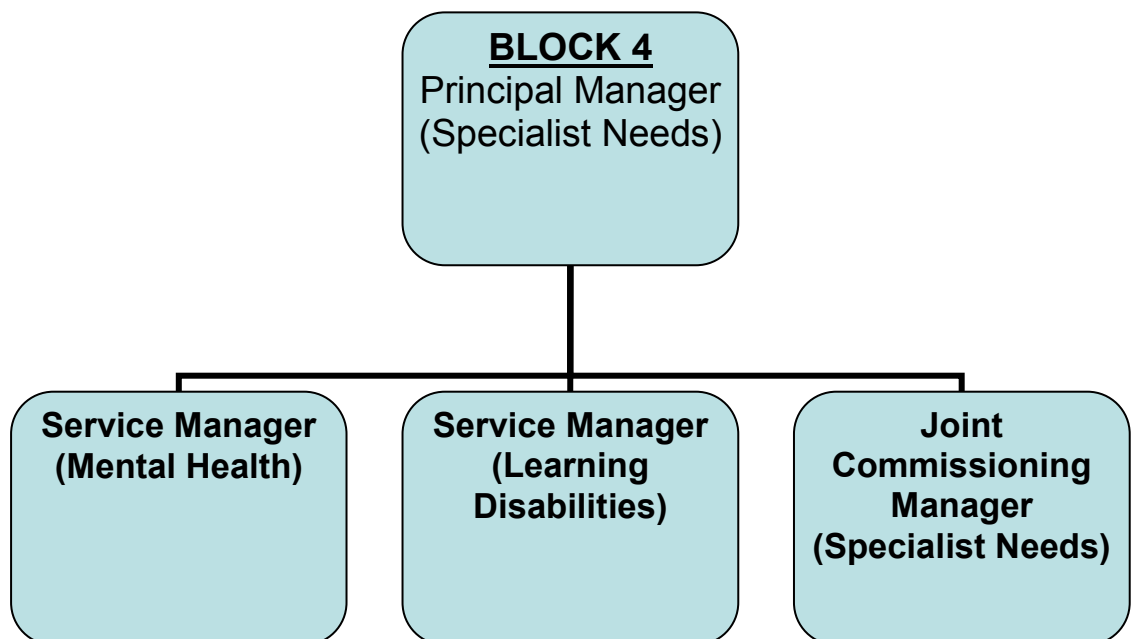
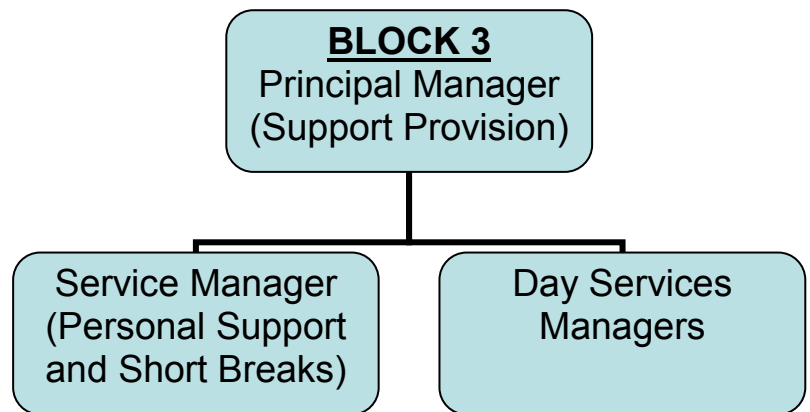
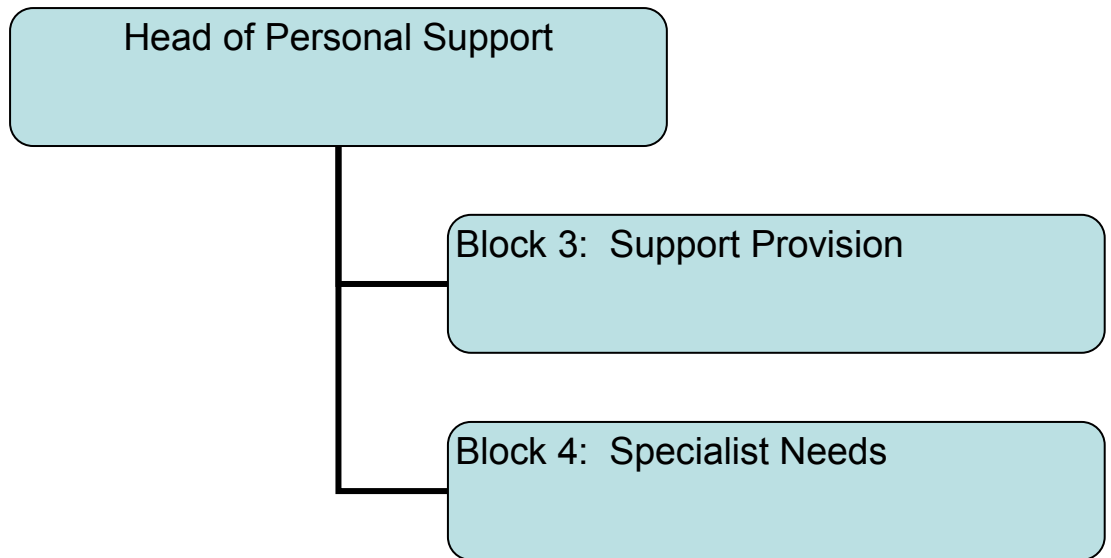
Council Meeting	Date

Building Blocks – High Level Structure Charts

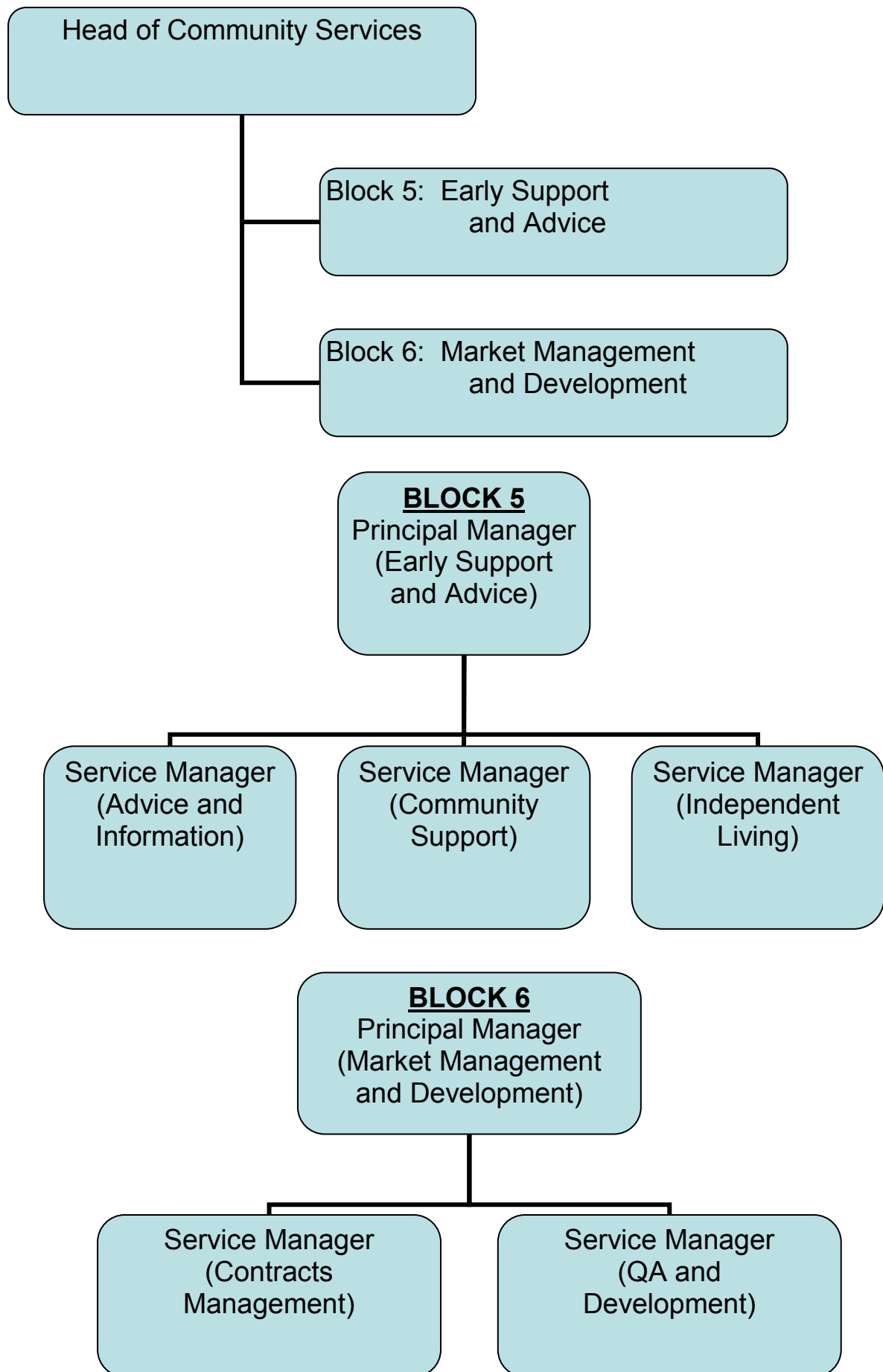
(i) Personal Assessment and Planning Branch



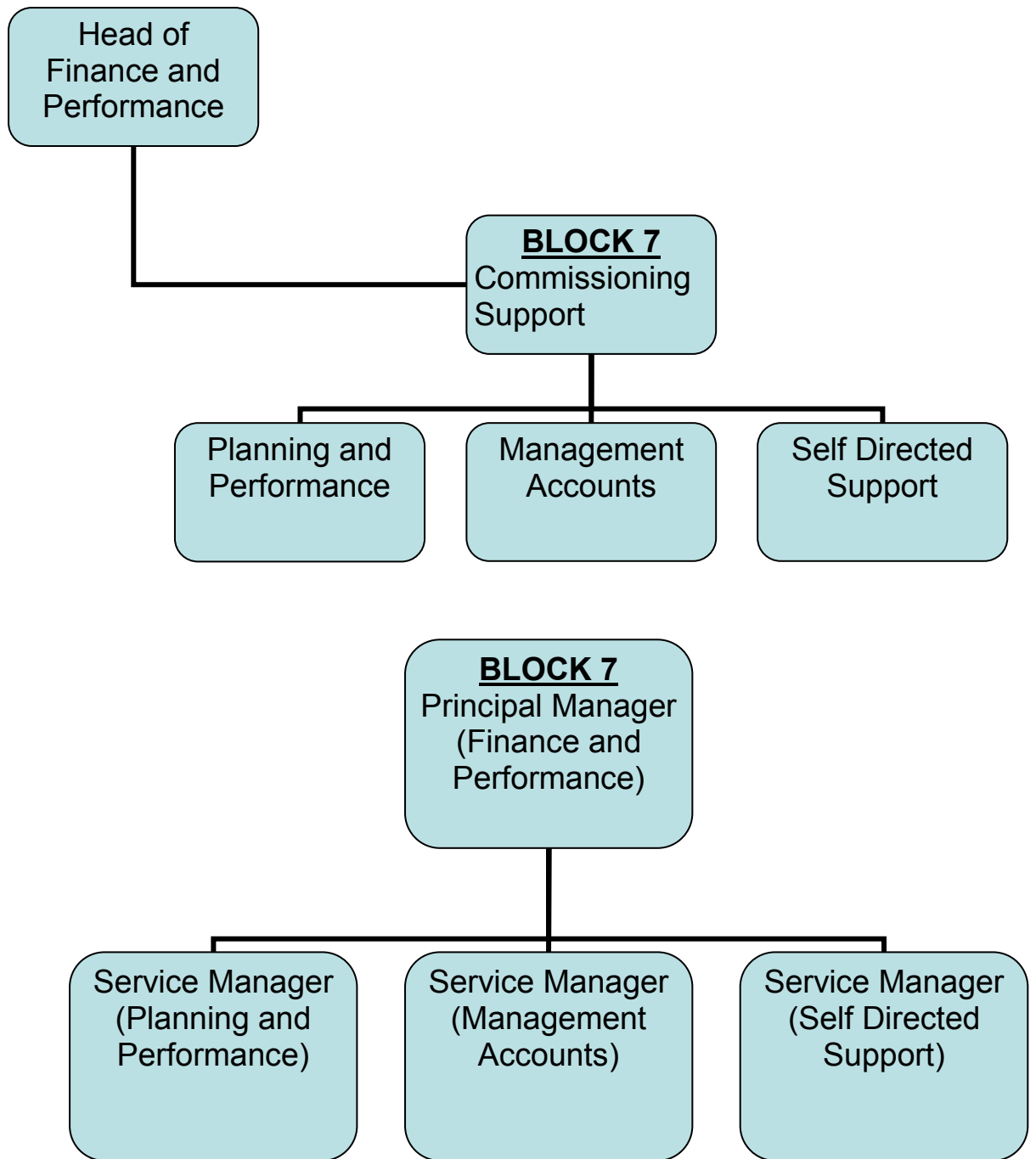
(ii) **Personal Support Branch**



(iii) **Community Services Branch**



(iv) **Finance and Performance Branch**



(v) **Safeguarding Adults and Children**

