

AGENDA MANAGEMENT SHEET

Name of Committee	Adult & Community Overview & Scrutiny Committee
Date of Committee	12 July 2006
Report Title	Developing Adult, Health & Community Services
Summary	<p>This report sets out the proposed strategic direction for the Adult Health and Community Services Directorate. It makes proposals for the development of the structure, systems and culture of the organisation.</p> <p>To agree the proposals in the report for the structure of the new Directorate</p>
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Would the recommendation decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision]	Yes
Background papers	WHITE PAPER: Our Health, Our Care, Our Say (Cabinet 4 May 2006)

CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

- | | |
|-----------------------|---|
| Other Committees | <input checked="" type="checkbox"/> Cabinet 27 June 2006 |
| Local Member(s) | <input type="checkbox"/> |
| Other Elected Members | <input checked="" type="checkbox"/> Cllr McCarney, Cllr Compton, Cllr Dodd |
| Cabinet Member | <input checked="" type="checkbox"/> Cllr Colin Hayfield, Adult and Community Services |

- Chief Executive Jim Graham, Chief Executive
- Legal Alison Hallworth, Adult & Community Team Leader, Corporate Legal Services
- Finance Philip Lumley Holmes, Financial Services Manager
- Other Chief Officers Mark Ryder, Head of Trading Standards & Healthier Communities
Edwina Cordwell, Head of Libraries, Learning and Culture
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION Yes

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Cabinet - 27 June 2006

Developing Adult, Health & Community Services

Report of the Strategic Director, Adult, Health & Community Services

Recommendation

That the committee agree the proposals in the report for the structure of the new Directorate.

1. Introduction

- 1.1 Over the past few years, there have been significant developments across the public services which have major implications for adults. As well as specific legislation, there has been a shift in ethos and a shift in public perceptions about expectations of services. In addition, within local government there has been an ongoing impetus to modernise services, improve quality and improve value for money.
- 1.2 This report seeks to highlight the impact of these major changes and to outline the proposed response to them within Adult, Health and Community Services. The report describes the vision for these services that is emerging within the Directorate and describes the outcomes which it believes need to be delivered.
- 1.3 The report describes the services that will be required to deliver these outcomes and the strategies, structure and culture that needs to be put in place to develop a sustainable Directorate which can deliver the broad national agenda and the local modernisation agenda of the County Council.
- 1.4 There is a major challenge that underpins the approach that is outlined in this report and that is the serious performance issues facing adult social care services and the Supporting People Programme. These have been reported to Cabinet and to Adult and Community Services Overview and Scrutiny Committee. These performance issues form an important backdrop to the development both of the new Adult, Health and Community Services Directorate (AHCS) and to services for adults across Warwickshire

2. Context

2.1. This section describes some of the major themes which have emerged over the past few years which are significant in the development of services for adults.

2.2. Redistributing power

2.2.1 The Government has indicated a determination to see power redistributed from central government to local government and from local government to communities. This approach has major implications for AHCS as it requires new approaches to developing individualised/personalised services, choice and community engagement and development.

2.2.2 Essentially, services for adults need to be transformed from services which are designed by professionals and delivered to people with little if any input from users about them to services which are designed by or with users and delivered with them. Services need to change so that as far as possible they can be ordered or requested directly in recognition that most adults know what they want.

2.2.3 Further, there needs to be a fundamental shift in the power relationship over who controls services for individuals. Across health and social care there is a movement to people taking control of their own care as far as possible. For example, in social care there has been the growth in the number of people on direct payments and in health, long-term conditions such as diabetes are increasingly managed by patients themselves with little input from clinicians.

2.3 Choice

2.3.1 This has become a major issue and underscores the move towards a more consumerist approach to the delivery of public services. The view that everyone should have choice has been particularly important within the health service. The Government's aim is that everyone should have choice over the time and location of treatment within a range of options and that this should be delivered from the family practitioner.

2.3.2 Indeed choice is being extended across all public services and in a myriad of ways. For example, the use of broadband has led to a range of ways in which the public can access information or services directly – people can even pay their tax bill over the internet. There is a move towards self-service in areas such as libraries and indeed social care.

2.3.3 There has also been a trend to strengthen the voice of the consumer with changes in the organisations that represent the public, use of the public in the governance arrangements eg for Foundation Hospitals and more robust arrangements for consulting the public.

2.4 Community governance and engagement

- 2.4.1 The Government has been clear that it envisages a key role for local government as community leadership. It believes that local government should engage with communities and support their development. While there are many reasons that the Government sees this as the key role for the future, what is important is that it is measuring the performance of local government against its engagement with and development of local communities.
- 2.4.2 One of the ways in which local government will undertake this role is through Local Area Agreements. It is through these that local government is expected to bring partners to the table to develop and enhance local services which meet a broad range of needs through partnership working. And of course central to them should be the effective engagement of local communities.

2.5 Independence, well-being and choice

- 2.5.1 While more specific to adult social care services, the Green Paper of this name reinforced the broad themes outlined above such as choice and control. It emphasised that there needed to be a shift towards the quality of life rather than simply intensive social care services, enjoying physical and mental health rather than the absence of illness. It also required everyone to have the opportunity to enjoy engagement in the wider aspects of life such as making a contribution in local activities, having sufficient resources for a good diet etc. And, it emphasised the importance of everyone – as far as possible - being able to lead an independent life with dignity, free from discrimination and harassment.

2.6 Our Health, Our Care, Our Say

- 2.6.1 These themes have been developed further within the White Paper on health and social care and have taken services further in the areas of prevention. This White Paper has emphasised the importance of enabling people to remain healthy and independent in their own homes or within their local communities. The importance of individualised services and choice are reaffirmed in this White Paper.
- 2.6.2 In the future, there is to be a shift to better prevention services and earlier intervention which will require a significant change both in the way services are organised and the approach staff take to providing services. Linked to this, it is recognised that people with long-term needs require more integrated support and that this should be rooted in local services.
- 2.6.3 Also, there is a clear requirement for health services and local government to do more to tackle inequalities and improve access to community services. There is increasing recognition that inequalities undermine cohesion within and between communities and that only successful partnership working can address them.

2.7 Partnership

- 2.7.1 A consistent theme running through all of this is the importance of working in partnership. The Government has introduced a range of measures to improve partnership working and measures the performance of local government in general on its partnership working. Within adult social care services, there is an expectation that partnership agreements will be formalised with health services.
- 2.7.2 Partnerships are expected to be developed across the full range of partners and are expected to be developed both at a strategic level and on the ground so as to ensure local communities can maximise the benefit from partnership working. It is expected that partnerships will improve the quality of services and lead to more effective use of resources.

2.8 Local context

- 2.8.1 Having outlined the major developments at a national level, it is essential to bring the focus down to a local level in Warwickshire. Last year, Warwickshire County Council embarked upon a process of modernisation and sought to bring greater synergy to its services by creating six new Directorates to replace the nine old ones. This approach enabled the Council to implement the split between adult and children's social services in line with the Government's approach and enabled it to bring services together which should enable it to achieve its key goals of integrating services to achieve improvements in quality, greater access and more effective use of resources.
- 2.8.2 The County Council is committed to partnership working and has emphasised its commitment to working in partnership with the Districts and Boroughs and the health services in the county. It has an excellent record of working with other local authorities and establishing effective partnership arrangements which have benefited local people. Further, it has a strong track record of working in partnership with the private and voluntary sectors.
- 2.8.3 While the Council enjoys a good reputation for managing resources effectively, demonstrating a commitment to performance management and investing in information systems, there are underlying challenges within adult social care services. There will be major pressures on the budget over the coming years, there have been specific concerns raised about areas of service delivery and joint working with health services is regarded by CSCI as underdeveloped.
- 2.8.4 In many ways, services for adults are at a watershed. The thrust of government policy, the modernisation agenda within the County Council and the growth of expectations amongst the public and users of services as well as partners requires services within the new AHCS Directorate to integrate more effectively, to work in partnership more effectively and to find ways of engaging with users and the public to ensure that their aspirations for independence, well-being, individualised, local services and choice can be met. The challenge is to meet these expectations.

3. A vision for adults in Warwickshire

- 3.1 In addressing the challenges facing the new AHCS Directorate, it is essential to understand the broader picture of services that adults require. In reality, it is impossible to separate off the needs that adults have from those of their children, older relatives, friends, neighbours and communities. Further, the vast majority of adults are perfectly capable for managing their own lives, organising services they might need and finding the information they need to do so.
- 3.2 Within AHCS, there are some services such as Trading Standards which are universal services in that they are available to everyone and are there to protect the public. Other universal services such as libraries are available to everyone though people exercise choice about whether or not they access them. Other services such as Libraries, Museums and Adult and Community Learning provide a wide range of services to children and families. Thus, within the Directorate, there are a range of services which are available to all adults and there are others which are only available following assessment for need. Further, some services are free while for many others there are charges.
- 3.3 For people in Warwickshire then, AHCS provides a range of services which they can choose to use if they want, such as to visit a library or the Record Office. Further, they can use these services to access information they may need, whether that be for community resources or more dedicated services for a family member.
- 3.4 It is only when they themselves or a member of their family or a neighbour or friend requires additional input arising from ill health, growing frailty or disability that they are likely to seek to access care services. In the first instance, this is most likely to be if they need information. This might readily be met through a leaflet or a contact number. However, if the need is more complex then what may be needed is signposting so that appropriate advice can be given. Beyond this, a specific, one-off service may be required which may be available through self-service or following a simple assessment. Beyond this, a more complex assessment involving more than one agency and an on-going service may be required. At the extreme, what may be needed is protection, especially for those that are vulnerable in our society.
- 3.5 Thus, in order to develop a vision for adult services in Warwickshire, it is essential to start from the perspective that AHCS provides services to a wide range of communities and that for most people they will be able to access services independently and with little need for help or support. However, this vision must encompass the provision of preventive services, high intensity support services and protection as well. The vision must recognise the importance of enabling people to maintain their independence and reducing inequalities. Also, it must emphasise the determination to work in partnership to achieve more effective use of resources and more integrated services.

3.6 Bearing this in mind, the following **vision** has been developed:

“To maximise the quality of life of all communities in Warwickshire by working in partnership to reduce inequalities, improve well-being, promote individual independence and enrich people’s lives through learning and culture”.

3.7 It can be seen that this vision seeks to unite all the services within AHCS behind a vision which emphasises the broader approach to health and well-being of communities while recognising the importance of enabling individuals to lead meaningful lives. Further, it emphasises the importance of working in partnership and reducing inequalities. This vision grasps the national agenda and the agenda that has been set within the modernisation programme of the Council.

3.8 This vision has been shared with some users, carers, staff, partners and members. The feedback has been very positive and it is seen as encapsulating what the new Directorate is about and giving a clear message for what it stands for and what its ambition is. This vision has been used to guide the outcomes that AHCS should aim to achieve and these are described in the next section.

4. Outcomes

4.1 The outcomes that are described below represent tangible ways in which the vision would be delivered. They are not a comprehensive list and they would require to be turned into targets which would have their own delivery plans.

4.2 *High quality information* – if choice and independence are to be achievable, it is essential that information is easily accessible in a wide variety of formats. This is the starting point for AHCS and there is a recognition that a knowledge management strategy needs to be developed. Such a strategy will encompass not only the development of high quality information and information systems for the public but also the development of high quality information and information systems for commissioners and providers to ensure services are managed on the basis of fact.

4.3 *High quality advice* – for most people, high quality information will provide sufficient basis for living independently and leading meaningful lives. However, for some there will be a need to provide advice and this should be easily accessible in wide variety of formats. The telephone is the obvious way in which advice should be available but it is also important to develop other means especially electronic ones so that people can maintain their independence as far as possible.

4.4 *Customers empowered through training and development* – it is increasingly recognised that users and carers should be given additional support and training to enable them to take on a wider range of caring tasks safely. This approach is being adopted in the health service with the development of the expert patient programme which is empowering people with long-term conditions to take more effective control of their own conditions shifting the power to them away from clinicians.

- 4.5 A similar approach is proposed across care services. This approach will support users and carers to take greater control over their lives and to improve the choices they can take. Further, this approach is essential to increase the number of people taking on direct payments. In seeking this goal as an outcome, it is essential to stress that this is not about dumping responsibility on users and carers rather it is about ensuring that where feasible they can take greater control while putting in support in other ways such as respite care where appropriate.
- 4.6 *Customers at the heart of services through individualised plans and delivery* - it is essential that all customers receive a service that is tailored to meet their needs. This will require all services to ensure they are accessible to everyone, that they put in place a range of services to maximise choice, that they take account of customers' requirements and that they ensure that "one size doesn't fit all". For services which are delivered after an assessment, this will require that care plans take account of individuals' needs. The assessment must see the person as an individual within a family and /or community. Their whole needs need to be assessed and services must respond to what people are saying they want.
- 4.7 *Customer feedback that services are responsive and flexible* – for all services, it is essential that they develop the systems and culture which enable them to respond flexibly to customers' needs and are responsive to needs and wants. This does not mean that services can meet every need or want but it is essential that the goal is to meet them and a can-do attitude permeates all services. Even where it is not possible to give people what they want, if the service has demonstrated a willingness to seek to achieve what it can in a reasonable way then customers are likely to give positive feedback.
- 4.8 *Customers and communities actively engaged in contributing to and providing services themselves* – all services can contribute positively to this outcome of developing individuals and communities that are empowered to take more control of their lives and the services that are delivered to meet their needs. As well as enhancing independence, this approach will help people to feel they are making a contribution to the communities in which they live and make them less dependent on services. This approach will contribute to well-being and stronger communities. Further, the more that individuals and communities that are capable of taking more control of their services do so then this releases resources for those that are less able.
- 4.9 *More people accessing Direct Payments* – this is a key outcome for adult social care services and follows on from enabling people to be more actively engaged and to take more control of their services.
- 4.10 *Greater use of technology to empower staff and customers* – it is essential that new technology is exploited to improve the lives of customers through better information, better access and more flexible and responsive services. Further, new technology should be used to liberate staff from tasks which customers can do or which do not contribute to delivering a more effective service. There is potential to make savings in resources through more effective use of new technology.

- 4.11 *Wider range of local preventive services that are easily accessible* – too often in the area of adult social care, little if anything has been done to prevent people reaching a crisis before services become available. The emphasis on prevention is a welcome step forward that should help people manage more effectively without requiring large inputs of care. Preventive services need to be very flexible because people’s needs are very wide and what may prevent one person requiring significant inputs of care may be very different from other people. Accessible information is the key to making preventive services more widely used.
- 4.12 *Effective partnerships on the ground* – developing effective partnerships at a local level between the County Council and the District and Borough Councils, health services, private and voluntary groups and local community groups is a key outcome. This will ensure that a network of services is available to both enable people to take greater control of their lives and to support them if that is what they require. These partnerships should enable sustainable communities to develop which will improve the quality of life for people living in them.
- 4.13 *Effective partnerships at strategic level across Coventry and Warwickshire* – while it is essential to develop effective local partnerships to deliver local services that meet local needs, it is also essential to develop effective strategic partnerships across Coventry and Warwickshire as a range of health and care services are configured at this level. It is essential that effective joint commissioning strategies are delivered to ensure acute services and mental health services are delivered in ways which meet local needs.
- 4.14 *Reduced inequalities* – it is equally important to reduce inequalities in health and well-being as well as in access to information and access to services. One aspect to achieving this goal is to develop services which empower people to take greater control and this can only be achieved by ensuring that services are flexible and responsive to the needs and requirements of different individuals and different communities.
- 4.15 *More effective protection* – while it is essential to develop more preventive services, it is essential to recognise that there are groups of people who are vulnerable and who require a greater degree of protection than others within society. All services can support these groups while others have a specific role to ensure that while protecting the interests of communities at large, more vulnerable members within it are identified and protected.
- 4.16 *More people accessing learning and culture services* - Libraries, Learning & Culture Services seek to promote enjoyment and inspiration to improve quality of life for our citizens. Our services offer safe and welcoming buildings and staff with flexible and creative services for all ages, together with a host of outreach and mobile services across Warwickshire.

Through these activities, the young and ‘young at heart’ can be inspired to learn and develop a sense of place and purpose within our society.

- 4.17 All of these outcomes need to be developed and plans put around them to ensure they are achieved. They will be achieved to a greater or lesser extent by the different services within AHCS as the services have different aims and purposes. Some of the outcomes will run through all services and others are more specific. However, what is critical is that AHCS as a whole works effectively together to support the Directorate in achieving these outcomes.
- 4.18 In order for these outcomes to be delivered, it is essential to ensure that a range of strategies are developed and plans made to deliver these strategies. In themselves, strategies do not deliver services but they provide the framework within which staff can deliver their services more effectively. Further, while structures don't deliver services, a structure that is fit for purpose will enable staff to deliver services more effectively. And it is essential to ensure that while having appropriate systems and structures in place, the culture is appropriate and supports the delivery of services.

5. Strategic frameworks

5.1 Service delivery plans

- 5.1.1 In line with corporate requirements, the Directorate is producing a Business Plan which incorporates the service delivery plans of all services within the Directorate. High level goals for the Directorate are underpinned by detailed plans which run through the organisation and include individual performance and training plans.
- 5.1.2 Underpinning the service plans are a range of strategies which are described below. The implementation of these strategies will ensure that services will be sustainable and will meet their targets more effectively. These strategies are not arranged in a hierarchical order of importance as they all need to be implemented to enable the Directorate to succeed in achieving its goals.

5.2 Customer focus

- 5.2.1 A strategic approach is needed to bringing the customer to the heart of everything the Directorate does. The strategy needs to cover a range of areas which will cut across other areas such as access and information. The importance of the strategy is that it will set out the framework within which all services will address how customers' needs can be met more effectively and describe how customers can be comprehensively engaged in the planning, development and management of services. The strategy will ensure that the focus on customers is consistent across the Directorate covering all areas such as involvement in recruitment, consultation and advocacy.

5.3 Access

- 5.3.1 Improving access is a key aspect of improving the customer focus but requires a strategy in its own right given it is fundamental to enabling people to engage with services. Access is a broad concept covering buildings, equipment, information, communication and staff attitudes. The access strategy will create

a framework within which all services can ensure they are making their services accessible to all adults.

5.4 Knowledge management

5.4.1 There is a need to develop a series of interlinked strategies covering management information systems, systems for information management, information for users, development of new technologies to support users and staff. Accurate and timely information is fundamental to building a successful organisation and improvements will not be sustainable unless they are built on the firm foundations of robust strategies in these areas.

5.4.2 Across the Directorate, there are a number of important plans being developed but there is no overarching strategy guiding them. There are a range of successful systems in place but they are not integrated. While these initiatives should continue to be delivered, they must become part of a coherent whole and they should be focused on ensuring they support the Directorate achieve its goals.

5.4.3 There are many positive developments taking place in the delivery of new hardware and new software systems. However, it is essential that these systems are developed within a strategic framework to ensure that they support the business needs of the Directorate. There is a risk of developing systems which do not meet needs or which are not effective and it is essential that new developments take place within a strategic framework.

5.5 Partnerships

5.5.1 Across the Directorate, effective partnerships have been developed in some areas and some have been more successful than others. The importance of developing a more strategic approach is to maximise the gain from them. What is needed is a systematic approach which establishes a framework within which partners can be engaged effectively, goals can be identified from working in partnership, areas in which partnership working will not take place can be identified, working with partners can be co-ordinated to avoid duplication and gaps and processes agreed to maximise the added value gained from working in partnership.

5.6 Joint commissioning

5.6.1 A key area for working in partnership is between adult social care services and the PCT. A governance framework will be established within which joint commissioning will take place. Joint commissioning strategies for the key adult care groups will be agreed and these will set out the direction of travel, the service models, the financial framework and targets to be achieved,

5.6.2 There will be ongoing meetings to performance manage the implementation and delivery of the strategies and there will be mechanisms to enable input from users and carers and providers. These service strategies will be regularly reviewed and will form the basis for the development of pooled budgets and more integrated service agreements.

5.7 Performance management

- 5.7.1 Effective performance management is critical to the success of all organisations and it is essential that there is a strategic approach that is adopted across the Directorate. This approach must establish the systems that are used, a toolkit of methods, a system for regular reporting and it should establish a performance management culture.
- 5.7.2 The Directorate uses EFQM and regularly reports on the results of audits. In addition, work is underway with the Audit Commission on utilising the Performance Breakthrough approach. A regular series of performance meetings within the Directorate is being put in place and it has been agreed to report performance on a monthly basis to Adult and Community Services Overview and Scrutiny Committee. Thus, the basis for a systematic approach is being put in place within the Directorate.

5.8 Finance

- 5.8.1 A medium term financial plan will be developed for the Directorate to bring it into line with the proposed corporate approach and to ensure that service plans are grounded in financial reality. There is an urgent need to bring activity and budgets into alignment and work is underway on this and will be reported to Overview and Scrutiny Committee.
- 5.8.2 There are major risks facing Adult Social Care Services from ongoing demographic pressures, from requirements to meet new legislation such as the White Paper, from growing customer expectations and from the difficult financial position with the NHS. Also, there are pressures with the Libraries & Cultural services and the Learning service is introducing charges for its services.
- 5.8.3 Given these pressures, risks and uncertainties, it is essential that the Directorate develops a medium term financial strategy to ensure that it maximises its resources and provides a stable environment within which managers can deliver services.

5.9 Facilities

- 5.9.1 As service needs change, the requirements for facilities will change. For example, with the growing use of the telephone and internet, there is no need for reception desks in assessment and care management services. Similarly, as services for people with learning disabilities utilise mainstream services, there is less need for day centres and transport to take people to them.
- 5.9.2 Based on service developments, greater use of technology and home working or mobile working, a facilities strategy needs to be developed to ensure the Directorate maximises the buildings and facilities it has and maximises the opportunities for working with partners in this area.

5.10 Organisational Development

- 5.10.1 This is a broad area which encompasses HR, training and development. A number of strategic frameworks will need to be established and co-ordinated under this broad umbrella to ensure there is a consistent approach across the Directorate.
- 5.10.2 One of these frameworks will cover the management of the wide range of HR areas such as sickness absence management, appraisal and disciplinaries. This will sit within the broader corporate framework. Another framework will cover areas such as training and development and again this will reflect corporate approaches.
- 5.10.3 However, it is essential that these frameworks reflect the specific needs of the Directorate. Therefore, specific programmes will be developed which will form the basis of the strategic approach. A key area is the development of effective leadership across the Directorate at all levels. An evaluation of the skills needs and gaps will inform a strategic approach to engaging with education providers to ensure that staff are provided with the training they need to deliver better services more effectively.

5.11 Communications

- 5.11.1 There is a need to develop an effective communications strategy covering internal and external communications. Work is underway to improve communication within the Directorate and this will be pulled together as a strategy in the near future. However, given that this is a period of enormous change, the most pressing need has been to work quickly to improve communications with staff. A range of approaches are being implemented and these will be reviewed later in the year. Further, they will form part of the coherent strategy which is currently being developed.
- 5.11.2 While internal communications are vital – especially as our own staff are our most effective ambassadors – there is a need to develop a strategy for how the Directorate communicates with customers, the wider public, partners and colleagues at a national level. There is considerable communication at present but this needs to be brought within a strategic framework which has clear priorities and ensures that external messages reinforce the key messages the Directorate wants to send out.
- 5.12 The strategies that have been outlined above are fundamental to ensuring that the Directorate develops in a sustainable way and is clear about the direction of travel. These strategies will guide managers and ensure that the work they do is focused on the priorities of the Directorate. The aim is not to collect a lot of lengthy documents which gather dust but to pull together a series of strategies which ensure that the Directorate is underpinned by a series of coherent guides to action.
- 5.13 It is essential that the Directorate develops these and it is also essential that it has in place a structure which reflects the new approaches and ways of working required from a modern Adult, Health and Community Services

Directorate. In itself, the structure delivers nothing but if it is fit for purpose then it should assist managers in delivering their services more effectively.

6. Structures within Adult, Health and Community Services

6.1 Adult Social Care Services

6.1.1 The context within which Adult Social Care Services will be delivered over the coming years has been described in a previous report to Cabinet. It reflects the thrust of the White Paper which has been described earlier in this report. The challenges facing this area of service have been described in detail in a report to Adult and Community Services Overview and Scrutiny Committee and are summarised below.

6.2. Current Performance

6.2.1 CSCI's judgement produced in September 2005 is that Adult Social Care Services are serving some people well but have "uncertain prospects" for improvement and are "coasting". This comes on the back of three consecutive years where the judgement has been "serving some people well with promising prospects"

6.2.2 The reason for the fall from "promising" to "uncertain" was that:

- there is no firm trajectory for improvement
- there is a decline in position relative to other councils
- there had been limited progress in PAF indicators and in some a decline in position
- there had been limited progress in modernising services and structures in line with the Green Paper
- there is underdeveloped partnership working to deliver an improved range and quality of services and better outcomes.

6.2.3 This drop in performance in absolute and relative terms has major implications. Most importantly, it suggests that people in Warwickshire are not receiving the level and quality of services that people elsewhere in the country are. This raises issues about value for money given that these are publicly funded services.

6.2.4 Further, there is an impact upon the overall rating of social services, which is currently two stars, and the rating of the Council as a whole. This brings with it implications for the reputation of the Council, potential loss of funding and a tighter inspection regime.

6.3. Underlying issues

6.3.1 While the current performance as measured by the PAF indicators and the performance against the Standards is a source of grave concern, what is of greater concern is the capacity within the organisation to move forward and to

address the challenges. It appears to be the case that some of the basic building blocks are not robust within Adult Social Care Services.

- 6.3.2 Financial position: there has been a growing problem within disability services with the overspend exceeding £4 million. This comes at the same time that there is increasing evidence from across the country of cost-shunting from the NHS to social care and severe pressure on NHS budgets.
- 6.3.3 Service delivery: customers do not appear to be consistently at the heart of the organisation's services and this message has been reinforced by users, carers and partners. Some of the services appear to be very traditional and there appears to be a lack of ambition for those people whom we serve.
- 6.3.4 Performance: performance is stagnant in many areas and falling in some. Further, the perception that Warwickshire is not moving forward is heightened by poor inspection results in the area of Supporting People. While it is hoped that the recent inspection will have improved the Council's rating, there are concerns that the judgement may be that while progress has been made, it is insufficient.
- 6.3.5 There are two main factors impacting upon performance: management information and a performance culture. A data cleansing exercise has been undertaken to ensure returns are robust and in the short term, this may have an adverse impact upon performance indicators. With regard to the culture, the importance of performance and performance management and ownership of performance does not appear to be as strong as is required for the organisation to move forward.
- 6.3.6 Management structures: there is a need to restructure adult social care services to ensure that it is fit for purpose in the new world of the Green Paper. Excessive layers, the lack of separation and clarity between commissioning and provision and a lack of focus on outcomes has meant that the structure has not delivered in key areas.
- 6.3.7 Strategic frameworks: there is a serious gap in the organisation in that it lacks the strategic direction needed to guide action. While there are some impressive initiatives and services, the lack of strategic frameworks undermines their impact. Thus, rather than services moving forward as a whole, some areas make progress and others do not. There is no coherent sense of where the organisation wants to get to or what its goals are, nor are there strategies in place to guide it in achieving its goals.
- 6.3.8 Partnerships: partnership working is the responsibility of all partners and there is a decided lack of partnership working in Warwickshire. It is not universally poor but it is sadly lacking in many areas. There is a basic lack of communication on which it would be possible to build more fruitful partnership working. An example of this is the way in which Warwickshire Hospital recently decided to continue to fine the Council for delayed transfers of care without discussion between chief officers to establish whether there might be a more productive approach.

- 6.3.9 Leadership: there is a lack of clear leadership across the organisation. Existing management structures have made this more difficult to achieve and while leadership may have been demonstrated at the most senior levels, this may not have been delivered systematically at operational and front-line levels. Instead, there may have been a loss of impact and a loss of focus on outcomes.
- 6.3.10 Culture: overall, there is a lack of customer-focus and services appear to be inflexible, unresponsive and bureaucratic. There is a sense that everything is too difficult, everyone else is to blame, no-one understands our services and inspectors are measuring the wrong things. There is a lack of aspiration, ambition and pace.
- 6.3.11 The proposed structure of Adult Social Care Services must address both the requirements of a modern service meeting the requirements of the White Paper while also addressing the challenges that face it in the here and now. It is proposed that there should be three Heads of Service posts covering Locality Commissioning, Locality Provision and Strategic Commissioning and Performance.

6.4. Strategic Commissioning and Performance

- 6.4.1 It is proposed that there should be a joint post to head up strategic commissioning and performance. The PCTs have agreed to this approach but the proposal requires further work and discussion. This approach fits well with the White Paper and *Commissioning a Patient-led NHS* which are based on the view that commissioning needs to be strengthened. It is likely that this Division will comprise the following areas but this is subject to agreement with the PCTs.
- 6.4.2 The role of this Division is to lead on the development of commissioning strategies for all adults across Warwickshire. These commissioning strategies will include plans for all health and care services. They will include plans for contracting from in-house, private and voluntary providers.
- 6.4.3 In order to develop these commissioning strategies, the Division will require high quality information on needs drawn from public health and the information teams across the Council and the PCT. An information team should be established which draws together the information teams from across care and health. If this is untenable then a senior information manager and an assistant should be established to lead on pulling together the information streams so that they can meet the needs of the strategic commissioners.
- 6.4.4 This Division will include the Supporting People Team which is responsible for commissioning support for a wide range of groups including children and families. By bringing the Supporting People Team into this Division, there will be opportunities to work more closely with commissioners in adult services and the PCT. This will result in a more integrated approach to commissioning across the County, less duplication of effort (eg identifying needs) and better processes and systems (eg procurement).

- 6.4.5 The Team will require highly skilled Joint Commissioners who can directly engage with senior managers at the highest levels in care and health services. These managers need to be supported by a team of assistant commissioners/service development managers.
- 6.4.6 In order to contract for services the Division will require a contracts team which will prepare the contracts and SLAs with all providers.
- 6.4.7 In order to performance manage services and contracts and SLAs, the Division will require a team which can analyse performance and address issues of raising quality.
- 6.4.8 The Division will require high quality financial planning to ensure that commissioning plans are affordable.
- 6.4.9 The Division should be at the cutting edge of developments and therefore should include a small development team leading areas such as the development of the preventive agenda. This will require a flexible team able to pick up a range of issues such as inclusion, access and community development.
- 6.4.10 The Division should lead on the development of customer engagement and therefore services such as Customer First and perhaps the PCT's PALs could be included within the Team (see Appendix A).

6.5. Joint Director of Public Health Post

- 6.5.1 While there is agreement for a joint post to head up strategic commissioning and performance, there is no agreement as yet about a Joint Director of Public Health post. Discussions are being pursued with partners including a workshop involving members to consider how "Choosing Health" should be delivered, how inequalities in health can be addressed and the LAA. A further report will be brought to Cabinet as soon as possible.

6.6. Locality Commissioning

- 6.6.1 It is proposed that a Head of Local Commissioning is established to provide leadership for the assessment and care management services. These services are critical to ensuring that people are assessed properly, that their needs are understood and that care plans are developed which reflect these needs and put in place a range of services to meet them. Bearing in mind the comments of users and carers, there is a challenge to ensure that these services put users and carers at the heart of the assessment and plan and that they reflect the whole person and their place in their wider family and communities.
- 6.6.2 Further, these services must meet the challenge of the White Paper to develop packages which include prevention and rehabilitation and link effectively with health services. The White Paper represents a major shift away from the way services have developed over the past few years and there is a major leadership challenge to ensure that the culture within these

services changes to reflect the requirements of the service in the context of the White Paper.

- 6.6.3 In considering the structure for these services, there are issues about the volume of users with older people far outweighing the other groups. There are issues to consider about the most appropriate way of addressing older people who have mental health needs. There are issues concerning services for people with physical disability and where they are best placed. In Warwickshire, services for people with physical disabilities are currently placed with services for people with learning disabilities. The sheer size of Warwickshire is another factor which requires consideration and in the past, services have been based on a locality model.
- 6.6.4 Also, there is the future to consider with the potential to develop joint teams with the PCT and primary care. Closer working with Practice Based Commissioning is an area of huge potential. Also, the area of direct payments, greater use of technology to access services, the development of the Single Assessment Process (SAP) etc are all areas that will have a major impact in this area. Further, assessment and care management services do need to modernise themselves and there needs to be further development of the front office/back office model.
- 6.6.5 Taking these issues into consideration, there are a number of principles that the restructuring should seek to achieve. Where possible teams should have a local focus. Policy, commissioning and provision should be clearly separated so there is clarity about leadership for any particular area of service, project or issue. The structure should be as flat as possible to ensure there are clear lines of accountability. Older people with mental ill health should be managed as part of the Mental Health of Older People service based with the Mental Health Trust. There are stronger links between physical disability and older people's services than between learning disability and physical disability,
- 6.6.6 On this basis, it is proposed that there is a post at Service Manager level to manage five teams based on the District and Borough boundaries. These teams will meet the assessment and care management needs of older people and people with physical disabilities. In time, they will become integrated with GP practices and in some cases co-located. They will work alongside practice Based Commissioning to develop the local commissioning of a wide range of health and care services.
- 6.6.7 It is proposed that there is a post at Service Manager level for the Hospital assessment and care management team, ICES, and the County Review Team. The Senior OT will report to this Service Manager. By bringing together the hospital based services under one team, there will be greater consistency in the way services work in hospitals and stronger and more robust management arrangements to interface with hospital managers. The aim of bringing ICES into this area is to ensure that it interfaces more closely with the local assessment and care management services. The County Review Team is a dedicated service and will sit well with these other specialist services which link with the area-based teams.

- 6.6.8 It is proposed that there will be a Service Manager post for Learning Disability assessment and care management services. There will be a team for the north of the county and one for the south. It is intended that this will become an integrated service with health workers. As far as possible, workers in these teams will cover patches to give a local focus to their work but the teams are too small to split into five.
- 6.6.9 It is proposed that the Head of Service for Locality Commissioning will hold responsibility for mental health services. There will not be a Service Manager post for mental health services. In the current arrangements, adult mental health teams in the north and south of the county are part of an integrated service with health and the older people's mental health team in the north is integrated with health. It is proposed that the older people's mental health team in the south integrates with health as well. The mental health of older people is an area that requires specific training and development and a degree of expertise that is not readily available with all staff. Further, the links with psychologists and psychiatrists, therapists and community psychiatric nurses must be developed so that an integrated multi-disciplinary approach can flourish.
- 6.6.10 Within assessment and care management services, there are a large number of areas which need to be addressed. As well as the modernisation agenda, there is the implementation of SAP, there is the development of integrated teams with health, the development of Practice Based Commissioning, improvements in the way vulnerable adults are managed and the development of Direct Payments. It is proposed that a Service Manager post lead on these areas.
- 6.6.11 This Service Development post will manage existing teams such as the FOCUS team which has been very successful in enabling teams to manage more effectively. It will take on such resources as exist for the development of SAP, Direct Payments etc. While this is a broad brief, one of the key areas that it will address and one of the themes that runs through the work is the development of integrated teams with health. This post will work closely with the Head of Service to develop more integrated mental health teams for adults and older people and people with learning disabilities. The other key area will be the collocation of services for older people and people with physical disabilities with GP practices and the development of local commissioning with Practice Based Commissioning.
- 6.6.12 These proposals enable a focus on local areas to be developed and clarify the muddles that exist between policy and project leads and operational management. They are intended to strengthen the development side of the assessment and care management service while creating clearer operational areas for Service Managers to focus upon (see Appendix B).

6.7 Locality Provision

- 6.7.1. The Council currently delivers directly a significant level of services for adults including residential, day and home care. The position is complex with different levels and type of provision being provided directly for different adult groups. It is unclear how this position has developed and in the future, there is

a need for a strategic review of directly provided services to ensure that the Council is delivering services based on a strategic approach to commissioning and delivering services.

- 6.7.2. The Council's modernisation programme and the White Paper offer challenges and opportunities for directly provided services. There will be an expansion of low-level support services and some of this work may be picked up by in-house services though given the nature of the support, it is probably more likely to be picked up by voluntary and community groups. The Government has made clear that it wishes to see a mixed economy of provision across health and social care which requires a review of the level of directly provided services.
- 6.7.3. Nevertheless, there is an expectation that more services will be provided in communities, close to people's homes as part of mainstream provision. This approach fits well with some of the developments in directly provided services such as the modernisation of day services for people with learning disabilities. Further, the Council's approach is to develop more integrated services and the new Directorate offers opportunities to bring together local services such as libraries and adult learning with adult social care services in ways which will add value to people's lives.
- 6.7.4. Also, it is important to consider the provider services within PCTs. Given the requirements of *Commissioning a Patient-led NHS* there will be consideration given to how these services can best be delivered locally. From the current agreement to establish a single PCT for Warwickshire, there was a commitment to deliver services on the basis of existing localities. Therefore, at a minimum there is an opportunity to develop more integrated services at this level. However, there is the potential to fully integrate nursing and therapy services with homecare, day services, residential care, libraries, heritage services and adult and community learning at a local level under the Head of Locality Provider Services. This would be completely dependent upon the direction of travel of the new PCT but it is a potential option along with more integrated services.
- 6.7.5. One of the clearest messages that arises from consultation with customers of adult health and care services is that people want local, accessible services. One of the key roles for local provider services is their ability to add to the sense of place and belonging which is fundamental to the development and sustainability of communities. Further, the development of a network of integrated services providing information, advice and local health and care services would support people to remain in their communities longer, more safely and more happily.
- 6.7.6. Therefore, in considering the structure of local provider services, the key principle is that they should fit with the local District and Borough boundaries to enhance the opportunities to work with other local services such as housing and leisure services and with health and private and voluntary and community organisations. The development of local links with other services is critical to maintaining adults in the community and to developing a network of support which will increase the availability of preventive services.

- 6.7.7. On this basis, it is proposed that five local teams are established which match the District and Borough boundaries to provide the greatest opportunity for bringing together the wide range of services which are necessary to provide a network of preventive services and holistic care and support for vulnerable adults. These teams will inevitably consist of a range of different in-house services depending on what is provided in a particular area.
- 6.7.8. However, every area will have a homecare services and each will have responsibility for managing a mix of day and residential services. But the key opportunity is to identify other local services and establish effective ways of working with them to improve local services overall. To support these developments, the Head of Service will require a small support team to work with local areas on initiatives to improve cross-service working and to spread the good practice that arises from the different areas.
- 6.7.9. On this basis, it can be envisaged that local provider services would engage with other service providers in a local area with the support of the Service Development Team and the Head of Service. This would ensure that there will be high level support and additional input to support operational managers develop more integrated services.
- 6.7.10. Further, this local area focus will enable the provider services to engage with the local assessment and care management teams for older people and people with physical disabilities to deliver more effective local care packages in partnership with other local providers. This approach would also fit well with the arrangement County Councillors have put in place for ensuring a local area focus and would facilitate engagement with health services and District and Borough services (see Appendix C).

6.8. Resources

- 6.8.1 The Head of Services, Resources, carries responsibility across the Directorate for finance, buildings and facilities, organisational development and information. The latter service is a shared service between Adult and Children's services and at this time there are no plans to change this arrangement. However, there is a need to formalise this relationship and to ensure that there is a line of accountability between the shared service and Adult services.
- 6.8.2 By bringing together these support services, the aim is to ensure that they work effectively together to provide co-ordinated support to services across the Directorate. It is sometimes the case that these services are seen as reactive and risk averse, in the views of managers holding back change. The determination is to establish a Division which is looking to the future and supporting managers in delivering change and improvement. Indeed, the Division should be a key driver in modernisation, challenging existing practices and ways of working and bringing in resources to support managers modernise their services and improve them for customers.
- 6.8.3 There is potential for some resource services to be delivered in different ways in the future, eg there may be opportunities for shared services with organisations such as the PCT. At a minimum, support services need to be

working more closely with their colleagues in partner organisations so that opportunities to integrate buildings and facilities, terms and conditions, budgets and processes are taken.

- 6.8.4 One of the major challenges facing the new Directorate is to develop a culture which helps in the process of uniting the diverse range of services that come within it. The Resources Division will play a key role in helping to develop the culture and to ensure that it is embedded across the Directorate. Another key role for the Resources Division will be to support the development of partnerships and it can achieve this through its leading role across finance, Organisational Development and buildings and facilities. All of these are areas in which partnerships can be developed which in themselves are valuable and which will also help managers to deliver their services in a more integrated way for the benefit of customers.
- 6.8.5 On this basis, the principles which underpin the Resources Directorate are that it should be seeking to develop partnerships with internal and external organisations and that it faces a major challenge in bringing in new ways of working across the Directorate.
- 6.8.6 Therefore it is proposed that there should be strong support for operational managers but with a section which can be reaching out and seeking to bring in new ideas to the Directorate. This section would cut across traditional boundaries and work with a wide range of internal and external managers and partners to develop the new ways of working. It is envisaged that this section would become the core of a “modernisation network” which would bring in the roles that are located in the other divisions which play a key role in modernising services eg the Service Development post in Locality commissioning. This would lead to the structure containing the Head of Finance, the Head of HR and the Head of Modernisation which would include the existing workforce development service but also the broader partnerships and modernisation role described above.
- 6.8.7 In this way, the Resource Services Division can support managers across the Directorate but also add value by bringing in new ideas and supporting managers who wish to work in new ways and who want to increase the pace of change. This Division will also play a fundamental role in welding the Directorate together while also challenging it to achieve more (see Appendix D).

6.9 Libraries, Learning and Culture

In addition to the general challenges and opportunities described earlier in this report, there are specific ones which relate to Libraries, Learning and Culture.

6.9.1 Finance

- I. The Head of this service believes that the library service has managed its finances in a hand to mouth way. Underspends/overspends have been carried forward from year to year, with no service strategy for resolution other than at local level where actions are marginal. No collective

financial management knowledge exists within the current Library Management Team.

- II. The library service has not resolved sustainability consequences for a number of its initiatives / projects and in other areas there are pressure such as the loss of grant in adult and community learning. Consequently, significant financial pressures face the service this year.
- III. Library service management lacks cohesive operational and financial control. It operates at local not strategic level. No strategies are in place nor indeed any real recognition (knowledge) of the scale of the issue. This is being addressed but it is clear it is an ingrained organisational-wide issue.
- IV. Heritage (and Adult Learning) managers are 'on the ball', balancing service plans with financial reality and have suffered as a consequence. The historic budget process within LHTS has been to allocate all pressures e.g. procurement, ICT, overheads etc pro-rata and with no recognition of the differing abilities of services to respond. For example, a budget cut of £5,000 in Heritage will mean the loss of a specialist post. Within libraries (if appropriately managed) it would more easily be achievable through County-wide staff turnover.
- V. CIPFA statistics show Heritage costs to be in line with their 'family group'. However, Library service staffing costs are amongst the highest in the country. An initial instinct says the service spends an enormous amount of staff time on new ideas and new things without funding to do this and thus staff costs increase to deal with this uncoordinated, unplanned work. Warwickshire's library staff costs broadly the same as Leicestershire's yet it has 54 libraries compared to 32 in Warwickshire.

6.9.2 Structure

- I. It is proposed to review the management structure of the new Division to achieve a re-alignment of existing posts to create and maintain a performance, quality and strategic planning remit and bring coherence to the new Division's planning and organisation. It is proposed to widen the brief of the Project Development Manager to be Divisional not just Heritage, to bring some coherence and shape to One Stop Shops, funding and partner activities, possibly for 1-2 years, and then to review the situation (see Appendix E).

6.9.3 Property Challenges

- I. There are over 40 locations including listed, tenanted and covenanted buildings. Many are in a state of 'poor' external repair and the public's impression of WCC services is adversely affected by the external appearance of the buildings.

6.9.4 Heritage Issues

- I. There is a tendency to assume that museums should operate out of historic buildings. As a consequence there are wonderful buildings at St Johns and the Market Hall but they are not flexible for office based staff, nor for innovative displays and flexible exhibitions.
- II. The project to 'relocate' to a re-designed and extended St John's site is well received, an excellent candidate for lottery funding, would reduce / contain costs but Members have not committed to the funding aspect.
- III. Collections – ecological, archaeological, social, geological, archival etc require specialist storage, preservation, conservation and space. It is essential this is recognised when the County seeks to reduce its property portfolio.

6.9.5 Libraries

- I. Libraries are not always in the best location. Further, the poor state of repair in part time libraries can reinforce the 'lack of use'. Linkage to community bases initiatives and development is critical and the strategy for access / neighbourhoods etc needs to be very sensitive to local arrangements and relationships.

6.9.6 Adult & Community Learning

- I. In some cases this service occupies WCC premises rent-free. If WCC were to relinquish interest in such premises there is concern as to who will fund alternative accommodation – one-off and rental.

6.9.7 Other Challenges

- I. Record Management commenced 10 or so years ago when Legal Services asked the Record office to establish an efficient storage and retrieval mechanism for their vast amount of files. It worked well and a corporate decision was taken to widen the service to all WCC departments. However, this decision was not wholly unanimous and the service is not well developed..

6.10 Trading Standards Service

In addition to the general challenges and opportunities identified for the whole Directorate, there are specific ones for Trading Standards Services.

6.10.1 Budget

- I. The Trading Standards Service has a good record of financial planning with outturns that are close to budget. This will continue with the same level of planning across the service areas with managers in order to maintain good budgetary control.
- II. The Service currently benefits from centralised support for HR, IT and Finance. This budget is not actually held within TS. As a single site,

relatively small service this support should be relatively easy to provide. Some on-site presence is desirable for all of these functions.

6.10.2 Performance

- I. The Trading Standards Service operates under a performance framework set by the DTI known as the “National Performance Framework” which consists of four complex performance measures. They include customer satisfaction with the service, business compliance and training undertaken by staff. Similar arrangements are in place for other stakeholders, namely the Food Standards Agency and DEFRA. Several CPA indicators are reported that come under the environment block of CPA. Furthermore, in 2005/2006 the service was assessed under the national “peer review” process, based on the EFQM model and consequently a three-year improvement plan has been put in place. Also, information is reported to the Chartered Institute of Public Finance (CIPFA) in terms of budget, staff levels, population and number of premises liable to inspection etc.
- II. The biggest challenge in meeting these performance criteria is having enough trained, qualified and experienced staff to deliver the service to a satisfactory level. There is currently a national recruitment crisis within Trading Standards and this situation is more difficult in Warwickshire as a result of a number of other factors such as the lack of a competence based career structure. A new national qualification for Trading Standards professionals has just been launched (DCATS & HDCATS) which provides greater opportunities for employers to train and develop their own staff through to competence based qualifications and the service will utilise the opportunity that this offers.
- III. Another challenge for the TS service is that it is accountable to a number of different central government bodies, DTI, OFT, DEFRA and soon the LBRO. This dislocation in central Government in delivering a TS service means that it is often faced with conflicting national pressures that may not always match local priorities. Balancing competing demands in this regard is an ongoing challenge.
- IV. In terms of the profile of the service and the excellent results achieved for local residents and businesses (e.g. the work on doorstep crime, nutrition, animal health & welfare, expert legal advice) the service punches significantly above its weight.
- V. A modernised, locally engaged, flexible, high profile Trading Standards Service is a major asset for the Directorate and Warwickshire County Council.

6.10.3 Partnerships

- I. The CEnTSA regional partnership for Trading Standards is just a year old but is proving to be effective in many areas e.g. co-ordinated national consultation; access to funding streams (recent award for Scambusters is £500,000 p/a) and training (22 professional courses p/a).

Warwickshire TSS will continue to play an active part in this successful partnership with the objective of doing more for less for consumers and businesses in Warwickshire.

- II. The TSS is involved with a myriad of local partnerships with objectives ranging from improved community access, access to funding, product safety, health etc. The challenge is to rationalise these partnerships to those that have real benefit and to begin to apply better tactics to partnership engagement.

6.10.4 Delivering the Vision

Within TSS, the ambition is to show very clearly by March 2007 how it can make a significant contribution to this vision, particularly in relation to reducing inequalities, improving well being and promoting individual independence.

Two approaches will be utilised in the furtherance of this aim.

- I. Build on existing good practice e.g. consumer education projects; enforcement activity in areas of product safety & food standards; media liaison and publicity; animal health & welfare etc.
- II. Increase activity and develop skills in order to contribute significantly to our role within the new directorate e.g. financial literacy and consumer credit; enhanced and new partnership arrangements; taking a leading role in the Healthier Communities agenda; using intelligence to act in areas of consumer detriment and target our resources at those most in need.

6.10.5 Structure

- I. The existing structure of the service is attached at Appendix F. No changes are proposed in terms of the Assistant Head of TS and the four Divisional Officers. The changes that are likely to take place will be arrangement of the individual teams within this structure to ensure the greatest flexibility and use of management strengths. One focus will be on modernising and developing leadership within the service in line with the recommendations of the recent peer review.
- II. Having described the challenges facing the different Divisions within the new Directorate and outlined proposals for structural changes, the report will now consider the culture which will underpin the directorate and the process of engagement on this report.

7. Culture

- 7.1. This report has described the strategies that will need to be put in place across the Directorate and the structural changes that will be required. This is the responsibility of the Directorate Management Team for this represents the framework within which services will be delivered. However, it is essential to create a culture within which staff can deliver services effectively and this will be developed over the next six months.

- 7.2. The culture of the organisation is “how” people work together - the behaviours and attitudes they act upon when they are at work. It is likely that key elements of this will include team working, having a customer focus, supportive, propensity to action and so on. Further work with staff across the organisation will take place to develop a set of values that everyone will be expected to adhere to when they are at work.
- 7.3. It is intended that early next year when the new Management Team has begun to bed down that the values will be launched with a series of events involving all staff. The values will be the basis for working effectively together and will be fundamental to delivering services more effectively.

8. Engagement

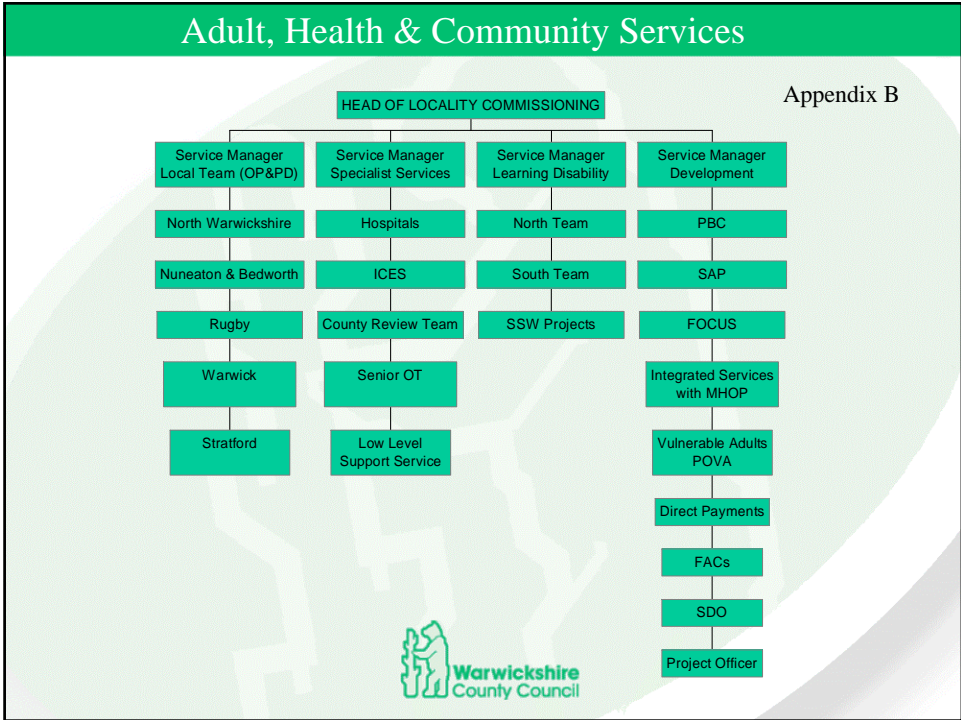
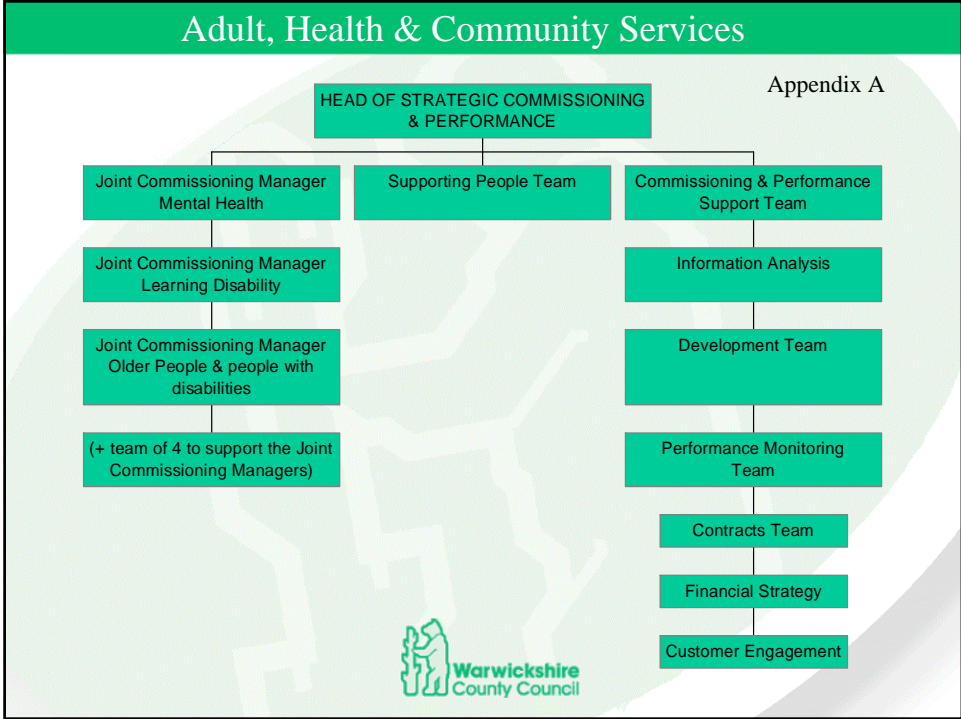
- 8.1 The approach that is being taken in Adult, Health and Community Services is to begin by thinking about the national and local context and the challenges that these raise for this new Directorate. Having understood what these are and their implications, the Directorate has then described its ambition for the people it serves and the goals it aims to deliver. Then it has described the strategies and structures it will need to put in place to deliver the goals it aims to achieve.
- 8.2 The new Strategic Director for Adult, Health and Community Services has taken the opportunity to share the thinking that underpins this report with managers and staff across the organisation, users and carers, voluntary and community groups, partners, Trade Union colleagues and Members. The proposals have been developed in response to discussions with this range of stakeholders.
- 8.3 Following discussion at Cabinet and assuming approval to the proposals as outlined, there will be consultation with those managers and staff specifically affected by the proposals. Managers have been briefed and meetings will be arranged for staff in Adult Social Care Services. A process will be put in place to allow for a consultation exercise and then proposals will be developed taking account of HR agreements to implement the proposals. It is likely that the initial proposals will be developed and improved in consultation with managers and staff. Any substantial amendments to the proposals will be reported back to Cabinet.

GRAEME BETTS

Strategic Director of Adult, Health & Community Services

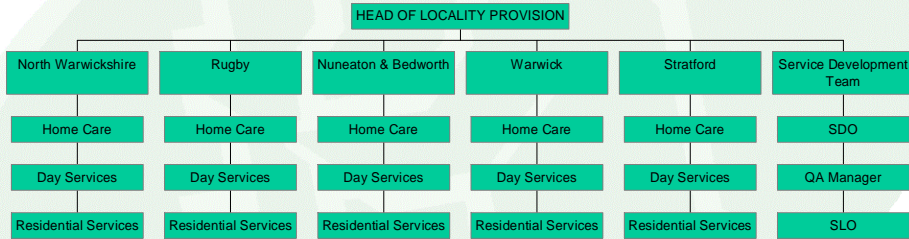
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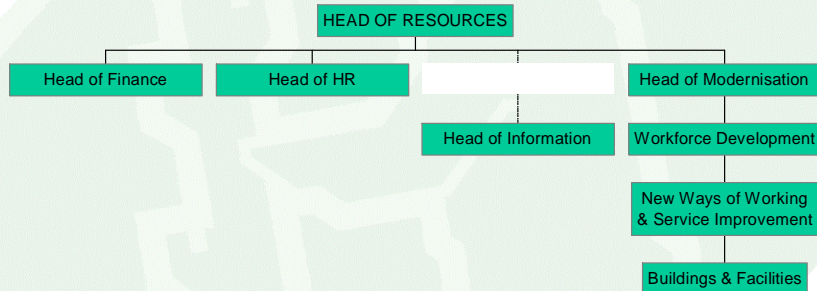
Adult, Health & Community Services

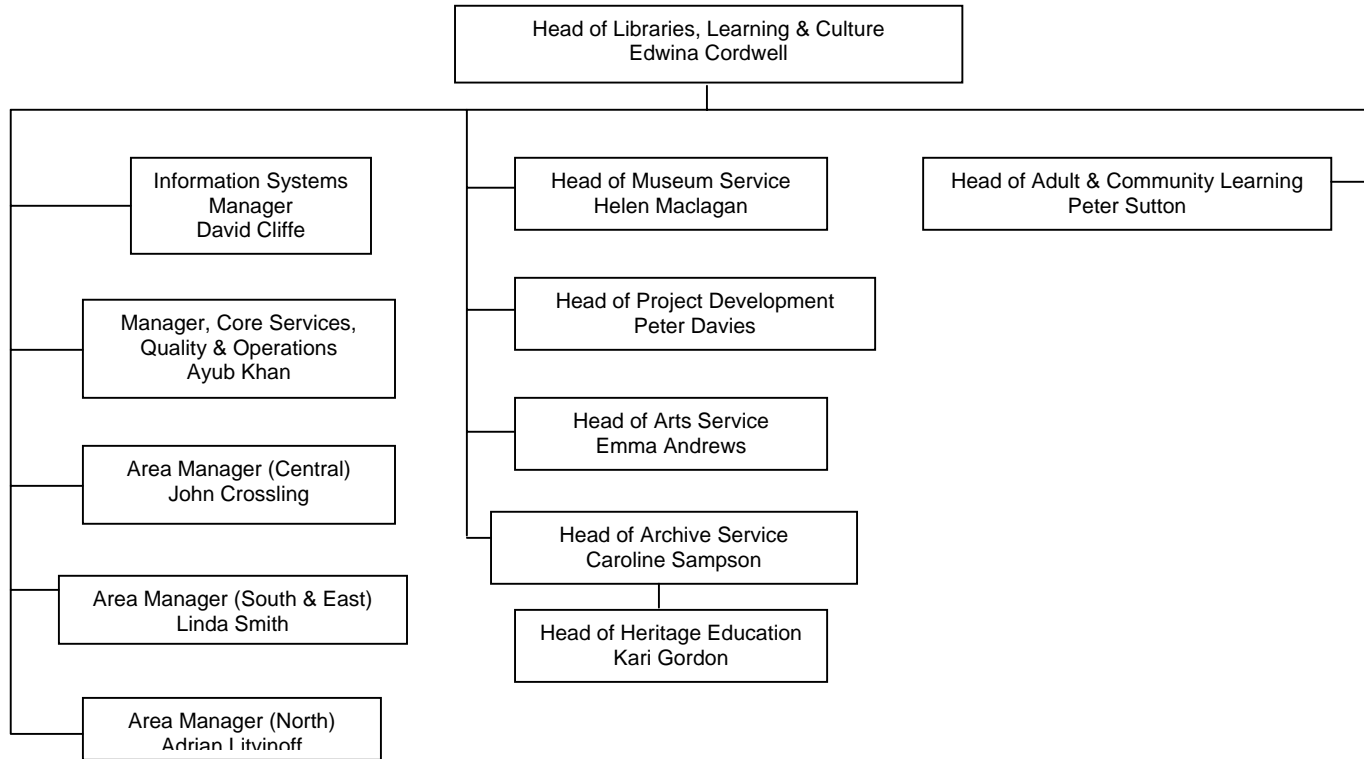
Appendix C



Adult, Health & Community Services

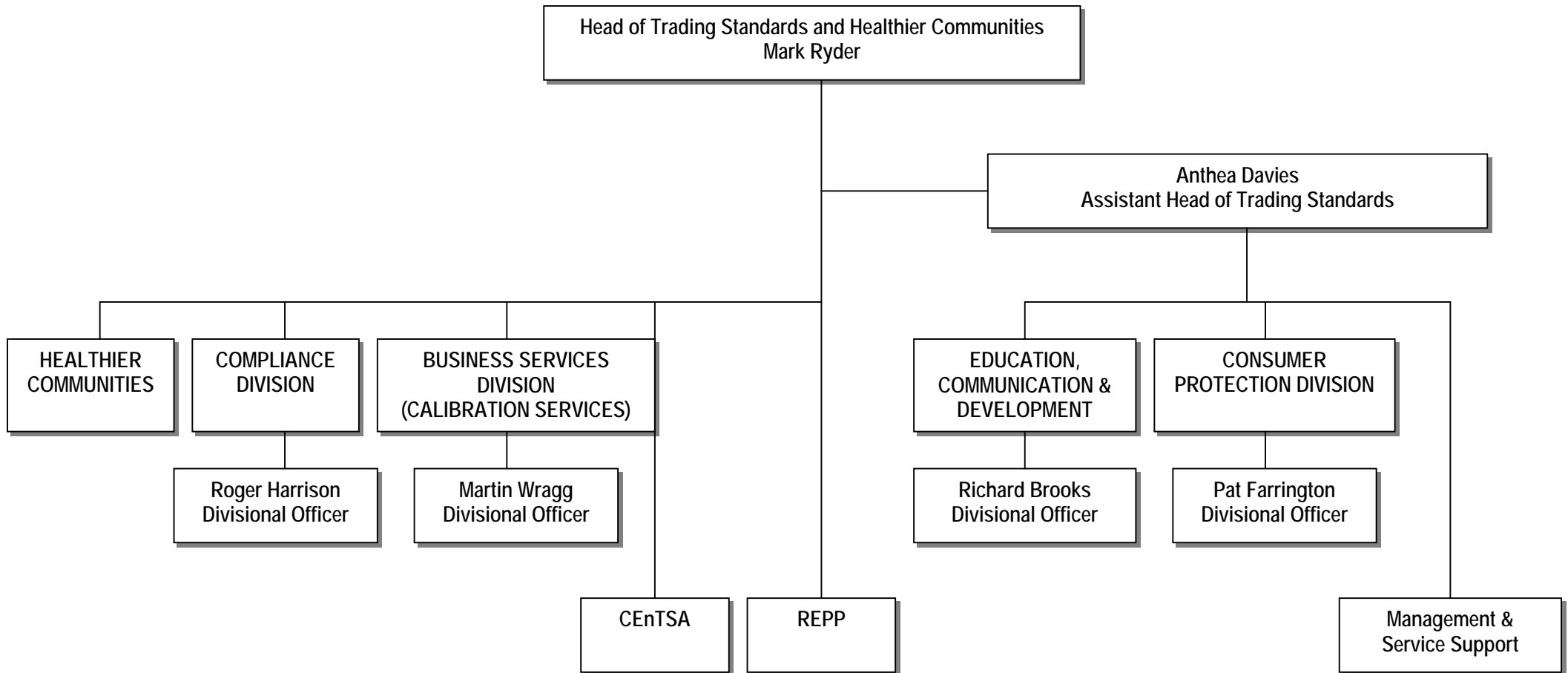
Appendix D





Trading Standards and Healthier Communities Services and Management Structure at 1st April 2006

Appendix F



N.B. CEnTSA – Central England Trading Standards Authorities (Co-ordination)
REPP – Retail Enforcement Pilot Project