

NORTH LINCOLNSHIRE COUNCIL

**ADULT SERVICES
CABINET MEMBER**

ADULT SOCIAL SERVICES - SERVICE PLAN 2008 - 2011

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To seek Cabinet Member approval of the 2008-2011 Service Plan.

2. BACKGROUND INFORMATION

- 2.1 Going Forward Together is the council's combined Strategic and Best Value Performance Plan. This plan sets out how we will achieve the vision and ambitions we have for the North Lincolnshire area, communities and people who live and work here.
- 2.2 In order to deliver the Strategic Plan each service produces its own Service Plan. This plan sets out how the service contributes to the overall vision and how it will help to deliver the council's ambitions.
- 2.3 The Service Plan is a three-year plan that helps to make the council's Strategic Plan operational, allowing teams and individuals to focus on their work.
- 2.4 The Service Plan is a 'live' document that will continue to be developed and improved throughout its life to reflect the progress of Adult Social Services.

3. OPTIONS FOR CONSIDERATION

- 3.1 Option One – Approve the Service Plan.
- 3.2 Option Two – Not approve the Service Plan in its current form.

4. ANALYSIS OF OPTIONS

- 4.1 Approval of the Service Plan will enable it to form a key part of the council's overall planning framework and be widely publicised.
- 4.2 Each service must have a Service Plan, therefore, amendments to the Plan can be considered.

5. **RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

5.1 None.

6. **OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)**

6.1 None.

7. **OUTCOMES OF CONSULTATION**

7.1 The Service Plan brings together strategies that are the result of consultation with staff and service users.

7.2 The Service Plans build on the previous three year service plan which was subject to wide consultation and helped change the new plan.

7.3 Trades unions have been consulted about the service plan and have raised no concerns.

8. **RECOMMENDATIONS**

8.1 That Cabinet Member approves the Adult Social Service – Service Plan 2008 – 2011.

SERVICE DIRECTOR ADULT SOCIAL CARE

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Background Papers used in the preparation of this report

None



Going Forward Together →

**Adult Social Services
Promoting independence
– reducing dependency
SERVICE PLAN 2008-2011**

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HOW WE PLAN?

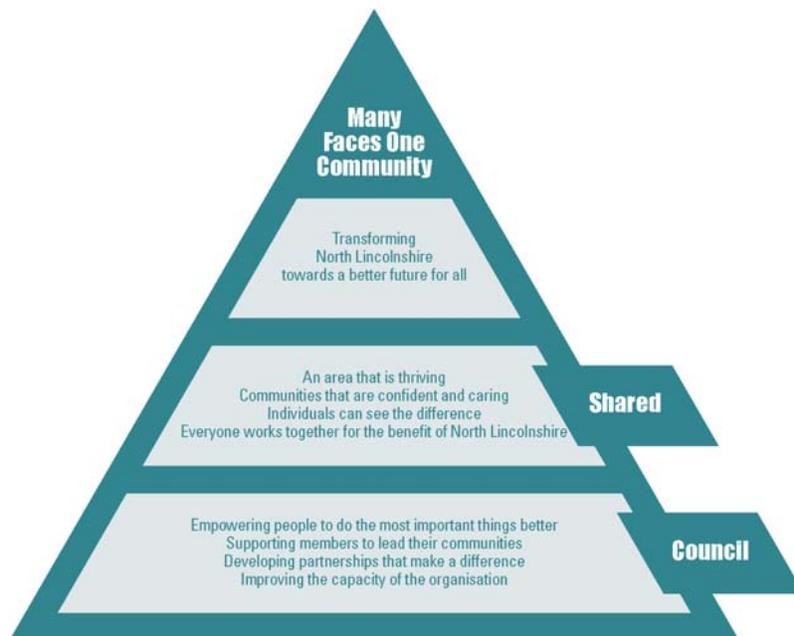
Introduction

This is the 2008 – 2011 service plan for Adult Social Services. It forms a key part of the council's overall strategic plan "Going Forward Together" by contributing towards the agreed overall vision that the council has for the North Lincolnshire area. It sets out how the service will deliver the council's major strategic priorities. It makes the council's strategic plan operational and allows teams and individuals to focus their work on the council's priorities.

The council's vision

The council's vision is made up of two parts. The diagram below summarises the overall vision.

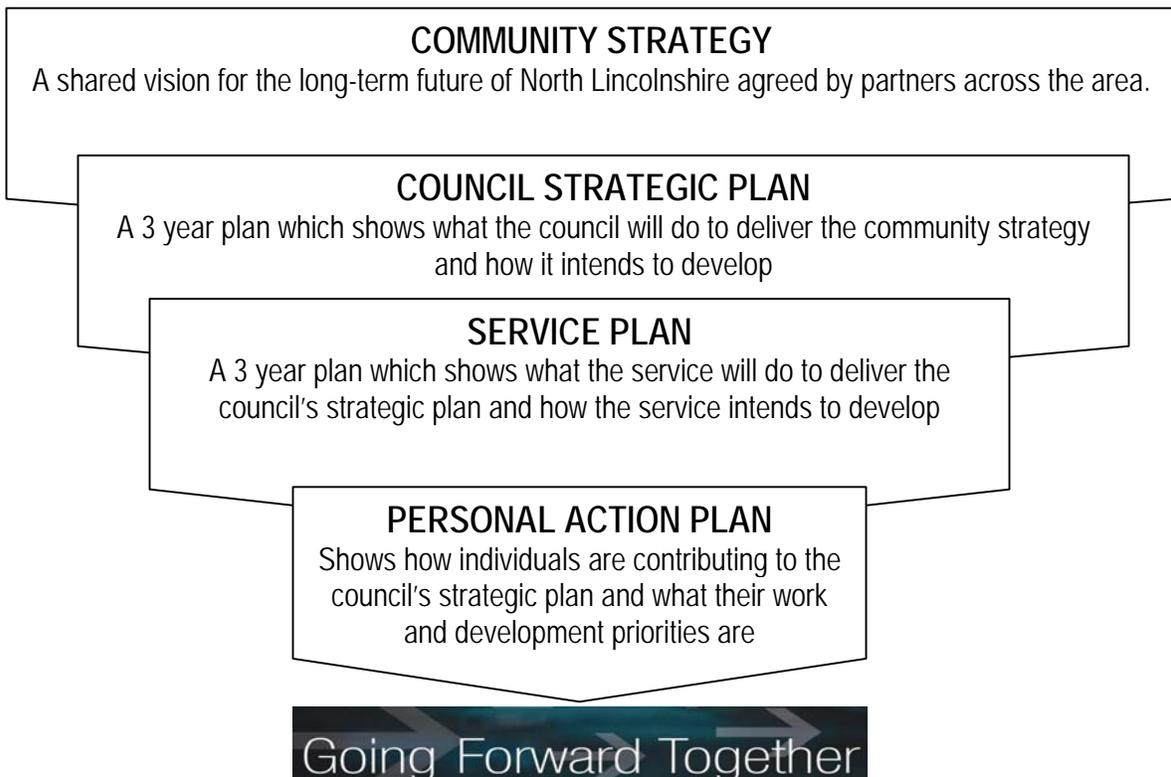
The first part shows the ambitions that the council and its partners intend to achieve for the area. These are known as the shared ambitions. These aim to transform the area, our communities and the lives of individuals who live and work here. The second part is the internal ambitions that the council has and shows the priorities for development.



The Planning Framework

The service plan forms a key part of the overall planning framework which is shown below. It explains what the service is responsible for, how it supports the council's ambitions and where and how improvements to the service need to be made. It ensures that service developments are in line with corporate priorities and aligns resources to them. It also plays a key part in delivering a shared vision which will be used by the council and its partners to drive the North Lincolnshire Community Strategy. The employee development process supports this by ensuring that employees understand their own role in terms of achieving the council's ambitions and the services development and improvement priorities, as well as identifying any associated training and development needs.

The way in which it will do this is shown below:



WHERE ARE WE NOW?

Service Functions

Our principle aim is "Promoting Independence – Reducing Dependency"

We strive for people to be: Safe; Independent; Respected; Confident in the Future; Healthy; In control; Included;

The service supports people over the age of 18 who are vulnerable due to having a physical disability, learning disability, mental health problem or age related problem and their carers. It is recognised that these are not exclusive groups and an individual or carer may belong to one or more of these groups.

The service is currently split into functionally defined service groups, each of which has its own plan but this will change during the life span of this Service Plan:

- Older People
- Physically Disabilities
- Mental Health
- Learning Disabilities
- Supporting People
- Contracting and Income Management

Our Customers

- Members of the community
- Vulnerable customers across North Lincolnshire – Older People; People with Learning Disabilities; People with Mental Health problems; Women fleeing Domestic Violence; Young People at Risk, including carer leavers; People who are homeless; Offenders and ex-offenders; People who misuse alcohol and drugs;
- Carers.
- Provider organisations
- Partners agencies
- Third Sector
- Elected members and other politicians
- North Lincolnshire Council staff

Our Partnerships

The service recognises that it cannot work in isolation. It can only be fully effective in partnership. We use a range of methods such as pooled budgets with the Primary Care Trust; contracts with accredited providers; service level agreements with other council services and the Primary Care Trust; consultation and network building with carers; multi disciplinary boards; task groups.

Our key partners are: current and potential services users; family carers; North Lincolnshire's Primary Care Trust; Third Sector; Private/Independent Sector; Probation; other Council services; Police; Department of Work and Pensions; Housing providers; NLAG; Members of the community; other Local Authorities; North Lincolnshire's Local Strategic Partnerships.

Involvement of Customers and Partners

Adult Social Services continues to develop the range and depth of our involvement with our customers and partners in current developments and the future strategic planning.

Service users and partners have key involvement in:

- Mental Health Service Board
- Learning Disability Service Board
- Joint Strategic Needs Assessment
- Local Strategic Partnership
- Well being and Health Improvement Partnership
- FreshStart
- Procurement exercises
- Safer Neighbourhoods Action Partnerships
- Humberside Emergency Planning
- Single Assessment Process
- Service Provider Forums
- Supporting People Partnership Board
- Intermediate Care Service

Service Standards

Adult Social Services performance is closely monitored by the Commission for Social Care Inspection (CSCI), who set out national standards that they then inspect and assess our standard of service delivery to our customers against. This is done by the analysis of data in the self-assessment survey, routine business meeting (quarterly), the Annual Performance Assessment (APA) and such from which an overall criterion is awarded. The White Paper 'Our Health Our Care Our Say' (2006) established a new framework of service standards that both Adult Services and its health partners will be jointly assessed upon by 2009. In addition Adult Services will continue to contribute to the overall Council's Comprehensive Performance Assessment (CPA) and the standards outlined by the Local Strategic Partnership (LSP), which are translated into standards at a unit level via localised targets.

HOW ARE WE DOING?

Current Performance

Monitoring performance is a key part of our performance management framework. It allows us to identify areas of good practice as well as areas that aren't performing to the required standard. It is through monitoring performance that we are able to identify key drivers for improvement within the service.

Indicator	Target 2007/8	Actual 2007/8	Direction of Travel
Clients receiving a review (SAS 1.2OP009, PAF D40)	77	76	↑
No of people funded by the council receiving non-residential intermediate care to prevent hospital admission (SAS 1.2OP006)	345	474	↑
No. of people funded by the council receiving non residential intermediate care to facilitate timely hospital discharge and/or effective rehabilitation (SAS 1.2OP007)	375	471	↑
No. of older people helped to live at home per 1,000 of the population aged 65 and over (SAS 2.1OP025, PAF C32)	90	91	↑
No. of adults with learning disabilities helped to live at home per 1,000 of the population aged 18 – 64 (SAS 2.1LD044, PAF C30)	3.2	3.6	↔
No. of younger physically disabled people helped to live at home per 1,000 of the population aged 18 – 64 (SAS 2.1PD050, PAF C29)	4.2	6.1	↑
No. of adults with mental health problems helped to live at home per 1,000 of the population aged 18 – 64 (SAS 2.1MH056, PAF C31)	5.0	4.6	↔
Percentage of items of equipment and adaptation delivered within seven working days (SAS 2.1PD049, PAF D54)	92	95	↔
Direct Payments (SAS 4.7GN116, PAF C51)	90	90	↑

Note, 'Direction Of Travel' compares the 2006-07 with 2007-08 outturn.

Acceptable waiting times for assessments (key threshold SAS 4.1OP085, PAF D55)	90	92	
Percentage of assessments of older people completed within four weeks following assessment (key threshold SAS 4.1OP087, PAF D56)	95	94	
Assessments of adults and older people leading to provision of service (SAS 4.1OP094, PAF E82)	70	83	
Percentage of adults assessed in the year whose ethnicity was 'not stated' in RAP return A6 (key threshold SAS 5.3OP164)	0	0.3	
Percentage of adults with 1 or more services in the year whose ethnicity was 'not stated' in RAP return P4 (key threshold SAS 5.3OP165)	0	0.1	
No. of Learning Disabled people known to ASS aged 18 – 64 helped into paid work in the year (SAS 6.4LD168)	14	13	
No. of relevant staff in post in ASS as at 31 March who had had training addressing work with adults whose circumstances make them vulnerable (SAS 7.2GN195)	430	423	
Please estimate the percentage of staff employed by independent sector registered care services in your council area, that have had some training on protection of adults whose circumstances make them vulnerable, that is either funded or commissioned by ASS (SAS 7.2GN197)	35	25	
The percentage of Adult Social Services staff working days/shifts lost to sickness absence during the financial year (SAS 8.3GN244)	4.80	5.25	
Please report your minimum Fair Access to Care Services eligibility criteria	Moderate	Moderate	

Note, 'Direction Of Travel' compares the 2006-07 with 2007-08 outturn.

SECTION 3 – HOW ARE WE DOING?

<p>Improvements that have been made</p> <p>Adult Social Services has made progress on a number of it's key priorities during 2006/07 the service commenced a large scale Change Management process called Fit for the Future, working at developing Commissioning Strategies and changing service delivery collaboratively with staff and partners:</p> <ul style="list-style-type: none"> ❑ Increasing support to family carers ❑ Making information more easily available to users and carers ❑ Increasing user and carer participation in service monitoring and planning ❑ Extending and widening the scope of Intermediate carer services ❑ Refocusing traditional day centres towards a mix of outreach, vocational opportunities , continuing education and integrated community activities ❑ Preventative services for people over 50 ❑ Reviewed and restructured the Senior and Middle Management roles and responsibilities
<p>Satisfaction Results</p> <p>Points of View Survey – More staff (380) completed the survey then in previous years. 26 of the 42 questions scored a positive percentage of 70% or more. We have asked staff groups to produce action plans to address areas that can be improved so that we all work together to achieve higher satisfaction levels within Adult Social Services.</p> <p>PSS User Survey – 80% of respondents were either extremely satisfied or very satisfied with the equipment/adaptation received from Social Services, 90% of respondents were very happy with the way they were treated by staff.</p>

Inspection and Review Summary	Strengths identified	Key challenges identified
Commission for Social Care Inspection – 2 Stars 21 October 2007	Improved health and well being Preventative Services Helping People to live at home Leadership and Commissioning	Intensive home care Permanent Care Admission Engagement/services for carers Transitions
Comprehensive Performance Assessment Score Card – 3 stars 19 February 2008	ASS - Performing Well – consistently above minimum requirements	Health inequalities Housing

Value For Money

When we compare ourselves to authorities used for the Comparison Group Nearest Neighbours we have low spend and above average performance. However in specific areas we do have higher costs when comparing ourselves to other authorities.

Service Function	VFM Profiling Outcome		Overall VFM Position	Importance to Strategic Plan	Direction of Travel	Evidence Source
	Cost	Performance				
A Adult Social Services (overall)	Low	High	Strong	High		Use of Resources VFM Profile North Lincolnshire 2007/08
B Adults and Older People Home Care	High (PAF B17)	Medium (AO/C32, AO/B17, AO/C29, AO/C29)	Fair	High		PSS PAF indicators CSCI September 2008
C Older People Residential Care	Low	Medium (AO/C72)	Strong	High		PSS PAF indicators CSCI September 2008
D Learning Disability Residential Care	High	Medium (AO/C73)	Poor	High		PSS PAF indicators CSCI September 2008 Use of Resources VFM Profile North Lincolnshire 2007/08
E Physical Disability Residential Care	High	Medium (PAF C73)	Poor	High		PSS PAF indicators CSCI September 2008 Use of Resources VFM Profile North Lincolnshire 2007/08

Service Function	Key Actions
A Adult Social Services (overall)	<p>Continue to maintain our overall current position within our comparison group and to improve on our overall VfM position by addressing areas of low performance and high cost.</p> <p>Progress against key actions to be monitored by the Service VfM Group and/or QPR's.</p>
B Adult and Older People Home Care	<p>We are currently in the process of re tendering for providers of home care in order to contract with providers that are low cost, good quality and have increased capacity.</p> <p>Progress against key actions to be monitored by the Service VfM Group and/or QPR's .</p>
C Older People Care Home	<p>One of our priorities is to reduce the number of people who access care homes. To keep people in their own homes for as long as possible where it is their preferred choice and we can provide the level of service that they would need to maintain independent living.</p> <p>Progress against key actions to be monitored by the Service VfM Group and/or QPR's.</p>
D Learning Disability Care Home	<p>We are taking action to increase supported living and to reduce the reliance on care home provision for people with learning disabilities.</p> <p>Progress against key actions to be monitored by the Service VfM Group and/or QPR's.</p>
E Physical Disability Care Home	<p>We plan to increase significantly the use of direct payments for people with physical disabilities as an alternative to care home provision.</p> <p>Progress against key actions to be monitored by the Service VfM Group and/or QPR's.</p>

WHERE WE NEED TO GO?

Strategic actions we are leading on

- Individuals: looking after ourselves
- Safeguarding vulnerable adults
- The Joint Strategic Needs Assessment
- Reducing dependency on residential care
- Promotion of independence for vulnerable people
- Mental Capacity Act Local Area Implementation Network

Strategic actions we contribute to

- Ensuring children and young people are healthy
- Promotion of healthy living
- Communities that are confident and caring
- Individuals can see the difference
- Hands Across the Ages
- First Contact
- Active Choices Active Futures
- Tackling Obesity Strategy

Service Improvements

1. Helping people to live as they choose in the communities of their choice
2. Increase support to family carers
3. Make sure information is more easily available to users and carers
4. Increase users and carers participation in service monitoring and planning
5. Extend and widen the scope of intermediate care services
6. Cover more hard to reach areas e.g. isolated rural communities and minority groups
7. Refocus traditional day centres towards a mix of outreach, vocational opportunities, continuing education and integrated community activities
8. Develop more supported housing
9. Increase the investment in technological solutions within people's homes
10. Encourage more community and voluntary capacity to help prevent deterioration of potentially vulnerable people
11. Increase user choice and control through direct payments and individual budgets
12. Link outcomes to investment and quarterly performance reviews
13. Maximise information and sharing to minimise bureaucracy
14. Improve standards of residential and home care by giving incentives and tighter enforcement of contracts
15. Improve service users transitions – from one service to another, across partnerships and from children to adult services
16. Launch the Older People's Housing Strategy
17. Agree and implement a joint commissioning approach to those adults who are not already covered by integrate services
18. Move to locality based working across North Lincolnshire
19. Improve health and well being through the Local Strategic Partnership and Local Area Agreement
20. Revise the risk management policy to give staff clearer support and guidance
21. Encourage staff to be more innovative
22. Increase the number of people with disabilities that the council supports into employment

Our key priorities for the next three years

- ❑ Help more people to live where they like and how they like
- ❑ To improve overall Adult Social Services performance
- ❑ Establish integrated rehabilitation and reablement services
- ❑ Develop single point of access for Adult Social Services
- ❑ Mainstream Learning Disability Services
- ❑ Deliver services closer to home via integrated locality and neighbourhood groups
- ❑ Create self directed support for all eligible citizens
- ❑ Establish a robust commissioning and safeguarding service
- ❑ To improve our value for money position
- ❑ To develop partnerships to meet the LAA targets
- ❑ To develop a whole system workforce development strategy ensuring behaviour competencies
- ❑ Improve well being and health of North Lincolnshire citizens

Our Non-Priorities

What we are going to stop doing and the things that we intend to do in the long term:

Long term

1. Make more information available in easy to read formats and maximise information sharing to minimise the bureaucracy
2. Increase user and carer participation in the delivery planning and monitoring of services
3. Refocuses the council day service towards outreach, vocational/voluntary opportunities, educational and community activities.
4. Develop supported housing for all groups
5. Increase and invest in IT solutions within people's homes
6. Encourage more community and voluntary capacity to help prevent deterioration of potentially vulnerable people
7. Improve the standards within residential settings by offering incentives and tighter enforcement of contracts
8. Improve transitions from one service to another, across partnerships and from children to adult services
9. Develop a risk management policy to give staff clearer support and guidance
10. Increase the number of people with disabilities that the council supports in employment
11. Continue to cover the harder to reach area's e.g. rural communities and minority groups
12. Link the outcomes to investments at quarterly performance reviews

What we need to stop doing

1. Placing people in residential care
2. Developing ideas in isolation
3. Running duplicate services
4. Centralising our services
5. Providing services ourselves where the same quality service is available from other providers
6. Working in isolation

HOW WILL WE KNOW WE ARE SUCCEEDING?

Key Outcomes

Through delivering our priorities the outcomes that we aspire to achieve are:

1. Respect
 - Shifting the balance of power to the people
 - Promoting choice and individual family values
2. In control
 - Commissioning closer to home
 - Making it easy for people to get what they need to manage and control their lives
3. Included
 - Supporting communities to identify and support their needs
 - Increasing options and opportunities available
4. Independent
 - Creating a culture of independence
 - Supporting individuals to design their own solutions
5. Confident in the future
 - Getting the money in the right place
 - Creating a confident, flexible skilled workforce
6. Healthy
 - Promoting life long health
 - Creating a balance between medical and social support
 - Recognising everybody's contribution to well being
7. Safe
 - Services help people to feel and be safe
 - People feel well supported in times of crisis

Key Indicators and Targets

	2008-09	2009-10	2010-11
LAA Stretch Targets:			
NI 130: Social care clients receiving Self Directed Support per 100,000 population	140	200	260
NI 135: Carers receiving needs assessment or review and a specific carer's service, or advice and information	10.0	16.0	27.0
NI 141: Percentage of vulnerable people achieving independent living	67	73	80

RESOURCES

3 year finance settlement	2008/09	2009/10	2010/11
	£000	£000	£000
Net Revenue Budget	34,281	38,828	39,522
Capital investment programme (See Appendix 1)	0	0	0
Efficiency target	303	362	282
Net Revenue Budgets by Division			
• Older People	19,661,300	20,010,820	20,255,320
• Supported Employment	275,890	307,440	334,930
• Physical Disability	3,253,120	3,351,110	3,448,430
• Support & Development Services	3,421,910	3,484,050	3,596,180
• Supporting People	125,000	3,982,000	3,967,000
• Mental Health	2,765,060	2,849,330	2,960,740
• Learning Disability	4,779,000	4,843,530	4,959,680
External Funding			
• Social Care Reform Grant	254	600	745
• Stroke Grant	87	87	87
• Supporting People Administration	125	115	99
• Supporting People	3,696	3,867	3,868
• Adult Social Care Workforce	410	425	440
• Carers Grant	538	579	622
• Learning Disabilities Development Fund	147	147	147
• Mental Capacity Act +Advocate	75	95	92
• Mental Health	468	493	518
• Preserved rights	780	735	697
• Aids Support	16		

Employees	
	As at 31st March 2008
Number of FTE posts	517.63
Turnover	9.46%
% staff aged 50 and over	39%
% of staff aged 25 and under	3%
Gender	553 Female 92 Male
Disability	43
Ethnicity	12 BME
Sexual Orientation	1 Trans sexual, 1 bi-sexual, 3 gay, 429 hetro-sexual, 1 homosexual, 3 lesbian, 105 not stated, 60 prefer not to say
Religion and Belief	3 Buddhist, 411 Christian, 2 Muslim, 96 None, 62 Not stated, 7 Other, 32 Prefer not to say, 46 Blank

Asset Management	Information Technology	Systems
<p>Key assets:- Alvingham Road Day Centre, Brigg Resource Centre, Brumby Resource Centre, Burnham Road Day Centre, 4 Cupola Way (Equipment Store), De Lacy House, The Hollies Resource Centre, The Lilacs, Sandfield House & 344 Ashby Road, Scotter House & Intensive Support Unit, Tofts Road Day Centre, Willow Drive offices, 33 & 34 Wrawby Street.</p> <p>Key issues (strategic):-</p> <ul style="list-style-type: none"> ▪ Rationalise accommodation usage on the Brumby Resource Centre site and dispose of unsustainable premises. ▪ Establish locality bases for modernised service delivery, in partnership with Health and the third sector. ▪ In conjunction with providers and partners, develop plans for further locally based services (eg healthy living centers, occupational therapy units,etc) ▪ Establish a central hub for relevant services/teams/staff ▪ Re-provide day service facilities in Scunthorpe for service users with learning difficulties. ▪ Establish an 18+ short stay step up/step down facility with Health. ▪ Enhance information sharing capabilities across the North Lincolnshire area. ▪ Develop an Electronic Social Care Record system. ▪ Review social enterprise opportunities. ▪ Support and implement the use of 'Worksmart' principles across the service. <p>Key issues (operational):-</p> <ul style="list-style-type: none"> ▪ Consider and apply the "Promoting Independence Reducing Dependency" principles to all day-to-day asset related activities. ▪ Regularly check that assets promote service delivery on a personalised approach basis, close to service users' homes. 	<p>Implemented Care First IT system</p> <p>Produce a Care First development Strategy</p> <p>Themes</p> <ol style="list-style-type: none"> 1. Leadership & management 2. System Security & audit 3. Financial Management <p>Referral management, Assessment and delivery</p> <ol style="list-style-type: none"> 4. Electronic Social Care Record 5. Mobile working 6. Links with external partners 	<ol style="list-style-type: none"> 1. Develop home working models and work SMART 2. Reviewing all Adult Social Care Processes (Chris Daly) 3. Review use of technology and develop new IT solutions

Changes we need to make

- Refocus resources to improve services on a locality basis
- Redesign our commissioning, market management, quality assurance, assessment, care management and customer support processes and systems to support self directed care
- Determine commissioning priorities and produce an action plan to enable priorities to be met through the establishment of a designated commissioning section
- Enable third sector groups to access resources such as day centres
- Establish intermediate tier services with key partners to help people who need immediate intervention and rehabilitation
- Establish a robust prevention service to include all adults in partnership with others
- Establish good quality access and information services as part of a whole system engagement strategy with key partners
- Work more collaboratively with NHS and others to produce joint strategies and services with a focus on commissioning, intermediate tier services and locality working
- Establish working patterns in appropriate services in line with 'work smart' models, reducing office bases and improving retained accommodation
- Design a workforce strategy with action plan to be met through the establishment of a workforce development section.
- Strengthen partnerships with the Primary Care trust and integrated services

Impact

Diversity: The service completes a diversity impact assessment routinely when developing or amending policies or looking at service improvements. Fit for the Future plans have been developed following engagement with different agencies, voluntary and statutory within each locality and following consultations and involvement of existing and potential service users and their carers.

Bio-diversity: The service is mindful of conserving land and wild life wherever possible. Existing building resources are used instead of new builds and any alterations or extensions are undertaken following environmental checks for wild life etc. Our day units have developed green garden spaces with bird tables and our preventative services are encouraging the voluntary sector to develop gardening services to help older and disabled people maintain their own gardens.

Police and Justice Act 2006 Section 17: The service is establishing links with community action teams within each locality to ensure closer joint working and information sharing. In addition home care providers are pro active in identifying potential areas of risk with service users within their own home and sign posting where needed to additional advice and support re safety and security of their property. Telecare equipment can also be utilised to support individuals within their own homes to aid their sense of safety and well being.

Sustainable Communities Act: The future plan for Adult Social Services is that services are developed within local communities for the people that live there based on local need and utilising wherever possible resources that exist within these communities. For new services that need to be developed Adult Social Services are committed to exploring different solutions, for example social enterprise schemes.

Other implications [legal, environmental etc]

Environmental: The service works on the principle of bringing services to the user and to minimises the travel and the associated environmental impact. In addition the possibility of alternative IT solutions is being explored to reduce the need for travel even further and thereby reduce CO2. All service's, teams and units work to a principle of environmental conservation and recycling wherever possible.

KEY RISKS

Risk assessment is an integral part of strategic planning. All developments in the service plan have been assessed against likelihood and impact. This ensures that risk is considered as part of the forward planning process. The analysis produces a risk assessment score. Actions with high scores are considered the greatest risk and will be monitored as part of the quarterly performance monitoring process. They are cross-referenced with the service risk register.

Any new risks or changes that occur during the year will be updated on the service register and used to inform the planning process for the following years.

Risk	Controls	Action
See attached risk assessment		

Appendix 1

CAPITAL SCHEMES

The table below must be completed by all services to indicate this 'position statement'. Future years will show ideas moving forward from, for example, option appraisal to feasibility or feasibility to committed capital projects.

A brief scheme description should be included with the investment figure - if known - placed in the relevant box for the year of expenditure. Where the scheme is aspirational or the budget is unclear a tick should be placed in the year of expected expenditure.

Stage	Scheme Name	2006/7 £,000	2007/8 £,000	2008/9 £,000	2009/10 £,000	2010/11 £,000
Inception (need identified)	A 'Healthy Living Centre' in Scunthorpe South				✓	✓
	A 'Healthy Living Centre' in Barton				✓	✓
	A 'Healthy Living Centre' in Epworth				✓	✓
	An 18+ joint (NLC and PCT) short stay, step up/step down facility (fully adapted for those with complex needs), including respite and rehabilitation beds, for older people and people with physical disabilities + office accommodation for the joint team running this service + stroke service				✓	✓
	Joint (NLC and PCT) satellite rehabilitation/re-enablement/demonstration/OT bases in Glanford and the Isle of Axholme.				✓	✓
	A central administration hub for senior care workers, health staff and Rapid Response staff				✓	✓
	Accommodation in localities in which to hold Fresh Start style sessions and provide respite for carers (Isle of Axholme, Barton, Kirton Lindsey and Winterton)			✓	✓	✓
	A central base for Physical Disabilities Team staff				✓	✓
	Information sharing facilities across NL				✓	✓
	Electronic Social Care Record system (IT Service completing feasibility study- CareStore an option)			✓	✓	

	Hardware and infrastructure for sharing information with all relevant partners (including the voluntary sector and providers)			✓	✓	✓
	IT infrastructure for home working				✓	✓
	A central administration hub for staff dealing with payments and individualised budgets and other centralised service provision				✓	✓
	Extra Care accommodation in Winterton					✓
	A rehabilitation resource in Winterton				✓	✓
	Locality bases in Barton, Brigg, Isle of Axholme, Scunthorpe North and Scunthorpe South (as per the OBC submitted in 2007). To incorporate high quality meeting/supervision rooms. To include facilities for community hubs (possibly linked to the Rural Development Programme funded community hub development scheme (for Isle of Axholme only). Home Care staff will use locality bases.				✓	✓
	Office facilities for service and senior managers and secretarial support staff				✓	✓
	Social enterprise start up			✓	✓	✓
	Learning Disability office accommodation base in Scunthorpe town centre (for CTLD staff, currently at Brumby RC, and IST staff, currently at The Hollies)				✓	✓
	Day Service base in Scunthorpe town centre (relocate from The Hollies)				✓	✓
List of options						
Option Appraisal						
Feasibility Study						
Capital Investment Proposal	Scotter House – remodel kitchen					✓
	Brigg Resource Centre – link corridor					✓

Committed capital project	Sandfield House development – phase 3			172.9	172.9	18.2
Post Project Evaluation	Crosby House – heating improvements					

Appendix 2

SERVICE PLAN 2008-2011

PRIORITY 1 = To create self directed locality based support for all eligible citizens				
KEY ACTIONS	SERVICE LEAD	TARGET DATE	MILESTONES	OUTCOMES
1. To recruit a project team	Peter Lenehan	October 2-008	Positions filled	Confident in the future
2. To develop a project plan from collaboration with staff and user groups		November 20 08	Project Board established	Increases choice and control
3. To implement project plan and re-engineer systems and services to deliver individual budgets		From 2009 - 11	Prince 2 plan in place	Increasing independence
4. Evaluate learning and complete documentation to finalise project		2011	System changes and mainstreamed processes	Confident in the future (LAA targets met and re-set)
5. Redesign services to create integrated locality teams for citizens and carers		2010	Vision agreed and structure approved	Involved (LAA targets met)
PRIORITY 2 = Establish a robust commissioning and safeguarding service				
KEY ACTIONS	SERVICE LEAD	TARGET DATE	MILESTONES	OUTCOMES
1 Appoint commissioning officers and establish team	Karen Pavey	October 2008	Positions filled	Confident in the future
2. Ensure commissioning services governance agreed and developed		December 2008	Executive Boards in PCT and NLC agree	Increased involvement
3. Develop joined up commissioning plans with PCT for all vulnerable adults		August 2009	Joined up commissioning plans in place	Healthy and Independent

4. Ensure performance management is embedded in all contracts and services expect to provide high quality safe services		2011	Quality Assurance and safeguarding systems well known and understood	Safe
4. Deliver a whole system workforce development strategy ensuring behaviour competencies are more prominent		2011	Toolkit for all services areas is developed. Strategy exists	Confident in the future
PRIORITY 3 = Develop integrated and accessible services				
KEY ACTIONS	SERVICE LEAD	TARGET DATE	MILESTONES	OUTCOMES
1. Agree vision for reablement tier of services with PCT	Lorna Wakefield	April 2009	Papers approved by both Executive Boards	Healthy
2. Develop agreed process to establishing above vision		September 2009	Change meeting plan agreed	Confident in the future
3. Establish integrated service for rehabilitation and reablement		April 2010	Service established	In control
4. Develop single point of access for adult services		September 2009	Structure agreed and implementation plans approved by Cabinet Member	In control and Confident in the future
5. Agree performance framework and mainstream LD services		2011	Agree partnership agreement with PCT. Structure ILDS service to deliver locality services	

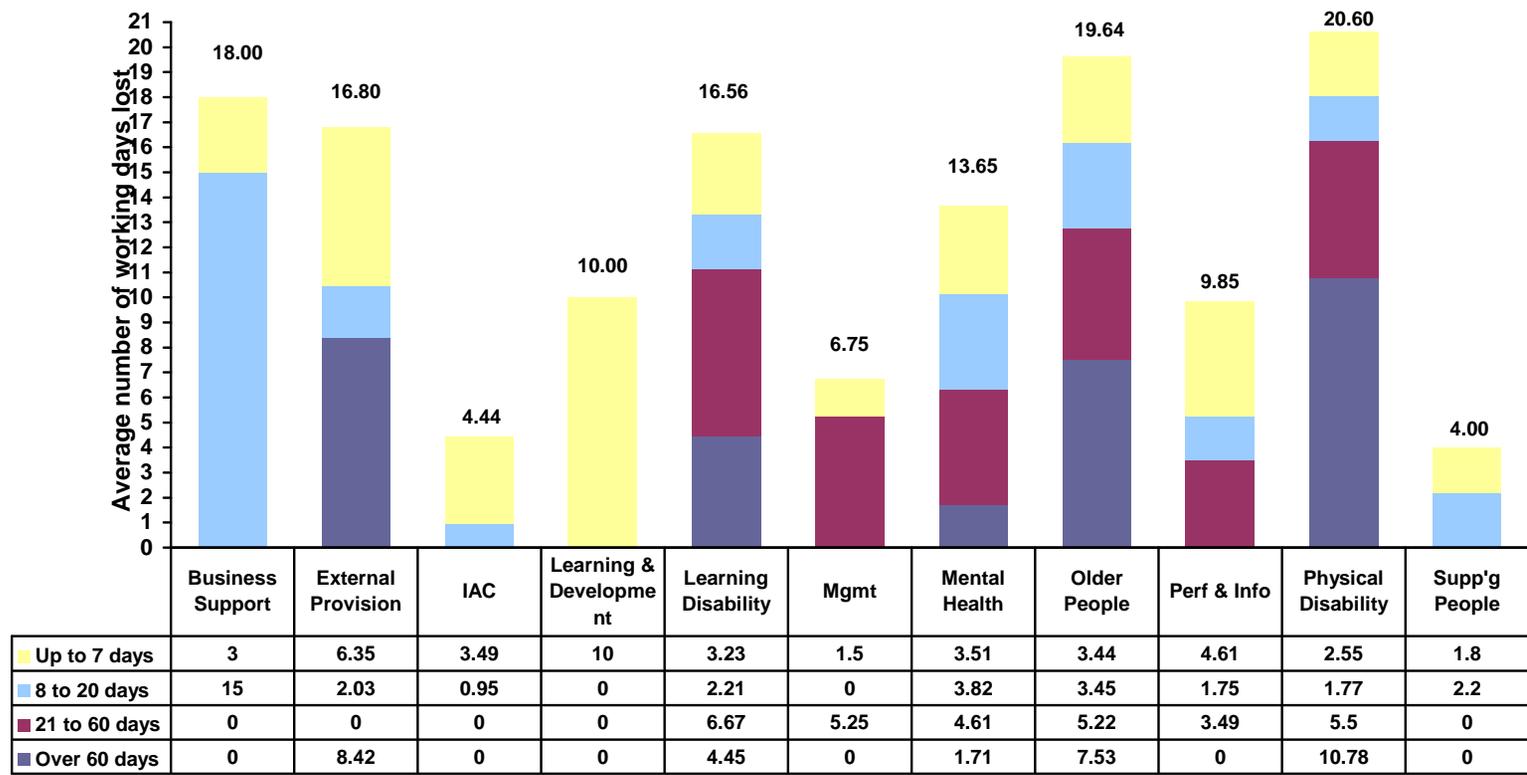
Risk Number	Type of Risk	Significant Operational Risk and (consequences of that risk)	Likelihood	Impact	Risk score	Existing controls	Strength of control	Revised Likelihood	Revised Impact	Risk score	Control Improvements Required	Lead officer	Timescale
1	6	Recruitment of staff; Effects of industrial action;Lack of suitably trained staff.	1	1	1	Workforce development plan; H.R policies; training plan; Trades Union Liaison (JCC)		1	1	1	None	N/A	N/A
2	15	Failure of major supplier/contractor.	2	1	2	Homes Closure Procedure; Contract monitoring; Annual Contract reviews; links with Government Inspection(CSCI)		1	1	1	None	J Spicer	N/A
3	19	Risks to staff working alone	1	1	1	Application of lone working policy. Staff training/supervision		1	1	1	None	W Lawtey	N/A
4	14	Inability to access operational buildings	1	2	2	Adult Social Care Emergency Plan; Unit emergency plans; Fire regulation/safety audit checks.		1	1	1	None	P Lenehan	N/A
2	11	Failure of IT systems	1	2	2	IT business continuity plan; Routine back up of systems.		1	1	1	None	NA	NA
4	14	Flu pandemic (inability to provide operational support services to front line staff due to levels on sickness)	1	1	1	Flu Pandemic Plan		1	1	1			

3	12	Adverse fire audits for the Brumby Resource Centre premises (possible temporary closure of premises by Humberside Fire Brigade). Adverse Access Audits (limited disabled access/possible prosecution under the DDA)	1	1	1	Proactive site management (eg actioning and reviewing audit action plans and recommendations), adherence to Health and Safety policies and guidance and actioning disabled access requirements as far as possible, within financial constraints.		1	1	1			
2	2	Making incorrect charging decision	1	2	2	Decisions made in line with CRAG and NLC non residential charging policy. Discretion exercised within an agreed framework develop with consultation		1	1	1			
7	11	Failure of transport			0	Transport Emergency Plan; Use of back- up suppliers				0	None	N/A	N/A
8	12	Inadequate response to new legislation	1	2	2	Monitoring and reporting on new legislation by Strategic co-ordination staff ;		1	1	1	None	N/A	N/A

Adult Social Care Workforce Plan 2008/2009

HR

What are your current recruitment and retention issues	
1	Do you have any posts that are difficult to recruit?
2	Where will the largest change in employee numbers be required?
3	What is the impact of recruitment problems on the service?
4	What specific skills are being lost?
5	What work is currently undergoing to address recruitment & retention issues?
6	Where posts cannot be filled can the work be covered in another way?
7	Are there are any current pay issues in your service? If so where? Learning and Development Team
8	Is work life balance embedded in the service to ensure employee retention?
	ACTION REQUIRED



HR

Sickness absence	
1	<p>What is the current rate of sickness absence?</p> <p>Adult Social care currently holds a level of .18.01 days (NEEDS MORE)</p>
2	<p>What are the reasons?</p> <p>The reasons are detailed below in order of days lost: -</p> <ol style="list-style-type: none"> 1. Stress & depression 2. Musculo skeletal problems 3. Stomach liver and kidney digestion 4. Infections 5. Chest respiratory 6. Back problems

		<ul style="list-style-type: none"> 7. Ears nose and throat 8. Genito – urinary 9. Heart problems 10. Not stated 11. Neurological 12. Disability related 13. Pregnancy related
3	What are the problem areas?	The service has high level of stress at present managers have been asked to explore the reasons staff are suffering high level of stress work related or home life
	ACTIONS REQUIRED	

Future workforce requirements

1	<p>Will there be any new models of service delivery?</p> <p>The Health and Social Care white paper- Our health, Our Care Our Say highlights the need to develop person centred solutions and social inclusion. This document was published following extensive consultation with ordinary members of the public and the health and social care economy.</p>
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Services are now required to deliver personalised solutions and growing numbers of people who will actively choose to commission for themselves through individual budgets and or direct payments.

At the same time community and voluntary sector resources are to be mobilised in preventative solutions, which will significantly impact on demand. The white paper makes reference to developing the social care market. All workforce areas need to be considered-independent sector, community sector and the statutory sector. This workforce must include people who use services and their carers.

We will all be required to identify what the community needs on an ongoing basis using feedback from existing and potential customers, carers, innovations, research and best practice. The community as a whole will have some responsibility for monitoring the effectiveness of this and feeding information up to the joint strategic needs assessment, which is the statutory duty of the Directors of Public Health, Adult Children and young peoples services. It is this identification of populations and individual needs that will enable the workforce to adapt on a need led basis.

These drivers require new skills and behaviours at both a strategic level, such as partnering and commissioning services and at the day-to-day level such as working in or managing a multidisciplinary team.

2

Will the structure of the service need to change

Yes To provide the staff groups with an outline framework with agreed long term outcomes.

To join up and deliver services collaboratively, a number of significant differences need to be recognised and over come.

- Partners come to the partnership with a number of different priorities and preconceptions.
- Partners have different relationships with different central government departments.

	<ul style="list-style-type: none"> Staff have different terms and conditions, working patterns, performance indicators reporting and management structures. <p>Collaborative service delivery has implications for the work force in terms of workload and work style.</p> <p>Workloads are likely to shift to back office staff groups where professional boundaries can become a barrier.</p> <p>Work style- transforming to person centred facilities, structures, roles and processes represents a huge cultural shift</p>
3	<p>What will be the impact of any planned service changes?</p> <p>Although these challenges are significant, paying attention to workforce issues will result in better retention, better morale and improved performance. These soft factors often get good outcomes for service users increasing customer satisfaction and efficiency gains for the partners</p>
4	<p>Are all key stakeholders/partners being consulted on service changes?</p> <p>Currently through Fit for the future locality groups</p>
5	<p>Are employees able to progress within the service?</p> <p>With difficulty</p>
6	<p>Are there any blockage areas?</p> <p>In areas</p>
	<p>ACTIONS REQUIRED</p> <p>Career pathways, funding decisions</p>

New skills & knowledge required	
1	What gaps have you identified in your managers' leadership & management skills?

	<p>Currently undergoing competency assessments of all managers in total 139 managers have been issued with competencies. To be completed by April 09.</p>
2	<p>Have you identified minimum level of competence required for each post? Have you identified whether your employee have this?</p> <p>All managers' posts have competency levels identified. A generic skills and knowledge have been identified; staff are working through this whilst completing their EDR's. Any gaps will be feed into the annual training plan. Service specific competencies have been identified again staff are working though these. Specialist competencies need to be identified work will begin in 200/9.</p>
4	<p>Do you have any groups of employees who would benefit from skills for life (basic skills) provision?</p> <p>No specific groups have been identified however working with Adult Ed to help staff identify their needs. Also through 1:1's and EDR's.</p>
5	<p>What changes in legislation/working practices require any employees to have different skills and knowledge?</p> <p>Fit for the Future Project Initiation Document Adult Social Care Workforce Strategy 2006-9 Valuing people, fair access to care, Putting people first, 'Independence, well-being and choice, mental capacity act, individualised budgets, Dementia strategy</p>
	<p>ACTIONS REQUIRED</p> <ol style="list-style-type: none"> 1. Monitor returns of managers competences and gaps in competences 4. Skills for life trainer to give on going support to staff

Training & Development Implications

Taking all of the above into consideration:

1

What are the training and development priorities for 2008/2009?

Personalisation agenda, Programmes that support the care induction standards and the Common core knowledge and skills sets, Dementia, Cross service working, Community engagement, Managing/ working with change, service users developing and delivering training, diversity, POVA, Managing stress, Leadership behaviours, multi functional teams



ACTIONS REQUIRED

To ensure Training programme provides value for money whilst supporting staff