



# Service Plan Template for 2007/08 (covering April 2007 – March 2010)

**Service Plan for:** Older People & Physical Disability Services

**Directorate:** Housing & Adult Social Services

**Service Plan Holder:** K Martin

**Workplans:** \_\_\_\_\_

**Director:** B Hodson

*Signed off* \_\_\_\_\_

*Date:* \_\_\_\_\_

**EMAP :** Housing & Adult Social Services

*Signed off* \_\_\_\_\_

*Date:* \_\_\_\_\_

The following service plan template must be no longer than 12 pages long. (excluding workplans)

## Section 1: The service (1 page max)

### **Service description**

Community Services Older People and Adults with Physical Disabilities provides social care to people over 18 years old who need support to live fulfilling lives as citizens in their communities. Support is also offered to carers to enable them to continue to care for their relatives. Services include: -

### **Assessment**

Community Care assessments which identify the needs of individuals and, where appropriate, their carers. Assessments follow a generic format, which can be expanded to include specialist assessments from Occupational Therapists and Sensory Impairment workers. The assessments forms the bank of information from which a care plan is developed and agreed. All people in receipt of services have a review 6 weeks after the start of services and then at least an annual re-assessment.

	2004	2005
Approximate number of referrals pa	4,000	2145
Number of "open" customers	4095	4600
Number receiving service	2849	3460
%age with service	70	75

### **Provision**

#### Advice and Information

Advice and Information is available through leaflets, from staff at the Advice and Information centres, (managed by Housing), and the Assessment service. Written information can be made available in a range of formats and languages to meet the needs of people with sensory impairments from black and minority ethnic communities.

The service funds welfare benefits advice and financial assessments under the Fair Charging system. The service also financially supports a number of voluntary organisations to provide advice and information.

#### In House Provision

Services provided directly through in-house provision include home care, residential respite day services, equipment, adaptations and supported employment. Our workforce is trained to or in the process of training to national standards.

Services provided directly through in-house provision include home care, residential care, respite care, day services, provision of equipment to aid daily living, minor and major adaptations to property and transport.

Our workforce is trained to or in the process of training to national standards.

#### Commissioning/Contracted Services

A significant range of services are purchased from the independent and voluntary sector and include residential and nursing home care; respite services; EMI Nursing; day care; personal or home care and transport.

#### Partnership Working

An increasing number of assessment services are carried out jointly with health colleagues. These include Hospital Discharge; Occupational Therapy services; Intermediate Care. We also have a number of assessment staff based within health settings such as Renal Social Workers, in the Accident and Emergency department of York Hospital and within the PCT Intermediate Care unit. We also offer professional support to social workers employed by the Hospital Trust and the PCT.

The integrated Community Equipment Loan service is an excellent example of partnership working.

### **Service objectives**

Our overall aim within community services is to increase the quality of life opportunities to all vulnerable adults with mental health, disabilities, learning difficulties, ageing or illness so they can live safe and fulfilling lives.

We will do this by:

- increasing independence and delaying the need for more intensive support services.
- providing effective joined up services which allow them to take more control over their own lives.
- encouraging individual choice and providing equal and effective access to services that support their quality of life independence and inclusion in the community they live.
- ensuring assessments are comprehensive; sensitive to the diversity within our community; delivered promptly and fairly; involve people fully in a way which will reflect their views and wishes
- ensuring support and services are provided in a way that offers people as much choice as possible.
- recognising and supporting the crucial role of carers.
- promoting a culture of tolerance that is free from bullying, harassment and intimidation for customers and staff alike.
- working in partnership with other agencies to achieve a set of common aims; provide continuous improvement for our customers; provide a more seamless service for customers; reduce duplication
- deliver services which give value for money to the people of York
- ensuring that we have competent staff that are well managed and develop their skills and knowledge to provide a high quality service

Specifically for older people and physical and sensory impairment services we will also do this by ensuring that we contribute to the development of modernised social care in response to National Service Frameworks for Older People and Long Term Conditions and other related initiatives.

## Section 2: The Drivers (2 page max)

This section should represent a summary of the challenges (or drivers) that might affect future service delivery and/or performance over the next 1-3 years. This be based on stage 1 of the planning process (i.e. 'Investigate' stage).

Driver type	How might this affect our service	Sources
<u>SOCIAL INCLUSION AGENDA</u> <b>Social Exclusion Unit</b> - various initiatives relevant to adult social care: <ul style="list-style-type: none"> <li>• Health inequalities</li> <li>• Equality agenda</li> </ul>	<ul style="list-style-type: none"> <li>• Increased emphasis on supporting people with disabilities into employment</li> <li>• Personalised support</li> <li>• The need to develop supported</li> </ul>	Disability Equality Plan White Paper SP strategy
<u>Modernisation of social care:</u> <ul style="list-style-type: none"> <li>• Greater emphasis on commissioning</li> <li>• Greater emphasis on public health &amp; prevention</li> <li>• Self- directed care</li> <li>• expansion of direct payments / individual budgets/ assistive technologies</li> </ul>	<ul style="list-style-type: none"> <li>• Activity to achieve 7 outcomes of White Paper</li> <li>• Improved integration of health and social care</li> <li>• De-commissioning &amp; re-commissioning services.</li> <li>• Shift in culture/practice</li> <li>• self-directed care</li> <li>• stronger links with primary care</li> </ul>	<u>Adult Services White Paper</u> (Our Health, Our Care Our Say- published early 2006)
<u>Improve carer support</u> New PIs introduced	<ul style="list-style-type: none"> <li>• Need to improve number of carer assessments undertaken,</li> <li>• Improve quality of carer assessment outcomes</li> <li>• supporting employment, training and leisure needs of carers</li> <li>• Implement flexible services to carers</li> </ul>	Carers (Equal Opportunities) Act 2005
<u>ELECTRONIC SOCIAL CARE RECORD</u> <ul style="list-style-type: none"> <li>• All new &amp; current social care records to be held electronically when new data base is introduced in 2007</li> </ul>	<ul style="list-style-type: none"> <li>• Changed recording practices for all social care staff</li> <li>• More detailed agreements on information sharing with customers</li> <li>• development of mobile working and hand held technologies</li> <li>• Substantial data loading to scan current files by agreed dated</li> <li>• integrated PCT/SSD systems eg integrated mental health record</li> </ul>	e-Gov't target
<u>Regulation of provision/commissioned services</u> <ul style="list-style-type: none"> <li>• Changes to an outcome focus in the way that CSCI assess performance and standards of the authority</li> </ul>	<ul style="list-style-type: none"> <li>• ensure Department structures/systems are fit for new requirements.</li> <li>•</li> </ul>	Introduction of new regulation/inspection & assessment criteria
<u>DEMOGRAPHIC CHANGES</u> <ul style="list-style-type: none"> <li>• Increase in longevity and complexity of care needs</li> <li>• Changing patterns of caring - fewer working age adults to support aging population /more older carers</li> <li>• Changing expectations</li> <li>• Isolation due to these changing family patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in community care assessments/services</li> <li>• Planning for future needs for</li> <li>• Increased demand for dementia services, complex care &amp; functional mental health services for older people</li> <li>• Increased need to support carers effectively</li> <li>• Increased demand for independent supported housing.</li> <li>• Elderly Mentally Infirm – strategy</li> </ul>	long-term commissioning plan

<p>National priorities for older people</p> <ul style="list-style-type: none"> <li>• improve the standards of care</li> <li>• rehabilitation</li> <li>• specific service development: falls, strokes etc</li> <li>• The single assessment ensuring older people's care needs are assessed without duplication</li> </ul> <p>Local priorities for older people include:</p> <ul style="list-style-type: none"> <li>• more power and control to older people</li> <li>• Services that promote health &amp; independent living</li> <li>• Widening the partnership beyond health and social care</li> <li>• Services that are more 'joined up'</li> <li>• Dignity in care</li> </ul>	<ul style="list-style-type: none"> <li>• The development of Out of Hospital services.</li> <li>• Older people want more say in their own care - i.e. more of a professionally supported approach rather than a professionally directed approach - this needs to be central to the Assessment, Care Management and Review process- self assessment is encouraged</li> <li>• Continued involvement of older people in planning and strategy - via the Partnership Board and the OP Assembly, &amp; LAA structure</li> <li>• Continued development of Intermediate Care Services</li> <li>• Need to ensure services do not discriminate on grounds of age</li> <li>• Promoting improvements to quality of life for People in care</li> <li>• SAP Pilots currently in place,</li> <li>• Cross-agency project plan</li> <li>• Need to build into all related areas of ESCR implementation</li> <li>• Need to raise staff awareness of SAP and its implications</li> </ul>	<p>OLDER PEOPLE'S NSF 'Never too old'</p>
<p><u>Disability/long-term conditions</u> The NSF for Long Term Conditions - focus on the needs of people with neurological disease and brain or spinal injury. Linked to the chronic Long-term conditions initiative. Integrated framework for health &amp; social care delivery of local services to people with long-term conditions. Local partnership for provision of service model and appropriate pathways of care Standards to comply with in relation to sensory impairment</p>	<ul style="list-style-type: none"> <li>○ A range of accommodation from supported housing to registered residential and nursing care</li> <li>○ Opportunities to engage in fulfilling day time/vocational/leisure and community activities</li> <li>○ Support to carers</li> <li>○ Support at all stages of a condition</li> <li>○ Integration of provision and processes where agreed</li> <li>○ Government standards are providing tools for benchmarking of local services and frameworks for future development work</li> </ul>	<p>long term conditions national service frameworks- neurological &amp; chronic; 'Improving the Life Chances of Disabled People'</p>
<p><b><u>DELAYED DISCHARGES</u></b> System of reimbursement for delayed hospital discharges and removes local authorities' ability to charge for community equipment and intermediate care</p>	<ul style="list-style-type: none"> <li>• Use of grant to negotiate before April 2007</li> <li>• Focus currently on acute services – potential to extend to other service areas, (yet to be confirmed when this will be a requirement)</li> </ul>	<p>The Community Care (Delayed Discharges) Act</p>
<p><u>Mental Capacity</u> Provision of mental capacity &amp; best interest tests</p>	<p>Priority Action will be to have in place:</p> <ul style="list-style-type: none"> <li>• A commissioned independent advocacy service</li> <li>• Training in awareness and assessment for all relevant staff</li> <li>• Coordination of implementation through a LA led Steering Group</li> </ul>	<p>Mental Capacity Act</p>
<p><u>Develop services to become more appropriate &amp; responsive to Black and minority community</u></p>	<ul style="list-style-type: none"> <li>• Links with Black and minority communities need strengthening</li> <li>• Staff training</li> <li>• Monitoring of performance through star blocker PI's</li> </ul>	<p>Corp[or]ate objectives &amp; CSCI standards</p>

<p><b><u>EMPLOYMENT/LIFE-LONG LEARNING</u></b>          Added impetus and social exclusion initiatives) – may also be an issue in new. The outcome of the ALI inspection will determine the employment service workplan.</p>	<ul style="list-style-type: none"> <li>• Will have some implications for individual budgets</li> <li>• Action Plan from ALI inspection when complete.</li> </ul>	<p>. Welfare to Work          'Improving the Life Chances'          NSF's</p>
<p><b>Corporate drivers</b></p>		
<p>Job Evaluation implementation</p>	<ul style="list-style-type: none"> <li>• Time required to resolve any outstanding issues beyond April 2007</li> </ul>	<p>National Pay Agreement</p>
<p><u>Replacement day services</u></p>	<ul style="list-style-type: none"> <li>• Longer-term implications re 2007 onwards</li> <li>•</li> </ul>	<p>Admin.and Accomm. review</p>
<p>Transforming York – Access to Services</p>	<ul style="list-style-type: none"> <li>• Review content of Adult Service's public information</li> <li>• Longer-term IT implication to ensure integration with CS systems.</li> <li>• Longer- term impact of one stop shop unclear at this stage.</li> <li>• Preparation for direct access for customers through internet at later stage in programme development.</li> </ul>	<p>(Easy@york)</p>
<p><b><u>Directorate Drivers</u></b>  <u>Long Term Business changes</u></p> <ul style="list-style-type: none"> <li>• Strategic commissioning:             <ul style="list-style-type: none"> <li>○ regional approaches to procurement</li> <li>○ Improving Assessment &amp; Review</li> </ul> </li> <li>• Putting People in control</li> <li>• Promoting Well –being</li> <li>• Embedding technology</li> <li>• Improved integration- LA/NHS</li> </ul>	<ul style="list-style-type: none"> <li>• Developing longer term commissioning plans in conjunction with the NHS commissioning organisation</li> <li>• Collaborative commissioning with neighbour authorities.</li> <li>• Support for smaller local</li> <li>• Closer links with corporate and regional procurement centres</li> <li>• Streamline assessment processes</li> <li>• ON-line access for customers</li> <li>• Resource difficulties if savings are taken in a cashable form.</li> </ul>	
<p>Independence Choice and Control</p>	<ul style="list-style-type: none"> <li>• Home support services (Home Care, Extra Home Care, Warden Call and Night Support Service)- Finalise implementation&amp; review performance over first six months- Make further adjustments as required.</li> <li>• Modernisation of day service provision for people with physical impairment</li> <li>• development of individual budgets with replacement of HRDC</li> </ul>	<p>EMAP requirement</p>
<p><u>Prevention</u></p> <ul style="list-style-type: none"> <li>• role of Local Authorities in promoting health</li> <li>• partnership approach in developing prevention services</li> <li>• LAA objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Full implications of both White Papers have yet to be worked out with the new PCT</li> <li>• Main themes are being considered as objectives within the LAA.</li> </ul>	<p>Public Health White Paper 2004; White paper 2006          Community care Act 1990</p>

<ul style="list-style-type: none"> <li>carer support; community support and assistive tech.</li> </ul> Reforming emergency care <ul style="list-style-type: none"> <li>proactively case manage 'very vulnerable' people (aged 75+) their care needs to avoid hospital admissions</li> <li>Fair Access to Care Services</li> </ul>	<ul style="list-style-type: none"> <li>Social care enhancement to Multi-disciplinary teams</li> <li>Review commissioning of low level medical support</li> <li>Fair Access through guaranteed standards and review of eligibility.</li> </ul>	
Quality and Excellence	<ul style="list-style-type: none"> <li>Changes to star rating framework may require new or changes to performance management information</li> <li>CPA cross cutting themes</li> <li>Improving attendance performance in department</li> <li>Additional time to input data into two systems</li> <li>Reducing sickness &amp; absence</li> <li>Monitoring performance against LAA objectives.</li> </ul>	Performance assessment
Improving the Skills and competencies of Managers and Staff	<ul style="list-style-type: none"> <li>Induction/Foundation training</li> <li>improve system of budget monitoring.</li> <li>Improve IT training and support to enhance basic IT skills</li> <li>Application of appraisal system</li> <li>Joint approaches to social care recruitment required across sector</li> <li>Improve flexibility of staffing resources</li> </ul>	Workforce Plan National recruitment campaign in spring 07
<b>Service Drivers</b>		
OT Service integration with PCT OT service to provide single referral point	<ul style="list-style-type: none"> <li>Organisational and professional cultural changes</li> <li>Need clearer partnership agreement with PCT</li> </ul>	Targets for integrated equipment services
	<ul style="list-style-type: none"> <li></li> </ul>	
Fair price for care	<ul style="list-style-type: none"> <li>Decrease in budget and risk that market may be de-stabilised. Need to ensure market maintains its stability</li> </ul>	
	<ul style="list-style-type: none"> <li>Lead provided by services for people with learning difficulties need to be reflected in day support for people with PSI</li> <li>Will be linked to</li> </ul>	White Paper; Corporate Assett planning
Further development of the older people's accommodation & support strategy	<ul style="list-style-type: none"> <li>Remodelling of the accommodation and support services-</li> <li>Further development of dispersed supported housing and extra care</li> <li>Support developments to Discus Housing</li> </ul>	White Paper Gershon
Maximising external income	<ul style="list-style-type: none"> <li>Changes and efficiencies in the discretionary charging system</li> <li>Developing potential bids for external funding</li> <li>Effective use of grants</li> </ul>	

### **Section 3: Critical Success Factors (CSFs)** (half page max)

Taking account of the service objectives in section 1 and the drivers identified in section 2, decide what is critically important for your service to achieve over the next 1-3 years? This might be

- something your service has to deliver or improve without fail, or;
- an enabling factor which will be a barrier to your staff delivering the broad service objectives.

<b>CSFs for 2007/08</b>	<b>Why a CSF?</b>
ESCR- electronic record keeping	To realize efficiencies in business processes, information storage and information sharing
Planning for modernization of Disability day services & development of strategy for Long-term conditions	To achieve delivery of alternative model of day service and movement from current day centre site by May 2008
Development and implementation of first part of 3-year section of long-term commissioning plan, related to: <ul style="list-style-type: none"> <li>• accommodation &amp; support planning</li> <li>• prevention &amp; diversion from intensive support</li> <li>• implementation of telecare</li> <li>• support to carers</li> </ul>	To remodel service provision in a way that allows release of funding for investment in alternative services and for stabilizing social care markets. Delivery of White Paper and targets Delivery of local OP strategy 7 LAA targets Matching resources available to known demand
Implementation of Mental Capacity Act	National legislation

### **Section 4: Links to corporate priorities** (half page max)

<b>Improvement Statement (IS)</b>	<b>Contribution</b>
Objective 10- customer focus	Implementation of mental capacity Act and movement to individual budgets and self-directed care enhances customer choice & control. Improving key activity in assessing, reviewing and supporting people at home will enhance choice & independence Dignity in care campaign and target to improve achievement of CSCI standard 15 will improve quality of service
Objective 12 – partnership working	Improved integration of social care with NHS services- Primary, Community & OP Mental Health will require enhanced partnerships Delivery of White paper inclusion agenda will involve corporate partnerships
Objective 7= improved health	Improved integration of social care with NHS services- Primary, Community & OP Mental Health will improve health of residents Achievement of CSCI standard 15 will improve health of care home residents
Objective 8- supporting disaffected families	Improving support to carers will enable an increasingly marginalised group of people, many with young families to have improved quality of life
Objective 5- Increasing skills	Development of workforce strategy within HASS that will support the recruitment, retention and development of a skilled staff group



Objective 13- efficiency	ESCR; development of alternative service models, self-directed care; reduction of absence; review of EPH's ;stabilising independent sector fees will enhance efficiency improvement.
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### **Links to other plans**

List the higher level plans and strategies that your service area supports (i.e. a partnership strategy)

- Older People's long term commissioning plan
- Local Area Agreement
- York & Selby Older Persons strategy- 'Never too old'
- Older people's Housing strategy
- Discus bungalow replacement programme
- Accommodation strategy
- Transport Review
- Supporting people Strategy
- York & Selby carers strategy
- Day services Modernisation Project
- Social care record replacement programme
- Public Information Review

## Section 5: Balanced Scorecard of outcomes and measures (3 pages max)

### Customer based improvement

Outcomes	Measures					Actions	
<ul style="list-style-type: none"> <li>• Choice &amp; control</li> <li>• Independence</li> <li>• Dignity &amp; respect</li> <li>• Support to carers.</li> </ul> <p>* From 2007/08 the balance sheet measure will reflect the LAA indicator that is a combined measure of care and non-care managed services provided to support people at home.</p>	Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target	<ul style="list-style-type: none"> <li>• Development of self-directed care, further extension of direct payments and introduction of individualised budgets.</li> <li>• Reprovision of day services for people with PDSI</li> <li>• Contributing to development of user led PDSI services (CIL) &amp; one stop shop for support</li> <li>• Development of an extensive range of statutory and voluntary community care supports</li> <li>• Introduction of telecare</li> <li>• Extended integration of service delivery and care pathway management with NHS</li> <li>• Specialisation/integration of resources for dementia care; disabilities &amp; long-term conditions and complex care &amp; high dependency</li> <li>• Development of housing options that extend the range of available sheltered, supported and extra care housing</li> <li>• Improvements in quality assurance processes</li> <li>• Extension of both generic and specialist training of staff.</li> <li>• Audit of EPH accommodation and staffing requirements</li> <li>• Safeguarding adults &amp; implementation of mental capacity Act</li> <li>• Improved quality/access to public information</li> </ul>	
	Number of people over 65 receiving direct payments						
	Local: reported numbers of delayed discharges which attract reimbursement	3	2	2	2		
	BV 54, C32 (PAF) – number of people aged 65+ whom authority helps to live at home, per 1,000 adults aged 65+	92	92	160*	165*		
	C29 (PAF): numbers of people (18-64) with physical/sensory impairments help to live at home	4.8	4.8	45.5*	46*		
	BV53, C28 (PAF) - households receiving intensive home care per 1,000 pop 65+	9.4	9.7	9.9	10		
	<b>HCOP8.3</b> Older People aged 65 or over with supported admissions on a permanent basis in the year to residential or nursing care per 10,000 of the population aged 65	63.53 (2005/06 baseline)	64	65	67		
	<b>HCOP8.5</b> Number of people on warden call.	2,500 (Sept. 2006)	2700	2900	3100		
	<b>HCOP8.6</b> Number of users aged 65 and over who have 1 or more items of telecare equipment in addition to community alarms.	130 (2005/06 baseline)	390	520	630		
	<b>HCOP10.1</b> Number of separate carers assessments completed (including self assessments).	75	175	200	225		
	<b>HCOP10.2</b> % of clients of community services whose carers receive a specific carers service (PAF C62).	5.0 (2005/06)	6.0	7.0	7.5		
Integration of LA/NHS resources for support of people with long-term conditions	April 2008						

## Process based improvement

Outcomes	Measures					Actions
	Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target	
<ul style="list-style-type: none"> <li>Improved access to services.</li> <li>Improved response and delivery times.</li> <li>Improved information to customers</li> <li>Improved responsiveness to changes in customer circumstances</li> </ul>	BV 195, D55 (PAF) - % people aged 65+ receiving assessment within specified time scale (2 days)	73.5	76.5	76.5	77	<ul style="list-style-type: none"> <li>Introduction of self-directed processes of assessment &amp; care planning.</li> <li>Improved business processes of information provision and screening- link to A&amp;I review and public information strategy</li> <li>Introduction of social care record replacement system and improved management information</li> <li>Remodelling of initial point of service delivery</li> <li>Evaluation &amp; amendment to review process</li> <li>Agreement with NHS on provision of documentation for customers by NHS staff</li> <li>Agreement with NHS on electronic information sharing</li> <li>Development of customer access equipment demonstration centre</li> </ul>
	BV 196, D56 (PAF) % of new customers aged 65+ receiving package of care within specified time scale (28 days)	85	85	92	93	
	BV56 – D54 (PAF)% items of equipment and adaptations delivered with 7 working days	94	96	95	95	
	BV58 (PAF D39) %age of people receiving a statement of their need and how they will be met (all customer groups)	90	92	93	94	
	%age of adult users assessed and/or reviewed in the year that had ethnic origin missing or not stated	7	Less than 10%	Less than 10%	Less than 10%	
	New or revised local policies and protocols required by Mental Capacity Act			As per Act	N/A	

## Finance based improvement

Outcomes	Measures					Actions
	Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target	
<ul style="list-style-type: none"> <li>Reduction of unit cost (rate of increase of unit cost?)</li> <li>Meeting demands within budget</li> <li>Improved business planning</li> <li>Market testing</li> </ul>	unit hourly cost of home care & overall annual spend					<ul style="list-style-type: none"> <li>Development of long-term service development and financial plan.</li> <li>Provision of self-financing alternatives to care</li> <li>Invest to save approaches to prevention, extra care and ongoing telecare provision</li> <li>Agree set fees for independent care</li> <li>BV &amp; procurement review CYC provision.</li> <li>Restructure of Adult Services management</li> <li>Accommodation &amp; support strategy-</li> <li>Reduction of voids in services</li> </ul>
	B13 (PAF) Unit cost of LA EPH services		To be set			
	B16 (PAF) Unit cost of res/ nursing care for people with physical disabilities DIS return		To be set			
	Increasing customer income		+£350k			
	Unit cost of employment services					
	Proportion of care/ non-care managed services					

## Staff based improvement

Outcomes	Measures					Actions
	Measure	Current	2007/08 Target	2008/09 Target	2009/10 Target	
<ul style="list-style-type: none"> <li>Improved staff attendance</li> <li>Improved level of staff skills</li> <li>Clear career pathways</li> <li>Improved retention</li> <li>Secure future management</li> </ul>	CP 14 - percentage of staff appraisals completed	94	90%	94%	95%	<ul style="list-style-type: none"> <li>Contribute to workforce strategy</li> <li>Management implementation of sickness procedures &amp; use of absence MI</li> <li>Proactive recruitment campaigns</li> <li>Agreed, implemented &amp; refreshed training plans</li> <li>Review arrangements to support practice teaching.</li> <li>Develop strategy for employing people with a disability</li> <li>Implement ALI action plan following inspection</li> <li>Continued implementation of supervision &amp; appraisal policies</li> </ul>
	BV 12 - days lost per year per FTE due to sickness absence	10.41%	9%	8%	7%	
	Percentage of staff registered social work staff receiving on average 30 hours post qualification professional development each year (90 hours over 3 years)		100%	100%	100%	
	BV 16a - percentage of staff with a disability ( Community Services as a whole)	4.64	5%	5.5%	6%	
	BV 17a - percentage of staff from and ethnic minority ( Community Services as a whole)	1.53	2%	2.5%	3%	
	Local CP58 - percentage of voluntary turnover of staff	2.98	2.8	2.7	2.6	
	S3: numbers of new staff undergoing Induction training ( CM Review) newly employed staff within the first 6 months of employment		100%	100%	100%	

## Section 6: Corporate Issues (2 page max)

Actions/Evidence	Deadline
<b>Equalities action/s</b>	
<ul style="list-style-type: none"> <li>• Action to improve the access to services of people from black &amp; ethnic minority communities through consultation &amp; tracking</li> <li>• Improve the employment by CYC of people with a disability</li> <li>• Implementation of long-term commissioning strategy for older people's services</li> <li>• Remodel day services for people with disability/SI to provide broader availability of day support.</li> <li>• Use process improvement to release resources to address service imbalances</li> <li>• Provide accessible and broader range of information about services</li> <li>• Staff equality training</li> <li>• Contribution to corporate development of CIL &amp; one stop shop</li> </ul>	<p>April 2008</p> <p>Ongoing From, April 2007 April 2008 April 2008 ongoing 2010</p>
<b>Operational Risk – red risk action/s</b>	
<p>Additional demand pressures from demographics or local socio-economic changes and other factors could lead to service pressures and cases awaiting allocation &amp; increases in delayed discharges from hospital. Will need to address through review of service criteria &amp; developing alternative service provision including service integration</p> <p>Staff recruitment/retention:</p> <ul style="list-style-type: none"> <li>• Difficulties to care recruitment at unsocial hours &amp; week-ends</li> <li>• neighbouring authorities paying more and</li> <li>• disparities between local authority &amp; NHS pay rates</li> <li>• difficulties with agencies recruiting staff</li> </ul> <p>Budgetary pressures could lead to inadequate levels of support being available Inability to meet the Fair Price for care could result in providers leaving the market and fewer providers trading with CYC Financial position of PCT is very serious and could hinder partnerships if recovery plan does not deliver required savings Strategic capacity to develop plans and projects across the whole system is limited. More volatile weather creates greater potential for heat waves &amp; need to combat dehydration &amp; flooding risk. More risk of litigation as greater number of challenges are made to preserve individual financial resources.</p>	<p>Ongoing management monitoring of position</p>
<b>Gershon – Efficiency improvement</b>	
<p>Efficiency of social care \staff will be supported over the next 3 years with:</p> <ul style="list-style-type: none"> <li>• Review of home care delivery</li> <li>• changes in charging systems</li> <li>• introduction of the ESCR</li> <li>• introduction of telecare</li> <li>• developing self-directed care</li> <li>• developing alternative methods of delivery</li> <li>• partnership working</li> </ul> <p>Service improvement required from considering streamlining processes and delegations</p>	<p>Initially mid 2007, then 2009 September 2007 June 2007 Ongoing Starts Autumn 2007 Ongoing ongoing</p>
<b><u>Competitiveness statement</u></b>	
<p>All registered care placements are made at the market price All independent sector registered home care services are made at the market price- in house services are specialist and can be benchmarked against other authorities or other specialist services Supporting people services are procured through the agreed SP process Many of the services are delivered in partnership through integrated service Joint commissioning arrangements will be put in place to oversee future development of services.</p>	

## Section 7: Resources (1 page max)

Please provide details of your resources:

- Staff numbers and budget to support your service improvements.
- Increases/decreases in capacity (financial and/or staffing) to support your service level objectives

The ability to deliver specific projects will be assessed at the beginning of the process using the standard project management toolkit. It is anticipated that changes in the adult service structure and unfreezing some posts will allow greater capacity for supporting developments from within the service and less reliance on external support.

- Recruitment issues

Recruitment of care staff within CYC & contracted care services is becoming increasingly difficult leading to a reliance on agency staff and potential for failures in care. The problems are particularly acute at week-ends.

### **Budget**

	<u>2006/07</u> <u>£'000</u>	<u>2007/08</u> <u>£'000</u>
Employees	13,655	13,869
Premises	678	678
Transport	1,112	1,149
Supplies and Services	15,868	16,136
Miscellaneous	1,981	1,981
– Recharges	1,952	1,952
– Other	29	29
Capital Financing	630	630
Gross cost	33,924	34,443
Less Income	13,804	14,273
<b>Net cost</b>	<b>20,120</b>	<b>20,170</b>

*The 2007/08 figures quoted are prior to any reallocation of support service recharges*

## Section 7: Monitoring and reporting arrangements

Performance will be monitored at ASMT:

- Quarterly within adult services- activity & quality (inc. lessons from complaints)
- Monthly financial monitoring
- By exception reporting as required

