



DEPARTMENT OF ADULT SOCIAL SERVICES

DEPARTMENTAL PLAN

2009-2010

DRAFT

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1. Departmental Overview

Our Health, Our Care, Our Say, Valuing People Now and Putting People First sets out a clear direction for a service that delivers to Outcomes, working with whole communities, and through integrated arrangements. This will transform social care into a personalised service moving away from a social welfare model. In addition to the transformational change agenda towards personalisation, the Department is facing other major challenges such as:-

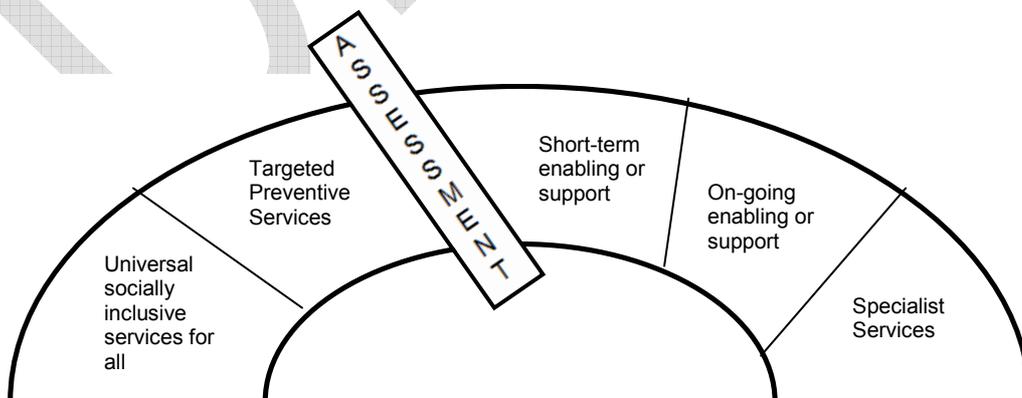
- The opportunities and challenges arising from increasing life expectancy and the subsequent growth in the numbers of the older population
- The number of older people suffering from age related conditions such as dementia
- The numbers of people with long-term mental health conditions who are economically inactive
- The growth in the numbers of adults with learning disabilities
- Tackling and reducing significant health inequalities
- Supporting increasing numbers of vulnerable adults with long-term conditions and their carers in the community/primary care
- Responding to legislative requirements (Race Relations Amendments Act, Disability Discrimination Act etc)
- Responding to the needs of a small minority ethnic population which is increasing

To reflect these changes and challenges the new vision for Adult Social Care in Wirral is **“Supporting Individuals and Communities in Wirral to thrive”** and that:

The Department will offer universal access whilst targeting all interventions, develop personalised responses, treat people as individuals and provide them with a positive experience of their contact with the Department. It will develop services which prevent deterioration and help people to regain independence and work with individuals and communities to enable people with disabilities and vulnerable people to participate as full members of the local community.

The diagram below offers a model of support which translates the vision into an operating framework.

DASS – What is it? – from universal to specialist services



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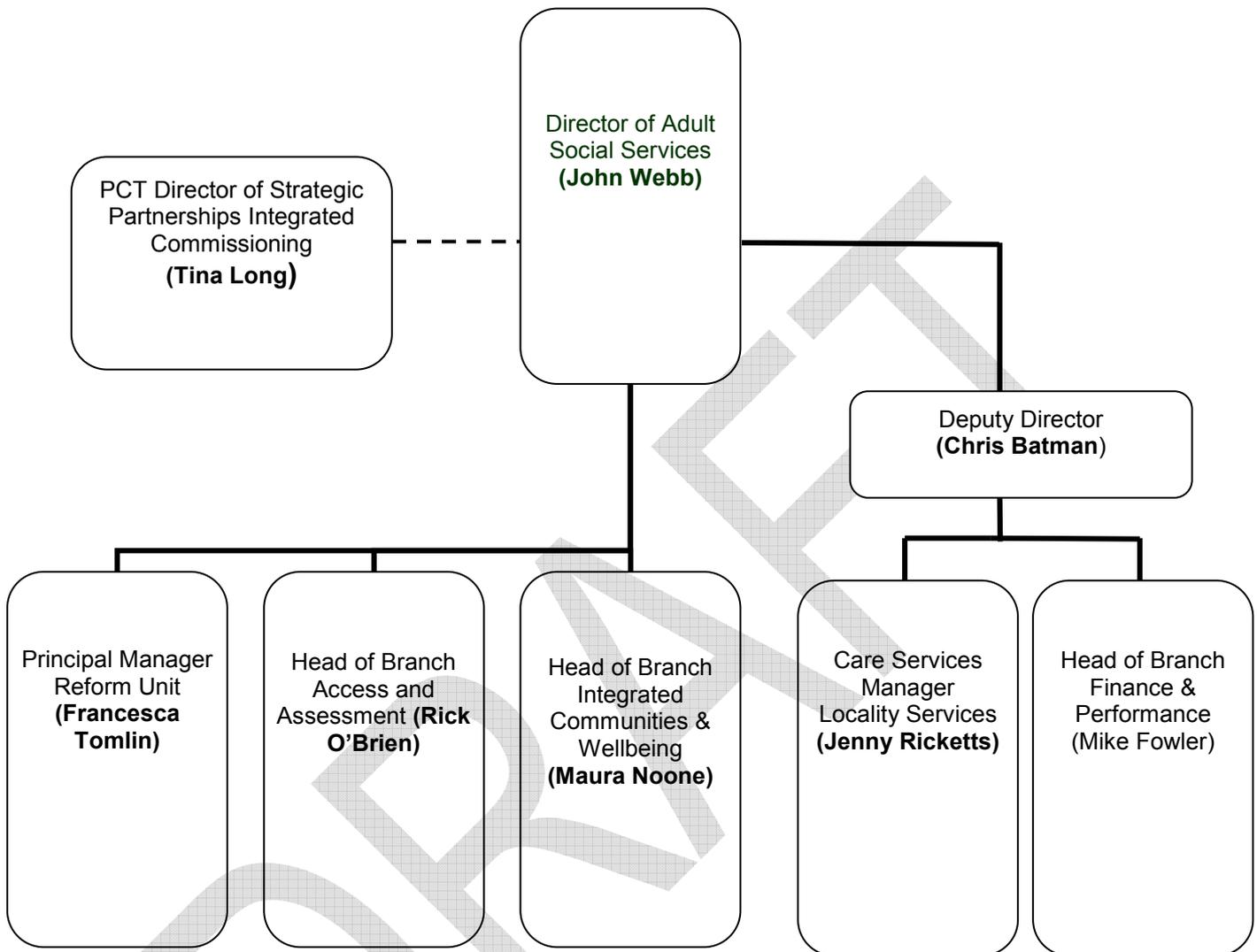
The aims of the Department are to:-

- Improve people's health and emotional well-being
- Improve people's quality of life
- Enable people to make a positive contribution
- Enable people to exercise choice and control
- Ensure people are free from discrimination or harassment
- Improve people's economic well-being
- Enable people maintain their personal dignity and ensure people are respected
- Provide leadership
- Commission appropriate services and use of resources effectively

The core functions of DASS are:

- Integrated Communities & Well-being – ensuring that information and early intervention initiatives and low level, preventative services are available in communities to reduce the risk of deterioration in people's condition and dependence on health and social care support.
- Access and Assessment – assessing and reviewing the needs of adults and older people in a vulnerable position and purchase support services according to the DASS's eligibility criteria.
- Locality (Provider) Services – providing residential accommodation, independent living units, day services, transport and home care (re-ablement) services for adults and older people in vulnerable positions.
- Finance & Performance – providing professional services to support the delivery of social care including Operational Support, Facilities Management, Financial Services, Human Resources, Information Technology and Performance Management
- Integrated Commissioning (new) - providing NHS WIRRAL led, locality based, integrated commissioning of services across health and social care which reflect the emerging needs of the population of Wirral.
- Reform Unit – will drive the Reform agenda; bring additional, integrated capacity to whole system reform. This will be based around focussing on significant projects such as Individual Budgets and Wirral Integrated Services Programme (WISP).

The structure diagram below outlines the Strategic Leadership Team (SLT) members and the management hierarchy.



2. Our Plans for 2009-2010

2.1 The Council's Corporate Plan

A vision for Wirral and a set of strategic objectives, with aims for 2008-13 and immediate priorities for improvement was agreed in March 2008. A corporate plan is now in place to support this strategic framework, which gives a clear rationale for the council's priorities and sets out current delivery plans.

The council has five strategic objectives:

- To create more jobs, achieve a prosperous economy and regenerate Wirral
- To create a clean, pleasant, safe and sustainable environment
- To improve health and well being for all, ensuring people who require support are full participants in mainstream society
- To raise the aspirations of young people
- To be an excellent council

2.2 Delivering the council's strategic objectives and aims for 2009-14

The Departments main contribution to delivering the council's strategic objectives and aims for 2009-14 is :

- **To improve health and well being for all, ensuring people who require support are full participants in mainstream society**
- **To be an Excellent Council**

2.3 Summary of key outcomes relating to improvement priorities for 2009-10

The council has a number of improvement priorities for 2009-10. The Department leads on the following:

Promote greater independence and choice

To deliver this DASS, the wider Council and its partners need to have a prevention / wellbeing / signposting / early intervention strategy which details the range of initiatives to be commissioned and developed in this area.

People will have choice and control over the support they receive. Outcomes will be that people, irrespective of illness or disability, are supported to:

- Live independently
- Stay healthy and recover from illness
- Exercise maximum control over their own life and, where appropriate, the lives of family members.
- Sustain a family unit which avoids children being required to take on inappropriate caring roles.
- Participate as active and equal citizens, both economically and socially.
- Have the best possible quality of life, irrespective of illness or disability.
- Retain maximum dignity and respect at every stage of their life

Table 3.1 details a summary of planned activities and key outcomes for the work of the Department.

2.4 Summary of contribution to LAA improvement priorities

The council has signed up to deliver Wirral's Local Area Agreement as a member of the Local Strategic Partnership.

Wirral has a rich history of partnership working to deliver improvements in the borough's **health and well-being**. We want to continue to build on this foundation to tackle the serious issues of continuing health inequalities and an ageing population. In Wirral, those in our most affluent areas live on average over 10 years longer than those in the most deprived areas. We want to focus on activities which address those things which have an impact on life expectancy, including alcohol-related disorders, smoking and cardio vascular disease. We also want to offer improved support for people to make better lifestyle choices. We will work hard to address the challenges of developing services in line with Wirral's ageing population and the expectations of people who rightly want to remain independent for as long as possible and to have choice in how they access services. This will have significant implications for the way social care is delivered in the borough.

In 2009-10, the Department in partnership with Health, will lead on the delivery of the following LAA improvement priorities and targets as part of the Healthier Communities and Older Peoples Block

Improvement areas: life expectancy, independence / people helped to live at home, dementia, mental health, falls, alcohol harm admissions, smoking cessation, and carers.

The Department contributes to a number of additional improvement priorities, and how the department will deliver the following activities and key outcomes in relation to these improvement priorities is detailed in Table 3.2.

3. Delivering Our Plans - Outcomes Framework

Table 3.1

Strategic Objective	Aims / 2009-10 Priorities (priorities indicated in bold)	We will deliver: Projects and/or Activities	Code	We will measure our success by: Related Performance Indicators	Lead Portfolio	Lead Service Area	Who else is required?
To improve health and well being for all, ensuring people who require support are full participants in mainstream society	Promote greater independence and choice	*Personal Budgets & Self Directed Support	DASS NC 01	NI 130 Social Care clients receiving Self Directed Support	Social Care & Inclusion	Reform Unit	All Branches NHS WIRRAL Voluntary Sector
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	*Provision of Access to Services 24 hours a day, 7 days a week	DASS NC 02	NI 130 Social Care clients receiving Self Directed Support NI 131 Delayed transfers of care NI 132 Timeliness of social care assessment (all adults) NI 133 Timeliness of social care packages following assessment	Social Care & Inclusion	Access & Assessment Branch	NHS WIRRAL Corporate CYPD
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	*Provision of locality Reablement and Assessment Services	DASS NC 03	NI 125 Achieving independence for older people through rehabilitation/intermediate care 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 adults)	Social Care & Inclusion	Access & Assessment Branch	NHS WIRRAL Independent Providers 3rd Sector

Strategic Objective	Aims / 2009-10 Priorities (priorities indicated in bold)	We will deliver: Projects and/or Activities	Code	We will measure our success by: Related Performance Indicators	Lead Portfolio	Lead Service Area	Who else is required?
				<p>8429 Number of service users who have received HART service and do not require a maintenance care package or who have been signposted to non-commissioned services.</p> <p>8430 Number of service users whose care package has reduced on exit from HART service</p> <p>Local: The number of Self Directed Support assessments that have been completed.</p> <p>Local: An increase in the number of new individuals who have received a service via Wirral Assistive Technology (including telecare and telemedicine)</p> <p>8856 % of items of equipment delivered within 7 working days</p>			
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	Provision of specialist services across the borough	DASS RI 01	Will be measured through Transformation Programme Board.	Social Care & Inclusion	Access & Assessment Branch	CWPNT Independent Providers
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	Improving Safeguarding processes (both No Secrets strategic and operational areas of work)	DASS RI 02	<p>NI 145 Adults with learning disabilities in settled accommodation</p> <p>NI 146 Adults with learning disabilities in employment</p> <p>NI 149 Adults in contact with secondary mental health services in settled accommodation</p> <p>NI 150 Adults in contact with secondary mental health services in employment</p>	Social Care & Inclusion	<p>Integrated Communities & Wellbeing</p> <p>Access & Assessment Branch</p>	NHS WIRRAL Multi partnership approach including CSCI, Police and 3 rd Sector

Strategic Objective	Aims / 2009-10 Priorities (priorities indicated in bold)	We will deliver: Projects and/or Activities	Code	We will measure our success by: Related Performance Indicators	Lead Portfolio	Lead Service Area	Who else is required?
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	*Development of strategic integrated commissioning and partnerships across health and social care through WISP: Wirral Integrated Services Pilot	DASS NC 04	NI 131 Delayed transfers of care NI 132 Timeliness of social care assessment (all adults) NI 133 Timeliness of social care packages following assessment	Social Care & Inclusion	Integrated Commissioning	NHS WIRRAL Regeneration
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	Implement into locality commissioning process Systems Dynamics Modelling	DASS RI 03	8436 To reduce the number of people with dementia admitted to residential and nursing care 5% reduction on 2007/8 admittances	Social Care & Inclusion	Integrated Commissioning	NHS WIRRAL CWPNT 3 rd Sector Regeneration
To be an Excellent Council	Improve partnership working with the public, private and voluntary sectors	Development and implementation of an integrated human resources strategy	DASS RI 04	Will be measured through Transformation Programme Board.	Social Care & Inclusion	Finance & Performance Branch	DASS & NHS WIRRAL
To be an Excellent Council	Improve accountability, accessibility and openness and involve those who use our services in their design and delivery	Market Management (e.g contract negotiation)	DASS RI 05	Will be measured through Transformation Programme Board.	Social Care & Inclusion	Finance & Performance Branch Integrated Communities & Wellbeing	DASS Law, HR & Asset Management Corporate Procurement
To be an Excellent Council	Improve the use of the Council's land and assets	Facilities Management	DASS RI 06	Will be measured through Transformation Programme Board.	Social Care & Inclusion	Finance & Performance Branch	DASS Law, HR & Asset Management

Strategic Objective	Aims / 2009-10 Priorities (priorities indicated in bold)	We will deliver: Projects and/or Activities	Code	We will measure our success by: Related Performance Indicators	Lead Portfolio	Lead Service Area	Who else is required?
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	*Development and Implementation of an Early Intervention Strategy	DASS NC 05	Will be measured through Transformation Programme Board.	Social Care & Inclusion	Integrated Communities & Wellbeing	3 rd Sector NHS WIRRAL
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	Implement a Communication Strategy	RI 07	Will be measured through Transformation Programme Board.	Social Care & Inclusion	Integrated Communities & Wellbeing	Corporate Services NHS WIRRAL 3 rd Sector
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	Implement the Carers Commissioning Strategy	DASS RI 08	NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information	Social Care & Inclusion	Integrated Communities & Wellbeing	NHS WIRRAL 3 rd Sector Carers
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	* Care Service Strategy – Viability and Design Study'	DASS NC 06	Will be measured through Transformation Programme Board.	Social Care & Inclusion	Reform Unit	Locality Services Access & Assessment Branch Corporate partners
To improve health and well being for all, ensuring people who require support are full participants in mainstream	Promote greater independence and choice	Implement Improvement Plan of existing Care Services	DASS RI 09	Will be measured through Transformation Programme Board.	Social Care & Inclusion	Locality Services	Access & Assessment Branch Reform Unit

The table below identifies the additional performance indicators, whilst not all related to the Departmental projects, programmes and areas of routine activity identified in Table 3.1, help deliver outcomes for people, and for which the Department is accountable.

Table 3.2

Strategic Objective	We will measure our success by: Related Performance Indicators	Portfolio	Service Area
To improve health and well being for all, ensuring people who require support are full participants in mainstream society	Narrow the mortality gap on Wirral NI 120 All -age-all Cause mortality rate NI 121 Mortality rate from all circulatory diseases at ages under 75 NI1 22 Mortality rate from all cancers at ages under 75 *NI 129 End of life care – access to appropriate care enabling people to be able to choose to die at home	Social Care & Inclusion	NHS WIRRAL
To improve health and well being for all, ensuring people who require support are full participants in mainstream society	Reduce the number of falls for elderly people PI 8228 The number of emergency unscheduled acute hospital bed days occupied by people aged 75 or more in NHS hospitals in Wirral who are admitted through fractured neck of femur, as measured by NHS WIRRAL data	Social Care & Inclusion	NHS WIRRAL
To improve health and well being for all, ensuring people who require support are full participants in mainstream society	Encourage healthy lifestyles and participation in fulfilling activities NI 123 Stopping Smoking NI 124 people with a long –term condition supported to be independent and in control of their condition PI 8134 The number of people from BME groups who attend NHS Stop Smoking Services who had set a quit date and who are still not smoking at 4 weeks	Social Care & Inclusion	NHS WIRRAL
To improve health and well being for all, ensuring people who require support are full participants in mainstream society	Improve support for those with mental health problems PI 8432 Establish cohort of clients aged 16-35 with two or more episodes of self harm in the last 12 months who subsequently become engaged in meaningful social activities.	Social Care & Inclusion	CWPNT

Strategic Objective	We will measure our success by : Related Performance Indicators	Portfolio	Service Area
To improve health and well being for all, ensuring people who require support are full participants in mainstream society	Tackle all forms of alcohol and drug induced harm NI 39 Alcohol-harm related hospital admission rates NI 40 Number of drug users recorded as being in effective treatment	Social Care & Inclusion	DAAT
To improve health and well being for all, ensuring people who require support are full participants in mainstream society	NI 126 Early Access for Women to Maternity Services NI 134 The number of emergency bed days per head of weighted pop	Social Care & Inclusion	NHS WIRRAL Urgent Care Modernisation Team
To improve health and well being for all, ensuring people who require support are full participants in mainstream society	NI 49 (a) Number of primary fires and related fatalities and non-fatal casualties (excluding precautionary checks) (Primary Fires) NI 49 (b) Number of primary fires and related fatalities and non-fatal casualties (excluding precautionary checks) (Fatalities) NI4 9 (c) Number of primary fires and related fatalities and non-fatal casualties (excluding precautionary checks) (Non-Fatal Casualties)	Social Care & Inclusion	Fire Service
To improve health and well being for all, ensuring people who require support are full participants in mainstream society	*NI 119 Self-reported measure of people's overall health and wellbeing *NI 127 Self reported experience of social care users *NI 128 User reported measure of respect and dignity in their treatment *NI 137 Healthy life expectancy at age 65 *NI 138 Satisfaction of people over 65 with both home and neighbourhood *NI 139 The extent to which older people receive the support they need to live independently at home	Social Care & Inclusion	DASS & NHS WIRRAL Corporate Services
Create a clean, pleasant, safe & sustainable environment	Tackle all forms of alcohol and drug induced harm PI 8431 Rate of Drug Related Offending	Social Care & Inclusion	DAAT

** These are Place Survey indicators, which provide contextual information rather than performance monitoring data*

4. Delivering Our Plans – Financial Summary

4.1 Revenue

The table below shows the base budget for the Department including area for growth.

	2009/10	2010/11	2011/2012
	£000	£000	£000
Base budget	88,499.0	85,806.0	88,301.50
Increased Requirements			
Pay	762.5	762.5	762.5
Prices	1,532	1,532.0	1,532.0
Energy and Fuel	638.2		
Area Based Grant	69.1	32.0	0.0
Capital Charges	603.2		
Reform Team	518.0		
Decreased Requirements			
Income Inflation	-574.0	-574.0	-574.0
Energy Saving	-14.5		
Invest to save	-400.0		
Efficiency Saving – increased non-residential care charges	-928.0		
Efficiency Saving – Residential and Nursing Fees	-900.0		
Efficiency Saving – Supported Living (external)	-650.0		
Efficiency Saving – Supported Living (internal)	-347.0	-347.0	
Efficiency Saving - Transport	-180.0	-180.0	
Efficiency Saving – One off Reform Grant	-1,500.0	1,500.0	
Efficiency Saving - Residential and Nursing Fees	-1,000.0		
Efficiency Saving – Admin Support	-100.0		
Efficiency Saving - Meadowcroft		-230	
Asset Management transfer	-222.5		
Base budget	85,806.0	88,301.50	90,022.0

Key Budget areas

For 2009/10 the key budget issues for the Department are summarised as follows:

GROWTH

Details	£000	Details
Reform Team	518	Now being funded from the corporate Efficiency Investment Budget

SAVINGS

Details	£000	Details
Efficiency Saving – Supported Living (external)	650.0	Contract renegotiations
Efficiency Saving – Supported Living (internal)	347.0	Potential savings from outsourcing review process.
Efficiency Saving – Transport	180.0	Potential savings from outsourcing review process.
Efficiency Saving – One off Reform Grant	1,500.0	Use of Reform Grant to reduce budget requirements for 2009-10 only.
Efficiency Saving – Residential and Nursing Fees	1,000.0	Contract renegotiations
Efficiency Saving – Admin Support	100.0	Reduction in staffing costs
TOTAL SAVINGS	3,777.0	

BRIDGING FINANCE

Details	£000	Details
Invest to save	400.0	Capital investment to improve efficiency – bridged from 2007-8
Efficiency Savings – increased non-residential care charges	928.0	New charging policy implement in January 2008, with further changes due in April 2009
Efficiency Saving – Residential and Nursing Fees	900.0	Contract renegotiations
TOTAL BRIDGING FINANCE	2,228.0	

VOLATILE AREAS / POTENTIAL VARIATIONS

Details	£000	Details
Efficiency Savings – Residential and Nursing Fees	900.0	Review and renegotiation of existing contracts has commenced. Achievement of saving is dependant on early implementation of new contracts.
Efficiency Saving - Residential and Nursing Fees	1,000.0	Review and renegotiation of existing contracts has commenced. Achievement of saving is dependant on early implementation of new contracts.
Community Care	1,000.0	Potential unbudgeted contract inflation. Work underway to review and renegotiate contracts.
Community care	1,500.0	Demand pressure from an ageing population and young people with complex needs. Action Plan developed to reduce spending through reviews, re-ablement and tighter controls on Access.
Efficiency Saving – Supported Living (internal)	347.0	Outsourcing viability and design study has commenced. Achievement of saving is dependant on outcome of study.
Efficiency Saving - Transport	180.0	Outsourcing viability and design study has commenced. Achievement of saving is dependant on outcome of study.
Outstanding Service Re-engineering	350.0	Unachieved saving in 2006/7 carried forward. Target is linked to the reform of day services.
Review of Out of Home Activities	450.0	Balance of unachieved saving in 2008/9 carried forward (original target £700k). Linked to the outsourcing project.
Corporate procurement target	545.0	Work continues with the Corporate Procurement Team to identify specific areas of activity. At this stage it is assumed to be unlikely that the whole amount will be achieved.
TOTAL VOLATILE AREAS	6,272.0	

Please note that detailed budgets will be considered by Cabinet and Council in February and March and this section of the business plan will be revised accordingly.

4.2 Capital

The implications of the council's capital programme on the Department are linked to the strategic asset review, and the Departments intention to consider and review its current capital assets, and to reduce the number of buildings where possible.

4.3 Value for Money

The council is committed to providing value for money services. To this end, the Department undertakes to review those service areas identified as being of relatively high spend (when compared with others). During the coming year we will undertake and implement reviews such as the Strategic Asset Review that will improve value for money. The section below details those areas and the planned actions to address them in 2009/10.

Older People

In 2007-08 Wirral spent £842.93 per person aged over 65 compared to the 'nearest neighbour' average of £875.37 per person. Wirral currently ranks 10th out of 16.

Wirral supported an average of 32.3 older people in residential/nursing care per 1,000 aged over 65 compared to the group average of 30.8. Wirral currently ranks 8th out of 16.

The unit cost of residential/nursing care for older people ranks 3rd out of 16 at £449 per week compared with a group average of £414.50. In 2006-07 Wirral ranked 10th with a unit cost of £388.17 against an average of £400.96.

The level of Intensive home care provided by Wirral per 1,000 population aged over 65 was 32.6 in 2007-08 compared to an average of 39.2. Wirral ranked 14th out of 16.

The average cost of home care provided by Wirral in 2007-08 was £11.40 compared to an average for the group of £14.04. Wirral ranked 15th out of 16, the same ranking as 2006-07.

Adults with learning disabilities

In 2007-08 expenditure in Wirral on people with learning disabilities was £95.60 per person aged 18-64 compared to the group average of £94.81. Wirral ranks 7th out of 16, the same ranking as 2006-07.

Wirral is below average for the number of people supported in residential/nursing care at 11.6 per 10,000 population aged 18-64 (average is 12.2) but is ranked 2nd highest in terms of the number helped to live at home at 1.0 per 1,000 population aged 18-64 compared with the group average of 0.6.

Adults with Mental Health problems

In 2007-08 Wirral spent £42.60 per person aged 18-64 on Mental Health Services compared with an average of £31.92. Wirral currently ranks 3rd highest, an improvement on last years ranking of 2nd highest.

Wirral ranks 2nd highest in the group in terms of the average number of people supported in residential/nursing care at 7.7 per 10,000 population aged 18-64 and 3rd highest for the number receiving home care at 0.6 per 1,000 population aged 18-64. The comparator group average is 4.6 and 0.3 respectively.

Adults with Physical & Sensory Disabilities

In 2007-08 Wirral spent £55.58 per person aged 18-64 on services for people with Physical Disabilities against an average of £43.52. There has been an improvement in the ranking from

2nd highest in 2006-07 to 4th highest in 2007-08. Expenditure in 2006-07 was £56.67 against an average for the group of £42.93.

Wirral ranks 2nd highest (the same ranking as 2006-07) in terms of the average number of people supported in residential/nursing care at 5.8 per 10,000 population aged 18-64 compared to a group average of 4.3.

Wirral also ranks 7th highest in terms of the number of people helped to live at home per 1,000 population aged 18-64 at 3.0 compared to a group average of 3.1.

Planned Actions for 2009/10	Departmental Project/Activity	Project Code
On-going budget review/cost control.	All Projects	DASS NC 01-06
Renegotiation of contracts for residential and nursing home to reduce fees by £900,000 from 1 April 2007	Market Management	DASS RI 05
Re-alignment of Quality premiums to match Commission for Social Care Inspection (CSCI) assessment	Market Management	DASS RI 05
Recovery of 'windfall' gain to Nursing Homes as a result of new Registered Nursing care (RNC) rates paid by Department of Health	Market Management	DASS RI 05
The development of Individual Budgets will see further improvements.	Individual Budgets and self Directed Support	DASS NC 01
The development of Locality based, integrated services will mean more people access low level, preventative support rather than rely on statutory services.	Provision of locality Reablement and Assessment Services	DASS NC 03
Financial impact is uncertain but the plans are to reduce spending by £3.7m over three years across all service areas.	Provision of locality Reablement and Assessment Services	DASS NC 03
A new Team has been established as part of the Reform agenda to review services for people with a learning disability. This will entail a re-negotiation of Supported Living contracts which is the main area of overspend.	Provision of specialist services across the borough	DASS RI 01
The Adult Accommodation Strategy is being developed which will offer more choice to people where they receive support.	Provision of locality Reablement and Assessment Services	DASS NC 03
DASS intends to roll out a Fair Price Model for negotiating a reduction in the unit cost of residential care.	Market Management	DASS RI 05

5. Delivering Our Plans - Managing Staff, Assets and Risks

HR / Workforce Plans

As at 11/11/08, the Department employed 1510 people, mainly on a permanent basis. Over 50% of all employees are employed on a part time basis, it is recognised that this is mainly female employees.

The main proportion of staff within the department are aged between 40 and 64 years of age. This requires close monitoring for future workforce implications.

Retention levels remain high, however the current period of change to support the departments transformation. May see the number of leavers increasing. In line with this process, the number of new starters appointed within the department over the last 12 months is minimal at 1.06%.

The table below highlights the workforce implications of projects and activities identified in the departmental outcomes framework.

Code	Workforce Impact	Planned Actions	Financial Implications
DASS NC 03	Restructure of department in line with implementing the personalisation vision including staff realignment in line with the new agenda and modification of roles and responsibilities	Restructure in line with policies and procedures Redeployment of staff Recruitment to vacant posts Identify development needs Produce personal development plans to meet development needs on an individual basis Training and development following training needs analysis as an outcome of the development centres . Continued assessment of competency through supervision and KIE Produce a portfolio of development opportunities to support carers / PA's	Restructure will support the efficiency agenda to achieve a balanced budget. Development centres and training requirements identified will be funded via the workforce development element of the area based grant.
DASS NC 03	The integration programme may impact on workforce due to changes in working practices, terms and conditions of employment, support with the change agenda etc	Work with colleagues in NHS WIRRAL to identify commonality of processes and opportunities which can be dovetailed Restructure in line with policies and procedures Redeployment of staff Recruitment to vacant posts Identify development needs Continued assessment of competency through supervision and KIE Continue partnership group to enable providers to access funding for workforce development	Restructure will support the efficiency agenda to achieve a balanced budget. Identification and implementation of joint initiatives will promote efficiencies.

Code	Workforce Impact	Planned Actions	Financial Implications
DASS NC 03	The localisation programme may impact on workforce due to changes in working practices, terms and conditions of employment, support with the change agenda etc	Provide advice and support to the WISP programme on HR / training / H&S workforce issues as required Restructure in line with policies and procedures Redeployment of staff Recruitment to vacant posts Identify development needs Continued assessment of competency through supervision and KIE Lead on workforce issues on a project / matrix working basis as required	Restructure will support the efficiency agenda to achieve a balanced budget. Identification and implementation of joint initiatives will promote efficiencies.
DASS RI 04	It is recognised that change has a direct impact on workforce health and wellbeing therefore a robust support process is required through this transition period and beyond.	Offer support sessions relating to restructuring and redeployment Offer training on recruitment activity Offer recruitment and selection training for recruitment panels Monitor attendance within teams and offer support on a one to one basis as required through EAP, OHU and absence capability procedures. Monitor effectiveness of return to work interviews from the returnee viewpoint. Monitor health and safety through reports, risk assessments, training and emergency planning etc	Robust health and wellbeing initiatives will support the efficiency drive through promotion of health initiatives and good levels of attendance.
DASS RI 04	The development of a workforce strategy across the economy will enable greater workforce development planning and use of data to promote effective use of resources and plan for future needs	Offer NMDS support sessions to encourage CSCI registered organisations to upload staff data which can be used for meaningful workforce reporting. Work with colleagues in NHS WIRRAL to identify commonality of processes and opportunities which can be dovetailed Run a joint WFP visioning day with NHS WIRRAL. Produce a HR strategy as part of the HR strategy project group Plan to extend workforce development to all areas of Wirral including public, private (independent) and 3rd sector (voluntary) Use networking opportunities to consider joint learning and workforce development opportunities and share good practice across the greater Merseyside area and beyond as applicable	Identification and implementation of joint initiatives will promote efficiencies.

The table below highlights other key workforce issues identified in our existing workforce plan which may have an impact on delivering departmental outcomes.

Workforce Issue	Planned Actions	Financial Implications	Related Risks
Performance Management	Implement the balanced scorecard across F&PB. Then rollout across DASS following restructure.		Robust performance management is a key component to departmental success
Staff Survey	Focus groups currently ongoing within the department to discuss and identify solutions to issues raised within 2007 survey. Feedback to SLT to take place in January 2009 Take part in 2 nd corporate staff survey	Utilising current resources	Failure to undertake this piece of work will undermine the communication strategy, decrease staff morale and motivation and reflect negatively in future IIP reviews.
Attendance Management	Hot spots targeted. Managers supported with absence capability procedure. Teams briefed on process through team meetings. Performance reported to SLT	Utilising current resources	Failure to reduce absenteeism will increase departmental expenditure and reduce workforce effectiveness, therefore impacting on the provision of service to people who use services.
Change Management	Training course designed and implemented within DASS in line with corporate framework. Design and implement behavioural change training. Managers access transfer of learning into action through post training discussions.	Utilising current resources	Essential in line with workforce planning requirements and to support the personalisation agenda. To assist embedding the departmental restructure and promote the departmental vision. Failure to do so, may undermine the success of personalisation into the paradigm of the culture.
Career Pathways	Review current career / succession pathways and establish new pathways in line with the personalisation agenda.		In line with workforce planning requirements and to support the personalisation agenda
Leadership Capacity and Capability	MBA programme. ILM lead for Wirral Council. External leadership support Tender for leadership programme within DASS to build leadership capacity and business acumen	Utilising current resources and the area based grant in partnership with a provider	In line with workforce planning requirements and to support the personalisation agenda
Equality and Diversity	Achieve level 3 across the organisation		Corporate objective to achieve this level
Maintain Investors in People	As part of corporate re-accreditation and review process.	Utilising current resources	Confirms good practice across the organisation
Personalised Training Opportunities	Move away from a menu of training to personalised training that meets organisational and individual training and support requirements in a variety of ways.		In line with workforce planning requirements and to support the personalisation agenda

Workforce Issue	Planned Actions	Financial Implications	Related Risks
Attracting young people into Social Care	HR to discuss with E&D steering group		In line with workforce planning requirements
Flexibility	Review as part of agile working strategy	Utilising current resources	In line with workforce planning requirements linked to organisation need i.e. integration, personalisation etc (extending opening hours) whilst acknowledging the need for a work life balance to support health and wellbeing.
Equal pay	Annual review	Utilising current resources in conjunction with corporate colleagues	Legal requirement

5.2 Asset Management

Agile working, the Locality model and the Care Service Strategy – Viability and Design Study may impact on the assets of the Departments, and may affect the number of buildings the Department is currently located in.

5.3 Equality and Diversity

Wirral Council is committed to ensuring equality of opportunity and promoting diversity are at the core of everything it does as an employer, service provider, commissioner and in its community leadership role. The council has an equality and diversity framework as set out by its Corporate Equality Policy, Strategy and Action Plan (the latter will be replaced by the Equality Watch Scheme from April 2009). Each department has an equality action plan in place as part of this framework, which takes into account any actions identified through the Equality Impact Assessment process. Key projects or activities from this action plan may also appear in the departmental plan outcomes framework which can be found in section 4.

DASS submitted 36 Initial Equality Impact Assessments to Corporate Services at the end of June 2008. See below list of completed IEIAs, undertaken to date and planned actions emerging from these which will be undertaken in 2009-2010 and the Departmental Equality and Diversity group will establish a programme of EIAs for 2009-10.

In anticipation of achieving level 3 of the Equality Standard for Local Government in March 2009, the department will look to consolidate this in 2009/10 through the following activities:

Planned Equality & Diversity activities for 2009 include:

- Implementation of a Positive Action Scheme
- Implementation of Hate Crime/Incident Procedures across the Department
- To establish a full profile of Wirral's communities, ensuring that the Department is addressing the needs of all of Wirral's citizens
- Delivery of Equality & Diversity training to all staff

- Delivery of Equality Impact Assessment training to all relevant staff
- Implementation of CYLIX e-learning Equality and Diversity training for all staff
- Implement all actions resulting from the Equality Impact Assessments and ensure monitor and review.

Delivery of the Departmental Equality & Diversity Action Plan and Equality and Diversity activities will be coordinated, monitored and reviewed by the Departments Equality & Diversity Group (DEMG) who will periodically meet and report progress to the Strategic Leadership Team (SLT).

Appendix One details all Equality Impact Assessments that have been undertaken by the Department during 2008.

5.4 Significant impact on other departments

Review of transport, changes impacting on Press and PR at the corporate centre, linked to the key projects identified in Section 3, Table 3.1.

5.5 Risk Management

The table below details the risk register for the Department.

Risk Register Template

Project / Activity	Description of Risk	Officer Responsible	Consequences	Category	Existing Control Measures	Net Likelihood Score	Net Impact Score	Net Total risk score	Risk Review Frequency	Additional Control Measures Planned	Target Date
DASS NC 01	Resources Allocation System (RAS) may not be correct and cause over / underpayment in funds	Francesca Tomlin	Impact on financial expenditure and income	Financial	Pilot through the WISP project so that amendments can be made as and when necessary.	2	5	15	Quarterly		
DASS NC 01	Failure to achieve performance targets against NI 130.	Francesca Tomlin	If target not met performance levels of all LAA indicators will be reduced across the averages.	Strategic	Work stream Leads to monitor performance. Core project in corporate plan.	4	5	20	Quarterly		
DASS NC 02	Agree which self assessment document is to be used	Francesca Tomlin	Changes required to ACAF /RAS may be affected by inability to reach agreement on the format with NHS WIRRAL colleagues	Operational	Pilot proposed form via the WISP pilot and test out. Make the necessary amendments as and when necessary.	2	4	8	Quarterly		
DASS NC 02	Increased demand for services.	Rick O'Brien	Increased financial expenditure.	Financial	Careful allocation of service to meet FACS criteria only	2	4	8	Quarterly		
DASS NC 03	Informal (staff generated) resistance to Project change agenda.	Rick O'Brien		People	1. Change agenda is clear and well communicated. 2. Integrated services job descriptions and person specifications are clear and properly constructed.	2	3	6	Quarterly		

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Project / Activity	Description of Risk	Officer Responsible	Consequences	Category	Existing Control Measures	Net Likelihood Score	Net Impact Score	Net Total risk score	Risk Review Frequency	Additional Control Measures Planned	Target Date
DASS NC 04	Governance and pooled budget arrangements unclear, not agreed or not adhered to	Tina Long		Strategic	Governance and pooled budget arrangements prioritised, properly negotiated and monitored.	4	2	8	Quarterly		
DASS NC 04	Integration with Health Services slows down developments	Tina Long		Strategic	Clarity regarding governance arrangements, priorities, culture and eligibility	2	4	8	Quarterly		
DASS RI 01	Increased demand on specialist services	Rick O'Brien	Potential increased in resources to meet assessed needs and expectations.	Financial	Careful allocation of service to meet FACS criteria only	4	5	20	Quarterly		
DASS RI 02	Increased number of referrals	Rick O'Brien	Cases not processed and investigated within set timescales	People	Set process in place with all partners engaged in the process. Staff trained to deal with cases.	3	5	15	Quarterly		
DASS RI 04	Attendance Management	Tom Ryan	Failure to reduce absenteeism will increase departmental expenditure and reduce workforce effectiveness, therefore impacting on the provision of service to people who use services.	People	Training for all managers. Employee Support Programme. Robust Absence Capability procedure.	3	4	12	Quarterly		
DASS RI 04	Resistance to change in working	Tom Ryan	Disengagement of staff and failure to retain staff.	People	Training and Development Programme	2	5	10	Quarterly		

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Project / Activity	Description of Risk	Officer Responsible	Consequences	Category	Existing Control Measures	Net Likelihood Score	Net Impact Score	Net Total risk score	Risk Review Frequency	Additional Control Measures Planned	Target Date
	practices by existing staff										
DASS RI 05	Existing providers do not keep pace with expectations of people using services	Mike Fowler	Poor standards of services. Fewer options of service available.	Reputation	All providers to be included in development of changing nature of services	2	3	6	Quarterly		
DASS RI 05	Reduction in business for existing services and organisations	Mike Fowler	Under provision of services and increased demand.	Strategic	Development of new ways of work; de-commission some existing services.	3	3	9	Quarterly		
DASS RI 05	Economic climate may impact on DASS and Wirral Budgets.	Mike Fowler	Reduced fees may result in providers ceasing to trade.	Financial	% for inflation need to be examined within Contracts.	4	3	12	Quarterly		
DASS RI 05	Economic climate may impact on DASS and Wirral Budgets.	Mike Fowler	Potential increase in levels of debt for non residential charges and impact on deferred charges on properties.	Financial	Undertake assessments in a timely manner	4	5	20	Quarterly		
DASS RI 07	Failure to engage partners in understanding the move from dependence to enablement	Maura Noone	Services developed against direction of travel and needs of the Department.	Operational	Communication Strategy in place	1	5	5	Quarterly		
DASS RI 07	Public perception and expectation of what should be delivered, with particular	Maura Noone	Increase in number of complaints.	Reputation	Communication Strategy	2	5	10	Quarterly		

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Project / Activity	Description of Risk	Officer Responsible	Consequences	Category	Existing Control Measures	Net Likelihood Score	Net Impact Score	Net Total risk score	Risk Review Frequency	Additional Control Measures Planned	Target Date
	regard to eligibility										
DASS RI 07	Volume of information regarding public awareness of available services, service changes and developments	Maura Noone		Reputation	Clear strategy in place with Corporate Team	3	5	15	Quarterly		
DASS RI 07	Individual and community concern about change.	Maura Noone		Reputation	Effective engagement and communication	4	2	8	Quarterly		
DASS RI 07	Adverse publicity regarding service changes	Maura Noone		Reputation	Clear strategy for press, in place with Corporate Team	4	5	20	Quarterly		
DASS RI 07	Different priorities for partner agencies in communication and marketing	Maura Noone		Reputation	Production of joint plan which is agreed to by Strategic Partnership Board	4	3	12	Quarterly		
DASS RI 08	Economic climate may impact on implementation of Carers Strategy.	Maura Noone	Potential impact on family carers and demands on Mental Health support services. Increased risk of family/social tensions.	Strategic		3	4	12	Quarterly		

Appendix One

Equality Impact Assessments (EIA)

The table below details the EIA's that have been undertaken by the Department.

Lead Assessor	IEIAs	QA Completed	Full Impact Assessment
1) PG. Reviewing Process	Yes	Yes	* Yes
2) PG. Long Term Community Teams	Yes	Yes	No
3) JMcG. Individual Budgets and self directed care	Yes	Yes	Yes
4) SC. Retail Model	Yes	Yes	No
5) NM. Swift Financials	Yes	Yes	No
6) PG. Access Service	Yes	Yes	No
7) AB. Homecare Reablement Project	Yes	Yes	* Yes
8) PG. Learning Disability Integration			No
9) PG. CMHT Reconfiguration	Yes	Yes	* Yes
10) PG. Transition Protocol	Yes	Yes	No
11) MP. Capital Strategy	Yes	Yes	No
12) GF Integrated Commissioning			* Yes
13) NMcG. ESCR	Yes	Yes	No
14) BL. EMI/Respite and Day Care Services	Yes	Yes	No
15) BL. Respite and Intermediate Care	Yes	Yes	* Yes
16) CG. Early Intervention Services	Yes	Yes	* Yes
17) HR/PN. ACAF	Yes	Yes	No
18) RH. Performance Management	Yes	Yes	No
19) TR. Field Work Bank	Yes	Yes	No
20) TR. Management Information	Yes	Yes	No
21) TE. Equality and Diversity	Yes	Yes	No
22) AQ. Marketing and Communication Strategy	Yes	Yes	No
23) SB. Driving Policy	Yes	Yes	No All Policy actions for Equality are included in the departments Action Plan.
24) NB. Employment Service	Yes	Yes	No
25) NB. Rosewarne Mental Health Service	Yes	Yes	No
26) TR. Transport Travel Training Project	Yes	Yes	No
27) MJ. Transformational Change	Yes	Yes	No
28) GF. Accommodation Strategy	Yes	Yes	* Yes
			* Lead Assessor does not recommend F.I.A.