



MANCHESTER
CITY COUNCIL

Adult Social Care Business Plan

2009/10-2011/12

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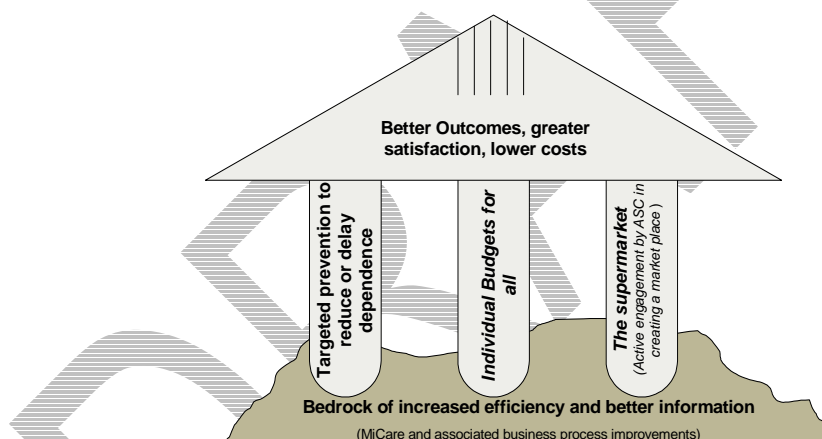
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Section 1: Business Analysis

1.1 Introduction To The Business

This plan shows how Manchester's adult social care will contribute to improvements in the health and well being of people across the City over the next three years but specifically what we will focus on in 2009/2010. It is a high level summary of outcomes and improvements planned for the whole of Adult Social Care. In addition to the targets set for improving outcomes for people who use services, it describes the workforce and financial changes that will be needed, and the development of partnership agreements with other organisations.

The blueprint for the Adult Social Care (ASC) Directorate was developed and agreed at the end of 2007 and its principles remain. Adult Social Care, through both its mainstream service delivery and the programme for change seeks to deliver the vision of better outcomes, greater satisfaction and lower costs through three main pillars and building upon a bedrock of increased efficiency and better information.



Over 2000 Adult Social Care customers already receive Individual Budgets (IB's) but we have a further 5000 to achieve over the next two years. The other two pillars namely targeted prevention to reduce or delay dependence and the supermarket (active engagement by ASC in creating a market place) have started successful delivery through the re-ablement, the home care commissioning project and the development of MyManchesterServices web site. However, this is only the start in these three areas and these early successes will allow work to continue. The bedrock of increased efficiency and better information are an essential element of the business and will be supported by the successful implementation of MiCare in 2008/09.

The Joint Strategic Needs Assessment with NHS Manchester will form the basis of the information to help us decide how to commission services in the future. This document and copies of the blueprint and programme brief are available for further information.

“Our starting point is the principle that everyone in society has a positive contribution to make to society and that they should have the right to control their own lives. **Our Vision** is to ensure that these values will drive the way we provide social care”

Residents of Manchester and their families, who have a need for social care services across the city, are beginning to benefit from:

- More control over the service they receive and the way that they receive them;
- More choices and help to decide how their needs can best be met;
- The chance to do the things that other people take for granted and to have better access, quickly and with ease, to universal services;
- Integrated, locally delivered services that achieve comprehensive prevention, early intervention and independence;
- The best quality support, ensuring protection for those with the highest levels of need

In transforming the customer experience we are simultaneously changing the overall shape of services, including the numbers of people receiving different forms of help. **Our strategic aims**, shared with our NHS partners, are:

- To widen our “offer” to a broader range of people;
- To shift our investment – from high-cost services for relatively few people to better value for money services for more people in the community;
- To ensure that people can benefit from a wider range of modern, flexible services;
- A high quality, integrated infrastructure and organisational capability that supports the delivery of the vision.

Objectives for 2009/2010.

Within our overall strategic aims we have set a number of specific objectives to achieve with our partners over the coming year. These all come under the wider Personalisation agenda.

- **Targeted prevention to reduce delay or dependence**
 - To focus on the access to preventative services including: widening the offer to more customers, integrated reablement services, Assistive technology, falls prevention etc.
 - Services for Carers.
 - Mental health services following the Boyington Report.
- **Individual Budgets for all**
 - Safeguarding – ensuring robust and effective safeguarding procedures are in place for all customers.
- **The Supermarket (Active engagement by ASC in creating a market place**

- Developing in-house services to become commercial business units and market shapers and widen the offer available.
- Widening the Housing offer to include shared ownership, Extra Care Housing.
- Shop for Support.

Over the year we will also be embedding the new operating model and radically changing the look of Adult Social Care's organisational structures in order to ensure long-term delivery of personalisation in Manchester.

The next three years will build on the foundations laid over the last 12 months. This has not only been to deliver key projects such as Reablement and Individual Budgets, but to provide leadership by Assistant Directors and other managers to developing the key functions required for the future successful operation of the Department, i.e.

- Strategic Commissioning, including Joint Commissioning with NHS Manchester.
- Customer support including enhanced District Focus.
- Business Units – enabling in house services to be more customer focused and achieve better VFM.
- ASC Development, supporting the Departmental Management Team to manage change, workforce development and business planning.

From early 2009, Adult Social Care will manage Supporting People and Homelessness Services (as agreed in the Realignment of Strategic Directorate Portfolios Committee Report dated 10 July 2008). This will compliment the holistic approach to supporting residents in Manchester. These functions will be integrated into the new structure.

Supporting People provides housing related support to enable vulnerable people to remain living in their own home. Whilst some of these people have substantial or critical care needs, many recipients have low and moderate needs and Supporting People is an important preventive service. Jointly commissioned, from a budget of £38.417m, a wide range of services are available within the city. Over the years significant savings have been achieved as the fund allocated from government has decreased in size. As the fund continues to reduce, and becomes part of the Area Based Grant, achieving ongoing savings will be challenging. Approaches as to how these will be achieved through most effective and efficient joint commissioning are being developed and subject to agreement by executive members. Further details of Supporting People are referenced in the Draft Housing Business Plan.

In the last year ASC has become a national leader in the Putting People First Agenda (see Key Drivers for Change). In order to retain leadership and deliver mainstream benefits to all customers and more people it is timely to introduce a new structure. This will bring about:

- A whole system approach to meet the needs of a wider group.

- Greater efficiencies enabling the Department to continue to deliver a balanced budget in an increasingly challenging environment.
- A confident and competent workforce focused on improving outcomes.

1.2 Key Drivers for Change

The Business Plan has specific linkages with the Government's policy framework, including the Our Health, Our Care, Our Say national outcomes, the Darzi Review and the Putting People First agreement between local and central government. These key drivers can only be delivered in Manchester by a strong and seamless partnership with NHS Manchester and the Manchester Mental Health and Social Care Trust.

- **NHS Manchester World Class Commissioning** – its objectives are to tackle health inequalities and improve aspiration and well-being, ensure that health services are safe and to commission health services that are safe. The objectives are in-line with our own and will strengthen the joint delivery of seamless services.
- **Putting People First** – published in December 2007 it is a shared vision and commitment between Central Government, Local Government and the NHS to the transformation of Adult Social Care. It advocated system-wide transformation of services, developed and owned by local partners.
- **Darzi Review: High Quality Care for All** - In June 2008, Lord Darzi published the next stage review which set a new foundation for health care, amongst other issues this included personalised health care, giving patients more choice and control and the investment in well-being and prevention services.
- **Our Health, Our Care, Our Say** – People in Manchester using Adult Social Care Services will be supported to achieve the seven outcomes identified in the White Paper Our Health, Our Care, Our Say :
 - Improved Health
 - Improved Quality of Life
 - Making a Positive Contribution
 - Exercise of Choice and Control
 - Freedom from Discrimination and Harassment
 - Economic Well-being
 - Personal Dignity and Respect

1.3 Business Contribution to the Corporate Plan

This business makes the following contribution to the Council's Corporate Plan:-

	Business Outcomes Which Contribute To This Priority
Corporate Plan Priority 1 Promoting Economic Development	<ul style="list-style-type: none"> • Joint Commissioning strategy with the PCT to respond to the prevention agenda. • Business Units Division part of the new operating model to increase market shaping.
Corporate Plan Priority 2 Reaching Full Potential in Education and Employment	<ul style="list-style-type: none"> • Pathways to employment and initiatives for all customers of working age using Adult Social Care services to enable them to access work opportunities. • Support for carers who wish to continue in employment, An estimated 12% of Council staff (19% of ASC staff) are carers. • Improving the qualification base of our staff and those employed by contracted providers.
Corporate Plan Priority 3 Promoting Individual and Collective Self Esteem - Mutual Respect	<ul style="list-style-type: none"> • Person centred support plans where the customer makes decisions about the services they receive. • Promoting independence by supporting people to live at home – particularly by greater use of assistive technology, adaptations and equipment etc. • Helping people who may not be eligible for social care now but who may need support in the future (Short Term Team).
Corporate Plan Priority 4 Creating Neighbourhoods of Choice	<ul style="list-style-type: none"> • Locally focused service delivery – Homecare, Reablement. • Community Alarm and Home Safety kits helping people to feel safe in the community. • Widening the housing offer to include shared ownership, supported accommodation and extra care housing.
Corporate Plan Priority 5 Improving Council and Community Leadership	<ul style="list-style-type: none"> • Taking a leading role along with NHS Manchester on the Adults Health and Wellbeing Board. • Leading on the Aspiration and wellbeing workstream of the LAA. • Customer Partnership Boards ensure that service users have a say in how services are designed and delivered. • Helping communities successfully integrate new migrants.
Corporate Plan Priority 6 Delivering the Manchester Improvement Programme	<ul style="list-style-type: none"> • Widening the offer and improving access to service through MyManchester website. • Transformational change to deliver more efficient streamlined services. • Organisational restructure to embed the personalisation operating model.
Corporate Plan Priority 7 Continuously Improving Value For Money	<ul style="list-style-type: none"> • Leading the Commissioning workstream of the LAA to more effectively and innovatively commission services – eg Home care.
Corporate Plan Priority 8 Developing Our Workforce To Deliver High Quality Services	<ul style="list-style-type: none"> • Increasing the number of Adult Social Care staff with qualifications. • Developing skills pathways for staff and managers within adult social care.
Corporate Plan	<ul style="list-style-type: none"> • Giving all our customers their own personal budget to choose which

Priority 9 Ensuring Customer and Neighbourhood Focus, And Equality of Opportunity in Employment and Service Provision	<p>services best suit them.</p> <ul style="list-style-type: none"> • Locality focused service provision – Homecare , Reablement. • Improving customer satisfaction by widening the offer through MyManchester services. • Restructuring to enhance locality delivery of support.
Corporate Plan Priority 10 Managing Our Performance and Risks to Ensure We Deliver Our Objectives	<ul style="list-style-type: none"> • Continued Effective programme and risk management of the Programme for Change. • Ongoing development of MICARE to manage and improve performance. • Developing our multi agency approach to safeguarding vulnerable adults.

Neighbourhood Funding Strategy

The following Neighbourhood Funding Strategy proposals have been implemented during the **2008/9** financial year.

NFS Reference		Summary of Priority
N/A	N/A	

The following proposals are being supported through the Neighbourhood Funding Strategy for implementation between April 2009 and March 2012:-

NFS Reference		Summary of Priority
N/A	N/A	

The following proposals have NOT been supported through the Neighbourhood Funding Strategy:-

NFS Reference	Summary of Priority	Reason
N/A	N/A	

1.4 Strategic Risk Analysis

This business faces the following strategic risks:-

Ref	Risk	Consequence	Risk Rating
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S1	<p>The Personalisation agenda within Adult Social Care could potentially generate:</p> <ul style="list-style-type: none"> • Significantly increased demand. • Increased probability of fraud • Increased frequency and severity of safeguarding issues resulting from the ability of individuals to chose services that are not commissioned and quality assured by MCC. • Market instability 	<p>A significant increase in the number of eligible customers requiring services / funding can destabilise the budget position of the ASC Department.</p> <ul style="list-style-type: none"> • Financial loss and risk to reputation. • Risk to reputation and additional liability in relation to the Duty of Care. • Negative impact on internal services requiring a contraction in the level of service provided – financial implications of double running services, employee and financial implications through the potential need for redundancies – risk to reputation of MCC. Impact on external providers could lead to a contraction in supply, increasing prices which will represent a financial risk. 	High
S2	<p>Poor outcomes delivered in respect of Mental Health services</p>	<p>Significant resources are deployed within the pooled budget arrangement funding care for vulnerable service users. Continuing poor performance could jeopardise the performance rating of the ASC department and impact on the CPA/CAA assessment</p>	High
S3	<p>Failure to provide adequate multi-agency safeguarding for adults</p>	<p>Death or serious injury to service user as a result of negligence or poor practice results in</p> <ul style="list-style-type: none"> • negative impact on confidence in the service by service users. • Risk to reputation and additional liability in relation to the Duty of Care. • Failure to improve performance could jeopardise the performance rating of the ASC department and impact on the CPA/CAA assessment 	High
S4	<p>Failure to effectively integrate Housing services functions transferring to ASC</p>	<p>Reduced service standards and performance against targets along with the de-motivation of the associated workforce, reduced likelihood of meeting Council objectives and damage to reputation.</p>	Low

S5	Economic downturn	<p>The downturn could adversely effect the financial viability of some external care providers. Reduced provision of services leads to restricted customer choice, some customers left unsupported, negative impact on performance.</p> <p>Increase in demand for services, particularly advice, homelessness and Mental Health Services.</p>	Medium
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1.5 Customer and Neighbourhood Analysis

The Joint Strategic Needs Assessment showed that.

“The ASC department primarily provides services to customers who are assessed as being eligible for services under the Fair Access to Care Services (FACS) guidance.

- In 2007/08 there were a total of 13, 788 assessed service users and 2,420 assessed carers being supported by ASC. 64% of these service users were people aged 65 and over.

Number of people supported by ASC as assessed service users or assessed carers by age

Category	People aged 18–64	People aged 65+
Physically disabled people	1,899	8,338
Learning disabled people	1,316	111
People with mental health problems	1,415	349
People with substance misuse problems	347	13
Total	4,997	8,811

- The number of assessed customers in the 18–64 age group rose by 53% (3,255 to 4,977) between 2002/03 and 2007/08. All the main customer groups showed an increase but the main growth area was in mental health, where the number of customers almost doubled from 786 in 2002/03 to 1,415 in 2006/07. Harpurhey had the highest proportion of the adult population receiving a service (4.6%) compared to the City Centre where only 0.3% received an assessed service.
- In the 65+ age group, the number of assessed customers has risen by around 12% over the past five years (7,897 to 8,811). Most assessed customers in this age group are broadly classified as physically disabled, but a small number are classified as receiving learning disability, mental health or other services. Gorton North had the highest proportion of older

people receiving an assessed service in Manchester at 4.6%, compared to the City Centre where only 0.2% receive an assessed service.

- Information about assessments and assessed services for carers is only available for 2005/06 to 2007/08. Over this period, the number of assessed carers rose by 90%, from 1,272 to 2,420. Carers now account for around 14.3% of all assessed customers. The wards where most carers are accessed a Carers Grant funded service were Baguely, Brooklands and Northenden, where 309 individuals have accessed one or more services.

Other services

- The economic downturn is affecting everybody. Manchester Advice brings together all the Council's advice services into one organisation. The service deals with in excess of 150,000 personal and phone calls. The Service was amongst the first to notice the impact of the credit crunch through the increased demand for debt counselling services. To help to combat this, Adult Social Care has led the development of a Financial Inclusion Strategy and been working closely with other council departments and Partners to try respond to demand. This has included:
 - Manchester Advice has permanent accommodation at the Civil Justice Centre to offer advice to debtors pre or post hearing.
 - Developing a self help pack to help people take the first step in negotiating with creditors.
 - Beginning a joint awareness campaign on Sale and Rent back schemes which are often particularly targeted at older people to avoid unsuitable arrangements being entered into .

More information is available in the Joint Strategic Needs Assessment.

Pressure on ASC to deliver services is likely to become more acute during the current economic climate and will be closely scrutinised through performance monitoring of services.

The business faces the following risks to equality of access to service provision:-

Ref	Risk	Consequence	Risk Rating
C1	Customers will not be able to find a service that reflects their culture/ disability	Customers do not use the service resulting in low quality of life.	Low. Partnership Boards monitor service delivery to ensure it is person centred
C2	Self Funders do not have the same information at those eligible under FACs	Inappropriate service accessed.	Low. MyManchester offers advice to all customers.

1.6 Performance Analysis

The implementation of MICARE is leading to the development of a new performance framework to support the business. 'The Measures Project' has developed a strategy to deliver the reporting requirements of ASC in a phased approach. Additional work is still being completed to detail the reporting requirements, which will be updated in the second draft of the business plan.

The following areas of this business perform well in comparison to established benchmarks:-

Performance Measure / Indicator	Comparator	Impact on Service Outcomes
Social Care Clients receiving self-directed support (LAA target)	Past performance	This is a key business priority Manchester is one of the leading authorities in the field however, it is important we maintain the high level of performance.
Carers receiving a needs assessment or review and a specific Carers service or advice and information (LAA target)	Past performance	This is a key business priority and is central to the personalisation agenda. Whilst performance remains high it is important we maintain the high level of performance.
Number of permanent admissions to residential and nursing care	Past performance	Identified as a business critical indicator, reducing the number of people going into homes and supporting them to live in the community longer is what our customers want and is therefore key to our success.

The following areas of this business do not perform as well in comparison to established benchmarks:-

Performance Measure / Indicator	Comparator	Impact on Service Outcomes
Timeliness of social care packages	Past performance	Performance has fallen during the year on this indicator. It is important to the service as it measures how quickly services are delivered to customers once they are assessed. It is under close scrutiny by the Performance Board. MICARE implementation will provide greater detail once the system had bedded down.

1.7 Value for Money Analysis

Service Area / VFM Indicator	Adult Social Care
Economy	Analysis of the current performance of Adult Social Care with its comparators shows a number of areas where Manchester is seen to be high cost on an absolute level but when account is taken of the associated costs of deprivation, unit costs are generally lower than comparable

The impact of the level of deprivation is clearly shown when comparing the value for money statistics of Manchester to those for similarly deprived authorities, as shown below.

Councils. This analysis is historical and the impact of work undertaken in 2008/09 will not be reflected in the comparisons.

Initial analysis identified the variances from the average of the nearest neighbours comparator group as follows:

	Cost per head of population		Variance
	Manchester	Comparators	
Older People	£161.10	£150.07	+7.3%
Physical Disability	£29.18	£27.08	+7.8%
Learning Disability	£55.77	£63.02	-12%
Mental Health	£31.13	£24.05	+29%

Note: The data has been adjusted for known errors in the return

Relating the cost indicators to the relevant population data reveals additional information within the high cost areas. For example, using the cost driver of the population aged 65+ for older people instead of the overall cost per head of population indicates that the cost is significantly greater than that of our nearest neighbours comparators.

The cost comparisons against the relevant population cost drivers are shown below in the table below.

Physical Disability	Population 18-64	£43	£54	-20%
Learning Disability	Population 18-64	£83	£120	-31%
Mental Health	Population 18-64	£47	£57	-18%

In comparison with similarly deprived authorities Manchester is below average spend per head of population in all the main service areas and is significantly below average in three out of the four areas.

An important factor is that Manchester's population still has a comparatively lower life expectancy and a longer period of 'unhealthy years'. There is a strong correlation between this and the need for social care which is a key factor in the high level of expenditure per head in Manchester.

Demographics and Unit Costs

The demographic pressures that Manchester is facing on its social care budgets are set out below:

Older People

Although the number of people aged 65+ is decreasing the number aged over 85 are increasing. Improvements in health care and medical techniques mean that people are living longer lives resulting in an increase in the very old, very frail population who are much more likely to require social care services. The number of black and ethnic minority elders will increase as will BME elders as a proportion of the population of older people. Levels of deprivation, social exclusion and ill health in Manchester's older population are high, leading to a higher demand for services.

This helps to explain why the Older Peoples services costs are significantly above the nearest neighbours comparator average per head of population 65+. Services were delivered within budget in 2007/08 with an underspend of £1.8m within Older Peoples services.

The unit cost data for Manchester shows strong performance in a number of key areas against similarly deprived authorities. These include:

- Average gross hourly cost for home care is over 20% below the comparator average.
- Average gross weekly expenditure supporting people in residential or nursing care is almost 10% below the comparator average.

The performance data also shows strong performance in relation to comparators for a number of key indicators within the nearest neighbours group:

- The number of older people receiving intensive home care per population is 55% above average and ranked 1st among the 15 comparator authorities.
- Older People helped to live at home is 25% above average and ranked 3rd among the 15 comparator authorities.
- The number of older people helped to live at home is 31% above average with Manchester ranked 2nd among the 15 comparator authorities.

This is evidence of the achievement of maintaining individuals independence which is further supported by the statistics in relation to usage of residential and nursing placements which are 11% and 15% respectively below the comparator average.

The high cost areas within the statistics are:

- Day care for both in-house and external provision.
- The gross cost per client for meals is significantly above average while the numbers receiving meals per head of population is below average.

Further analysis of the activity information indicates that the number of people in receipt of homecare is below average. This indicates that the higher costs are a result of the intensive community services being delivered to individuals and is consistent with the known data in relation to the levels of deprivation and ill health within the City.

However, it is possible that this data is slightly skewed following the success of Manchester in developing Individual Budgets. The lack of comparative data collected nationally makes it difficult to consider the influence this has on other indicators.

Physical Disabilities

Physical Disabilities has a cost per head of population of £43, comparable to the average for the nearest neighbours and low cost in comparison to similarly deprived comparators.

The unit cost data for physical disabilities indicates the following when compared to the nearest neighbours comparator group:

- External residential placements are the lowest cost of all the comparators.
- Nursing care placements are below average cost.
- External day care is below average cost.

Conversely the higher cost areas are:

- Internal day care provision
- Gross average cost of home care per client

The homecare statistic is at least partially explained by the success of supporting people to live independently in the community. This is

confirmed through further analysis of the data which shows:

- The usage of nursing care placements per head of population 18-64 is 43% below the comparator average.
- The usage of residential care placements per head of population 18-64 is 22% below the comparator average.
- The expenditure per head of population 18-64 on Supported Accommodation is 30% above the comparator average.

Learning Disabilities

Learning Disabilities has a below average unit cost in comparison to the nearest neighbours family group and is low cost next to similarly deprived areas.

Particularly high performance is seen in respect of both internal and external residential placements and nursing placements which exhibit comparatively low unit costs. The usage of both residential and nursing placements is also substantially lower than the comparator group by 40% and 69% respectively.

Day care costs are above average for both internal and external placements along with the gross cost of homecare per client. This is consistent with the strategy of promoting independent living and the positive results in relation to residential placements.

Mental Health

The costs of Mental Health provision are high compared to the nearest neighbours group, however Manchester's costs have decreased by 7.84% since 2006/07, whereas the average for nearest neighbours has increased by 8.82%. Similarly deprived authorities have also increased by 5.56% to £57, and Manchester is low cost compared with these authorities.

Unit costs for homecare and residential placements are below average in comparison to nearest neighbours.

The most significant area of high cost is nursing care placements which are higher than both the nearest neighbours (41%) and similarly deprived areas (20%).

The provision of residential and nursing care per head of population is 16% and 33% higher respectively than the average for the nearest neighbours.

The comparatively high usage and unit cost of nursing care is a significant contributing factor to the overall result in relation to the nearest neighbours comparators. Manchester has however seen a significant increase in the numbers of people with alcohol related dementia, these are incorporated within this cost base impacting on the comparative performance.

	<p>There is also a high incidence of the numbers of people receiving homecare per head of population. The rate for Manchester is three times the nearest neighbours average. This is consistent with the table in section 1.9 which shows that the number of people helped to live at home has risen by 88% within the last four years.</p> <p>The activity indicators for three significant areas of provision - residential, nursing and homecare all indicate that the level of provision and therefore demand is comparatively high within Manchester. This is consistent with recent reports suggesting Manchester has one of the highest incidences in the country of people experiencing Mental Health problems.</p>
<p>Effectiveness</p>	<p>The latest Annual Performance Assessment judged Adult Social Care to be serving most people well (two stars) with promising prospects for further improvement.</p> <p>CSCI inspection of in-house service provision during the year saw nearly all the previously rated Adequate services now rated Good, and two of the Good services now rated as Excellent.</p> <p>A new performance framework will be developed during 2008 that enables the success of the modernisation programme underway to be tracked.</p> <p>During 2007/08, Manchester has shown considerable improvement in 11 of the measures reported to Government, notably:</p> <ul style="list-style-type: none"> • The proportion of adults and older people receiving a review is 76% for 2007/08 – from 61.2% in 2006/07. • Waiting time for assessments saw a significant improvement in 2006/07 and the 2007/08 out-turn is forecast to improve further. • Significant improvements in ethnicity recording and monitoring, priority action areas for improvement. • The proportion of permanent admissions to older people's residential and nursing care has improved and is now rates in the optimum banding. Reducing permanent admissions is a Strategic aim of the Adult Social Care department and is supported by the Programme for Change which has been piloting Reablement to promote independence and reduce permanent admissions to care.
<p>Efficiency</p>	<p>Adult Social Care has embarked upon a major programme of transformational change.</p> <p>New services are being developed on an "invest to save" basis:</p> <ul style="list-style-type: none"> • Prevention (eg. Through Partnerships for Older People (POPPs)); • Promoting independence (eg. through Reablement);

**Action to
reduce costs
/ improve
outcomes**

- Substituting outdated services with alternatives (eg. Individual Budgets, supported accommodation, extra care housing);
- Introducing new technology.

The development of these services is linked to the efficiency savings for the Department over the next three years.

Progress has already been made to modernise services through:

- Individual budgets – the 07/08 year-end target was exceeded by 15% and in the first half 08/09 over 1200 new individual budgets were created. These are currently being set up at a rate of 50 per week;
- Modernising community equipment services;
- Good progress in developing preventative services through POPPs;
- Increased provision of “telecare” and other assistive technology such as gas and flood detectors and bogus caller alarms;
- Increased number of people with learning disabilities supported into paid & voluntary work.

MiCare has been launched in October 2008 and electronic monitoring for homecare services is due to be fully implemented by the end of the year.

We have developed a financial sustainability model, with the assistance of Department of Health consultants, to better understand the impact on demand for services of the major transformational programme of change that is underway.

The Joint Strategic Needs Assessment will inform and influence the existing joint commissioning strategy with NHS Manchester.

Adult Social Care is delivering on a number of strategies to ensure that the emphasis on value for money is embedded and there is continuous improvement in performance.

The ASC Change Programme

This focuses on service redesign which has enabled ASC to begin to deliver substantial service change to cope with the changes in demography and improve the service offer to citizens. It will deliver £6 million savings in 2008/09 through:

- The implementation of new home care contracts and electronic monitoring.
- The implementation of the Reablement team to ensure that all new service users undergo a rehabilitative service, this has been shown to significantly reduce ongoing care requirements.
- The implementation and mainstreaming of individual budgets
- Better understanding of unit costing

Homecare

The revised homecare contracts implemented in 2008/09 will reduce the unit cost of homecare provision, therefore improving performance in relation to the gross cost of homecare per client. The usage of homecare has been shown to be comparatively high within Manchester, therefore improvements in the unit costs should improve performance within the value for money indicators.

Reablement

The introduction of the Reablement service in 2008/09 should produce improvements in performance in the business planning period. The initial indications are that this period of rehabilitation significantly reduces ongoing care requirements. This will increase the number of people helped to live at home and reduce the overall number of hours of home care that are required per head of population 65+, therefore reducing the overall cost per head of population.

Individual Budgets

Individual Budgets provide the opportunity for people to exercise more control over their services, the pilot study indicated that when compared to traditional packages efficiency may also be improved. Although improvements will impact on the cost per head of population there are currently no specific comparative value for money measures in relation to Individual Budgets.

Proposed Actions

The business plan objectives focus on a number of key areas that will improve Value for Money over the next three years. These include:

- The continued development of reablement and prevention will help to contain demand and potentially reduce the average package sizes. This should reduce the unit costs in conjunction with the new homecare contracts.
- The review and development of the Resource Allocation System which underpins Individual Budgets. This will be used to monitor the efficiencies that are created through the increased level of individual choice and control.
- A Lean review being undertaken within the in-house services to increase competitiveness. A common trend within the value for money analysis has been the identification of comparatively high cost services within in-house provision. The continued investment in this process is imperative to achieving efficiencies in these areas, reductions in unit cost and improvements in performance comparisons.
- A review of Mental Health services has been commissioned.
- Development of housing options such as the creation of additional

	Extra Care Housing capacity within the City. This will positively impact on the activity levels within residential care and the performance indicators relating to the number of people helped to live at home. It will also enable the needs of those requiring more intensive services to be better delivered and reduced through the bespoke setting this provides.
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1.8 Workforce Analysis

The following issues / factors are drivers for workforce change in this business:-

These drivers will see the continued demand for all staff and managers providing services to develop new skills, attitudes and a cultural framework that clearly puts the customer first.

Driver for Change	Change(s) Needed in the Business	Timescale
The continuing personalisation of social care services and the increasing choice available to customers as a result of this personalisation.	Revised structure to deliver new services to be embedded, new skills e.g brokering, commercial marketing and management	April 09 onwards
The use of new technology in all areas of service delivery.	Mobile working etc	April 09 onwards
The increased customer focus in service delivery.	District teams, greater local knowledge and understanding.	April 09 onwards
Integrated and partnership working including joint service commissioning and delivery with NHS Manchester and the MMHSCT	Greater knowledge and understanding of customer needs. Innovative commissioning skills. Better use of customer intelligence	April 09 onwards
Engaging other areas in the delivery of the wider offer.		April 09 onwards

1.9 Financial Drivers and Considerations

Adult Social Care plans to increase its efficiency over the next 3 years and is developing a range of approaches the details of which are subject to agreement with executive members. These include:

- Savings to be achieved through developing cost effective alternative services to care home placements such as extra care housing.
- Ongoing tight financial management within Adult Social Care in relation to individual budget allocation.
- Savings to be achieved by increasing independence and thus reducing demand for service e.g. through reablement and other preventive services.

- Most effective commissioning of a range of services to achieve best value for money.
- Increased income from revised contributions policy implementation.
- Increased competitiveness of in-house services.

Background

Adult Social Care is currently projecting a balanced budget for 2008/09, this includes delivering £6m of efficiency savings as identified in the business plan and by MIP.

The main focus of the efficiency savings in the previous year has been:

- To contain and reduce the average size of care packages through the introduction of Reablement, assistive technology and preventative services.
- To ensure eligibility criteria is consistently applied through the use of panels.
- The implementation of new homecare contracts and electronic monitoring.
- Offering Individual Budgets to all customers, increasing the potential efficiencies in the way resources are used.
- Through the targeting of general efficiency savings across all service areas.

This has enabled the department to meet the efficiency savings proposed and deal with the expected pressures from:

- Increasing demographic demand across all services
- Increasing numbers of disabled children transferring to adult social care.
- Increasing incidence of specific conditions.
- Implementing the Reablement service and new homecare contracts.

Some of the originally planned efficiency savings in relation to service development, such as the development of additional Extra Care Housing capacity has not yet been achieved and form part of the ongoing efficiency plan for Adult Social Care.

Financial Drivers

The primary financial drivers and challenges for Adult Social Care services in the long term are expected to be as a result of two main sources:

- Growth in demand - demographic growth will influence demand across all of Adult Social Care along with areas of growth specific to individual service areas, as listed in the sections below.
- Personalisation – the freedom and choice provided by Individual Budgets will generate a new challenge for Adult Social Care, both in ensuring the efficient allocation of resources and the impact on directly provided services as a result of customer choice.

There are however additional short to medium term factors to consider including:

- Current economic climate:
 - Potentially increased inflation rates of specific items above original projections.
 - Increasing number of home repossessions leading to a rise in homelessness.
 - Increasing unemployment rates.
- Job Evaluation / Single Status.

Increased inflation rates have a potentially significant impact on Adult Social Care. Inflation within care services is largely concentrated upon wage rates and premises costs, such as gas and electricity. In the current year inflation for gas and electricity is significantly greater than inflation and the minimum wage has recently increased by 3.8% with an additional increase in the minimum level of holiday entitlement. Most staff in the independent sector are employed on minimum wage and conditions. It is therefore anticipated that it will be challenging to contain the demand for inflationary uplifts to the levels allowed within the cash limit.

Increasing homelessness and unemployment will lead to increased demand for advice services and potentially increases in carer breakdown. This will result in additional demand for services, particularly within Mental health, adding to the demographic growth pressures already anticipated.

Older Peoples Services

The demographic growth in Manchester within Older Peoples services is concentrated in those aged 85+, although the total number of people aged 65+ is expected to continue the current trend and decline slightly in the timeframe covered by the business plan.

The population statistics and expected trends until 2010 are shown in the table below.

	Mid 2004	Mid 2005	Mid 2007	2008	2010
Manchester population 18+	341,465	346,139	357,188	373,400	388,200
Manchester population 18 - 64	287,908	293,434	305,688	322,100	337,500
Manchester population 65 - 74	27,252	26,604	26,000	25,900	25,600
Manchester population 75 - 84	19,970	19,349	18,300	18,000	17,500
Manchester population 85+	6,335	6,752	7,200	7,400	7,600
Manchester population 65+	53,557	52,705	51,500	51,300	50,700

The growth in the population 85+ is likely to generate increased demand for services, particularly for conditions related to dementia. Although only 1.5% of men and 1% of women aged 65-69 are expected to have dementia this rises significantly with age, for those over 85 it is expected that 19.7% of men and 25.2% of women will have some form of dementia.

Demand for dementia services is therefore expected to grow significantly in line with the rising population over 85 years of age, the pressure on service will be compounded through the increased unit cost of specialised services.

Adult Social Care has already begun to implement services that will continue to increase the effective use of resources during the business planning period. Further efficiencies are expected from the Reablement service in 2009/10 along with continued efficiencies from the recently implemented homecare contracts and electronic monitoring.

The efficiencies generated from the Reablement services already implemented have shown that 44% of people receiving the service do not require any further care and that a further 33% require a reduced rate of care.

In accordance with the priorities in this plan (section 1.1) investment is planned in alternatives to residential care such as Extra Care Housing, the continued development of preventative services and the introduction of a wider range of assistive technology.

This will increase the number of people helped to live independently, reduce the average size of the care package required and reduce admissions to residential care homes.

Adult Services

There has been a significant increase in the numbers of younger people with physical and learning disabilities, due to better neo-natal care and other medical interventions, the higher diagnosed incidence of certain conditions (e.g. autism) and increased survival rates following serious trauma in car accidents and similar.

There has been an associated increase in the complexity of the needs of those now reaching adulthood.

There have also been increases in the number of people presenting with mental health problems, due to particular local factors (e.g. incidence of alcohol related dementia) and also reflecting national trends.

Demand is expected to grow as a result of demographic pressures, the population for the 18-64 age group is anticipated to grow by almost 5% by 2010. The impact of an ageing population will increase demand and therefore increase budget pressures within this area. As the number of older carers increase, their ability to cope with disabled children who are now surviving longer is reduced. The potential for increased demand for services due to carer breakdown is a further pressure upon services that cannot be quantified.

These pressures are reflected in a steady increase in the numbers helped to live at home, particularly within Adult Services, as shown in the table below.

Number of people helped to live at home – by customer group				
	2004/05	2005/06	2006/07	2007/08
Older People	5,705	5,704	5,657	5,829
People with Physical Disabilities	1,336	1,347	1,503	1,726
People with Learning Disabilities	1,052	1,056	1,082	1,163
People with Mental Health problems	556	739	1,061	1,045
Total	8,649	8,846	9,303	9,763

The table shows that in the past four years the number of people helped to live at home has risen by almost 13%, although the biggest rise has been within Mental Health which has risen by 88%.

For adults with physical and learning disabilities, the number of admissions to residential and nursing care has not increased in recent years. Again, this is a positive outcome for our customers and is in line with our Departmental priorities and overall policy direction.

However, further investment is required in alternative housing options for younger adults with disabilities that meet both their needs and expectations and the ambitions of Adult Social Care to provide cost effective solutions for people to live independently within the community.

In Mental Health services, there has been an upward trend in placement activity, with the incidence of Korsakoffs being a major contributing factor. (In 2000 the Care Trust was funding three placements for people with this disease, but this number had risen to 37 by 2006. Further increases have been seen in both 2007/08 and 2008/09.

The pooled budget arrangements within Adult Social Care have consistently delivered services in respect of Learning Disabilities within budget. The expected demographic trends mean that continuing to achieve this level of performance will be challenging.

A further challenge within the business planning period is the transfer of Learning Disability funding from NHS Manchester to the City Council along with the responsibility for the commissioning of the respective social care provision from April 2009. This will increase the impact of any additional inflationary pressures on Adult Social Care in future years.

Personalisation

Individual Budgets present both an opportunity and a challenge to the ASC budget. The use of Individual Budgets is expected to generate efficiency savings as people use them more cost effectively than was previously seen within traditional services.

The continued development of the Resource Allocation System and the potential to include additional funding sources within Individual Budgets presents additional challenges and opportunities to both improve the services offered and find economies within the associated systems and processes.

The advent of increased choice will lead to increased competition within the market and greater availability of services. This will not only benefit those currently in receipt of services but will also provide greater opportunities for those who will be self funding.

It will also require the in-house services to compete for business alongside the independent sector. Traditionally in-house services are more expensive than independent sector provision, this will require the services to closely examine their cost base and introduce efficiencies to compete effectively.

The review of these business units will examine opportunities for the in-house services to make more efficient use of the resources invested in them.

Improving access to services will be considered in conjunction with the overarching prevention agenda, ensuring low level services are accessible by people who are self funding and do not yet meet the eligibility criteria. Early intervention and prevention are key strategies for Adult Social Care in ensuring that future demand is controlled given the expected demographic increases.

There are potential pressures in the form of increased unit costs in the short-term if service users choose alternative services to those traditionally provided via either in-house services or those for which external block contracts are still in place.

The Social Care Reform Grant continues to be paid to Councils in 2009/10 and 2010/11 to fund the programme of change.

This additional funding will be required by Adult Social Care to enable it to meet the short term costs associated with changes in demand and continue to deliver on the transformation agenda.

The introduction of Individual Budgets has also necessitated a review of the contributions policy for non-residential services to ensure that it treats those that opt for a cash or virtual Individual budget consistently.

It is essential the revised contributions policy is implemented at the beginning of the business planning period in order for Adult Social Care to generate the necessary revenues to help fund the projected budget gap.

A consultation with customers has been undertaken which incorporate the issues around charging, this has highlighted that it is widely accepted that the charge should reflect the levels of services received and the ability to pay.

The proposed policy was approved by the Councils Executive meeting in December 2008.

Investment

In addition to the activities undertaken in respect of transforming services there are a number of key areas, linked to the LAA targets that require continued or increased investment.

Carers services are a key LAA target for the Council, this reflects the impact and contribution of carers in ensuring the continued success of Adult Social Care in meeting the needs of vulnerable people within Manchester. The current level of performance is high and needs to be maintained at this level to support the wider objectives within Adult Social Care. Carers are a high priority for many Councils with significant improvements in performance have been targeted nationally.

Funding for carers has been incorporated within the Area Based Grant, increases in this funding need to continue to be targeted at the identified priorities for this group to support continuously improves performance and the overall Adult Social Care budget.

Learning Disabilities continues to be an area of specific growth, the Learning Disability Development Fund has recently transferred from Health to help fund the pressures. It is essential that the growth in this grant is invested within the continued development of these services.

Mental Health services have been highlighted as an area that requires further improvement, a review of the current arrangements and services has been commissioned as part of this process. Grant funding for Mental Health has also transferred to the Area Based Grant, it is essential that the increases in this funding continued to be targeted towards improving services within this sector.

There is also an expectation that demand for services in relation to HIV/AIDS will increase as a result of recent migration patterns bringing an increased number of people from sub Sahran Africa to Manchester. As a result this may be an area which requires further investment within the current business planning period.

Workforce Development issues have been identified in section 1.8 which highlights the need to ensure the workforce is fully prepared and equipped to deliver on the personalisation agenda within both the Council and across the independent sector.

Capital investment will be required during the business planning period to develop the alternative housing options identified as essential to delivering the outcomes in relation to independence across all client groups. Investment will also be required within some of the existing facilities to ensure they meet the standards expected.

Efficiencies

The revised cash limits for 2009/10 – 2011/12 require Adult Social Care to deliver significant savings in addition to meeting the demographic and inflationary growth pressures identified to remain within the cash limits that have been set.

The priorities within Adult Social Care are to ensure that resources are utilised in the most cost effective manner to help people live independently. The areas targeted are aligned with the objectives of Adult Social Care and the results of the Value for Money analysis in section 1.7.

The Department has identified potential efficiencies within the following areas which should enable a balanced budget to be achieved in both 2009/10 and 2010/11:

- Reviewing income from charges.
- Prevention and reablement.
- Business process re-engineering.
- Increasing competitiveness within in-house services.
- Continuing to modernise services.

Achievement of these ambitious targets will be challenging, any additional pressures realised in year above these targets will be difficult to contain within budget.

The level of savings required will require continued modernisation of services and service delivery.

The allocation of the Social Care Reform grant to the transformation programme is essential to the achievement of the objectives for the service and the efficiency savings.

1.10 Partnerships, Key Linkages and Cross Cutting Issues

The following partnerships outside of the Council, linkages and cross cutting issues are absolutely critical to the success of this business:-

- Adults Health and Well-being Board
- NHS Manchester
- Manchester Mental Health and Social Care Trust
- Independent sector providers
- Our customers
- Carers

1.11 Business Continuity

(To be completed by services defined as Priority 1 or Priority 2)

The following is a summary of the position of business continuity planning within this business.

To be completed

Critical Function Name	Date of last BIA / BIA Review	Date of Current Business Continuity Plan	Date Business Continuity Plan Tested

Section 2: Business Objectives and Performance Measures

In addition to the indicators highlighted in section 1.6.

There are numerous other indicators that we collect to manage the service that are not all reflected in the business plan

More work will be done as part of the Performance Measures report over the coming months

Ref	Objective	Performance Measure	Baseline (date)	Target Performance			Risk Rating	Contribution to the Corporate Plan Priorities
				2008/9	2009/10	2010/11		
O1	Targeted prevention to reduce delay or dependence							
	Access to preventative services,	Reablement services indicators on numbers of people using the service going on to need no future social care service, needing a reduced social care service or other. To be developed as part of Measures reporting	To be based on pilot data in 08/09	Tbc				3, 4, 9
	Widening the offer to more customers	NI indicator on repeat customer contacts to be developed	2009/10	Tbc				3, 4, 9
		Use of MyManchester outcomes – follow up customer survey	2009/10	Tbc				
	Assistive technology	Assistive technology packages agreed and numbers of people helped to remain in their own homes	2009/10	Tbc				3, 4, 9
	Falls prevention	Analysis of Falls prevention data	2008/09	Tbc				3, 4, 9

	Services for Carers	LAA indicator NI135	2007/08					2, 3, 4, 9
	Mental Health services	To be agreed with MMHSCT		Tbc				2, 3, 4, 9
O2	Individual Budgets for all							
	Self Directed support	LAA indicator NI130	2007/08					2, 3, 4, 7, 9
	Safeguarding	No of referrals, assessments/ investigations completed, Investigations substantiated/ not substantiated, no of investigations inconclusive, av days to complete investigations	2008/09	Tbc as part of the Measure s project				3, 4
O3	The active engagement by ASC in creating a market place)							
	Developing in-house services to become commercial businesses	Business Units Division and shadow trading in place and monitored Better understanding of unit costing leading to reduction in average unit costs, securing new work from other sources	2008/09 2009/2010					1, 2, 3, 4
	Widening the housing offer	Extra care housing units – 200 units to be developed over the next three years	2008/09	TBC				1, 3, 4
	Shop for Support	On-line catalogue for aids and adaptations etc to be developed in conjunction with MyManchester Services						3, 4

Section 3: Operational Plan

3.1 Financial Plan

Ref	Objective / Budget Headline	Current Cash Limit Revenue Budget		Proposed Gross Cash Limit Revenue Budgets			Budget Funding	Budget Funding			New Capital Investment Required? (Y/N)
		Gross	Net	2009/10	2010/11	2011/12	Source	2009/10	2010/11	2011/12	
01	Service Strategy and Regulation	152	152	155	158	162	Mainstream	155	158	162	N
02	Commissioning, Prevention and Social Inclusion	550	550	562	575	588	Mainstream	562	575	588	N
03	Services for Older People	75,350	57,307	72,588	74,026	75,376	Grants Contributions User Income Mainstream	942 1,323 13,589 56,734	963 1,353 13,894 57,815	985 1,383 14,207 58,800	Y
04	Adults – Physical Disability	20,074	10,931	19,944	20,365	21,351	Grants Contributions User Income Mainstream	126 7,224 1,002 11,592	130 7,386 1,024 11,825	133 7,552 1,047 12,619	Y
05	Equipment and Adaptations	5,952	3,908	6,190	6,479	6,775	Grants Contributions User Income Mainstream	370 897 777 4,146	378 918 794 4,389	387 938 812 4,638	N
06	Adults –	30,690	24,853	31,899	33,659	35,554	Grants	122	125	128	Y

	Learning Disability						Contributions	2,786	2,849	2,913	
							User Income	2,544	2,601	2,660	
							Mainstream	26,447	28,084	29,853	
07	Adults – Mental Health	15,235	11,679	15,846	15,787	16,062	Grants	0	0	0	N
							Contributions	282	288	295	
							User Income	509	521	532	
							Mainstream	15,055	14,978	15,235	
08	HIV / AIDS	371	36	371	380	389	Grants	289	295	302	N
							Contributions	44	45	46	
							User Income	1	1	1	
							Mainstream	37	39	40	
09	Substance Misuse	1,289	372	1,298	1,326	1,356	Grants	66	67	69	N
							Contributions	741	758	775	
							User Income	99	101	103	
							Mainstream	392	400	409	
10	Manchester Advice	4,342	3,380	4,418	4,514	4,614	Grants	255	261	267	N
							Contributions	488	497	510	
							User Income	119	122	124	
							Mainstream	3,556	3,634	3,713	
11	Asylum Seekers and Other Persons from Abroad	19,169	1,426	19,201	19,633	20,074	Grants	17,437	17,829	18,231	N
							Contributions	306	313	319	
							User Income	0	0	0	
							Mainstream	1,458	1,491	1,524	
12	Other Adult Services	1,307	230	1,312	1,348	1,385	Grants	0	0	0	N
							Contributions	74	76	77	
							User Income	0	0	0	
							Mainstream	1,238	1,272	1,308	
13	Support Services	14,755	12,111	15,027	15,361	15,703	Grants	79	80	82	N
							Contributions	915	938	958	

							User Income Mainstream	433 13,600	442 13,901	452 14,211	
	Totals	189,236	126,935	188,811	193,611	199,389		188,811	193,610	199,388	
				Total Mainstream Funding Required				134,972	138,560	143,100	

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Efficiency Proposals- TBC

Ref	Efficiency Proposal	Type of Saving*	Savings Profile (£)			Impact on Customers / Stakeholders	Risk Rating
			2009/10	2010/11	2011/12		

Notes

Type of Saving: C: Reduction in cost base (e.g. through improved value for money)
 A: Change in activity

This table is designed to collate proposals for efficiencies to consider during the Council’s budget setting process. If, and when, these proposals are accepted should be included in Section 1.9 of the plan under Financial Drivers. This table should not be included in the final copy of the plan.

Neighbourhood Funding Strategy Proposals

Proposal	Benefits To Residents	Reasons Why This Cannot Be Addressed Through Existing Resource Allocation	Options For Future Resourcing	Strategy Director And Executive Member Approval Yes / No

3.2 Work Force Plan

It is our strategic responsibility to ensure the Adult Social Care Workforce is competent, confident and qualified to provide the range of social care services to adults in Manchester that promotes health and well being, safeguarding and the protection of adults from abuse in Manchester.

This includes ensuring that all social care providers meet the statutory and mandatory requirements in all areas of workforce development as defined by the Commission for Social Care Inspection. (To become the Care Quality Commission in April 09)

In addition to this role the DASS has strategic responsibility to ensure the social care workforce is fully representative of the population within the city and that all social care employers contribute to achievement of the Council's strategic objectives around worklessness and increasing the skills base and qualification level of the population within the City.

The work force of this business comprises the following:-

1. In-house services.

The current profile of the workforce in adult social care is

- Predominantly female, over half the workforce are over 45 and almost 50% are in posts graded 1 – 5.
- Absence as a result of sickness although falling in 2008 –2009, remains high and is one of the key priorities within the workforce development plan.
- Recruitment and retention has consistently been less than 10% for the last three years and there are slightly more people leaving than entering the workforce.
- There is a higher than average representation of minority communities and people with disabilities within the workforce although this is not reflected at senior management and the wider leadership team level.
- Over the last five years the workforce has moved from being non qualified to being a fully qualified workforce within all staff and managers holding or working towards the appropriate qualification for their post.

This has been achieved through the introduction and continued development of an integrated workforce planning and development framework that is fully integrated into ASC business and service plans.

The independent sector workforce in Manchester

There are an estimated 12,000 people working in the independent sector of the social care workforce. These workers are employed in a range of organisations from small voluntary and charitable groups through small and medium sized business employing 5 – 49 people to large national companies.

The profile of the workforce is;

- Predominantly female.
- Working shifts and part time hours.
- Has a high representation of ethnic minority communities.
- There is a high level of turnover within the workforce and recruitment and retention remains the highest priority within the sector.

Working in partnership with the Commission for Social Care Inspection and Skills for Care over the last five years, Adult Social Care in Manchester has made significant progress to ensure that the workforce meets the national standards for training and qualifications and that service delivery meets the needs and requirements of customers.

Challenges and priorities for workforce change

Summary of the drivers for workforce change and priorities to deliver the transformed service model by 31 March 2012 – numbers, types of staff, skills and competencies.

As indicated within the main body of the business plan the drivers for change within the workforce are;

- The continuing personalisation of social care services
- The increasing choice available to customers as a result of this personalisation.
- The use of new technology in all areas of service delivery.
- The increased customer focus in service delivery.
- Integrated and partnership working.
- Engaging other areas in the delivery of the wider offer.

These drivers will see the continued demand for all staff and managers providing services to develop new skills, attitudes and a cultural framework that clearly puts the customer first.

	Workforce Development – objectives and targets <i>(Incorporates performance hierarchy measures for workforce benefits / objectives)</i>	Baseline 31 March 2009	Target for 31 March 2010	Target for 31 March 2012
1	Re-structuring - Objectives and milestones for restructuring. Details of the organisational structure numbers and types of staff are subject to the outcomes of the programme for change and will be included within the Adult Social Care Workforce Development Strategy and Management Action Plan 2009 – 2010.	Detailed numbers range of activities, and target groups are subject to the outcomes of the programme for change and will be included within the SC workforce development strategy 2009 2012 and annual management action plan.	Detailed numbers range of activities, and target groups are subject to the outcomes of the programme for change and will be included within the SC workforce development strategy 2009 2012 and annual management action plan.	Detailed numbers range of activities, and target groups are subject to the outcomes of the programme for change and will be included within the SC workforce development strategy 2009 2012 and annual management action plan.
1.1	New organisational structure in place to include; <ul style="list-style-type: none"> ➤ Customer support. ➤ Commissioning. ➤ Business units. ➤ Business development. 			
1.2	District and locality teams in place			
1.3	Reablement service in place in all areas of the city.			
1.4	Business units established in key areas of service delivery.			
2	Recruitment and Retention - Objectives and targets			
2.1	Increase the number of people aged 16 – 25 within the adult social care workforce.			

2.2	Manage changes to the profile of the workforce effectively.			
2.3	Reduce the time taken from advert request to appointment.			
2.4	Increase the number of staff and managers completing exit interviews.			
3	Training and Qualification levels - Objectives for all social care workforce			
3.1	Continue to develop and deliver the leadership and management development pathway within adult social care.			
3.2	Continue to develop the skills pathways for staff and managers within adult social care.			
3.3	Increase the numbers of staff holding level 2 NVQ qualifications in the independent sector.			
3.4	Ensure all service providers meet the statutory and inspection requirements of the CSCI.			
3.5	Increase the number of staff achieving level 3 qualifications within adult social care.			
3.6	Support all staff aged 16 – 25 to complete a modern apprenticeship.			
3.7	Increase the number of staff and managers attend safeguarding adults training.			
4	Staff sickness absence levels - Objectives for MCC employees only			
4.1	Reduce staff sickness levels to level agreed by DMT.			
5	Promoting diversity & equality representation of minority communities - Objectives for all social care workforce			
5.1	Increase the number of managers from minority groups in all areas of service delivery.			

3.3 Business Risk Register

BUSINESS PLAN RISK ASSESSMENT

SECTION 1: CONSEQUENCE AND LIKELIHOOD ANALYSIS

Rank	Risk Description	Consequence Description	C	L	Risk Rating	Existing Controls Description	A/R	Lead
1	The range of implementation challenges may mean benefits are not realised quickly enough	Benefits are not realised in the currently anticipated timeframe.	H	M	M	Robust project management approach has been implemented. Programme Board is well established and working effectively.		
2	Integration of IT systems could undermine the implementation of change.	Objectives aren't delivered within the planned timeframe	H	M	M	IT Strategy in place.		
3	There may not be enough skills or capacity within some parts of ASC to develop and implement changes on this scale.	Objectives aren't delivered within the planned timeframe	H	H	H	Analysis of requirements has been completed. Requirements built into the proposed use of the Reform Grant.		
4	The development of preventative services does not deliver the planned efficiencies.	Efficiency target will not be met and the budget may overspend.	M	H	M	Evaluation of pilots to develop evidence base. Prevention strategy used to develop a robust financial model.		
5	Our Resource Allocation System (RAS) proves to be	Budget will be overspent.	H	M	M	RAS has been developed using the suggested In		

Rank	Risk Description	Consequence Description	C	L	Risk Rating	Existing Controls Description	A/R	Lead
	wrongly calibrated, so that the average cost of IBs is higher than budgeted for.					Control methodology. RAS continues to be refined in line with national developments. All RAS allocations are reviewed by panel to ensure consistency.		

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BUSINESS PLAN RISK ASSESSMENT

SECTION 2: MITIGATING ACTION PLANNING

Rank	Risk Description	Existing Control Description	Accept/Reject? Include rationale for decision	Additional Controls Required	Lead Manager	Target Date
1	The range of implementation challenges may mean benefits are not realised quickly enough	Robust project management approach has been implemented. Programme Board is well established and working effectively.	Accept. Approach has been successful in the first stage of the programme implementation.	None.		
2	Integration of IT systems could undermine the implementation of change.	IT Strategy in place.	Accept. IT strategy and implementation of changes incorporated within the programme board.	None.		
3	There may not be enough skills or capacity within some parts of ASC to develop and implement changes on this scale.	Analysis of requirements has been completed. Requirements built into the proposed use of the Reform Grant.	Accept. Project management approach and availability of Reform grant funding.	None.		

Rank	Risk Description	Existing Control Description	Accept/Reject? Include rationale for decision	Additional Controls Required	Lead Manager	Target Date
4	The development of preventative services does not deliver the planned efficiencies.	Evaluation of pilots to develop evidence base. Prevention strategy used to develop a robust financial model.	Accept. Project management approach and availability of Reform grant funding	None.		
5	Our Resource Allocation System (RAS) proves to be wrongly calibrated, so that the average cost of IBs is higher than budgeted for.	RAS has been developed using the suggested In Control methodology. RAS continues to be refined in line with national developments. All RAS allocations are reviewed by panel to ensure consistency.	Accept. Available control systems are being effectively utilised.	None.		