

# Adult Social Care and Health

## Directorate Business Plan 2018-19

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# Foreword from the Corporate Director

Anu Singh, Corporate Director Adult Social Care and Health

I am delighted to present the Adult Social Care and Health Directorate Business Plan for the 2018-19 financial year. This Business Plan sets out key information about the roles and responsibilities of the Directorate. It also describes our vision and our move into an 'asset based' operating model for Adult Social Care and Health.

We firmly believe in helping people to 'live a life, not a service'. We do this by focussing on what people can do, not what they can't do. Our core statutory purpose is to work with individuals with care and support needs who may require any of the services we arrange or provide. We will do this through the asset, or 'strengths' based approach we mention above. This asset based approach builds on what individuals, families and communities can do with the right support. It builds on a combination of human, social and physical capital. By building on an individuals' strengths and capability, rather than focusing entirely on their needs or problems, we can make a meaningful difference. Our aim is to promote an individuals' wellbeing; supporting them to live independent and fulfilling lives in their own homes and communities, and achieve outcomes that are important to them.

We also stop at nothing to discharge our statutory safeguarding responsibilities for adults at risk of abuse or neglect.

During the year we will be bringing together all our change and improvement work into a single new operating model. This is asset based model works on an aligned public sector, motivated private sector, and empowered community sector. The model relies on us passionately driving prevention, community resilience, and recovery. Our responsibility to reduce, delay and prevent needs from arising underpins all we do.

Integration of health and social care remains a high priority for the Government and for the County Council. Our Directorate will continue to play a leading and active role in the development of opportunities for taking integration forward at scale and pace, through our Local Care work. This will be in line with the health and social care integration ambitions set out in the Adult Social Care and Health strategy, the KCC Strategic Statement 2015 – 2020, the Medium Term Financial Plan 2018-20, and national targets to drive down DToC (Delayed Transfers of Care).

This year more than ever, we are conscious of the enormous daily challenges facing our staff. Our talented, skilled and value driven staff are our strongest asset. We will support them to provide consistently safe and high standards of practice, and operate as confident decision makers.

Working with the Children, Young People and Education Directorate and schools is essential for making the 'transition' experience better for people moving from one service to another. This year, we will continue to improve the outcomes for our young people as they transition between services.

Building on the achievements of in-house services, staff working in provisions that the County Council still manages will be supported to maintain or improve on what they do, and be better prepared for inspections by the Care Quality Commission and OFSTED.

We will also work with the market to improve career pathways and professional development opportunities for health and care staff across the county. This valued cohort of staff are critical to us achieving the person centred, safe and empowering outcomes we aspire to for Kent's communities.

I look forward to working with all our internal and external partners to deliver on the priorities described in this Plan.

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# A. Directorate structure and purpose

## About the Directorate

The Adult Social Care and Health Directorate (ASCH) leads Kent County Council's (KCC) to discharge its statutory responsibilities for adult social care. The Directorate's primary responsibilities include: providing information, advice and advocacy; carrying out needs assessments; commissioning, providing and/or arranging services for adults with eligible care and support needs; and safeguarding adults at risk of abuse or neglect. Keeping people safe is an important duty which we take very seriously. It is a core responsibility of the whole Council, both Members and Officers. The Directorate also holds delegated responsibilities for Disabled Children Services to provide statutory functions for children and young people.

The core purpose of the Directorate is to provide person centred, practical care and support to adults and carers of all ages, alongside disabled children and young people. We arrange person centred care and support, to help people lead independent and fulfilling lives, wherever possible in their own homes and communities. We work effectively in partnership with the NHS, district and borough councils, the Police, care providers, community, voluntary and social enterprises, and other partners.

Asset based approaches, personalisation, resilience, and enablement are the key principles threading through our modernisation plans for the year.

Adult social care responsibilities are broadly defined in the following pieces of legislation: Care Act 2014, Mental Health Act 1983, and Mental Capacity Act 2005.

## About the Divisions in Directorate

Our Directorate is made up of two Divisions, which are recognised as a formal part of the organisational structure of KCC. The Divisions are outlined below with a brief statement about their overall purpose and responsibilities. Additional information about the roles and responsibilities of these two business areas can be found in the Divisional Business Plans, which support this Directorate-level Business Plan.

## Disabled Children, Adults Learning Disability and Mental Health Division

The Disabled Children, Adults Learning Disability and Mental Health (DCALDMH) Division commissions and provides a range of services for people with mental health conditions; and for children, young people and adults with disabilities. The Division supports adults and children by promoting their wellbeing, and supporting them to live independent and fulfilling lives in their own homes and communities. The Division's services for adult mental health and learning disability already work in integrated teams with NHS colleagues. The Division is made up of five key business areas (Disabled

Children and Young People Teams, Community Learning Disability Teams, In-House Provision, Mental Health Services and the Operational Support Unit).

## Older People and Physical Disability Division

Our Older People and Physical Disability (OPPD) Division arranges and provides a range of services to improve outcomes for older people and physically disabled adults, and their carers. The division supports older people and working age adults to improve or maintain their wellbeing, and to live independent and fulfilling lives in their own homes and communities. The division is made up of eight key business areas (Area Referral Management Service, Adults Central Referral Unit, Adult Community Teams, Kent Enablement at Home, Sensory and Autistic Spectrum Conditions Service, Integrated/Registered Care Centres, Day Centres, and the Health and Social Care Integration Team).

## Our financial and staffing resources

The Adult Social Care and Health Directorate has a total net budget of £414m for 2018-19 and a total of 2,272.4 FTE staff.

The Directorate works with the Children, Young People and Education Directorate in providing appropriate support services to disabled children. The Directorate also works closely with the Strategic Commissioning Division who deliver our commissioning activity. Strategic Commissioning provides core support functions such as analysis, solution and market development and contract management to assist with the delivery of Adult Social Care and Health priorities. Finance, HR, and ICT also provide corporate support services to assist the Directorate discharge our statutory duties.

## B. Progress on the 2017-18 Directorate priorities

Progress against the Directorate priorities for 2017-18 is provided in the following section. Detailed reporting information about these priorities can be found in reports provided throughout the year to the senior management teams, boards, Cabinet Committees, and the Cabinet. Some of the priorities remain core to the business, and these have influenced the construction of our priorities for 2018-19.

### Priority 1: Budget

#### **Planning and delivering services in line with the budget requirements for the 2017/18 financial year**

- The Directorate is on track to achieve a balanced budget by the end of the year. This has been made possible through detailed oversight and effective grip on budget management across the year. Reported variances in Quarter 1, Quarter 2, and Quarter 3 budget positions were +£7m, £1.5m and £0.1m respectively.
  - The Directorate has achieved a significant proportion of the Medium Term Financial Plan savings that was set by Members for the Directorate. The Directorate has achieved Medium Term Financial Plan savings of £16.3m out of the target savings of £22.8m. Corporate support was obtained for the reprofiling of savings of £4.7m across 2018-19 and 2019-20 financial years.
- The Directorate also satisfied the reporting requirements associated with the Better Care Fund and Improved Better Care Fund.

### Priority 2: Transformation

#### **Embed the transformation changes and plan the next phase of service changes to deliver the new vision and strategy for Adult Social Care**

- We gained approval for the New Operating Model from the Strategic Commissioning Board and the Budget Programme and Delivery Board in November 2017.
- We piloted and evaluated a model for the initial point of social care triage which maximised appropriate referrals to community and voluntary sector support services.
- We continued to make some progress on the development of specifications for a 'digital offer' to enable individuals to independently access a menu of services, however, progress on this has not gone as far as we expected.
- We developed and piloted a model for integrated rehabilitation of services provided by Intermediate Care Teams and Kent Enablement at Home which minimizes duplication of activity and effort between different professionals and services providing rehabilitation.

- We made progress with our transformation projects in Adult Learning Disability Service including integrated Learning Disability commissioning; Short Breaks; Day Services; In-house Provision and Your Life, Your Home; Kent Pathways Service and the Lifespan Pathway despite operational challenges.
- We achieved key deliverables of our mental health transformation programme with reported improved outcomes for people. We did so by building on Live Well Kent, Primary Care Mental Health Services and Kent Enablement and Recovery Service. We started the Primary Care pilot in June 2017 with an initial review of 20 cases. The mental health service budget continues to be under pressure.

### Priority 3: Integration

#### **Greater integration between health and social care services that deliver better outcomes**

- The Government and KCC regard delayed transfers of care as a matter of national and local significance. Delayed transfer of care acts as a strong signifier of joint working between health and social care, and we made progress in meeting the performance target set for the Kent health and care system. We invested heavily in new short-term pathways, integrated discharge teams, intensive discharge support, and Home First, and have achieved the lowest annual rate of delayed transfers of care for Kent.
- We have defined the key areas for the integration of social care and community health care (with the person at the centre), focusing on adult social care functions to be delivered through local teams, including safeguarding, specialist social work and quality of care improvement. The Kent and Medway Sustainability and Transformation Partnership delivery plans have been shaped to align with ASCH and Public Health aims and objectives. We have also actively led development of the Sustainability and Transformation Partnership Local Care ambition of care closer to home that reflect integrated primary, acute, community, mental health and social care.
- We continued to play a key role in the Encompass Vanguard which is a multispeciality community provider in East Kent. This brings together teams of GPs, community nurses, social care staff, mental health professionals, public health trainers and pharmacists to support people at high risk of hospital or care home admission.
- We have seen an increase in the number of practical integrated working in local areas such as Canterbury and Herne Bay where multidisciplinary team meetings are held on a weekly basis to discuss and plan casework for individuals. In West Kent, we have also seen multidisciplinary teams working in all clusters, as well as integrated enablement with the Kent Enablement at Home Service.
- We rolled out the ESTHER way of working to more areas in Kent with an

increase in ESTHER coaches and ambassadors, with over 374 trained in this approach. Simply described, it is an approach which focuses on what is important to the individual and the professionals working as one to address the issues facing the individual. In Kent ESTHER philosophy and way of working also gained recognition by national bodies, such as Health Education England and the Department of Health and Social care.

- A new alliance contract for adults with a learning disability was developed between KCC, KCHFT, KMPT and the integrated commissioners. This is a new collaborative arrangement to replace the existing maze of contracts. A Joint Commissioning and implementation Plan was produced which secured the continuation of multi-disciplinary teams to deliver a person centred service across health and social care.
- We commenced work to review our joint arrangements in community mental health teams to ensure that the Care Act 2014 requirements can be delivered more effectively. The good joint working that is already in place between KCC and Kent and Medway NHS and Social Care Partnership Trust will continue and reflect the focus of the wider Sustainability and Transformation Partnership.
- The Integrated Community Equipment Services also demonstrates the strength of our integrated working with the NHS. With our support, the Integrated Community Equipment Services provider launched the Kent Safe and Well Scheme in July 2017. The scheme enables self-funders independent access to trusted products and services via information service, online assessment tool, physical and online retail.
- We have continued to develop the Design and Learning Centre. The main focus of the Centre is to reduce frailty, develop safe new services and transform the Health and Social Care workforce by promoting independence and self-care, exploring digital technology and sharing innovative ideas and best practice. The Centre has delivered and supported the development of some key projects, including medication compliance in the community, ESTHER and Buurtzorg approaches to care.

#### Priority 4: Market engagement

##### **Addressing the fragility of some parts of the market to ensure adequate supply and sustainability of key sectors of the market**

- We took appropriate action to identify and address emerging scarcity of provision either for particular client groups, or in pressured geographical areas.
- A new sustainable model of Live Well Kent to support wellbeing through strategic partners (Porchlight and Shaw Trust) has been established. This is a peer support service which improves supported self-management, promotes recovery, tackles social isolation, builds resilience and reduces stigma.

- We co-designed a new interim contract for domiciliary care with Kent's contracted providers and invested an additional £4.3m in the sector increasing the capacity and conditions for staff.
- We also commissioned further Home Recovery services as part of the High Impact Changes for hospital discharge. Together with other measures they have reduced delayed transfers of care for social care significantly. We engaged extensively with the Members, NHS organisations and the provider sector on the best way for investing additional social care funding by central government during April 2017 and July 2017. The investment decisions taken contributed to meeting requirements of the High Impact Changes to reduce pressure on the NHS, reduce the number of delayed transfers of care, and support the sustainability of the social care market
- We acted to address pressures that emerged in-year because of the NHS and LA Transforming Care Programme. We successfully discharged over 40 people under this programme and expect that the number would be higher at the end of the full year. Work continues to identify a further cohort of people as part of this programme.
- Kent County Council's strategy for targeting funding to minimise the impact of the National Minimum Wage and National Living Wage has proven effective and care workers are receiving the correct levels of pay. This is being closely monitored and we continue to engage with provider representatives to gauge market pressures.
- Provider engagement is important to us and we took steps to maintain good working relationships with the social care market. Throughout the year we engaged with providers that support adults, children, and young people with different needs and their carers.
- We recruited two Care Sector Project Officers to work closely with the sector to improve quality in care through addressing challenges around recruitment, retention and workforce skills and competencies. We held a free event for the sector in March 2018, in which 200 people. We secured funds from the STP Local Workforce Action Board to deliver a Kent wide Care Sector recruitment campaign which will be launched from April 2018 to raise the profile of careers within the care sector.

## Priority 5: Safeguarding

### **Maintaining good safeguarding practice and response which promotes the wellbeing and safeguards the welfare and wellbeing of adults**

- The rate of safeguarding concerns countywide had shown a continued gradual increase. The number of safeguarding concerns recorded in the past twelve

months was 10,198, which is an increase of 13.2% compared to the same time last year.

- A taskforce approach geared to minimising drag and increasing the rate of closing cases, which was adopted during the year had a significant positive impact. The number of cases closed, as at December 2017, was 7,020 of which 3,638 cases were closed during quarter three of the reporting period.
- We have maintained the programme of practice audits through a combination of independent audits and internal peer audits. The senior management team approved a mixed audit approach including a thematic audit which will guide us through into the next year. The first thematic audit is being piloted now on the theme of self-neglect. The KCC Internal Audit unit revisited their previous audits on the Adult Safeguarding Quality Assurance Framework and on the Deprivation of Liberty Safeguards service. The findings were reported to the Governance and Audit Committee in November 2017. The Internal Audit's assessment of the Safeguarding Framework raised its assurance level to "Substantial" with prospects for improvement assessed as "Good". The assessment for the Deprivation of Liberty Safeguards service was judged as "Adequate".
- KCC has continued to experience a high number of Deprivation of Liberty Safeguards applications which have had the effect of increasing the number of backlog cases even though the Deprivation of Liberty Safeguards service has significantly reduced the time taken to complete DOLS assessment and reach a determination. The Deprivation of Liberty Safeguards service compares favourably with neighbouring councils in terms of 'mean days' for completing assessment, which was 86 'mean days', compared to 152, 154 and 245 'mean days' of three neighbouring councils in the South East region based on information published by NHS Digital service.

## Priority 6: Inspections

### **Ensuring effective planning for, and management of all inspection activities with the aim of securing a good inspection outcome.**

- Kent County Council manages in-house provision which were inspected by the OFSTED and the Care Quality Commission. OFSTED inspected five Children's short breaks establishments managed by Kent County Council during the year. Three were rated as "Outstanding", one was rated as "Good" with the other one judged as "Requires Improvement". The Care Quality Commission also inspected four Adults short break establishments with two rated as "Good" and another two rated as "Requires Improvement". The Care Quality Commission's inspection of care homes managed by Kent County Council during the year, resulted in one care home being rated as "Good" and two other care homes rated as "Requires Improvement". The Kent Enablement at Home Service was rated as "Good". Our Shared Lives provision was rate "Outstanding, and three Independent Living Services were rated "Good".

- Registered Managers and Registered Services Managers developed action plans in response to areas for development. In addition, any elements of development which required the input from other Kent County Council function, such as facilities management was communicated and suitably acted upon.

## Priority 7: Whole organisational responsibilities

**Making sure that key corporate responsibilities are effectively discharged (i.e. annual governance statement, risk register, business plan, equalities, and internal audits)**

- **One of the values underpinning the work we do in Adult Social Care is adopting a person-centred approach tailored to the person so that they can achieve the things that matter most to them. This means supporting people's own sense of identity and working from a clear diversity perspective so that we acknowledge and celebrate the difference people bring.** This was a key theme at an Equality and Human Rights development day delivered in October 2017.
- We met the corporate requirements relating to producing an Annual Governance Statement report. This report describes how we managed to run services to deliver or key priorities against known and emerging challenges
- The senior management team have kept the directorate and divisional risk registers under review, and the exercise is formally undertaken on a quarterly basis. The assessment is also reported to the Adult Social Care Cabinet Committee annually.
- The Divisional equalities actions plans have been progressed. We worked on specific activities to enable us to make progress in this area including, the development of vulnerable adult pathway, transgender action plan, End of Life Strategy, improved access to interpreting service for deaf and deafblind people and engagement of service users and carers in the interview process for Newly Qualified Social Workers.
- Overall, the findings from the KCC internal Audit assessment show gradual improvement compared to previous years.

## Priority 8: Workforce

**Ensuring that all staff develop and maintain the necessary skill-set and the required culture of practice needed for meeting the strategic and operational objectives of our business now and in the future**

- The Social Work profession continues to have recruitment difficulties, in particular staff internally applying and moving into Senior Practitioner roles. We have therefore developed a programme to grow our own. The programme: Aspiring Senior Practitioners is designed for staff that have been identified by their line manager in accordance with succession planning criteria. The first cohort of 15 participants started September 2017.
- The Aspiring Senior Practitioner programme is shaped and delivered by our Social Work Professional Development Educators. This role was introduced 2015, initially to support Newly Qualified Social Workers to undertake and complete the Assessed and Supported Year in Employment programme. However, the role and the Professional Development Educators now work with staff across social care (including nurse, OT and unqualified) to reflect on learning and knowledge through practice development workshops, deliver reflective 1:1 support for practitioners to critically reflect on specific aspects of complex social work cases and dynamics, support staff with progressing through the social care capability framework and provide support to practitioners with complex cases.
- We continued to support and improve practice through the Key Concepts (during 2017/18 we delivered 6 sessions) training programme. This facilitated and enabled staff to share good practice, and benefited from the opportunity to reflect upon practice. In addition, we ensured that all staff (registered and unregistered) that work or have contact with service users completed the Safeguarding Adults Capability Framework within the required timescale.
- Developed the role of the Transformation Engagement Team (TET) to support on-going change, modernisation and staff engagement. TET have met monthly and its actions reported to Divisional Management Teams monthly.
- Continued to support staff to undertake the Open University Social Work degree and sustained the sponsorship of Approved Mental Health Professional (AMHP) opportunities. An AMHP is a person who is warranted, or authorised, to make certain legal decisions and applications under the Mental Health Act 1983. We have supported 8 staff to undertake this course in recognition of the importance of the role.  
We have maintained staff training and development through an induction programme, access to e-learning courses and mandatory training. As at 31 December 2017, 45 members of staff were accessing training via the apprenticeship levy.  
Staff in the Directorate accessed 3,455 face to face training sessions and accessed 14998 e-learning modules. 16 staff completed Future Manager programme; 15 staff are on the planned intake for January 2018 and April 2018.

Twenty members of staff are registered on the Open University Degree in Social Work (4 in Year 1, 9 in Year 2, 7 in Year 3).

- Training and development on equality and diversity was delivered to 150 staff in October 2017. The outcomes from that event will inform developments next year.
- We worked with Corporate Service to develop an e-learning module on “Safeguarding Adults for non-social Care staff” which we launched in February 2018 on the intranet.

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## C. Directorate priorities for 2018-19

Our eight Directorate priorities for 2018/19, and how these contribute to Kent County Council's Strategic Statement 2015-2020 outcomes are set out in the following section. The priorities take account of 2017-18 political priorities set out in KCC's Annual Report. Detailed plans about the specific actions which we will take forward during the year are set out in the Divisional Business Plans. In summary, we are committed to:

### Priority 1: Budget

#### **Managing within our means, through sound management of the agreed budget for our businesses**

KCC's standing procedures require all directorates to deliver their service within budget. This is a responsibility that we fully embrace, and govern the business accordingly. We plan to close the year with a balanced budget.

Relevant business planning priority:

- We will implement comprehensive delivery plans by April 2018 to achieve the savings targets set out in the Medium Term Financial Plan 2018-20.
- We will create a monitoring and reporting framework by April 2018 which will enable us to triangulate activity, performance, and finance. This reporting framework will make progress and responsibilities transparent, and enable swift management action to take place.
- We will introduce stronger and more granular unit cost data to enable tighter budget management.
- We will introduce a resource allocation taskforce that takes a problem-solving approach to MTFP delivery issues. We will prioritise delivery of asset or strengths based practice, including targeted recovery work, that will actively manage growth in demand.

### Priority 2: Safeguarding

#### **Continue to provide safe and high-quality safeguarding practice and management**

KCC holds the lead responsibility for safeguarding adults at risk of abuse or neglect. It is a whole Council responsibility, for both Members and officers, and it remains a top priority for KCC. The statutory responsibilities hold KCC, the NHS and Kent Police to account to work together, along with other statutory and non-statutory partners to address safeguarding concerns.

Relevant business planning priority:

- Establish how the statutory function of safeguarding will be carried out at the frontline (operational) level in line with the new operating model for Adult Social Care and Health by the Summer 2018.
- We will take forward a programme of mixed approach to safeguarding audits.

This will be comprised of independent audit by an external person, peer audit led by teams, and a thematic audit coordinated by the Strategic Safeguarding Unit. An annual audit plan will be in place by May 2018.

- We will address safeguarding improvement plans through the Safeguarding Service Managers, and seek to work with Good Practice Groups and the Principal Social Worker, when the post holder is in place.
- The Directorate will meet its responsibilities relating to the Safeguarding Adults Reviews and Domestic Homicide Review as they arise.
- We will continue to maintain senior management and member oversight and scrutiny of safeguarding performance through the production of quarterly performance reports.

### Priority 3: Implement the New Operating Model for ASCH

#### **Refresh the ASCH Your Life Your Wellbeing strategy and implement an asset, or strengths, based operating model.**

The new operating model places greater emphasis on asset based approaches to care and support. We will implement a refresh of practice, structures and enablers to implement this new operating model for Local Care.

Relevant business planning priorities:

- We will work with staff, service users, communities, and partners to refresh our vision strategy – introducing the establishment of care as a social movement.
- We will deliver the modernisation of Adult Social Care and Health practice and structures. The delivery will be phased and centred around the implementation of Local Care through a new operating framework for Lifespan, Mental Health and OPPD and the development of an asset based approach to care and support. This will include delivery of short term interventions, establishing integrated multi-disciplinary teams, supporting urgent care, and a redesign of the statutory functions of safeguarding, social work and quality improvement.
- We will implement a major information technology programme by introducing a new Mosaic client system which will enable staff to work seamlessly from multiple location and in multidisciplinary teams.
- We will develop a voluntary community and social enterprise sector model which will better enable a truly vibrant universal offer. We will maximise community assets and build up a county wide social prescribing and care navigation offer.
- We will work differently with local partnerships to better align the public sector, better motivate the private sector, and better enable community resilience and action. We will develop a digital strategy and implementation plan by early Summer which will set out the vision and approach for the next 3 years. The strategy will focus on three areas – assistive technology, enabling tools for staff and digital solutions on self-care and user consultations and feedback.

Priority 4: introduce the Local Care hub model where social care, community health care and Local Authority housing teams work seamlessly together around groups of GP practices.

**Create fluid locality structures that will enable social care to operate in local MDTs (multidisciplinary teams), or Hubs.**

Integration of health and social care remains a high priority for the Government and the County Council. ASCH will continue to play a leading and active role in the development of opportunities for taking integration forward at scale and pace. We will drive better integration of frontline care across organisations and service boundaries, more investment in community based services and strengthened primary care services.

Relevant business planning priority:

- We will lead the development of Integrated Care Systems in East Kent and West and North Kent.
- We will work with the Local Medical Council, General Practitioners, the voluntary community and social enterprise sector, service users and health partners to establish two pilot sites, a fully functioning Local Care Hub system for a population of between 30,000 to 50,000.
- We will promote the 'reasonable adjustment' approach for universal and generic services to make such adjustments to support people with a learning disability within the sphere of integration.
- We will work with the District Councils in establishing integrated solutions for aids and housing adaptations and where possible integrate these in the health hubs.

Priority 5: Delayed transfers of care

**Continue to work with health to deliver on the delayed transfers of care targets, and ensure that there are robust monitoring and reporting systems in place at all levels (operational management and Members)**

Delayed transfers of care is an important indicator with which central government monitors the effectiveness of local health and care systems and there is a reputational risk associated with this priority. We will continue work seamlessly with NHS partners on integrated discharge and Home First, to ensure that people can access the right support when they are medically fit and safe to be discharged.

Specifically, we will ensure there are robust monitoring and reporting systems in place at all levels (operational, management and members) supported by appropriate escalation and decision-making procedures.

Relevant business planning priority:

- We will ensure there is adequate social care staff resources to carry out the local authority statutory responsibilities for assessment, care and support

- planning and arranging care packages in a timely fashion.
- We will ensure that the right form of provision, such as Home First and Discharge to Assess is available to meet current and future need. This will include actively managing seasonal surges in demand when A&E can come under severe capacity pressures.
  - We will continue to work within multidisciplinary teams in acute hospitals, to streamline operational processes, and reduce or minimise duplication of systems and paper flow.
  - We will work to robust evaluation, monitoring and reporting systems to meet requirement at all levels (operational, management and members). This will be supported by appropriate escalation and decision-making procedures
  - We will maintain our high profile commitment to system leadership. The Lead Assistant Director, Director and the Corporate Director continue with their commitments to work as members of A&E Delivery Boards and the Single Oversight Management Group.
  - Kent will continue to lead the ADASS regional network for Delayed Transfers of Care, sharing good practice and influencing LGA and NHS E's policy making.

## Priority 6: Retain, recruit and develop capable workforce to meet the business needs

### **Ensure we have responsive staff equipped with the right skill sets and tools and able to work in the changing environment for social care and health**

It is essential that staff working in a changing environment of partnership and integration are supported to provide consistently safe and high standards of practice and function as confident decision makers. We cannot make the service changes and achieve the innovations and improvements we seek without a well-trained, resilient, and high calibre workforce. (See Section J for further information).

#### Relevant business planning priority:

- We will deliver to the objectives set out in the Directorate Organisational Development action plan, monitor, and report its delivery to Divisional and Directorate Management Teams.
- We will require all managers to ensure that they and their staff complete mandatory training in line with the KCC standing procedure and undertake training (e-learning, workshop, class based, shadowing) requisite for their role.
- We will provide appropriate support to staff during the transition to the new organisational arrangements brought about by the new operating model and the refreshed vision and strategy.
- We will introduce the Principal Social Worker (PSW) role across Adult Social Care to lead and championing excellent social work practice, through the development of quality assurance/audit mechanisms that improve social work practice.
- Develop and introduce a career pathway and capability development framework for unregistered workers who work directly with service users.
- Continue to embed ESTHER methodology in practice, by December 2018 we

hope to have 1000 ambassadors and 80 coaches.

- Continue to deliver support to the care sector workforce (including voluntary sector staff) through introducing a learning and development hub.
- We will be developing a recruitment strategy which will be responsive, flexible, inclusive, as well as business focused and effective to ensure that we recruit a competent, confident workforce. In relation to this, key priorities include creating the right pathways to recruiting and developing Newly Qualified Social Workers to ASCH in a consistent way. We will also, use attraction techniques that cover all teams in ASCH and promote the use of social media channels.
- We will continue to support staff development and Open University degree in Social Work and Occupational Therapy degree. We will act to assess the implications arising from the introduction of the Apprenticeship Standards as well as develop links to Associate Nurse Practitioner role as part of the integrated pathways career options within Local Care
- Continue to deliver a programme of talent management and succession planning through Newly Qualified Social Workers recruitment, development of aspiring senior practitioners and future leaders.
- We will give priority to ascertain the extent to which digital and other IT tools facilitate flexible integrated working can enabled and fast tracked in line with the phased implementation of the new arrangements
- With the support of HR and Strategic Commissioning review existing workforce activities to determine the additional steps required to orientate the wider social care workforce in the market to adjust to working to the models of care promoted under Local Care and STP.
- We will continue to seek the views of external groups such as Skills for Care, Kent, Surrey and Sussex Leadership Academy, Association of Directors of Adult Social Services Workforce South East Group, Health Education England Kent Surrey and Sussex and the Local Workforce Action Board to inform the ongoing workforce development plans.

## Priority 7: Commissioning for outcomes

### **Shaping the social care market through a new operating strategy, Statement to Market, Commissioning Plan and Market Position Statement to deliver improved outcomes for people**

We have a duty to facilitate and promote a diverse and high-quality market of care and support services (including prevention services) for people in Kent regardless of who arranges and pays for those services. These responsibilities include the need to ensure the sustainability of the market and supporting continuous improvement in the quality of services as described in the KCC's Commissioning Framework. We also have a responsibility to make the local market aware of the current and future demand for services, and make clear how providers can meet the demand and support them to develop their skills and capacity. (See Section G for further information).

Relevant business planning priority:

- We will take work forward action to develop a 'Statement to Market' by June

2018. This will articulate the commissioning intentions KCC based on the new operating model which emphasises asset based approach to care and support, enablement and joint provision which supports Local Care and Urgent Care.

- We will work to develop a new Market Position Statement by end of June 2018. We regard this to be a mechanism to communicate and engage with providers, developers, planners, and investors in the accommodation market.
- We expect to complete work on the development of a Commissioning Plan by June 2018. This will set out a recommissioning plan for services for 2020.
- We will take forward work to better understand pressures in the market to inform how local authority capacity can be increased within the care home market. Alongside this, we will develop an action plan with the sector towards a more sustainable workforce by end of December 2018 and develop a joint learning hub with providers and the NHS in order to achieve an integrated career pathway.
- We will embark on work with the NHS to develop a plan for community hospitals and workforce integration as part of the STP Estates workstream. This joint work will involve this Directorate, Infrastructure, and Strategic Commissioning.
- We will redouble our efforts to explore further opportunities of Extra Care Housing to current and future needs of residents.

## Priority 8: Carers

**Ensure there is a broad range of responsive and flexible support for carers to assist them in their roles (including recognising the issues of young carers in relation to adults and the need to build on community resilience)**

The important contribution of carers is understood and generally acknowledged. Many of the general duties of adult social care concerning adults with care and support needs equally apply to carers, such as information, advice, support, responsibilities attached to eligible needs of carers as set out in regulations and the care and support guidance.

Relevant business planning priority:

- We will continue to use our investment to support carers organisations so that they can carry on providing support to carers.
- Working with the NHS, and carers organisations we seek to extend community resilience initiatives consistent with the new model of care.
- We will bring the consideration of carers support services with plans to people coming out of acute hospital where there is a carer involved.
- Continue with development work to update the Carers Strategy taking account of the Government's Carers Action Plan.

## Equalities priority

The Directorate will work to the four equalities objectives for the second year running. As we described in Section B above, this is an ethos that guides our work. At the heart of this is the asset based or strengthen base approach to providing meaningful person-

centred tailored to the particular characteristics of the person.

- The priorities for regarding equalities are to (1) safeguard vulnerable adults from harm, (2) improve life chances and outcomes of vulnerable adults through service developments and modernisation, (3) ensure the quality and range of services are improved through increasing engagement with service users and carers and (4) ensure that the number of BME people and women in the mental health system is reduced. Details of the actions that will be taken in respect of these priorities have been set out in the Divisional Business Plans.

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## D. Directorate operating environment

Several factors will inform the work we do and these provide the general operating context to the work we will be doing over the next three years.

### 1. Funding pressures

Funding pressures continue to dominate the operating environment. Spending on Adult Social Care now equals 44% of the total net budget, the largest category of expenditure within the County Council, with the proportion forecast to continue to rise. The Directorate is expected to contribute £18 million towards the whole council savings target of £48 million in 2018-19. Our response to the funding situation is clearly laid out in the Medium Term Financial Plan, which builds on our strong track record of financial management.

Despite the funding constraints, the council's budget provides for significant new investment to cover contractual price increases (£10.8 million), rising numbers of older people/vulnerable adults with the most complex needs (£10.8 million), additional safeguarding social workers (£1.5 million), additional Deprivation of Liberty Safeguard (DOLS) assessments (£1.5 million), the new Adult Social Care Mosaic client system (£0.7 million) and new social care allocation of £2.4m.

### 2. Demand pressures

We are continuing to face the challenges of a growing and ageing population. Over the past 10 years our population has grown by 11% and is forecast to rise by 22.2% by 2036. By the same date the number of people over 65 is forecast to increase by 57.5% and the number over 85 by 131%. In addition, there is a growing number of younger adults with increasingly complex needs (both physical and mental). These developments provide the context for the increasingly serious funding gap.

### 3. Implementation of the new operating model

Building on developments under the 'Your Life Your Wellbeing' Transformation Programme, the new operating model will deliver an asset based adult social care system.

The new model recognises the fact that the current case management model and high caseloads are not sustainable, that practitioners need to spend quality time with clients which enables them to fully utilise the different skills they bring and that we need to work much closer with health and other partners.

Going forward, the expectation is that there is an increasing amount of work that will be short term and/or involve specialist intervention, with those needing more long-term help supported by staff working in Local Care teams (with health and other partners) and working increasingly with providers.

#### 4. New organisational structures within KCC

We will continue to work with and keep under review the new organisational arrangements introduced in 2017. The appropriate strategic and operational linkages need to be maintained (and developed where necessary), in particular with the restructured Strategic Commissioning directorate and the Disabled Children's, Sensory's and Autism's service links with Children, Young People and Education.

#### 5. Pressures on the provider market

The funding gap is adding to the already difficult situation many of our providers are facing. Increasing costs and competition from the London job market make it difficult for many providers to attract a sufficient quantity and quality of staff. The increase in the National Minimum/Living Wage, whilst contributing to making work in the sector more attractive, has added significantly to the costs faced by providers and, by extension, KCC. The homecare sector is particularly affected by the increases to the minimum wage as, with relatively low infrastructure costs, a higher percentage of their costs are due to staff wages.

We commission about 90% of services from outside of the Directorate. Although this offers value for money it does mean we rely on the care market to be in a healthy position to achieve best value and give service users real choice and control. We are currently operating under a position where the care market is becoming unsustainable with increasing difficulties in obtaining the required care at affordable prices and many providers now refusing to take on KCC contracts.

#### 6. Health integration and new health governance arrangements

The new operating model will be increasingly aligned with the developing Local Care structures as part of the STP integration of health, housing and social care. This will be focusing on delivering the core components of creating a healthy living environment, supporting people to improve their health and wellbeing, care planning and navigation, integrated health and social care multi-disciplinary teams, having a single point of access, rapid response, discharge planning and reablement and access to expert opinion and diagnostics. A new governance landscape is under development with the new joint Kent and Medway Health and Wellbeing Board now agreed. During the year there is expected to be a realignment of Clinical Commission Groups and the probable emergence of Integrated Care Systems governing health and social care. Further work is taking place with the Districts on how integrated housing adaptation services could integrate with the NHS and social care.

In order to achieve more for less the focus on innovation, service improvement and productivity needs to increase. Adult Social Care together with the STP Clinical and Professional Board supports a new Service Improvement and Innovation Collaborative where new technologies, service models and international good practice will be tested, evaluated and implemented on behalf of the Kent and Medway STP.

#### 7. Legislative framework

Since April 2015 Adult Social Care has been operating under the new legal framework created by the Care Act 2014. The Act is now fully embedded in the strategy and operational practice of the directorate and it provides a greatly improved and modernised framework. This includes powers to delegate many Adult Social Care functions if this is believed to be the best option. The Act has also created expectations about better, more individualised, strengths based care and support for those with needs and their carers and in the current financial climate this only adds to the pressures on the service.

## 8. Green Paper on funding for Adult Social Care

Following much discussion during the 2017 General Election and since about the crisis facing adult social care, the Government has stated that it will release a Green Paper in Summer 2018. This is expected to cover options for sustainable funding, what should be the balance of responsibility for paying for care between the state and individuals and how the system should align and interact with the NHS, housing and the welfare benefits system.

Whilst the Green Paper will focus on older people, the Government has indicated that some of the issues will also be relevant to working age adults with care and support needs. In addition, there will be a parallel programme of work dealing with people of working age with disabilities, with a particular emphasis on employment and a renewed focus on enabling people to live in the community rather than long-term residential care. We expect to work with members and corporate teams to prepare a detailed and considered response to the government consultation on the Green Paper.

## 9. Care Quality Commission and OFSTED inspection

The most recent Care Quality Commission report into the state of health care and adult social care in England (2016/17) revealed that Kent as a whole was in the bottom 20% of local authority areas in terms of ratings. We need to make sure we are well prepared for inspections of the services we manage. We also manage a small number of in-house provision that are subject to OFSTED inspection, and will ensure that we continue to provide good quality care and respond to the inspection of these services.

## 10. Deprivation of Liberty Safeguards

The impact of the 2014 Supreme Court judgement is continuing to be felt. Further legal clarification has not yet been provided by Government and therefore the directorate is still dealing with a huge increase in Deprivation of Liberty Safeguards applications and a significant backlog of cases. Members have agreed that additional resources should be devoted to tackling the backlog of cases yet to be completed in 2018-19.

## 11. General Data Protection Regulations

The new general data protection regulations will be introduced in May 2018. The directorate needs to ensure that the relevant policies, procedures and business information governance arrangements are in place by this date, backed up by mandatory information governance training for all staff. We will continue to work with corporate services to ensure that we remain compliant with the GDPR and the Data Security and Protection requirements and the introduction of Data Security and Protection Toolkit (DSP Toolkit) in 2018-19, which replaces the Information Governance Toolkit (IG Toolkit).

## 12. Brexit

Whilst the impact the Brexit negotiations will have on local government is currently unclear, this is being closely monitored and analysed within Kent County Council. Of particular concern is the impact on the adult social care and health workforce. It is estimated that about 7% of care workers currently are workers from other EU states.

## E. Risks and opportunities

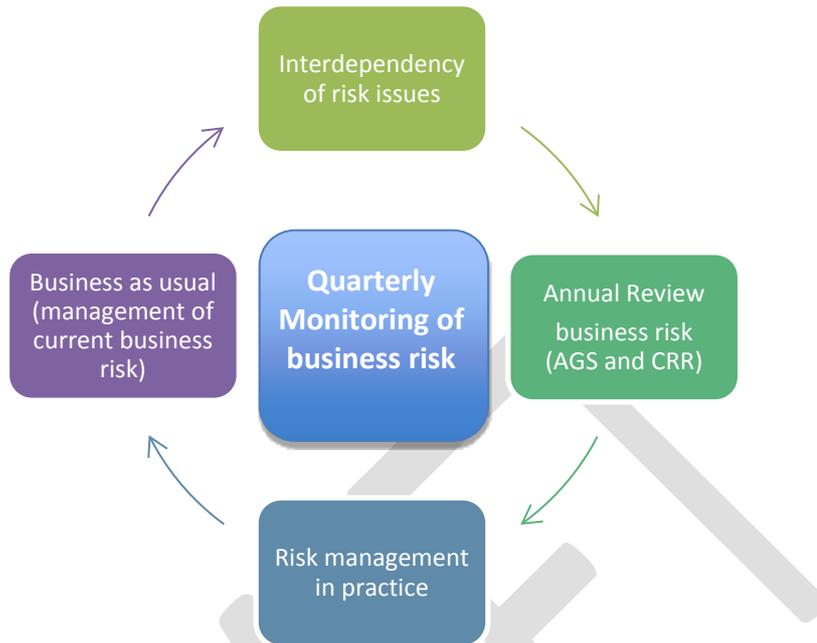


Figure 1

Adopting a proactive and an effective risk management practice is essential to ensuring that we can achieve our priorities and the challenging targets set out in this business plan. This is influenced by the County Council's Strategic Business Plan priorities as set out in KCC's Strategic Statement and the new operating model for Adult Social Care and Health.

Our risk management processes inform the business planning and performance management processes, budget and resource allocation to ensure that risk management supports the delivery of our organisational priorities and objectives. The essential factor is that risk management is a function we carry out as part of the 'business as usual' as illustrated above. This includes taking account of important lessons Kent County Council learns from Internal Audit findings.

We maintain a Directorate Risk Register, which is managed in the Operational Support Unit and regularly monitored and revised to reflect actions taken to mitigate the risk occurring or increasing. As risks de-escalate they are removed from the register and where necessary emerging or new risks are added.

The Directorate takes a mature approach to risk, involving an appropriate balancing of risk and rewards to ensure that threats to achievement of objectives are appropriately managed, while opportunities are enhanced or exploited to achieve the required modernisation outcomes. The Annual Governance Statement (AGS) which is a review of how we have managed risks reflecting on actions during the year, forms part of the risk management processes. The Directorate continues to build on its business continuity preparedness arrangements, working with the changes presented by national policy reforms and the local modernisation programmes.

Table 1

CRR	Key Topic	Key areas of risk
AH0001	New operating model	Implementation of a new operating model for adult social care will require adopting new ways of working and implementing a programme of significant change which is not without risk providers.
AH0004	Safeguarding	Statutory responsibilities of the Corporate Director and her staff to ensure effective safeguarding arrangement in place to protect adult at risk of abuse or neglect
AH0005	Financial pressures	Current pressures on public sector funding are impact on revenue and capital budget. Government has identified additional funding for social care but there continues to be a need to achieve significant efficiencies for the near future
AH0006	Integration	Increased health and social care integration will impact on ways of working and the delivery of services
AH0007	Managing demand	Increase in demand for social care services and there is a risk that demand will outstrip available resources
AH0008	Social Market	Some parts of the social care market are facing severe financial pressures. If some providers fail there could be some gaps in the market for certain types of care making it difficult to discharge our statutory responsibilities.
AH0009	ICT and system replacement	Need to ensure that information and communication systems are fit for purpose and support business requirements. The planned system replacement in January 2019 carries significant risk that must be well managed
AH0010	Information Governance	General Data Protection Regulations comes into effect in May 2018. This will introduce new requirements that the business must be well prepared
AH0011	Business disruption	The impact of emergency or major business disruption on the ability of adult social care to provide essential services to meet its statutory obligations
AH0012	KCC/KMPT partnership agreement	Planned changes to the partnership agreement with KMPT regarding the delivery of social care mental health services because of the joint review.
AH0015	Mental Capacity Act and Deprivation of Liberty Assessments	Supreme Court judgement has led to significant increase in demand for deprivation if liberty assessment.
AH0016	PREVENT	Failure to meet the requirements of the PREVENT duty could lead to more people being drawn into terrorism and terrorist activities
AH0017	Facilities Management	Delays by the contracted service provider to complete maintenance work required within the in-house care provision service could lead to safety risk and inconvenience to residents.

It is important to point out that many of the above risks are captured on both the

Corporate Risk Register and the Directorate Risk Register. This is due to their potential implications for the county council as a whole: the management of Adult Social Care demand; the impact of the changes being introduced as part of the broader health and social care integration (Transformation and Sustainability Partnership); the nature of the stability of the social care market and the aligned workforce implications; as well as the potential risks relating to General Data Protection Regulation, data protection breaches and the impact of a business disruption or emergency incident. Additional information regarding these risks and the mitigations we have put in place can be found in the Directorate Risk Register, the Corporate Risk Register and 'Increasing Opportunities, Improving Outcomes' - Strategic Statement Annual Report 2017.

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## F. Services provided by the Directorate

The Directorate arranges a variety of services which people with care and support need to rely on to help them to live independent and fulfilling lives in their own homes and communities. Strategic Commissioning supports us in organising many of the services listed in the table 2 below.

Service name	Internal or external	Contract end date
<b>Nursing and Residential Care:</b>		
Learning Disability (aged 18+)	External	None
Mental Health (aged 18+)	External	None
Older People (65+) Nursing	External	Mar 2020
Older People (aged 65+) Residential	External	Mar 2020
Older People (aged 65+) Residential	Internal	
Physical Disability (aged 18-64)	External	None
<b>Supported Living:</b>		
Learning Disability (aged 18+)	External	Mar 2016
Learning Disability (aged 18+)	Internal	
Learning Disability (aged 18+) Shared Lives Scheme	Internal	
Older People (aged 65+)	External	Mar 2020
Physical Disability (aged 18-64)/Mental Health (aged 18+)	External	Sep 2017
Physical Disability Day Services	External	Mar 2020
Day Care Transport	External	tbc
Learning Disability Day Services	External	17/18 - 18/19

Community Mental Health and Wellbeing Service	External	Apr 2021
Business Support to Voluntary Sector	External	Mar 2016
Valuing People Now	External	Mar 2017
Employment support for adults with a disability	Internal	
Carers assessment and support	External	Mar 2018
Healthwatch Kent	External	Mar 2017 + 1
Carers Short Breaks	External	Mar 2017 + 1
Kent Advocacy	External	Mar 2019 + 2
Integrated Community Equipment Service	External	Nov 2020
Technology Enabled Care Services	External	Nov 2020
Just Checking	External	Jan 2018
Home Care Contracts 2014	External	May 2019
Home Care Contracts 2002 & Spot Contracts	External	Ongoing; spot contract
Community hot meals delivery	External	Feb 2019 + 2
Hardwick House Meals Service	External	Oct 2017
Specialist and Targeted level Disabled Children's Short Break School holiday play scheme and Term Time Clubs	External	Mar 2018
Disabled Children's Family Days (Sensory and PD)	External	Mar 2018
Direct Payments Support Service 0-25	External	Mar 2019
Information and Advice Service (I ASK)	Internal	
Disabled Children Day care agencies spot purchased	External	

Disabled Children's Term time and Residential placements - spot purchased	External	
Disabled Children's overnight short breaks placements – spot purchased	External	
Blue Badge Service	External	tbc
Regulation 44 Independent Visitor Short Breaks Service	External	Oct 2018

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## G. Significant commissioning activity

The Directorate will be working on several commissioning activities during the year. The significant ones are shown in the table 3 below. Strategic Commissioning support is vital to helping us meet the objectives related to the following activities which we will be pursuing during the next few years.

Name	Summary of activity	Lead Service	Expected value	Date for Key Decision (if required)	Public consultation required
Adults					
Blackburn Lodge – future of in-house provision	Commissioning of a build contract for care provision on the Isle of Sheppey	Strategic Commissioning Accommodation	TBC	✓	Completed in Dec 2015
Transforming Care	Commissioning of Transforming Care Provider Framework to support transfer of individuals discharged from secure settings into community services	Strategic Commissioning Communities	£15.2m	✓	April 2019
Kent Integrated Homelessness Services	Commissioning of services for vulnerable adults of 18 and above who are currently homeless, or at risk of becoming homeless	Strategic Commissioning Communities	£7.8m (£4.1m adults)	✓	Oct 2018
Disability Residential Services	Following implementation of Your Life Your Home. Re-Commissioning of Adult Disability Residential Services for Learning Disability, Mental Health and Physical Disability	Strategic Commissioning Accommodation	£90m	✓	Apr 2019
Homecare and Supported Independence	Development of a new Outcome Based Care domiciliary contract including Home Recovery	Strategic Commissioning	£80m	✓	April 2019

Service	and Supporting Independence services.	Communities			
Discharge to Assess/Seasonal Capacity	Commissioning of additional capacity to support hospital discharge during seasonal peak periods	Strategic Commissioning Communities	TBC	✓	October 2018
Wellbeing Core Offer	Commissioning of a wellbeing and resilience offer that supports people to keep well and reduces social isolation	Strategic Commissioning Communities	£12m	✓	April 2019
Sensory Services	New commissioning model to support people to access the right advice and information and a range of preventative and wellbeing services in their community designed to promote their wellbeing and independence	Strategic Commissioning Communities	£1.1m	✓	April 2019
Residential Services Same Day Assessments	Exploration of the appetite, costs, benefits of provider led assessments to support earlier discharge	Strategic Commissioning Accommodation	TBC		April 2020
Deprivation of Liberty Safeguards (DOLS)	Commissioning of additional resources to help manage significant portion of DOLS backlog cases	Strategic Safeguarding Unit (Supported by Strategic Commissioning)	£1.5m	✓	No

## H. Significant service activity

The Directorate will be taking forward several service activities and the significant ones are listed table 4 below. They concern important services changes, new strategies or policies that will be shaping our work during 2018-2021 period.

Name	Summary of activity	Lead Service		Date for Key Decision (if required)	Public consultation required
Part I) Significant service changes					
Directorate Structure	Refresh the Adult Social Care and Health structure to ensure the most effective leadership and locality operation delivery units	Strategic Directors Group			
New operating model for Adult Social Care and Health	<p>Develop a new asset based operating model for ASCH that aligns our service with local care and the integrated multidisciplinary teams</p> <p>Design and implement a new model to delivery statutory functions of safeguarding, social work and quality</p> <p>Design and implement a new transactions function with the operating model to grip purchasing activity</p> <p>Implement outcomes focused practice to ensure individuals have outcomes set and providers are monitoring to deliver against outcomes</p> <p>Redesign and implement in-house services to support the delivery of the new asset based operating model</p> <p>Implement service changes</p>	Strategic Directors Group			

	<p>allied to Urgent Care to improve patient flow (including, early discharge planning, Integrated discharge teams, admission avoidance, enhanced health support in care homes) across Kent in partnership with STP commissioners, health and social care providers, and the voluntary sector</p> <p>Home first / Discharge to Assess including single point of access, Kent Enablement a Home/ Intermediate Care Team integration and domiciliary recovery services</p>				
New operating model for Mental Health	Design and implement a new Mental Health operating model whereby KCC secure full accountability for all social care statutory duties, whilst having a joint input into secondary care pathways to make certain that we have an integrated health and social care response that supports and achieves improved outcomes for people	Disabled Children, Learning Disability and Mental Health			
New client information technology system	Implement the new Mosaic system to replace the existing SWIFT system (this include one system across 0-25 lifespan)	Strategic Directors Group			
Sensory Service Redesign	Develop all age multi-agency (children, young people and adults) Sensory pathways for D/deaf, sight impaired and deafblind people in Kent	Sensory Service		Aug 2018	No

	Redesign the current children and families social care sensory team, and the current adults social care sensory team to form an all effective and efficient age social care service, with improved outcomes for deaf, sight impaired and deafblind people in Kent				
Supported Independence Service/Homecare	Develop a flexible, outcomes based commissioning framework to meet the needs of Older People, People with a Physical Disability, Disabled Children, Adults with a Learning Disability, Complex Needs (Transforming Care)	All client groups in ASCH (supported by Strategic Commissioning)		June 2018	
Autistic Spectrum Conditions	Develop an integrated diagnostic and support service with the NHS, redesign the Autism team and implement the actions from the Autism Strategy.	Older People Physical Disability			

## Part II) New strategies and policies

Your life your wellbeing strategy	Refresh the strategy to reflect the new Adult Social Care and Health operating model which is built on asset based approach and community resilience	Corporate Directors Office			
Digital strategy	Develop a strategy and implementation plan which will set out the vision and approach for the next 3 years	All client groups in ASCH			
Voluntary community and social enterprise	Develop a voluntary community and social enterprise (VCSE) sector model which makes the best	All client groups in ASCH			

sector	use of our relationship with the VCSE maximizing community asset to manage demand across health and social care sector which will include social prescribing				
Locality partnership	Determination of partnership arrangements/opportunities between Social Care, District/Borough Councils and Health to ensure more joined up approach is adopted to future initiatives, making the best use of resources and meeting integration agenda requirements	All client groups in ASCH			

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## I. Resources

The total net 2018-19 budget for the Adult Social Care and Health Directorate is £414m.

Table 5

Division	Staffing	Non- staffing	Gross expenditure	Income	Grants	Net cost
	£000s	£000s	£000s	£000s	£000s	£000s
Strategic Management & Directorate Budgets (including monies to be allocated)	4,401.6	42,742.1	47,143.7	-1,502.2	-2,164.3	43,477.2
Disabled Children, Adult Learning Disability and Mental Health	38,211.4	206,922.5	245,133.9	-20,372.7	-2,378.2	222,383.0
Older People & Physical Disability	42,474.7	219,949.4	262,424.1	-99,623.8	-11,642.5	151,157.8
<b>Total</b>	<b>85,087.7</b>	<b>469,614.0</b>	<b>554,701.7</b>	<b>-121,498.7</b>	<b>-16,185.0</b>	<b>417,018.0</b>

The summary of the staffing resources in our Directorate is shown below:

Table 6

Division	A/C	H/C inc CRSS	FTE
AH - Adult Social Care and Health	48	45	40.2
AH - Dis Children Adult Learning Dis Mental Health	1,366	1,261	1,014.5
AH - Older People and Physical Disability	1,704	1,558	1,217.8
<b>Directorate Total</b>	<b>3,118</b>	<b>2,864</b>	<b>2,272.4</b>

Note:

Total FTE's may include rounding errors.

H/C Inc. CRSS - If a member of staff works in more than one division they will be counted in each.

The FTE numbers reflect actual numbers in post and exclude agency staff and vacancies, as these are not recorded in the HR System.

Data captured at the end of quarter 3.

## J. Organisational development

The County Council's organisational development vision builds on our history in workforce development and other ways of improving organisational performance and learning so that KCC, staff and partners are equipped to improve the lives of Kent residents, communities and business. We do this through ways such as delivering change in direction, skills and culture that improves our performance; building resilience in all our staff by anticipating and adapting to the factors that affect public services; improving the employee deal through effective leadership and management and using people management processes, systems and data to empower our people.

KCC's organisational development (OD) strategic priorities are set out in the Organisational Development Medium-Term Plan 2017-22. The KCC OD priorities were identified by Directorate Organisational Development Group, the Directors' Organisational Development Group and the Corporate Management Team to support the delivery of the councils' vision and outcome.

KCC's OD priorities for the whole council from 2017-22 are:

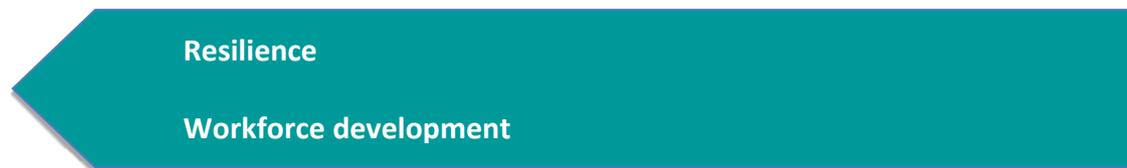


Source: KCC  
Organisation  
Development Priorities -  
2017-2022  
Figure 3

The  
Organisation  
Development  
Action Plan  
for 2018-19

sets out in more

detail how these priorities will be delivered with the Organisation Development  
Groups.



### Directorate Organisation Development Priorities 2018-19

The following priority areas have been agreed by the Directorate Organisational Development Group as key areas which we will take forward during this financial year. It is essential that we help staff to develop and maintain the necessary skill-set required for meeting our strategic and new operating model objectives. The specific Directorate actions that we will take forward this year include:

### 1. Capacity building and resilience

Development of the Principal Social Worker role for adults linked to the future vision for social work, practice improvement and using appropriate professional networks within the Directorate and across Kent County Council to support the workforce.

Ensure workforce planning for critical roles is reviewed and considered as part of on-going staffing reviews.

Develop ASCH approach to recruitment, prioritising the key themes for the directorate including:

- Consistent recruitment and development of Newly Qualified Social Worker's to meet the needs of the directorate
- Ensuring that the employment offer for Adult Social Care is attractive and accessible for applicants and results in improved recruitment activity and positive appointments.

### 2. Partnership working

Work closely with the Sustainability and Transformation Partnership Programme to ensure that the social care workforce and the wider workforce are considered equally within discussions on workforce strategies and plans.

Contribute to specific Sustainability and Transformation Partnership workstreams in relation to the key workforce challenges including Local Care and Leadership Strategy. Contribute to regional and national initiatives as required through relationships with Association of Directors of Adult Social Services, Health Education England and Skills for Care.

### 3. Workforce Development

Establish and develop appropriate governance within the directorate to ensure consideration of workforce development priorities including safeguarding, front-line support staff, specialist workers and Think Ahead for MH social work needs to be added to workforce.

Development of career progression pathways including apprenticeships that link the social care, health and wider workforce. This includes the development of a Learning Hub where skills development, integrated career pathways, recruitment and retention for the wider social care workforce in line with the new skills required for the new operating models in health and social care will be coordinated.

Growing our own staff through partnerships with Universities, Think Ahead and the Teaching Partnership and maximising the development opportunities for staff through the Apprenticeship Levy.

## K. Performance indicators and targets

We need to know that we are providing our services in the right way and to help us do

this we have a number of key performance measures and milestones that reflect what we set out to achieve. These Key Performance Indicators (KPIs) support the delivery of our key priorities set out in this business plan. This year the indicators and targets will be heavily informed the new operating model.

We routinely use our monthly Performance Dashboard to track how well we are doing; identifying quickly any areas where we may need to improve or take corrective action. Our overall performance in delivering against our Directorate priorities and how they contribute to the achievement of KCC's strategic outcomes will be measured by these indicators, which are published in our Quarterly Performance Report to Members. In addition, we will be able to use activity information from this business plan to inform the Strategic Statement annual report.

### Our Quarterly Performance Report

Performance indicators provide valuable information and are defined very carefully to balance the need to be proportionate in collecting information, with the level of detail that is required to be operationally useful. Our KPIs will take account of changes to the data that government requires Local Authorities to submit as well as the level of change and modernisation within the Council that is required to respond to current challenges.

Although a small set of performance indicators will be reported to Cabinet on a quarterly basis in our Quarterly Performance Report, each of our services within the two Divisions monitor a bigger set of performance indicators to ensure that the services we manage are performing as well as possible. Services and Divisions usually monitor these indicators, as set out in their Business Plans, in monthly meetings.

We have reviewed and included the relevant KCC Strategic Statement annual report business plan priorities 2018-19. These are (1) work to reduce delayed transfers of care, (2) reduce hospital and care home re-admissions following enablement support and (3) make it easier for people to access advice, information and support.

Below is a list that sets the targets and activity measures we will use to measure our performance in 2018-19. It provides a summary of the areas we monitor to assess the contribution of our services. The targets centre on the objectives linked to our vision and new operating model and these are set out in tables 7 and 8 below.

## Key Performance Indicators

Ref	Indicator Description	2017-18 Projected Outturn	2018-19 Floor	2018-19 Target
AH01	Percentage of contacts resolved at first point of contact (%)	73%	60%	70%
AH02	Number of clients receiving a Telecare service (snapshot)	6,000	7,200	8,000
AH03	Number of new clients referred to an enablement service (quarterly)	2,650	2,539	2,821
AH04	Number of admissions to permanent residential or nursing care for older people (rolling year)	1,740	1,722	1,565
AH05	Percentage of clients still independent after enablement	48%	54%	60%
AH06	Percentage of delayed transfers of care where KCC responsible	23%	40%	30%

Ref	Indicator Description	Threshold	Q1	Q2	Q3	Q4	2017-18 Expected
AH07	Number of older people in residential care	Upper	2361	2383	2404	2426	
		Lower	2269	2289	2310	2330	
AH08	Number of older people in nursing care	Upper	1103	1083	1063	1043	
		Lower	1060	1041	1022	1003	
AH09	Number of older people in homecare	Upper	3874	4092	4310	4527	
		Lower	3576	3777	3978	4179	
AH10	Number of learning disability adult clients in residential care	Upper	1156	1134	1112	1090	
		Lower	1046	1026	1006	986	
AH11	Clients with on-going Direct Payments	Upper	3712	3698	3685	3671	
		Lower	3436	3424	3411	3399	

## L. Monitoring and review

We will monitor our delivery on the key actions linked to the eight Directorate priorities. The monitoring process will be based on the governance arrangements that is in place to oversee sound delivery of business. We will adopt a risk based approach.

We will adopt a proportionate approach to how we do this informed by the new operating model, leadership, and respond the wider Kent County Council governance arrangements. We will conduct the review of progress of the business plan actions at the same time as we undertake the monitoring of the Directorate Risk Register, and the evaluation and preparation of the Annual Governance Statement report.

The review process will be heavily informed by the review of Divisional business plan activities. These take place on a frequency determined by each Director. Furthermore, the review of the business plan is not undertaken in isolation. It will be informed by the monitoring and reporting activities which are reported in the KCC Cabinet Quarterly Performance Report, Adult Social Care and Health Reform and Public Health Cabinet Committees performance report and through the budget monitoring processes at divisional and Directorate levels. We will also use information from our Project Management Office (PMO) to inform our assessment of progress. Depending on the outcome of the reviews the necessary remedial actions will be put in place. We will also have the right systems in place to monitor and report on our work as part of Local Care, Sustainability and Transformation Partnership.