

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 30th November, 2018

10.00 am

Council Chamber - Sessions House

AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 30 November 2018 at 10.00 am
Council Chamber - Sessions House

Ask for: **Emma West**
Telephone: **03000 412421**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (15)

Conservative (12): Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman),
Mrs A D Allen, MBE, Mr M A C Balfour, Mrs C Bell,
Mrs P M Beresford, Mrs S Chandler, Miss E Dawson,
Ms S Hamilton, Mr P J Homewood, Mr D D Monk and
Mr R A Pascoe

Liberal Democrat (2): Mr S J G Koowaree and Ida Linfield

Labour (1) Dr L Sullivan

Webcasting Notice

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- 1 Introduction/Webcasting Announcement
- 2 Membership
Dr L Sullivan has replaced Mr B Lewis as a Member of the Committee.
- 3 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present.
- 4 Declarations of Interest by Members in items on the agenda
To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared.

- 5 Minutes of the Adult Social Care Cabinet Committee meeting held on 27 September 2018 (Pages 7 - 16)
To consider and approve the minutes as a correct record.
- 6 Adult Social Care Cabinet Committee Meeting Dates for 2019/20 - For Information Only (Pages 17 - 18)
To receive a report which provides the details of the 2019/2020 meeting dates for the Adult Social Care Cabinet Committee.
- 7 Verbal Updates by Cabinet Member and Corporate Director (Pages 19 - 20)
To receive verbal updates from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health.
- 8 Adult Social Care and Health (including the Lifespan Pathway Service) New Operating Model (Pages 21 - 56)
To receive a report which describes the new Adult Social Care and Health (including the Lifespan Pathway Service) Operating Model.
- 9 Commissioning of Integrated Domestic Abuse Services Update (Pages 57 - 64)
To receive a report which provides an update as to progress and developments within the Kent Integrated Domestic Abuse Support Services, which were commissioned in April 2017.
- 10 Update on Kent Integrated Homelessness Support Services (Pages 65 - 70)
To receive a report which provides information on the outcome of the recent procurement, undertaken as a result of the implementation of decision number 17/00074, to recommission support services for vulnerable homeless people.
- 11 Adult Social Care Performance Dashboard (Pages 71 - 96)
To receive a report which provides Members with progress against targets set for key performance and activity indicators for September 2018 for Adult Social Care.
- 12 Work Programme 2019/20 (Pages 97 - 102)
To receive a report from General Counsel on the committee's work programme.

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Thursday, 22 November 2018

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of A meeting of the Adult Social Care Cabinet Committee held at Council Chamber - Sessions House on Thursday, 27th September, 2018.

PRESENT: Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman), Mrs C Bell, Mrs P M Beresford, Mrs S Chandler, Miss E Dawson, Ms S Hamilton, Mr P J Homewood, Mr B H Lewis, Ida Linfield and Mr D D Monk

OTHER MEMBERS: Graham Gibbens

OFFICERS: Rachel Britt (Senior Commissioning Manager - Children's Services), Xanten Brooker (Senior Commissioner), Jamie Brooks (Senior Commissioner), Toni Easdown (Project Officer), Damien Ellis (Head of Service Provision), Cheryl Fenton (Assistant Director Mental Health), Christy Holden (Senior Commissioning Manager), Anthony Mort (Policy Manager), Jack Moss (Senior Commissioning Manager), Samantha Sheppard (Senior Commissioner), Steph Smith (Performance Monitoring Manager), Penny Southern (Corporate Director, Adult Social Care and Health), Michael Thomas-Sam (Head of Strategy and Business Support), Anne Tidmarsh (Director, Older People and Physical Disability), Mark Walker (Assistant Director for Disabled Children and Young People) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS

98. Membership
(Item 2)

The Chairman announced that Mrs C Bell had replaced Mr P Lake as a Member of the Committee.

99. Apologies and Substitutes
(Item 3)

Apologies for absence were received from Mrs A Allen, Mr G Koowaree and Mr R A Pascoe.

100. Declarations of Interest by Members in items on the agenda
(Item 4)

Mr B Lewis declared an interest as his wife was employed by Kent County Council.

101. Minutes of the meeting held on 4 July 2018
(Item 5)

Resolved that the minutes of the meeting of the Adult Social Care Cabinet Committee held on 4 July 2018 are correctly recorded and that they be signed by the Chairman.

102. Verbal Updates by Cabinet Member and Corporate Director
(Item 6)

1. Graham Gibbens (Cabinet Member for Adult Social Care and Public Health) gave a verbal update on the following issues:

West Kent ASC provisions tour

On 11 July 2018, Mr Gibbens visited various care homes and extra care housing schemes which included Strawberry Hill Extra Care Scheme in Dartford, Tunbridge Wells Care Centre, Thomas Place Extra Care Scheme in Maidstone and the Maidstone Care Centre in Penenden Heath.

Opening of the changing place in Sessions House

On 20 July 2018, Kent County Council celebrated the opening of the new changing place in Sessions house, in memory of Steven Kissock.

Art Ability event in Sessions House

On 20 July 2018, an Art Ability event took place in Sessions House which was an exhibition of arts and crafts by people with a learning disability across Kent.

Visit to the Central Referral Unit in Ashford

On 26 July 2018, Mr Gibbens visited the Central Referral Unit at Kroner House in Ashford and reminded Members that they were welcome to visit the site at any time.

Select Committee – Social Isolation

On 17 September 2018, Mr Gibbens was interviewed as part of the Social Isolation Select Committee and answered a series of questions relating to Loneliness and Social Isolation.

Upcoming Events

World Mental Health Day would take place on 10 October 2018. Mr Gibbens encouraged Members to take part in activities that were taking place in their divisions. Safeguarding Awareness Week would commence on 8 October 2018 and end on 12 October 2018.

Kent Housing Group Excellence Award

Kent County Council and Ashford Borough Council had won the Kent Housing Group excellence award for Farrow Court, HomeBridge and Cherry Tree Court in the excellence partnership category. Mr Gibbens congratulated all officers that were closely involved in receiving the award. The award recognised and celebrated outstanding individuals, teams or projects that had delivered against the odds to ensure excellent service for the residents and communities across Kent and Medway.

2. Penny Southern (Corporate Director of Adult Social Care and Health) introduced Damien Ellis (Head of Service Provision) as he was supporting Adult Social Care to cover the Director post for Disabled Children, Learning Disability and Mental Health. She then gave a verbal update on the following issues:

Annual 'Rise 4 Disability' Show

The annual Rise 4 Disability show took place on Tuesday 18th September in Detling. The show was a major annual event with a mission to unite all disability services. There were many presentations that were delivered at the show by social care, health, housing, mental health, learning disability, prisons and disabled

children's services teams. The show was a positive demonstration on how Kent County Council and its partners worked together.

The Future Direction of Adult Social Care and Health

The 'Your Life, Your Wellbeing' strategy in Kent was being refreshed to help Adult Social Care and Health plan the future, Michael Thomas-Sam had taken a lead role in the strategy's refresh and had hoped to present progress and share targets and visions for the refreshed strategy to the Adult Social Care Cabinet Committee meeting in November 2018. A staff engagement event would take place in Ashford in November 2018 to ensure that the entire Adult Social Care workforce in Kent were kept up to date and engaged in future work. Anne Tidmarsh (Director, Older People and Physical Disability) was the workforce lead for the Sustainability Transformation Plan which would propel health and social care integration in Kent.

- a) In response to a question, Penny Southern said that officers would be able to provide more information to Members in relation to prison visits. Mr Gibbens said that Members of the Committee could attend the prison visits, providing prison security permitted.

3. RESOLVED that the verbal updates be noted.

103. 18/00055 - Direct Payment Support Service *(Item. 7)*

Rachel Britt (Senior Commissioning Manager - Children's Services), Jamie Brooks (Senior Commissioner), Mark Walker (Assistant Director for Disabled Children and Young People) and Shellina Prendergast were in attendance for this item

1. Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) read out a statement which explained the reason why the item had been brought to the Adult Social Care Cabinet Committee as opposed to the Children's, Young People and Education Cabinet Committee.
2. Rachel Britt introduced the report which set out the option for families with a disabled child to choose to receive a direct payment in lieu of a provided service which was given by The Carers and Disabled Children Act 2000. To support families, children and young people in the management of direct payments, Kent County Council commissioned a Direct Payment Support Service. The service was competitively tendered in 2016. The contract was due to expire on 31 March 2019 and there was no scope to further extend the contract, there was a need to procure a new service to ensure support continued.
 - (a) In response to a question, Rachel Britt said that the previous contract did not include an option to extend and felt it should be an option with the new contract. She said that the contract value had provisionally been set for three years, but this would be reviewed every year and work would be undertaken with the provider to monitor demand, capacity and expenditure through the service.
 - (b) In response to a question, Rachel Britt said that the cost of the contract was £342,000 per annum.

- (c) In response to a question, Rachel Britt said that as part of the tendering evaluation, bidders would be evaluated on their plans for mobilising to a new service and would be scored accordingly on the plans that they had put in place. Kent County Council would work with the successful bidder, and if the successful bidder were the current provider, the mobilisation to the service would be much smoother. If the successful bidder was a new provider, transition and mobilisation meetings would take place before the contract went live, the transfer was expected to take place on 1 April 2019.
3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to
- (a) procure a new contract for the Direct Payment Support Service; and
 - (b) delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision,

be endorsed.

104. 18/00041 - Community Navigation Service (Care Navigation and Social Prescribing)
(Item. 8)

Christy Holden (Senior Commissioning Manager) and Sam Sheppard (Senior Commissioner) were in attendance for this item

2. Christy Holden introduced the report which detailed the approach for progressing a Wellbeing and Resilience Strategy with a focus on an integrated Care Navigation and Social Prescribing Service. The report also provided an outline plan to progress to appropriate arrangements for a high number of current grant arrangements. The new arrangements would ultimately ensure full compliance with Kent County Council and national policy.
- (a) In response to a question, Anne Tidmarsh said that Kent County Council were working closely with the Clinical Commissioning Groups (CCG) in all areas of Kent. She said that the purpose of the report was to identify how resources could be spread and all of the localities would be serviced by the new care navigation contract.
 - (b) In response to a question, Sam Sheppard said that the funding in the contract was directly related to salaried posts, therefore while the value of the contract was as stated in the report an annual review would take place to conclude the possibility of an inflationary uplift as part of the Pay and Prices review.
 - (c) In response to a question, Sam Sheppard said that the contract duration would be four years, with an option to extend.
 - (d) In response to a question, Sam Sheppard said that stakeholder engagement was undertaken last year with Kent County Council's providers who provided community-based support, the public and carers, in relation to the core offer for older people, which included engagement

relating to a new model of care navigation. Testing had been undertaken and the outcomes of the engagement had been reviewed to ensure that the needs of Kent's residents were met.

- (e) In response to a question, Sam Sheppard said that organisations with a prominent position in the market often overshadowed the voice of smaller organisations. She said that all of Kent County Council's engagement events were advertised through the Kent Business Portal to ensure that the engagement process was as accessible as possible, the event's information was then added to the engagement pages on Kent County Council's website.
3. Penny Southern said that it was important that front-line staff communicated well with Kent's residents and provided individual's with accurate advice and information.
- (f) In response to a question, Anne Tidmarsh talked about social prescribing in Kent and said that GP were keen to offer social prescribing to their patients.
 - (g) In response to a question, Sam Sheppard said that care navigation was a short-term service and said that it was important to ensure that the transfer process was as smooth as possible for service users. She said that colleagues would undertake work through the mobilisation period to mitigate the risk of transfer delays.
 - (h) In response to a question, Sam Sheppard said that in relation to the CCG investment, the contract consisted of two key elements; community navigation, and community navigation for people with carers. She said that the majority of the CCG funding was allocated to community navigation for carers, and that was jointly commissioned between Adult Social Care and the CCGs. She said that the only investment into the community navigation element of the contract came from Dartford, Gravesend, Swanley and Swale where Kent County Council were jointly commissioning the service for that area.
 - (i) In response to a question, Sam Sheppard talked about the positive conversations that had taken place between Kent County Council and the districts in Kent that used a care navigator model, specifically relating to housing related issues.
1. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:
- a) undertake an open tendering process for a Care Navigation and Social Prescribing Contract;
 - b) establish interim arrangements from 1 April 2019 for a minimum period of nine months for the majority of the remaining historic grants to allow for the full tender or appropriate process by 2020 in relation to community-based wellbeing services; and

- c) delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision,

be endorsed.

105. 18/00042 - Local Account for Kent Adult Social Care (April 2017 - March 2018)
(Item. 9)

Steph Smith (Head of Performance and Information Management) and Toni Easdown (Project Officer) were in attendance for this item

1. Steph Smith introduced the report which set out the development of the Local Account for Adult Social Care (April 2017 – March 2018) and summarised engagement activities undertaken to date across Adult Social Care and outlined how user engagement feedback from these activities had informed the development of the Local Account for 2017-2018.
 - a) In response to a question, Steph Smith said that whilst the Care Quality Commission did inspect Kent County Council's service provision, they no longer inspected Kent County Council's social care departments.
2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to consider the Local Account document– 'Here for you, how did we do?' (April 2017 – March 2018) and endorse the document as the final version, be endorsed.

106. 18/00050 - Shared Supported Living and 24-Hour Care and Support Element of the Supporting Independence Service
(Item. 10)

Jack Moss (Senior Commissioning Manager) was in attendance for this item

1. Jack Moss introduced the report and described the Shared supported Living arrangement whereby someone who already had, or who wanted to have their own tenancy or own home, within a property where there was the possibility of support being shared by the tenants. The tenant would be supported by a "care and support" provider to help them to live as independently and safely as possible.
 - (a) In response to a question, Jack Moss said that a figure within the report had been removed due to modelling work.
 - (b) In response to a question, Jack Moss said community-based services were chargeable, providing they did not fall within the enablement provision.
 - (c) In response to a question, Penny Southern said that the majority of individuals that would benefit from the support services were people with very complex needs. She said that if support was provided in the most appropriate way, admissions into acute hospitals could be reduced.
2. Mr Gibbens talked about the importance of carers and young carers. He said that a major challenge was around people that were caring for relatives that did

not make themselves known, and therefore they were much harder to reach out to and support. He said that work had been undertaken with CCG's and GP partners to carry out as much work as possible to target and support hidden carers and address issues around the social isolation and loneliness of carers.

- (d) In response to a question relating to the equalities impact assessment, Jack Moss said that last year, the grant was changed for a number of Kent County Council's carers organisations into a contract which enabled greater collection of data.
- (e) Michael Thomas-Sam said that the government had recently published a Carers Action Plan which would be reflected in the Adult Social Care Green Paper, but also as part of the integration around the NHS plan.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to

- a) approve the extension of the Shared Supported Living Services and 24-Hour Care and Support under the Supporting Independence Services Contract for 11 months, allowing for a phased inclusion in the Care and Support in the Home Contract; and
- b) delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision,

be endorsed.

107. Integrated Adult Learning Disability Commissioning Section 75 Agreement
(Item. 11)

Xan Brooker (Senior Commissioner) was in attendance for this item

- 1. Xan Brooker introduced the report which provided an update regarding the Learning Disability Section 75 Agreement which was established to host integrated commissioning arrangements between Kent County Council and the seven Kent Clinical Commissioning Groups (CCGs).
- (a) In response to a question, Xan Brooker said that annual health checks had been identified as a challenging area in the Joint commissioning plan. She said that colleagues were working with CCG's to improve the uptake and delivery of the annual health checks.
- (b) In response to a question, Penny Southern talked about the 33% take-up of annual health checks and said that it was about the individuals getting to a GP to have the annual health check assessment. She said that all of Adult Social Care and Health's integrated teams supported the individuals that had been identified by Kent County Council with learning disabilities to get to a GP, and colleagues had been very proactive in ensuring that this level of support continued to people living with learning disabilities in Kent.

- (c) In response to a question, Xan Brooker said that Kent County Council's role was to ensure that individuals with learning disabilities in Kent were aware of the annual health checks that were available and attended them.
- (d) In response to a question, Xan Brooker said that colleagues were undertaking extensive work to ensure that individuals were attending their annual health checks.

2. RESOLVED that the report be noted.

108. Development of the Future Provision of Social Care and Support for Adults with Mental Health Needs
(Item. 12)

Cheryl Fenton (Assistant Director, Mental Health) was in attendance for this item

1. Cheryl Fenton introduced the report which provided an update on the progress in achieving the roadmap for the future provision of social care and support for adults with mental health needs.
 - (a) In response to a question, Penny Southern said that there had been significant improvement in the social care work that Kent County Council had undertaken for mental health. She said that the Live Well contract had been a significant investment from Kent County Council and CCG's to create a much more local service to meet mental health needs locally.
 - (a) In response to a question, Cheryl Fenton said that whilst it was increasingly uncommon, occasionally individual's requiring complex health treatment were placed in a hospital outside of their local area, but health colleagues were working hard to reduce this. She said that social care colleagues were working closely with commissioning colleagues and CCG colleagues to review the resources that were available, including those which Kent County Council were responsible for providing to ensure that services were being provided locally and the resources were available to promote independence.
2. Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) said that social care mental health had the smallest budget within Kent County Council which proved challenging. He said that he was pleased to see such a positive move in developments over the years and said that the Live Well Kent strategy had been a very strong development for Kent's residents to preserve independence.
3. RESOLVED that the report be noted.

109. Care and Support in the Home Services
(Item. 13)

Jack Moss (Senior Commissioning Manager) was in attendance for this item

1. Jack Moss introduced the report which set out the progress of the Care and Support in the Home Services tender, including provider engagement and market feedback on the specification. He also provided Members with an

oversight of the project's key issues and risks, and the mitigating actions that were being taken to manage them.

2. RESOLVED that the report be noted.

110. Adult Social Care Annual Complaints Report (2017-2018)
(Item. 14)

Anthony Mort (Customer Care and Operations Manager) was in attendance for this item

1. Anthony Mort introduced the report which provided Members with information about the operation of the Adult Social Care Complaints and Representations Procedure between 1 April 2017 and 31 March 2018.
 - a) In response to a question, Anthony Mort discussed the different types of complaints that Adult Social Care received and said that whilst individuals should have high expectations of Kent County Council, it was important that Kent continued to deliver a good standard of service throughout.
 - b) In response to a question, Penny Southern talked about communication being a theme of some complaints and the importance of learning from complaints.
 - c) In response to a question, Penny Southern said that it is possible to learn from all complaints and it is important to identify the root cause to prevent reoccurring complaints.
 - d) In response to a question, Anthony Mort said that user consultation groups were held where colleagues would meet with customers face-to-face at the user consultation groups and seek feedback. This can provide rich information. Surveys of complainants can often reflect whether the complaint was upheld rather than satisfaction or otherwise with the complaints process itself.
2. Damien Ellis said that stakeholder events were due to take place in October within in-house services to engage with carers and a 'You Said, We Did' document would be produced once feedback was received. He said that both complaints and compliments were responded to because every type of feedback helped to shape services.
 - e) In response to a question, Anthony Mort said that the Adult Social Care complaints procedures were for members of the public as opposed to members of staff.
 - f) In response to a question, Anthony Mort and Penny Southern said that the majority of the complaints received were from people that preferred to speak to someone face-to-face or over the phone or make contact by e-mail, which was why the number of complaints and compliments raised through Kent County Council's website was low.
 - g) Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) and Anne Tidmarsh said that colleagues were working hard to ensure that Kent

County Council's website was accessible for people with sensory impairments.

3. RESOLVED that the report be noted.

111. Work Programme 2018/19
(Item. 15)

RESOLVED that the Work Programme for 2018 be noted.

From: Ben Watts (General Counsel)

To: Adult Social Care Cabinet Committee – 30 November 2018

Subject: Adult Social Care Cabinet Committee Meeting Dates - 2019/20 – For Information Only

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Summary: This report provides details of the 2019/20 meeting dates for the Adult Social Care Cabinet Committee.

Recommendation: The Adult Social Care Cabinet Committee is asked to note the Adult Social Care Cabinet Committee meeting dates for 2019/20.

Adult Social Care Cabinet Committee meeting dates for 2019:

- 22nd January 2019
- 12th March 2019
- 17th May 2019
- 12th July 2019
- 27th September 2019
- 27th November 2019

Adult Social Care Cabinet Committee meeting dates for 2020:

- 16th January 2020
- 27th March 2020
- 22nd May 2020

Recommendation: The Adult Social Care Cabinet Committee is asked to note the Adult Social Care Cabinet Committee meeting dates for 2019/20.

Contact details:

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From: **Graham Gibbens, Cabinet Member for Adult Social Care and Public Health**

Penny Southern, Corporate Director of Adult Social Care and Health

To: **Adult Social Care Cabinet Committee – 30 November 2018**

Subject: Verbal update by the Cabinet Member and Corporate Director

Classification: Unrestricted

Electoral Divisions: All

The Cabinet Member and Corporate Director will verbally update Members of the Committee on: -

- Key Developments in the Sustainability and Transformation Plan
- Development of Winter Pressure plan for Kent and Medway
- Kent and Medway Care Record moving to Phase 2 of the project
- Local Care Deep Dives
- Staff Survey

Past Adult Social Care Events:

- 08 October 2018 – Local Authority Roundtable on Integrated Care Providers Consultation in London
- 10 October 2018 – On World Mental Health Day, visit to the Mental Health Social Work Early Discharge Team at Priority House, Maidstone
- 14-16 November 2018 – Attended the National Children's and Adults Social Care Conference in Manchester
- 22 November 2018 – Spoke at the 25th Anniversary celebration of the Guru Nanak and Milan Day Centres at the Gurdwara Temple in Gravesend
- 23 November 2018 – Social Care Staff Engagement Event

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From: **Graham Gibbens, Cabinet Member for Adult Social Care and Public Health**

Penny Southern, Corporate Director of Adult Social Care and Health

To: **Adult Social Care Cabinet Committee – 30 November 2018**

Subject: Adult Social Care and Health (Including the Lifespan Pathway Service) New Operating Model

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team – 18 July, 5 September and 3 October 2018

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper describes the new Adult Social Care and Health (including the Lifespan Pathway Service) Operating Model. The design and implementation of the new operating models across all service divisions in the Directorate has been developed to create a single operating model to deliver integrated services which are aligned to Local Care and which deliver outcome focused care to all the people we support.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the new Adult Social Care and Health (including the Lifespan Pathway Service) Operating Model.

1. Introduction

- 1.1 This report provides the Adult Social Care Cabinet Committee with an opportunity to consider the details of the new Adult Social Care and Health (including the Lifespan Pathway Service) Operating Model. The design and implementation of the new operating models across all service divisions in the directorate has been developed to create a single operating model to deliver integrated services which are aligned to Local Care and which deliver outcome focused care to all the people we support.
- 1.2 The new operating model, and recruitment to the senior posts to deliver this, was endorsed by County Council on 18 October 2018. The new operating model has also been shared with the Council's Corporate Management Team (CMT) and their endorsement and full engagement with the new operating model will continue to be crucial as the changes are implemented.

2. Strategic Statement and Policy Framework

2.1 There are a number of national and local policy initiatives that have helped shape the new operating model and will support the delivery of the Council's strategic outcomes. The main national drivers include:

- **Beyond Barriers** - The Care Quality Commission reported that if integrated care is to become a reality, then change is required on the way we measure performance, approach funding, plan the workforce, and regulate services.
- **Mental Capacity Bill** The introduction of the Bill marked the beginning of the replacement of the Deprivation of Liberty Safeguards (DoLS) with Liberty Protection Safeguards (LPS)
- **The lives we want to lead: The LGA green paper for adult social care and wellbeing'** consultation findings on how best to pay for care and support for adults of all ages and their unpaid carers, will be published imminently to inform and influence the Government's green paper and spending plans.
- The forthcoming '**Green Paper on older people**' and **parallel on working age adults**' will focus on integration with health and other services, carers, workforce, and technological developments to "ensure that the care and support system is sustainable in the long term"
- The government has announced increases in NHS funding over five years, beginning in 2019/20, and has asked the NHS to come up with a 10-year plan, following on from the '**five year forward view**', for how this funding will be used. One of the key priorities for the '**NHS 10 plan**' is better integration of health and social care, so that care does not suffer when patients are moved between systems
- The Kent and Medway STP in 2016 developed a **Case for Change** to support the implementation of the STP. This has been followed by the Kent and clinical vision "**Quality of Life, Quality of Care**" for how services should look in the future.

2.2 The key adult social care strategy's and documents that have supported the development of the new operating model are detailed below:

Your Life, Your Wellbeing: A vision and strategy for adult social care 2016 – 2021 was endorsed by the Adult Social Care and Health Cabinet Committee on 6 December 2016. The strategy was refreshed in October 2018 to respond to the changing environment with a new vision and strategy for adult social care by bringing together all our change and improvement work into a single new operating model across adult social care, children and young people with a disability. The ambitions in the strategy will be accomplished by working together with our partner organisations using a shared approach to deliver care and support.

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing>

The Local Account for Kent Adult Social Care, 'Here for you, how did we do?' describes the achievements, improvements and challenges faced by Adult Social Care and our vision for the future. It is an important way in which people can challenge and hold us to account and help shape the services we provide. This was endorsed by the Adult Social Care Cabinet Committee on 27 September 2018.

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care>

Being Digital Strategy - sets out our vision and ambitions for transforming care and support pathways with effective digital capabilities which complement traditional care and support services and supports the delivery of the new operating model. A report with further detail of this strategy is due to be considered by the Adult Social Care Cabinet Committee in January 2019.

The Social Care, Health and Wellbeing - Community Support Market Position Statement forms our approach to market shaping and development, to stimulate a diverse market for care that offers people choice so that they are supported to remain as independent as possible, for as long as possible and enjoy a good quality of life, within their local communities. Significant changes in the social care market are necessary to respond to the changing demographics and economic environment.

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/market-shaping-and-commissioning-of-care-and-support>

Better Homes: Greater Choice – Accommodation Strategy for Adult Social Care identifies how the provision, demand and aspiration for housing, care and support services will be met for adult social care clients should they need to move to access care. The foundation of this strategy is the necessity to form partnerships and work coherently to ensure that the current and future needs of the people eligible for services are met, providing them with greater choice and access to high quality housing and care home accommodation. The Accommodation Strategy will complement district and borough housing strategies and will ensure all future provision delivered is coordinated, mapped and sustainable

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/accommodation-strategy-for-adult-social-care>

3. Background

- 3.1 The Adult Social Care and Health (ASCH) Directorate was established in April 2017, following approval by County Council on 26 January 2017. The Directorate provides social care and support to both adults and children and young people with a disability.
- 3.2 The Directorate has a total net budget of £414m for 2018-19 and a total of 2,347.6 FTE staff. The Directorate works with the Children, Young People and

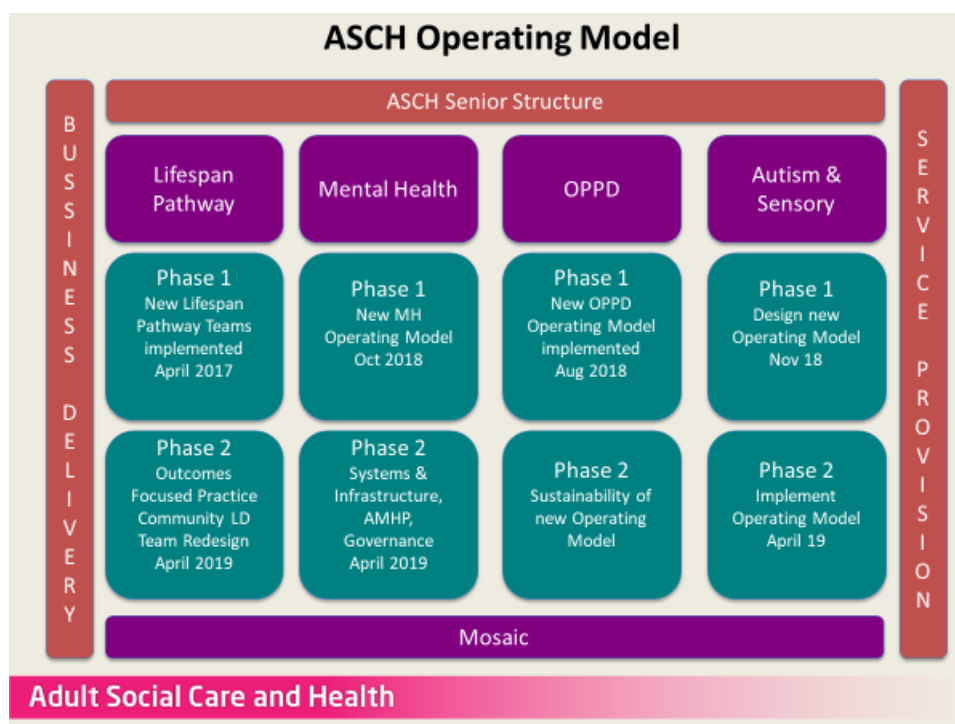
Education Directorate in providing appropriate support services to disabled children and young people.

- 3.3 The Directorate also works closely with the Strategic Commissioning Division who deliver its commissioning activity. As agreed by County Council on 26 January 2017 the ASCH Directorate has overall accountability for commissioning drawing on the professional services to discharge this. The Strategic Commissioning Division 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 (including the Lifespan Pathway Service) priorities. The Strategic Commissioning Division works collaboratively with the Directorate to ensure there is shared responsibility and that the Council achieves its strategic outcomes.
- 3.4 Corporate support is provided by Finance, HR, and ICT to assist the Directorate in discharging its statutory duties and delivering its strategic outcomes.
- 3.5 Alongside the delivery of in-year savings, within agreed budgets, there are a number of other risks that the Directorate needs to manage effectively, including: Safeguarding, resourcing implications arising from increasing complex social care need, managing and working with the social care market, maintaining a healthy and effective workforce through significant change, Care Quality Commissioning Inspection of our registered buildings, Delayed Transfers of Care (DToC) and the Approved Mental Health Practitioner Service (AMHP).

4. New Operating Models

- 4.1 The ASCH Directorate is currently made up of two divisions, which work together to meet the Council's statutory responsibilities for providing social care and support. Both divisions are recognised as a formal part of the organisational structure of Kent County Council. These two divisions are:
 - Disabled Children, Adult Learning Disability and Mental Health (DCALDMH) Division
 - Older People and Physical Disability (OPPD) Division
- 4.2 Both divisions also work in partnership with the NHS, district and borough councils, the Police, care providers, community, voluntary and social enterprises and other partners.
- 4.3 A transformation programme to implement new operating models across all service areas has been in development since April 2017 and will be completed by April 2019. The design and implementation of these new operating models has been developed to create a single operating model to deliver integrated services which are aligned to Local Care and which deliver outcome focused care to all people we support. Further detail on the operating models is shown in the table below.

Fig 1 ASCH Operating Models



4.4 Lifespan Pathway Service

- 4.4.1 The Lifespan Pathway Service was implemented in April 2017 to enable more flexible needs-led provision for disabled children, young people and adults with complex physical and learning disabilities. The aim of the Lifespan Pathway Service is to remove artificial transition points and ensure a smooth pathway from children and young people services (0-25) into adulthood (26+), supporting people to become more settled before entering adult services.
- 4.4.2 The Lifespan Pathway Service is currently working to align staffing resources in the Community Learning Disability Teams (26+) by April 2019 in order to develop a similar culture, to the children and young people teams, of openness, feedback and challenge that enables progression towards independence. New roles and responsibilities are required within the teams to enable the appropriate working environment which allows time to prioritise the focus on practice and to improve outcomes for all the people we support.

4.5 Joint Delivery Model for Community Mental Health and Social Care

- 4.5.1 The Joint Delivery Model for Community Mental Health and Social Care is a new operating model between Kent County Council (KCC) and the Kent and Medway NHS Partnership Trust (KMPT). The operating model has been developed to deliver a new approach for an integrated and seamless Mental Health and Social Care Service to ensure that anyone referred to a Community Mental Health Team is seen by the right professional at the right time. There is no duplication of process and there is parity for all those who are referred.

- 4.5.2 The operating model has been agreed and parallel processes for assessment to allocation and duty have been established, which ensure a joint health and social care response when required. To ensure a smooth transition from the current partnership arrangements to the new operating model the introduction of changes is being staggered between October 2018 and March 2019 – this will reduce any risk, ensure the safety of people who use these services and ensure the quality of care delivered remains high.
- 4.5.3 Social care staff previously within the Community Mental Health Teams (CMHT) transferred to KCC on 1 October 2018, with the Approved Mental Health Practitioner (AMHP) Service transferring to KCC by April 2019. This is to ensure the robust delivery of social care statutory responsibilities. Health and social care staff will remain co-located from 1 October 2018 to support integrated service delivery.

4.6 Older People and Physical Disability

- 4.6.1 The Older People and Physical Disability (OPPD) Service is continuing to modernise services and approaches to the provision and delivery of services to the public. A new operating model was implemented in August 2018, this is aligned to the emerging Local Care Model and will focus on being preventative, enabling, maximising independence and choice, and providing targeted personalised support where required. All future support and services will adhere to the following principles:
- **Promoting Wellbeing** - Services which aim to prevent, delay or avoid people from entering formal social care or health systems, by helping people to manage their own health and wellbeing. These services are predominantly provided through the community and voluntary sector and should be the first point of referral for those people who are not considered to have eligible care and support needs but may benefit from the wide range of support that is available outside of local authority provision.
 - **Promoting Independence** -providing short-term targeted support that aims to make the most of what people can do for themselves to reduce or delay their need for care and provide the best long-term outcome for them. The Promoting Independence Team will work closely with health colleagues to ensure a clear and consistent pathway for people using any health or social care services.
 - **Supporting Independence** - Delivered through services for people who need ongoing support and aims to maintain wellbeing and self-sufficiency. The aim is to keep people safe and help them to live in their own homes, stay connected to their communities and avoid unnecessary stays in hospitals or care homes. For those needing long term care in a care home ensuring it is good quality, promotes independence and is safe.

4.7 Autism and Sensory

- 4.7.1 The current countywide Sensory (all age) and Autism Service is being redesigned to streamline the services that are offered, reduce duplication and provide a seamless pathway for service users.
- 4.7.2 A new operating model for the Autism Service is being developed and will be implemented by January 2019. The new operating model will be aligned to the emerging Local Care model and will focus on enablement, maximising independence, and providing bespoke and specialist support where it is required. A Business Case for a Kent and Medway Neurodevelopmental Health Service is currently being developed with the Clinical Commissioning Groups, this will result in a multi-disciplinary and multi-agency service to diagnose, assess and support adults with autism in Kent.
- 4.7.3 Work is also underway to recommission social care services for visually impaired people (currently provided by Kent Association for the Blind) and for hard of hearing/deaf older people (currently provided by Hi Kent). The current grant arrangements for these providers have been extended until 30 June 2019 to allow time for this recommissioning work to be completed.

4.8 Adult Social Care and Health (including Lifespan Pathway) Service Provision

- 4.8.1 Current service provision is split into two divisions DCALDMH and OPPD. To support the delivery of the new operating model work is underway to align all service provision into one division which will work collaboratively to support the needs of all our service user groups.
- 4.8.2 DCALDMH future service provision is focused on developing an offer to children and adults with complex needs, Profound Multiple Learning Disabilities (PMLD), complex physical disabilities and behaviours that challenge. The future development of facilities and staff will be focused towards people with complex needs where we have identified a current gap in the external market provision, whilst still offering and delivering services to those existing service users we support.
- 4.8.3 OPPD service provision provides short term services in the community, such as enablement through Kent Enablement at Home (KEaH) or short-term bed-based enablement and respite provided by Integrated Care Centres. The OPPD service provision supports the new operating model and continues to evolve by working more closely with health colleagues to ensure that the most appropriate services are available and delivered as part of Local Care.

4.9 New Adult Social and Finance System – MOSAIC

- 4.9.1 Adult Social Care is currently configuring a new adult social care and finance system – MOSAIC. This will support the New Operating Model and assist our staff in delivering care to the vulnerable adults of Kent as well as deliver efficiencies across the organisation.

5. Building Blocks to the New Operating Models

5.1 There are a number of very important building blocks that must be in place to deliver both the 'Your Life Your Wellbeing Strategy' and the New Operating Models. These include:

5.2 Protection (Safeguarding)

5.2.1 Ensuring effective management (with partners) is provided to protect vulnerable adults and children at risk of neglect or abuse and ensuring staff are well trained and confident to carry out their duties. To continue to do this well, the Council needs to have competent and confident staff who have the necessary skills and tools to do their jobs. More importantly, it will be expected that staff use an 'asset-based' approach, focused on what people can do, to identify their strengths and use meaningful community networks that can help them and their families in making difficult decisions and managing complicated situations.

5.2.2 We also recognise that we share these protection responsibilities with other partners and providers, the NHS, the Police and the community in general. To this end we will work to make sure that collective roles and responsibilities are clear and will continue to build on the already strong multi-agency framework, which in place, for protecting vulnerable people. This means not only promoting strong multi-agency partnership working but also making sure we provide a supportive learning environment. By doing so we aim to break down cultures that are afraid of risk and clarify how we will tackle responses to protection concerns from poor-quality care or inadequacy of services and issues of safety of the person.

5.3 Workforce

5.3.1 Developing a flexible workforce with the right skills to work across organisational boundaries, including having in place suitable and smooth care pathways for people. Social care and health will increasingly work together, and staff will work across organisational boundaries to reduce duplication in assessments and other activities. Training will be increasingly integrated, developing a culture of practice which has joint working at its core. We will need to support changes in culture to achieve this and support staff to make the best use of digital technology to share information appropriately between partners and as a tool for those receiving social care. Further information about the kind of changes we wish to see take place will be described in our 'Being Digital' Strategy. If the system is to work more efficiently, the planning and management of the workforce needs to take a whole-system approach.

5.3.2 The process of joint working has already begun - examples include Integrated Discharge Teams (IDT) in all Kent and Medway hospitals to support roles that bring together health-and-social-care skills, joined-up working and a better career path. We have also introduced nurse-led outcome-based domiciliary care in a group of GP practices in Whitstable (Encompass).

5.3.3 We are supporting the Care Sector with workforce planning and have run a recruitment campaign through the Design and Learning Centre, Learning and Development Hub, have hosted two Care Sector Workforce Conferences and are also implementing a Carers App. This is all included in the wider workforce plan being rolled out with the NHS and the care sector.

5.3.4 Support Multidisciplinary Teams (MDT) to ensure they have the right tools and access to information to co-ordinate care. Shared care records will bring a 'whole journey' view of the person to our workforce, reducing duplication, improving productivity and work flow. A connected workforce will feel more engaged, better supported and less isolated. This will improve hand-overs of care and better outcomes for our service-users. We will continue to work with our health colleagues to develop integrated apprenticeships and training opportunities. This includes Nurse Associate Programmes for placements in care settings.

5.4 Commissioning

5.4.1 Providing a range of flexible care and support services based on a strong understanding about what people need and what matters to them, setting the outcomes that need to be delivered, and deciding which organisation is best placed to deliver them. This includes a new approach to evaluating performance and contract management, improving the way we work with the NHS through integrated commissioning and provision to promote the well-being of adults, including carers, with care and support needs to deliver the ambition of effective and efficient co-commissioning.

5.5 Partnerships

5.5.1 Meeting needs with quality services delivered through effective partnership working not just with the NHS but also with district and borough councils and the voluntary and community sector. Having strong partners at the integration table is key to delivering quality services for all those with care and support needs.

5.5.2 Partnership activity is central to the delivery of Local Care, in particular the development of MDTs, Primary Care Hubs and the supporting enablers of workforce and digital. The new operating model focuses on what people can do, not what they cannot do, and will be delivered through services and care pathways that support integration and collaboration with partners – Local Care.

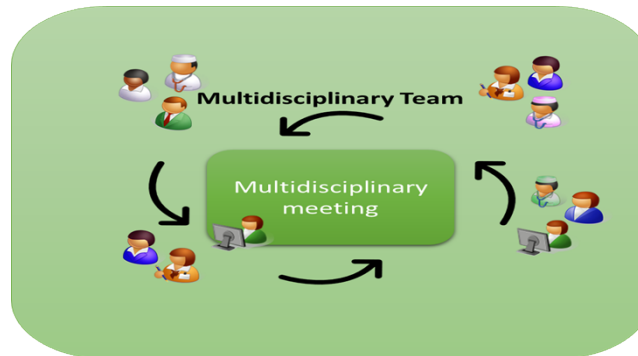
6. Local Care Implementation

6.1 Central to the delivery of Local Care is the implementation of MDTs working together around a GP. There are currently 109 Supporting Independence Practitioners who attend Local Care Multi-Disciplinary Team Meetings (MDMs) across the nine localities, these practitioners are the voice of social care at these meetings and co-ordinate social care and support from the Council's specialist services as required. The vision is for all services to be part of these Local Care Multi-Disciplinary Teams.

Quote from Social Care Practitioner

"I attended the first MDT meeting on Monday at the Surgery where 7 clients were discussed and most had social care. It is really working well, sharing information to support clients in the best way and formulating actions."

Fig 2. Multi-Disciplinary Team Meeting (MDMs)



- 6.2 The Joint Delivery Operating Model for Community Mental Health and Social Care will deliver a new approach which ensures an integrated and seamless service and the robust delivery of social care statutory responsibilities, returning community staff who are seconded to KMPT to the management of KCC. Health and social care staff will continue to work in partnership to deliver an integrated service and provide specialist support to MDMs as required.
- 6.3 The Children and Families Act 2014 requires services for children and young people with Special Educational Needs (SEN) and disabilities to be planned and delivered from 0-25, including joint commissioning across agencies. The multi-agency Health and Wellbeing Board Standing Group for SEND has the responsibility for addressing this agenda and brings together commissioners and providers across health, SEN and social care, special schools and parental representatives. An audit of Education, Health and Care Plans (EHCP) will be undertaken jointly with a view to ensuring the plans reflect all these needs and the changes which are required to improve outcomes for children and young people with SEND; greater integration at a strategic as well as local level, joint working to increase options for young people aged 19+ and working with the NDTi Preparing for Adulthood Team.
- 6.4 Within the Lifespan Pathway Service, provision has been integrated across children and adults since 2017 enabling more flexible needs-led provision. Young people with complex physical disabilities have been included in the Lifespan Pathway and new services have been developed which meet the needs of both adults and children and young people with a disability.
- 6.5 The Lifespan Pathway Service, in partnership with the Kent Learning Disability Alliance, enables collaborative working to ensure that children and young people and adults (18+) with learning disabilities receive integrated health and social care. This ensures services are delivered as effectively as possible to avoid gaps and duplication whilst integrated workforce planning ensures partner organisations have access to staff with the appropriate skills and experience to

deliver integrated care. The Lifespan Pathway Service has an integrated performance management framework to monitor the performance of the services delivered to ensure they are meeting the expected outcomes.

- 6.6 Different models of MDT working are being trialled through new models of care such as ESTHER, Buurtzorg and Dorothy. This supports identification of workforce challenges and solutions, which has been brought together in an integrated organisational development toolkit which has been developed through the STP workforce stream. New ways of working call for the retention, recruitment and development of staff with the right skills who can work across organisational boundaries and who can practice from multiple and multiagency locations. It is essential that career progression pathway opportunities across adult social care, health and the wider sector workforce are developed and promoted.
- 6.7 The MDTs will be supported by a network of Hubs at cluster level for populations of 30,000-50,000 people. These Hubs will follow the Vanguard model of Encompass and will bring supporting services together enabling improved out of hospital care and reducing the duplication of work completed by professionals. Further work is required to understand what can be delivered from the Hubs and to align existing estates activity – for example linking to sheltered housing provision.
- 6.8 In addition, the development of an Integrated Community Navigation Service brings together the different models of care navigation across Kent, alongside social prescribing. These services involve guiding people through the health and social care system, providing information and advice, signposting to services that support their wellbeing, supporting people to maximise their income, connecting people to community resources and carrying out statutory carers assessments. The Community Navigation Service, which is due to be commissioned in 2019, has been developed to bring together roles currently delivering care navigation and social prescribing services to deliver a more holistic service that is available to all.
- 6.9 This prevention agenda needs to further harness the benefits that digital technology and innovation can contribute in the delivery of services. The ASCH Digital Strategy outlines the digital offer which has been designed to enable both the general public and council staff to better navigate the health and social care system and access the network of voluntary services. Specific developments are already underway including the implementation of a Carers App and the development of the Kent and Medway Care Record.
- 6.10 Within Urgent Care, work continues through the Integrated Discharge Teams, who are located in the acute and community hospitals and work hand in hand with all rapid response services across the county, to prevent admissions to and facilitate timely discharges from hospitals. At a locality level social care is working with Kent Community Health Foundation Trust (KCHFT), Virgin Care and KMPT to embed Integrated Screening Services (known in some services as integrated triage) to ensure the right support is available by the right professional when required. This ensures a quicker response time for the

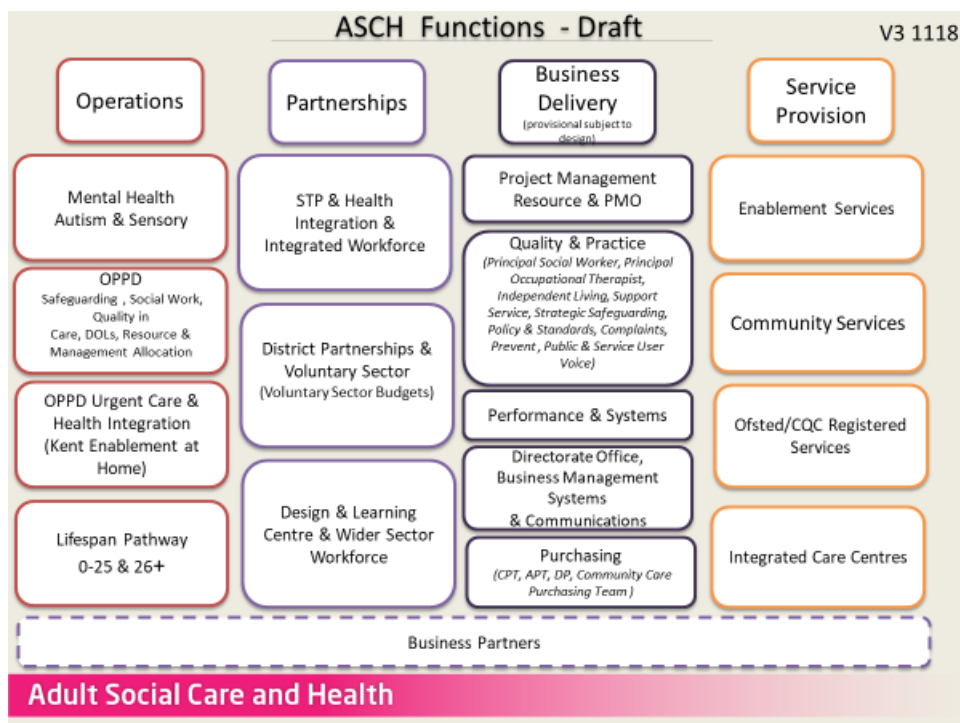
individual, reduces multiple referrals to different organisations and promotes joint working.

- 6.11 The implementation of Local Care also needs to be supported by the right governance and funding streams. The STP governance structure for Local Care is currently being reviewed, but ASCH is embedded at all levels and will be part of any ongoing conversations about the future of Integrated Care Systems or Integrated Care Partnerships. Further work is taking place with the Clinical Commissioning Groups (CCG) to identify their allocated funding for Local Care – whilst the Better Fund (BCF), improved Better Care Fund (iBCF) and Winter Pressures money funds joint initiatives such as Discharge to Assess, Home to Decide and Home to Settle to test out opportunities to joint commission services.

7. Adult Social Care and Health (including the Lifespan Pathway Service) Senior Structure

- 7.1 To make the best use of resources and to meet the ambitions set out in the Council's strategic outcomes, a new ASCH structure has been designed following a detailed organisational design process. This design process identified a new overarching Adult Social Care and Health, including the Lifespan Pathway Service, Operating Model with four functions to support delivery. Further detail on these four functions is set out below:

Fig 3. ASCH Functions



- 7.2 The proposal to retain two director roles across the ASCH Directorate, with responsibilities split by the Operations and Partnerships functions was endorsed by Personnel Committee on 11 October 2018 and County Council on 18 October 2018.

- 7.3 The Director of Partnerships will lead on the development of sustainable relationships with all partner agencies through the STP, Section 75 Agreements and the wider community and voluntary sector market and will lead on commissioning arrangements to influence the direction and content of their service developments to ensure the delivery and implementation of Local Care.
- 7.4 Following endorsement by Personnel Committee, the current Director of OPPD has been directly appointed into the Director of Partnership post, due to their extensive knowledge of the social care and health sector in Kent and Medway. The current Director of OPPD has developed exceptional skills and knowledge at director level over the last seven years working with local, national and international partners. The strategic leadership role which they have undertaken within the STP to promote integration with health will be integral to the delivery and implementation of Local Care.
- 7.5 The Director of Operations will have responsibility for all ASCH assessment operational delivery and lead on commissioning requirements for service provision, relating to Adult Social Care and Health and specific services for Children and Young People with a Disability.
- 7.6 Recruitment to the Director of Operations post is underway to attract suitable candidates for a member panel to interview in January 2019.
- 7.7 As part of the work on the senior structure a new Business Delivery Unit is being designed. This unit will be integral to delivering the overall ASCH vision and will support delivery of both the new adult social care functions and the Council's strategic outcomes.

8. Financial Implications

- 8.1 There have been two recent announcements about additional funding to support adult social care both in the current financial year and into 2019-20.
- 8.2 The announcement of £240m to support winter pressures was made in October 2018 and Kent will receive an additional £6.16m in 2018-19. This additional funding is intended to enable further reductions in the number of patients that are medically ready to leave hospital but are delayed because they are waiting for adult social care services. The Government is clear that this money should be additional to current budgeted expenditure on adult social care. We will be closely monitoring delivery of additionality throughout winter. We expect the spending to be focused on reducing DTOC, helping to reduce extended lengths of stay, improving weekend discharge arrangements so that patients are assessed and discharged earlier and speeding up the process of assessing and agreeing what social care is needed for patients in hospitals. We will expect health providers and local authorities to monitor improvements in these measures through local jointly agreed monitoring, comparing improvements in each of these areas of impact. We have yet to receive a formal grant determination letter, and a template to show what information we will be required to evidence to the Department of Health and Social Care that the grant has been appropriately. However, plans are being drawn up to target this

additional funding to those areas who are already beginning to see the pressures growing and to invest in services which will assist in a timely discharge from hospital for those requiring their need to be met by social care.

- 8.3 In the Chancellor's Budget of 29 October a further £650m was announced for local authorities to help relieve social care pressures in 2019-20. We have yet to receive confirmation of the amount available for Kent, albeit we are expecting it to be distributed based on the same relative needs formula used for other recent allocations. It is likely that this will be made up of two separate grants, a repeat of the £240m for winter pressures as in 2018-19 and £410m being for the Social Care Support Grant, which has been made available in the last two years, albeit the amount for 2019-20 is more than in the last two years. In previous years this grant has been available to support both adult and children's social care.

9. Legal Implications

- 9.1 The new operating model will be taken forward in a way which ensures the Council's statutory responsibilities for providing social care and support are discharged accordingly.

10. Equality Implications

- 10.1 All the significant changes will be approached in a manner that respect and adhere to the Council's equalities responsibilities. All appropriate advice will be sought from the Strategy, Policy, Relationships and Corporate Assurance Division.

11. Conclusions

- 11.1 The new operating model and Local Care Implementation Plan is a significant change programme which works across all adult and children and young people with a disability services and will ensure these are integrated and aligned to Local Care to deliver outcome focused care to all the people we support.
- 11.2 The new senior leadership team will be integral to the delivery of the new operating model to ensure delivery of statutory duties and partnership working relating to wider responsibilities within the Kent and Medway Sustainable Transformation Partnership (STP).

12. Recommendation(s)

- | |
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| <p>12.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to CONSIDER and COMMENT on the new Adult Social Care and Health (including the Lifespan Pathway Service) Operating Model.</p> |
|---|

13. Background Documents

Report to Personnel Committee on the proposed changes to Top Tier posts in Adult Social Care and Health Directorate

<https://democracy.kent.gov.uk/documents/s86866/Item%2011%20-%20ASCH%20Top%20Tier%20posts.pdf>

Care Model Definitions

<https://democracy.kent.gov.uk/documents/s87897/Models%20of%20Care.pdf>

14. Lead Officer

Helen Gillivan

Adult Social care and Health Transformation Lead

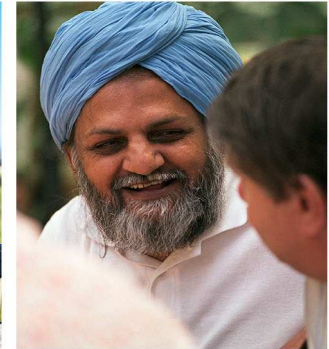
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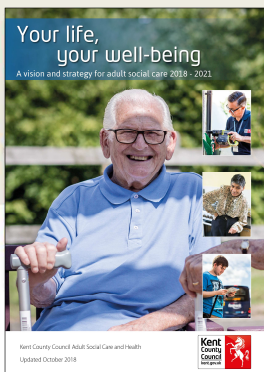
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Adult Social Care Cabinet Committee

30 November 2018



Adult Social Care and Health (including Lifespan Pathway Service) New Operating Model



Your life, your well-being

Presenters

Penny Southern, Corporate Director Adult Social Care and Health

Michael Thomas-Sam, Strategic Business Advisor

Mark Walker, Assistant Director, Disabled Children

Paula Parker, Transformation Programme Lead, Older People Physical Disability

MOSAIC Implementation, Linda Harris, Programme Manager, Adult Social Care Technology Enabled Change

Clare Maynard, Head of Commissioning Portfolio Outcomes 2 and 3

Jo Frazer, Sustainability and Transformation Programme Lead

Helen Gillivan, Adult Social Care and Health Transformation Lead

National and Local Drivers

Key policy documents

Breaking barriers report took a system-based approach and highlighted pressures, challenges and areas for improvement

Mental capacity Bill
The introduction of the Bill marked the beginning of the replacement of the Deprivation of Liberty Safeguards (DoLS) with Liberty Protection Safeguards (LPS)

Other policy documents on the recent horizon

National Audit Office's '**Adult social care at a glance**'

CCN's '**Sustaining County Social Care** A Green Paper that delivers a New Deal for Counties'

LGA's 'The lives we want to lead: the **LGA green paper** for adult social care and wellbeing'

MHCLG's **social housing green paper** 'A new deal for social housing' for consultation which closes on 6 November 2018

DHSC's '**Carers Action Plan** 2018-2020 supporting carers today. A cross-government programme of work to support carers'

More about other policy documents on the horizon

DHSC's **forthcoming 'Green Paper** on older people' and parallel on working age adults

King's fund's '**population health systems** Going beyond integrated care'

'**Appropriate Adult** PCC- Local Authority Partnership Agreement England'

DfE's '**Working Together July 2018** to Safeguard Children A guide to inter-agency working to safeguard and promote wellbeing of children'

Emerging concerns protocol for regulators which help them to share information to share information with each other in a timely fashion

Even more about other policy documents on the horizon

KCC's '**Commissioning Success**' to replace the Commissioning Framework

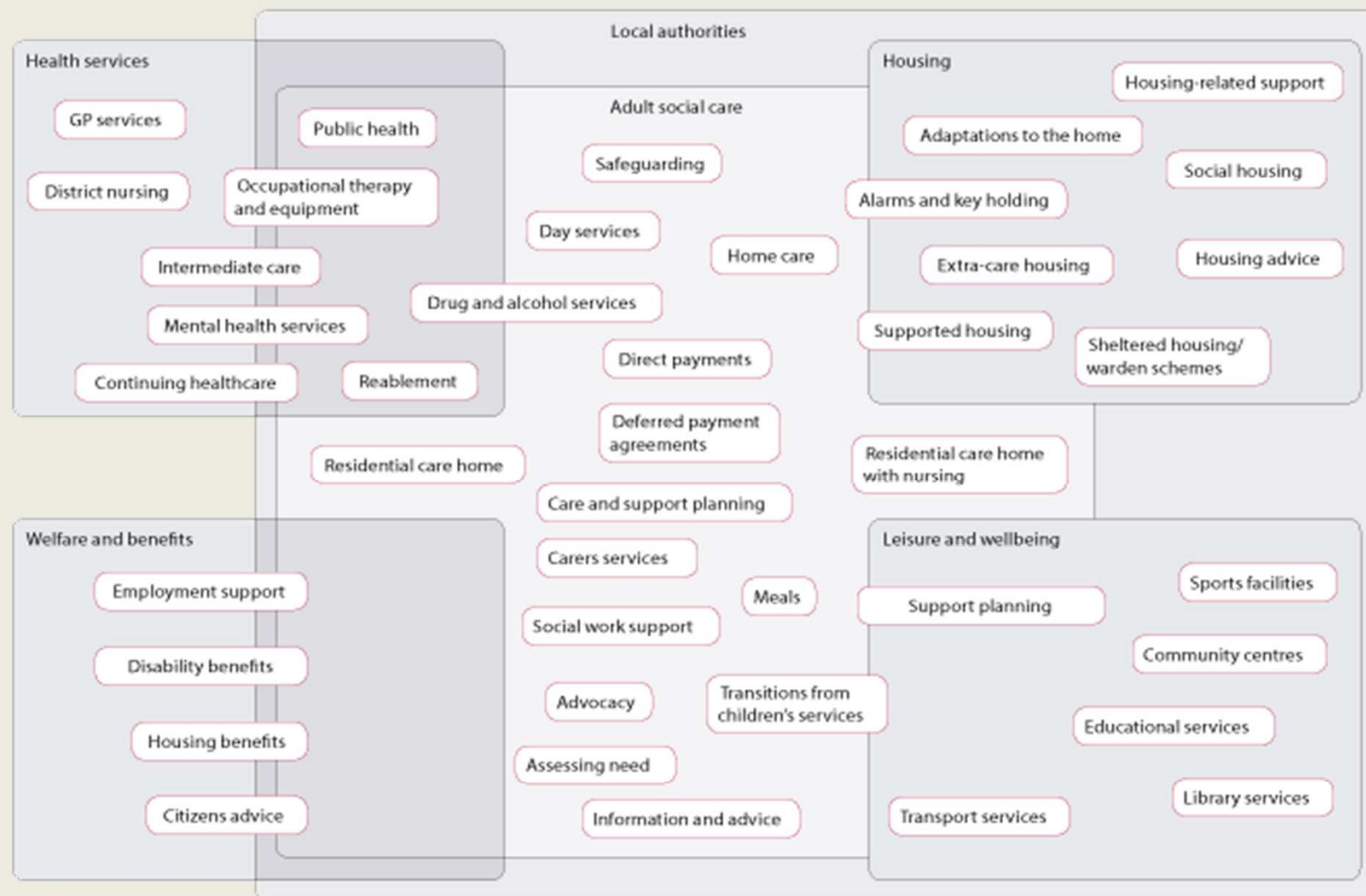
Forthcoming '**NHS 10 plan**' underpinned by five-year delivery plan

Skills for Care's '**Size and structure of adult social care**' in England 2018

NHS Providers' '**Key questions for the future of STPs and ICSS**'

Adult care services and other services

How well adults' needs are met depends on a wide range of public services interacting effectively



Source: National Audit Office

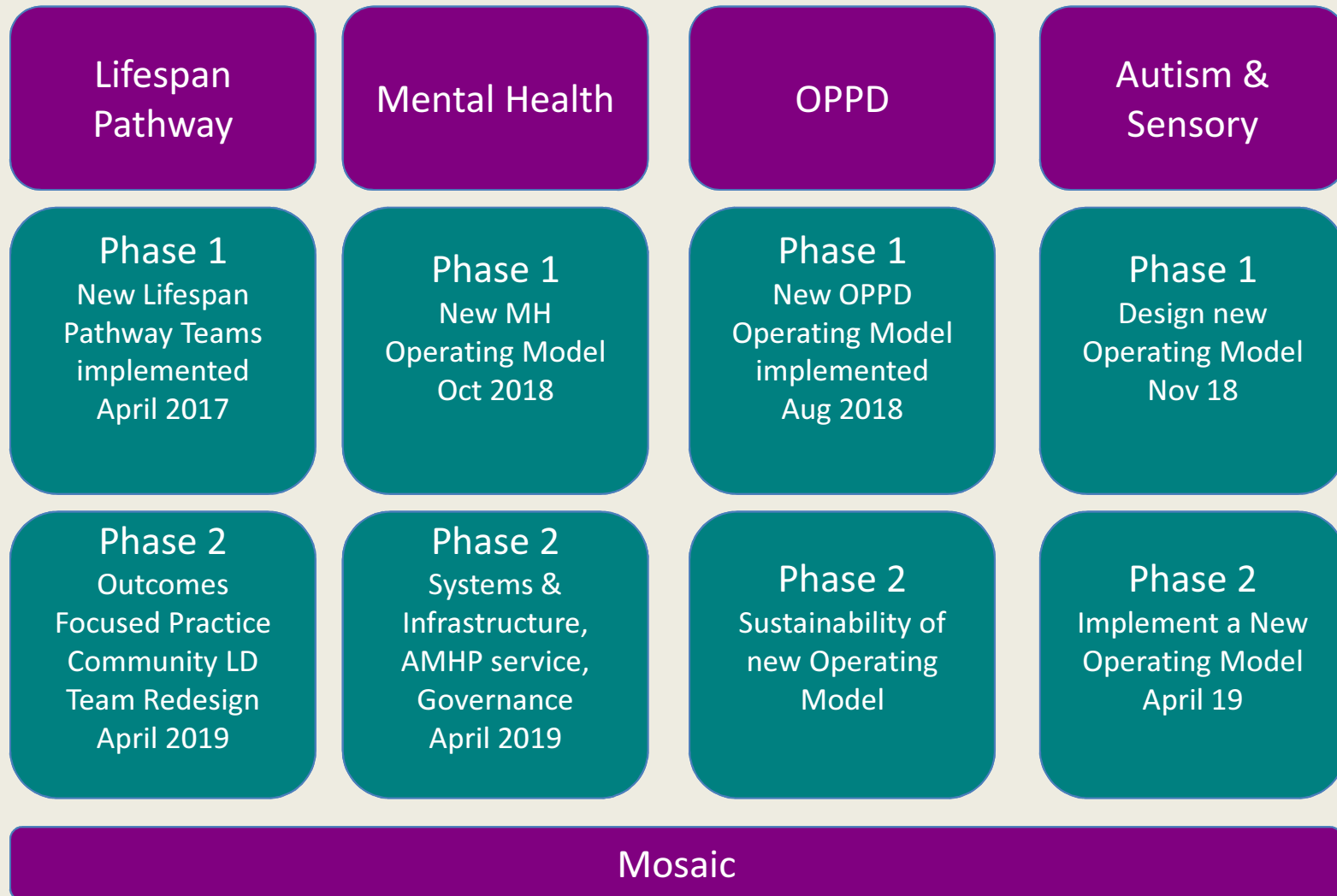
Adult Social Care and Health

Your Life, your well-being



- Refreshed to better reflect the new integrated operating model in Adult Social Care and Health (including the Lifespan Pathway Service)
- Key parts of the strategy remain the same: 1 Vision, 3 Themes, 4 Building Blocks and Values and Principles
- Updated Workforce, Digital Innovation, Quality of Care, Commissioning and Local Care sections
- We account for how well we are doing through the Local Account and other reports

New Service Operating Models



Lifespan Pathway



Disabled Children
Service 0 - 15

Learning and
physical disabilities

- Building Family Resilience
- Remaining in School
- Having a loving family life

Young People's
Team 16-25 Years

Learning and
Physical disabilities

- Becoming an adult
- Leaving school/college
- Get a job
- Become settled

Adults Complex
Disability Team
26+ Years

Learning and
physical disabilities

- Having a good life
- Being as independent as possible
- Good Health
- Connected with my community

Adult Social Care and Health

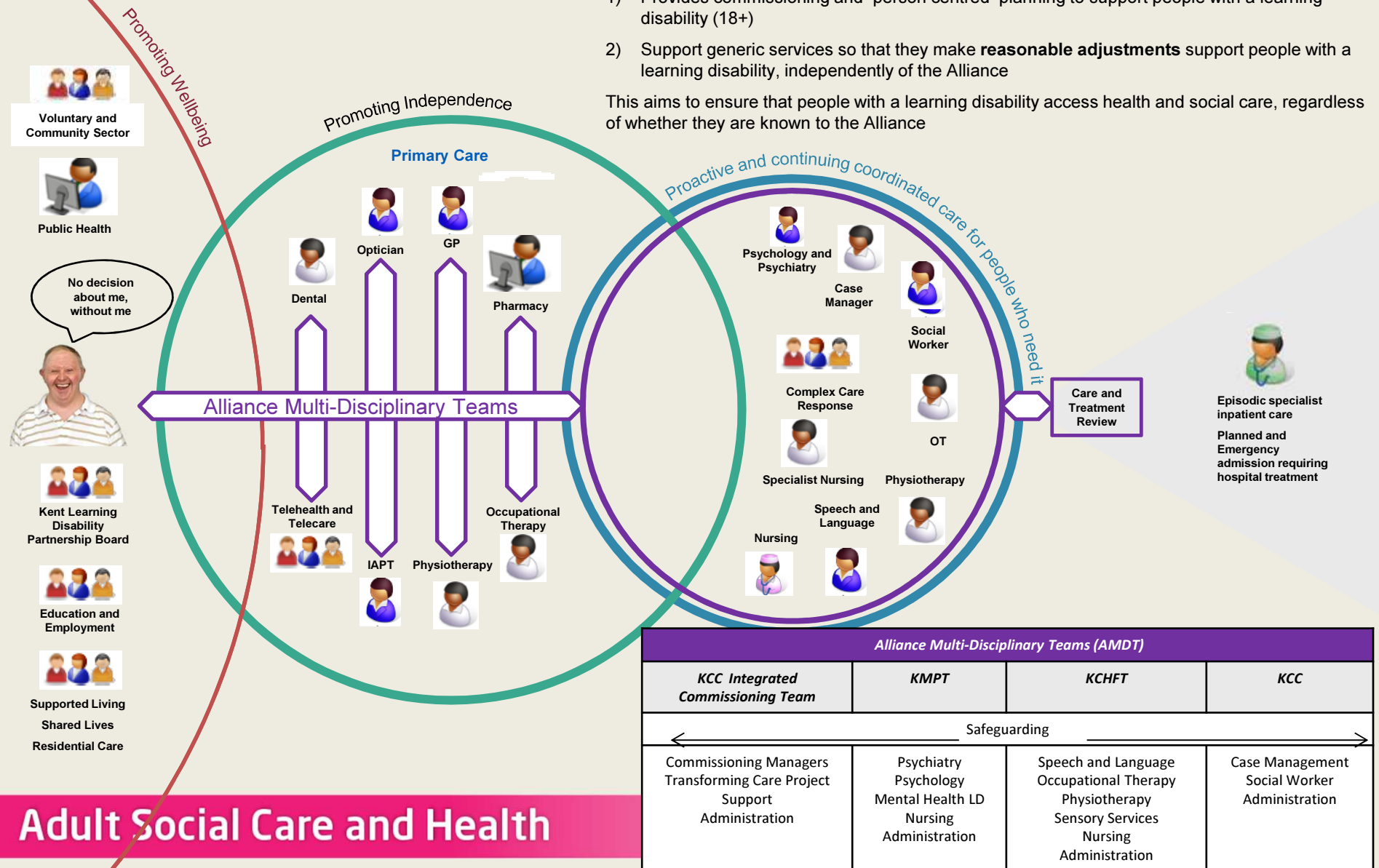
Integrated Operating Model Lifespan Pathway

Alliance Roles

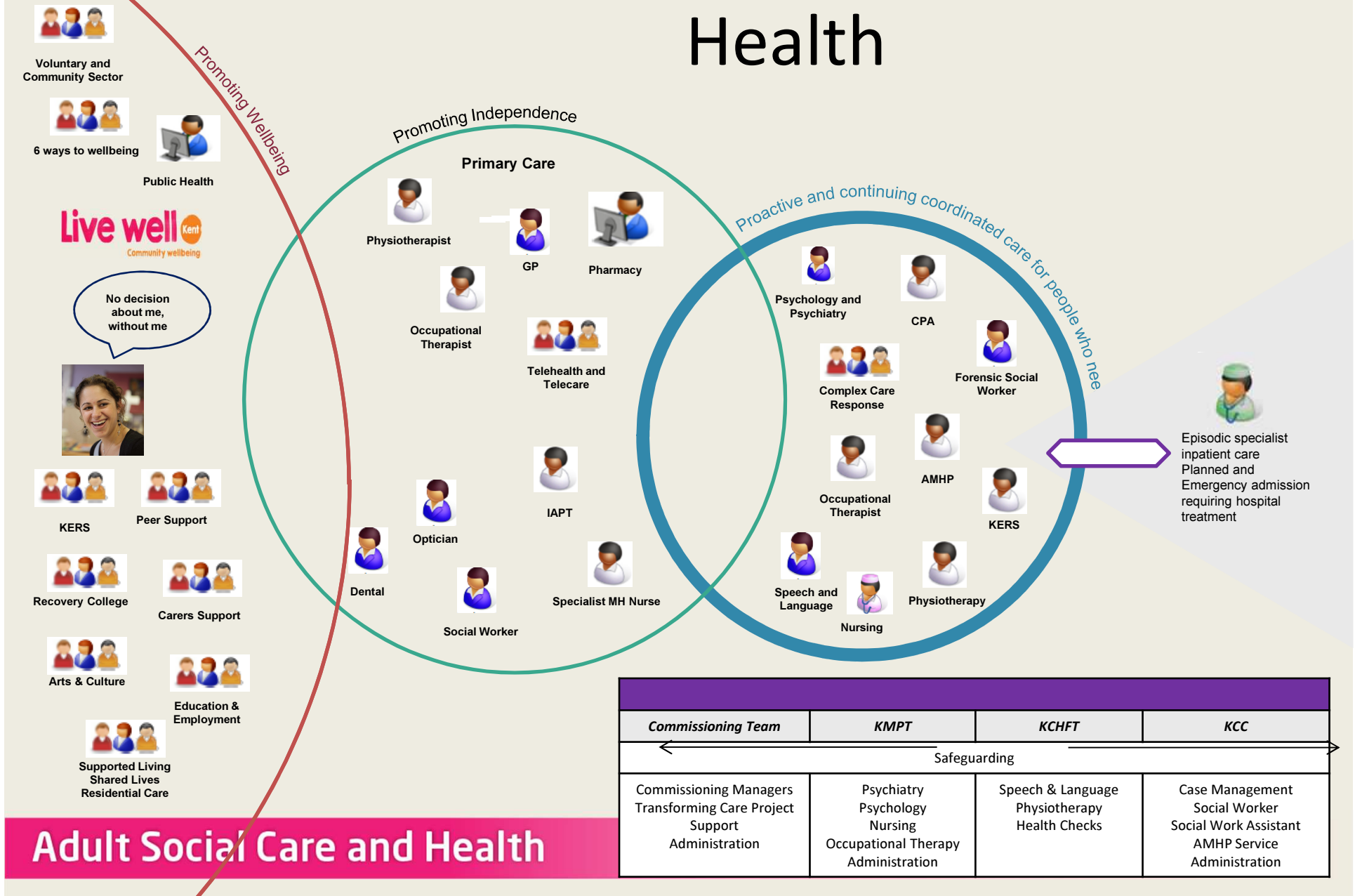
- 1) Provides commissioning and person centred planning to support people with a learning disability (18+)
- 2) Support generic services so that they make **reasonable adjustments** support people with a learning disability, independently of the Alliance

This aims to ensure that people with a learning disability access health and social care, regardless of whether they are known to the Alliance

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Integrated Operating Model Mental Health



Older People Physical Disability New Operating Model Functions

Promoting Independence-Locality based. Short term/Integrated triage/Rehabilitation/Equipment/ Assessment/Goal setting/Care and Support planning.

Social Work-County management. Short term specialist intervention for Social Work
Long-term case holder for vulnerable adult cases

Sensory and Autism--All age Sensory pathway/ ASC team integrated with Health MDT

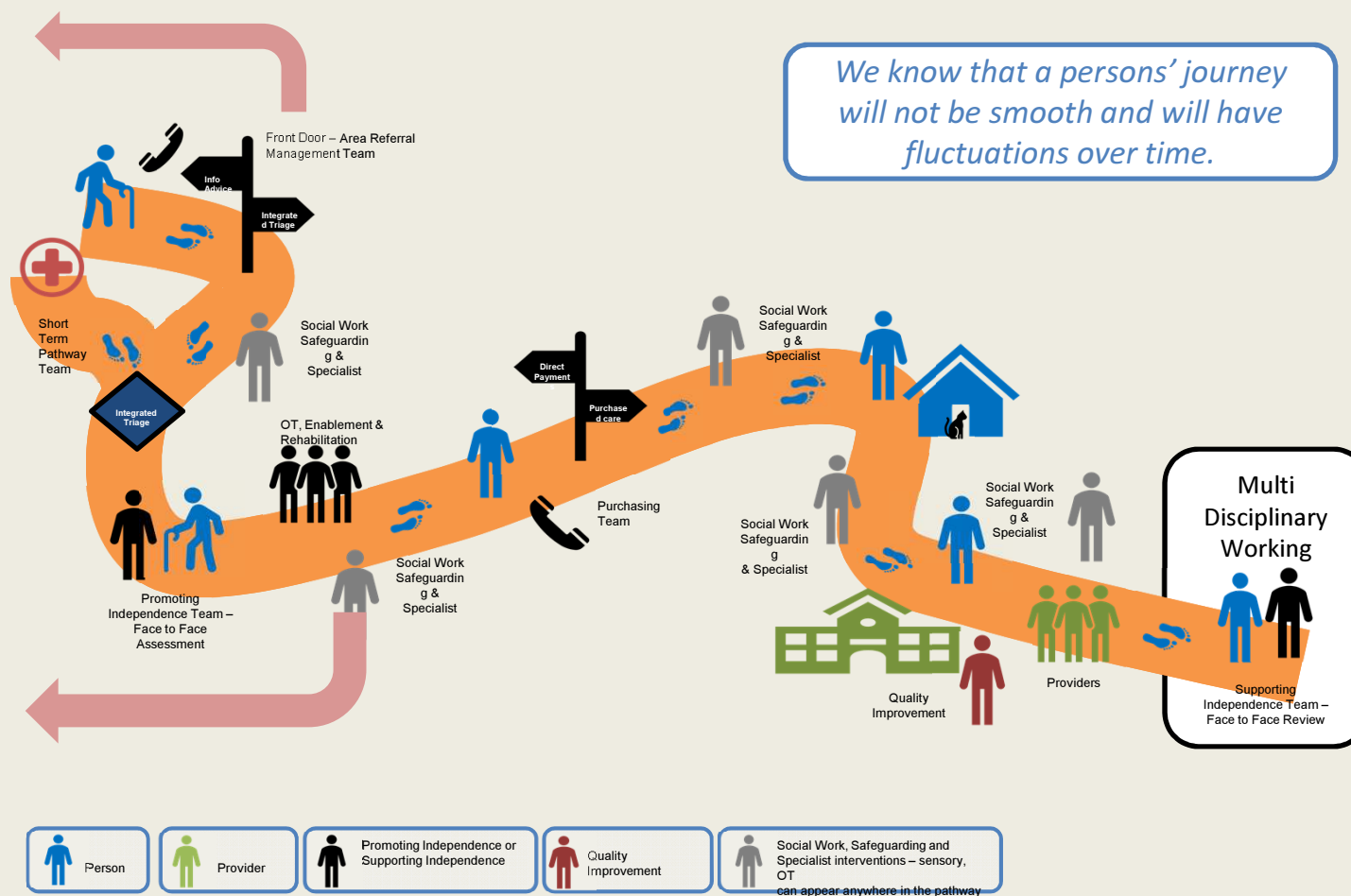
Supporting Independence- Locality based. Long term work with providers to deliver goals set in care and support plan/ Reviews/ Part of Local Care teams

Safeguarding-County management with locality teams
Case closed to safeguarding when statutory duty complete

Quality Improvement- Practice based to service providers to improve immediate issues identified or as a result of a Safeguarding enquiry

Purchasing and Resource Management Accountability (RMA) function-All purchasing activity inclusive of Domiciliary and County Placement Team/Authorisation/Financial assessment/Debt management and finance issues

Older People Physical Disability New Operating Model



MOSAIC Implementation

- Single consolidated client record
- Tools to support staff to manage their work
- Configured to Kent processes
- Configuration for case management progressing well with very positive feedback from staff involved in testing
- Good progress migrating data from SWIFT to Mosaic
- New performance reports using MS PowerBI
- Challenges around configuration for purchasing, client billing and payments. Making good progress but has taken time
- Need to ensure minimum risk of disruption to clients and staff
- Reviewing implementation plan for go live in new financial year

Building Blocks for the New Operating Model

Protection (Safeguarding)

- Effective management (with partners) to protect vulnerable adults and children at risk of neglect or abuse.
- Well trained staff who are confident to carry out their duties

Workforce

- Flexible workforce with the right skills to work across organisational boundaries
- Process of joint working has already begun – Integrated Discharge Teams, Encompass
- Supporting the Care Sector with workforce planning
- Working with health colleagues in multi disciplinary settings and developing integrated apprenticeships and training opportunities

Commissioning

- Providing a range of flexible care and support services
- New approaches in evaluating performance and contract management

Partnerships

- Quality services delivered through effective partnership working (NHS, district and borough councils and the voluntary and community sector)
- Partnership activity is central to the delivery of Local Care

The Kent and Medway STP – Health and Social Care Integration

Local Care in Practice

- Five Locality Action Plans with Locality Based Implementation Boards
- £32m additional spend
- Centred around GPs and developing alliances (MCPs)
- Development of MDTs and Hubs



Promoting
wellbeing

Re-alignment of Social Care

- New operating model
- Joint services – Enablement / Intermediate Care
- Participation in MDTs
- Co-location in hubs



Promoting
independence

Care Records

- Kent and Medway Care Record – one across the STP
- Kent Integrated Dataset

East Kent Hospital Reconfiguration

- Developing pre-consultation business case
- CCGs in special measures



Supporting
independence

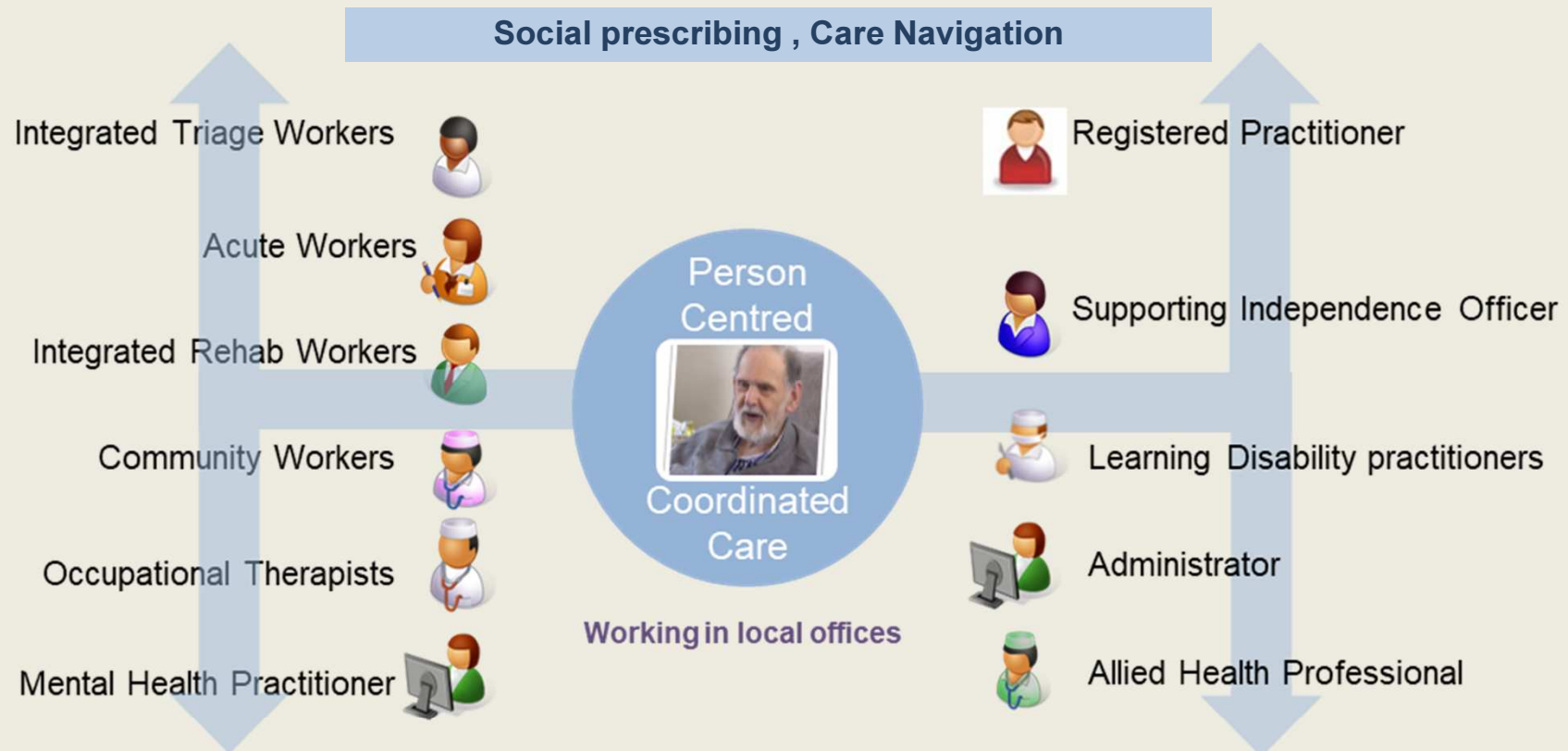
STP Governance

- Enabling joint working at all levels
- Delivered through key workstreams
- Changes to CCG configuration

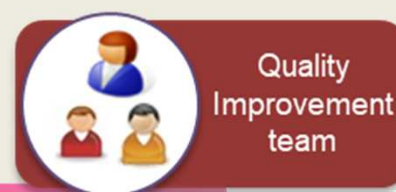
Adult Social Care and Health

Integrated Multi Disciplinary Teams

Adult Social Care Operating Model - 158 Social care practitioners across Kent within Locality MDTs



Specialist intervention will available for teams:



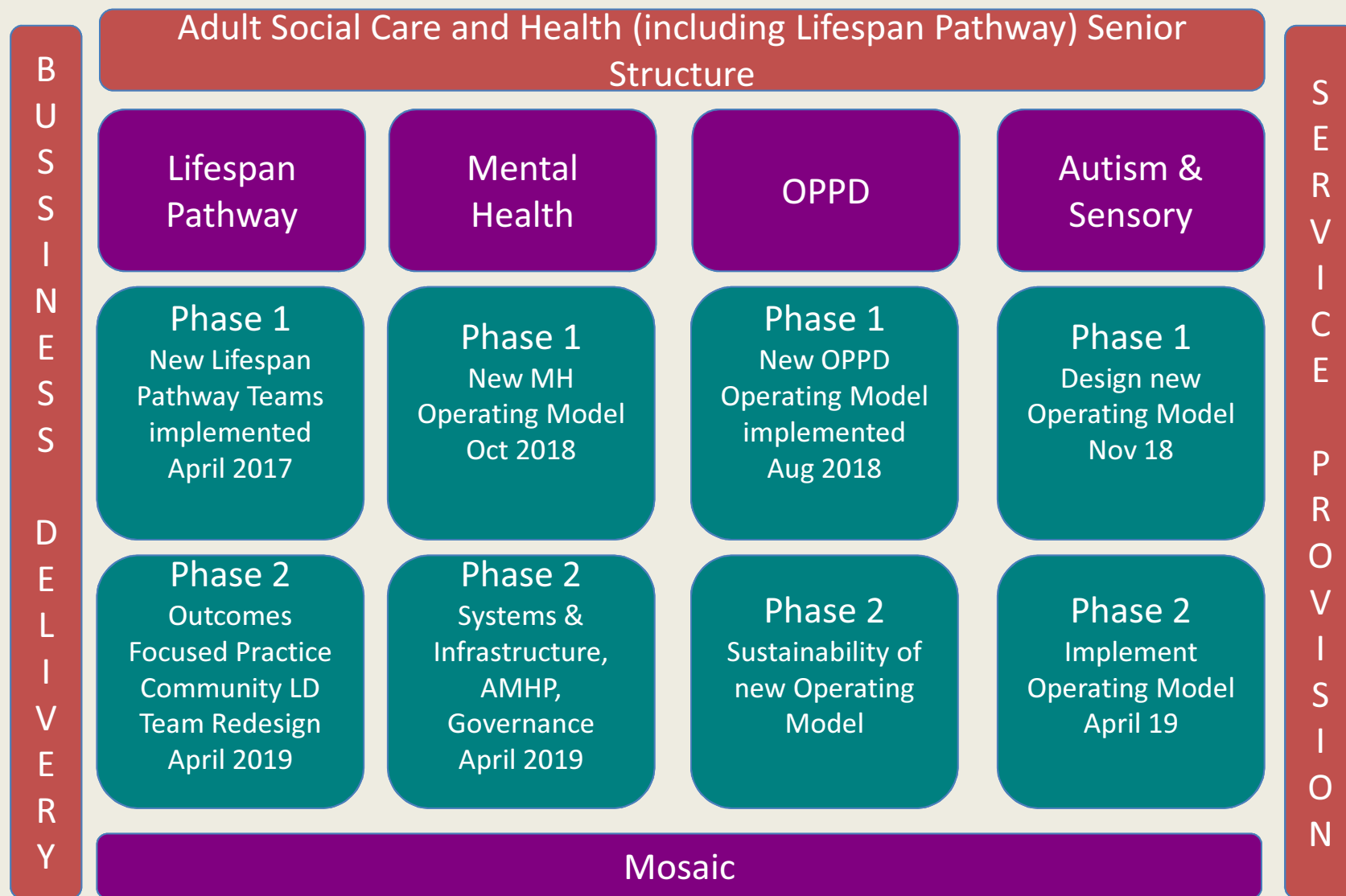
Adult Social Care and Health

Adult Social Care and Health (including Lifespan Pathway Service)

Senior Structure Design Criteria

1. One Directorate senior structure, no longer having client silos at a strategic level
2. Being accountable for statutory functions
3. Agile and sustainable structure to meet current and future needs
4. Streamline and Centralise support functions
5. Structure must support Integration and Collaboration with partners
6. Lead responsibilities (with a shared vision) at senior level

Adult Social Care and Health (including Lifespan Pathway Service) Operating Model



Adult Social Care and Health

Proposed Functions

Operations

Mental Health
Autism & Sensory

OPPD
Safeguarding , Social Work,
Quality in
Care, DOLs, Resource &
Management Allocation

OPPD Urgent Care &
Health Integration
(Kent Enablement at
Home)

Lifespan Pathway
0-25 & 26+

Partnerships

STP & Health
Integration &
Integrated Workforce

District Partnerships &
Voluntary Sector
(Voluntary Sector Budgets)

Design & Learning
Centre & Wider Sector
Workforce

Business
Delivery

(provisional subject to
design)

Project Management
Resource & PMO

Quality & Practice
(Principal Social Worker, Principal
Occupational Therapist,
Independent Living, Support
Service, Strategic Safeguarding,
Policy & Standards, Complaints,
Prevent , Public & Service User
Voice)

Performance & Systems

Directorate Office,
Business Management
Systems
& Communications

Purchasing
(CPT, APT, DP, Community Care
Purchasing Team)

Service
Provision

Enablement Services

Community Services

Ofsted/CQC Registered
Services

Integrated Care Centres

Business Partners

Adult Social Care and Health

Adult Social Care and Health (including Lifespan Pathway Service)

Senior Structure

Approval Process

- Personnel Committee – 11 October 2018
- County Council – 18 October 2018

Director of Partnerships

- Endorsement by Personnel Committee to appoint current Director of Older People and Physical Disability to this post

Director Operations

- Job advertised – November 2018
- Stakeholder Panel – 10 January 2018
- Member Panel – 11 January 2019

Business Delivery Unit

- Integral to delivery of the overall vision and the new adult social care functions and the Council's strategic objectives

New Operating Model implemented by April 2019

Summary and Recommendations

Summary

The new operating model and Local Care Implementation Plan is a significant change programme which works across all adult and children and young people with a disability services and will ensure these are integrated and aligned to Local Care to deliver outcome focused care to all the people we support.

The new senior leadership team will be integral to the delivery of the new operating model to ensure delivery of statutory duties and partnership working relating to wider responsibilities within the Kent and Medway Sustainable Transformation Partnership (STP).

Recommendations

The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the new Adult Social Care and Health (including the Lifespan Pathway Service) Operating Model.

Any Questions ?

From: **Graham Gibbens, Cabinet Member for Adult Social Care and Public Health**

Penny Southern, Corporate Director of Adult Social Care and Health

To: **Adult Social Care and Cabinet Committee – 30 November 2018**

Subject: Commissioning of Integrated Domestic Abuse Services Update

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team – 7 November 2018

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report provides an update as to progress and developments within the Kent Integrated Domestic Abuse Support Services, which were commissioned in April 2017. Domestic Abuse has a significant impact on families and individuals in Kent. The number of reported incidents is increasing, along with demand in all associated agencies and services. Historically, the provision of services has been commissioned or grant funded by a wide range of agencies including the Office of the Police and Crime Commissioner, district and boroughs and Kent County Council. These disparate and complex funding arrangements led provision to be short term, and pathways unclear. Whilst there was duplication of service in some areas, gaps existed in others.

The Council worked with its partners, stakeholders and with survivors of abuse to plan to recommission new services from a pooled budget in a more integrated and outcome focussed way. In adopting an approach based on co-production and co-design, the Council has brought together service provision in a more efficient, cost effective and sustainable manner that improves services, intervening earlier and reducing harm to both adults and children.

Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the update on commissioned domestic abuse services.

1. Introduction

- 1.1 The Council is a significant partner in the funding and commissioning of services for those experiencing or recovering from domestic abuse and has responsibility for domestic homicide reviews in the event of the death of an individual that is considered to be as a result of domestic abuse.

- 1.2 Domestic abuse services are of interest to a range of agencies, including the Office of Police and Crime Commissioner (OPCC), districts and borough community safety partnerships and Health.
- 1.3 An executive decision (16/00014) was taken in November 2018 to commission an integrated Domestic Abuse Service and the council led on the commissioning of this from funds pooled with partners.
- 1.4 The approach brought together disparately commissioned services into a flexible, holistic service model designed to create clear client pathways and outcomes, offer greater consistency to victims, deliver operational efficiencies and facilitate improved strategic oversight of the sector.
- 1.5 The commissioning objectives were to deliver:-
 - An integrated pathway where support can be stepped up and down seamlessly
 - A single referral point and triage process “No wrong door”
 - Increased emphasis on prevention and early intervention
 - Improved services (and access) to diverse communities
 - Victims given most appropriate support
 - Increased support for standard and medium risk victims whilst maintaining support for high risk victims
- 1.6 The strengthened preventative response, enabling agencies to intervene earlier will reduce reliance on high risk, crisis interventions and ultimately reduce harm.
- 1.7 The first year of operation was intended to take stock of the resources within each contract area, with a view to developing an appropriate, holistic response during the remaining term of the contract.
- 1.8 Following an open procurement process in which key stakeholders were involved, the council awarded contracts to run from April 2017.

2. Context

- 2.1 The county council currently contracts directly with three support providers to deliver four area-based integrated domestic abuse support services.
- 2.2 The appointed providers are given below:-

Area	Districts	Provider
North	Dartford, Gravesham, Maidstone, Swale	Centra Care and Support
West	Sevenoaks, Tonbridge and Malling, Tunbridge Wells	Look Ahead Care and Support
East	Thanet, Dover	Oasis Domestic Abuse Services
South	Ashford, Folkestone and Hythe, Canterbury	Centra Care and Support

- 2.3 Each Provider is expected to lead, shape and strategically manage the provision of domestic abuse support in their area, over the term of the contract.

- 2.4 Commissioned services deliver a holistic package of support including refuge accommodation, Independent Domestic Violence Advisor (IDVA) support, Outreach, therapeutic support programmes, emergency welfare support and sanctuary services.
- 2.5 Partnership working is integral to the success of these contracts, with the commissioned providers working with a number of agencies, either through formal sub-contracting arrangements or more informal structures, to deliver responsive, effective support to victims of domestic abuse.
- 2.6 The cohesive approach to funding and delivering domestic abuse support has delivered added value by enabling newly commissioned services to work more coherently alongside allied services such as those within the criminal justice system and providing the evidence and platform required to be able to successfully submit bids to the Home Office and the Local Government Association, facilitating delivery of additional projects within the sector.

3. Service Performance

- 3.1 As the services is new and is intended to evolve over the term of the contract, an intensive programme of contract management has been implemented during the first year of the service.
- 3.2 The contract management approach has ensured that the new model of operating has been implemented effectively by Service Providers, through mobilisation and transition, with each service delivering the core requirements of the contract, as well as local enhancements in each area.
- 3.3 Commissioners have utilised relationships with allied stakeholders such as the courts, police and districts and boroughs to take a whole-service approach in determining the development of the service in each locality to ensure effective delivery.
- 3.4 During 2017/18, existing performance monitoring frameworks were enhanced, with support providers and commissioners working together to identify an appropriate mechanism for measuring performance from year 2 of the contract term.
- 3.5 The enhanced framework for performance reporting has been in place since 1 April 2018 and was designed to give a robust overview of performance and impact of the revised service.
- 3.6 The 2018/19 performance framework includes self-reported outcomes, recognising service users as experts in their own experience.

Outcome	2017/18	2018/19 (to date)
Cessation of Abuse	57%	58%
Reduction in Risk	78%	83%
Feeling safe		77%
Optimise physical and emotional wellbeing	74%	61%
Planned move on from refuge accommodation	80%	86.5%
Optimise economic wellbeing	79%	
Economic/Financial Stability		43%

4. Key Outcomes

- 4.1 Prior to the redesign and recommissioning of domestic abuse support services in Kent, services were disparate, facing increasing demand alongside static budgets, which led to waiting lists for support. The new models have delivered efficiencies by reducing administrative costs and delivering increased capacity within front line support services.
- 4.2 The new services offered support to 3313 new entrants during 2017/18. Of these 3069 were community-based clients, an increase of 991 compared to the previous arrangements.
- 4.3 Of those who used the service, 57% reported a complete cessation of abuse, an increase of 5% compared to the previous arrangements.
- 4.4 Following entry into the service, 83% of entrants experienced a recognised decrease in risk of abuse.

5. Service Achievement to date

- 5.1 In addition to the increase in those who have been helped, the new integrated commissioned model has provided a platform from which other advantages have been derived. Significant achievements have been brought about within the new service since its commencement in April 2017: -
 - Establishment of a single point of contact, via the OPCC's Victim support unit
 - Extensive refurbishment of the North Kent Refuge (Dartford and Gravesham) including communal areas and client rooms.
 - Opening of new women's refuge in the Tonbridge and Malling Borough
 - Introduction of new Outreach support services across the county to support those at standard or medium risk within the community
 - Improved access to emergency accommodation
 - Securing of £344k of Home Office "Violence Against Women and Girls" Funding to deliver specialist IDVA support within two hospital settings. The project has been so successful that an additional £55k has been subsequently been secured to extend the provision in these hospitals.
 - Behavioural Insights Project – grant funding secured via the Cabinet Office to utilise the skills of the Behavioural Insights team to examine

whether the uptake of support could be improved by making small changes to the approaches made by front line police officers.

- Delivery of Equality and Diversity Workshop themed: Women with Disability and Domestic Abuse to 48 social workers
- Development of Kent-specific therapeutic programme

5.2 The Council has also recently bid for a £352k share of an £18.8million fund made available by the Ministry of Housing Communities and Local Government to provide designated resource for hard to reach groups such as those with specialist and complex needs, victims from LGBT communities and men.

5.3 The recommissioning of domestic abuse services is providing clarity between the Council's other existing or newly commissioned services e.g. those for families, mental health and substance misuse enabling clear articulation with these services and contributing to robust joint approaches.

6. Future Ambitions

6.1 In addition to the operational benefits of a recommissioned model, the revised arrangements will enable strategic change to be driven forward throughout the life of the contract.

6.2 The Council has designed a specification to be flexible and responsive, enabling service to evolve and develop over the contract term, responding to the policy and legislative change, and providing a platform for innovation and strategic thinking.

6.3 A review of the initiatives so far undertaken will inform the future direction of the service. A consideration of the impact of the Home Office funded Hospital IDVA scheme and sustainable ongoing funding, a review of the revised referral process and consideration of any further development e.g. online, and the lessons learned from the BIT work, will all shape the service over future years.

6.4 The services will have a clear role to play in the ambitions and achievements that are anticipated to shortly be set out in the multi-agency Kent and Medway Domestic Abuse Strategy.

7. Financial Implications

7.1 The annual cost for the new contracts is £2,517,755, of which £481,855 is contributed to externally by partners that include the Office of the Police and Crime Commissioner, Kent Fire and Rescue Service, District and Borough Councils and the Home Office. A summary of the funding arrangements and partners is provided in Appendix 1.

7.2 This commissioning activity was not designed to deliver immediate cashable savings and the county council did not propose to reduce its contribution to domestic abuse provision at a time of increasing demand. Through commissioning a more robust model of support, associated costs to the Council, such as those in social care, are anticipated to diminish.

- 7.3 The current Hospital IDVA service is fully funded by the Home Office. This funding ends on 31 March 2020, and work will begin early in 2019/20 to evaluate the impact of the project and consider the viability of continuing the project beyond this date. Engagement with the relevant NHS commissioners will commence to consider options for this.

8. Legal implications

- 8.1 The commissioned services contribute to the council's response to the Home Office's 'Call to End Violence Against Women and Girls' Strategy, with the main themes focussing on:
- prevention
 - the provision of good quality services and
 - improved partnership working
- 8.2 Since the inception of the strategy, the legislative landscape has changed to include forced marriage, and coercive and controlling behaviour.
- 8.3 The introduction of the Domestic Violence Disclosure Scheme and Domestic Violence Protection Orders supports the council's ambition to keep victims of abuse safe in their own communities and avoid potential or further victimisation.

9. Conclusions

- 9.1 Following endorsement by the Adult Social Care and Health Cabinet Committee in October 2016, the Council set about working collaboratively with its partners to establish an integrated offer funded from a pooled budget to better serve the rising needs of Kent residents who are experiencing domestic abuse.
- 9.2 Operational since April 2017, the new service offer has enabled earlier intervention and has assisted more individuals than the previous model.
- 9.3 The integration of services and pooling of resources has created a platform from which the addition of further funding and service development has been able to flourish, supported by a flexible specification and it is anticipated that this will continue throughout the life of the contract.

10. Recommendations:

10.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the update on commissioned domestic abuse services.

11. Background Documents

Record of Decision

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=1981>

Adult Social Care and Health Committee Meeting 11 October 2016

<https://democracy.kent.gov.uk/ielssueDetails.aspx?Id=35925&PlanId=0&Opt=3#AI36819>

12. Contact Details

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Appendix 1 Funding Partners - Annual Contribution

Kent County Council including Public Health	£2,035,900
District and Borough Councils	£139,798
Office of The Police and Crime Commissioner	£150,000
Home Office	£172, 057
Kent Fire and Rescue	£20,000

From: **Graham Gibbens, Cabinet Member for Adult Social Care and Public Health**

Penny Southern, Corporate Director of Adult Social Care and Health

To: **Adult Social Care Cabinet Committee – 30 November 2018**

Subject: Update on Kent Integrated Homelessness Support Services

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team Meeting – 7 November 2018

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report provides information on the outcome of the recent procurement, undertaken as a result of the implementation of decision number 17/00074, to recommission support services for vulnerable homeless people. The Council does not hold the statutory responsibility for homelessness but provides services for those over 18 under the discretionary powers of the Care Act 2014.

Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the update and outcome of the recent commissioning and procurement exercise for the homelessness support service for vulnerable people

1. Introduction

- 1.1 Following the Key Decision taken on the 12 June 2018 and the associated delegation of authority, the County Council embarked upon a procurement exercise that would reconfigure the support services for vulnerable homeless adults in line with its discretionary powers under the Care Act 2014.
- 1.2 A parallel process was undertaken by Children, Young People and Education Directorate (CYPE) to procure a revised Young Person's Supported Accommodation and Floating Support Service, following a policy change in the eligibility for these services.
- 1.3 The procurement activities were managed through one tendering exercise in order that the timetabling of the commissioning for both elements could be aligned, enabling a smooth transfer to the new arrangements.

1.4 Offering a four-year Framework contract, the Council sought to appoint

- A single Prime Contractor in each of eight lots (four Adult lots and four Children and Young People lots)
- A framework of Secondary Contractors to deliver services for Homeless Adults and Homeless Young People
- A framework of Secondary Contractors to deliver services for Offenders.

2. Kent Integrated Homelessness Support Service (KIHSS)

2.1 The new integrated model will be led by a Prime Contractor in each of the four Adult lots, working in collaboration with one other, with KCC, the CYPE Prime Contractors and all Secondary Contractors to co-design and implement the Service.

2.2 The available budget per lot is given below: -

Lot and Area	Max Value per annum
Lot 1 (East Kent) – Canterbury, Dover, Thanet, Folkestone & Hythe	£1,802,330
Lot 2 (Mid Kent) – Ashford, Maidstone	£977,000
Lot 3 (North Kent) – Dartford, Gravesham, Swale	£1,369,900
Lot 4 (West Kent) – Sevenoaks, Tonbridge & Malling, Tunbridge Wells	£927,000
Total Maximum Annual Value	£5,076,230
Total Contract Value over four-year term	£20,304,920

2.3 Overseen by the Council, the role of each Prime Contractor is to reconfigure resources within the Lot, develop new and innovative solutions and deliver a more integrated, timely model, that best serves the needs of vulnerable adults, over the lifetime of the contract.

2.4 Prime Contractors will use mini competitions within the Framework to appoint suitable Secondary Contractors to deliver the newly-designed service.

2.5 The Framework allows the Council's partners in the districts and boroughs, Clinical Commissioning Groups, Acute Hospital Trusts, the Police and Crime Commissioner, Kent Fire and Rescue Service and Criminal Justice Agencies to access the contract that the Council holds with Prime Contractors to make further investment in similar services via call offs throughout the term of the contract.

2.6 To ensure continuity and smooth transition during co-design phase, the Council is contracting directly with secondary contractors in the first instance until such time as the Prime Contractor in each lot re-sets the market.

3. Process

3.1 The Council embarked upon a competition with negotiation in order to ensure that it could secure the most competitive and suitable bids.

- 3.2 All bids and questions were submitted via the portal. After preliminary review, Tenderers for Prime Contracts were invited for negotiations and subsequently permitted to submit revised bids.
- 3.3 Following evaluation of capability and quality, the Council measured each bid for Prime Contractors using a Price per Quality Point (PQP) methodology to establish, fairly compare and assess the level of quality that is being achieved for the price stated.
- 3.4 The Council considered the Most Economically Advantageous Tenders (MEAT) for KCC across both areas of the opportunity (Children and Young people and Adults), taking into account the requirement that a maximum of six lots may be awarded to any single bidder across Lots 1 - 10 with a maximum of two in each of Lots 1-4 and 5-8.

4. Financial Implications

- 4.1 Following the agreement of the Corporate Director, and the successful passing of a standstill period, contracts were awarded to Prime Contractors as given below:

Lot	Area	Prime Contractor	Annual Contract Price*
			Total 4-Year cost
Lot 1	East Kent (Canterbury, Thanet, Dover, Folkestone & Hythe)	Porchlight	£1,800,330
			£7,197,759
Lot 2	Mid Kent (Ashford, Maidstone)	Porchlight	£974,028
			£3,897,187
Lot 3	North Kent (Dartford, Gravesham, Swale)	Look Ahead Care and Support	£1,369,852
			£5,479,408
Lot 4	West Kent, (Sevenoaks, Tonbridge and Malling, Tunbridge Wells)	Look Ahead Care and Support	£926,895
			£3,707,529
Annual Contract Cost		£5,072,180	
Contract value over 4-year term		£20,281,883	

*based on Year 1

- 4.2 A list of the successful secondary contractors is provided in Appendix 1.

5. Legal implications

- 5.1 The County Council does not hold the statutory responsibility for homelessness. That responsibility lies with Kent's district and borough councils under the Homelessness Act 2002 and latterly the Homelessness Reduction Act (HRA), which came into effect from 3 April 2018.

- 5.2 Every resident over the age of 18 and or their representative can contact the local authority and where there is an appearance of need (as defined in the Care Act 2014) can have access to an assessment of need.

6. Next Steps

- 6.1 The Council is working across both Adults and Children's commissioning to deliver a smooth transition to the new eligibility arrangements.
- 6.2 The Council will oversee and agree the new design with Prime Contractors and will ensure close liaison with stakeholders, such districts and boroughs, to plan any change in provision.
- 6.3 The initial stages of this contract require more intensive Contract Management in mobilisation than usual, particularly during the first year of the contract. Commissioners will monitor that the Key Performance Indicators and performance monitoring terms, to which all providers have committed, are being delivered and will also bring Prime Contractors together to ensure effective sharing of learning and good practice.
- 6.4 The Council continues to work with the Kent based Community Rehabilitation Company, Kent Probation Service and the providers of these services to ensure that the needs of this cohort are provided in the best setting

7. Conclusions

- 7.1 The Council has successfully appointed lead providers following its recent commissioning and procurement exercise to reshape support services for vulnerable homeless people.
- 7.2 Work is now underway to manage the transition to the new arrangements which will see Prime Contractors lead the reconfiguration of services within each Lots to provide clear pathways for vulnerable people and ensure that relevant timely interventions are in place.

8. Recommendations:

8.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the update and outcome of the recent commissioning and procurement exercise for support services for vulnerable homeless people.

9. Background Documents

Record of Decision

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2177>

Adult Social Care and Health Committee Meeting 18 May 2018

<https://democracy.kent.gov.uk/ielssueDetails.aspx?Id=48325&PlanId=0&Opt=3#AI47637>

10. Contact Details

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Appendix 1 – Results for Secondary Contractors

Lot 9 - Vulnerable Homeless Adults	Final Result
Centra Care and Support	Pass
House of Mercy	Pass
Lifeways (West Kent Housing Association)	Pass
Lookahead Care and Support	Pass
Pathways to Independence	Pass
Peabody South East	Pass
Porchlight	Pass
Rethink	Pass
Riverside	Pass
Sanctuary Supported Living	Pass
Thames Reach	Pass
The Bridge Trust	Pass
West Kent YMCA	Pass
YMCA Thames Gateway	Pass

Lot 10 - Offenders/those at risk of offending	Final Result
Home Group	Pass
Pathways to Independence	Pass

From: **Graham Gibbens, Cabinet Member for Adult Social Care and Public Health**

Penny Southern, Corporate Director of Adult Social Care and Health

To: **Adult Social Care Cabinet Committee – 30 November 2018**

Subject: Adult Social Care Performance Dashboard

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team – 7 November 2018

Future Pathway of Paper: None

Electoral Division: All

Summary: The performance dashboard provides Members with progress against targets set for key performance and activity indicators for September 2018 for Adult Social Care.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care Performance Dashboard.

1. Introduction

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:

“Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience.”

1.2 To this end, each Cabinet Committee is receiving a performance dashboard.

2. Performance Report

2.1 The main element of the Performance Report can be found at **Appendix A**, which is the Adult Social Care Performance Dashboard which includes a description of the indicator and the latest available results for the key performance and activity indicators. This is a more enhanced set of data than last year to give a broader view of the activity across Adult Social Care.

2.2 The Adult Social Care Performance Dashboard is a subset of the detailed monthly performance report that is used at team, Divisional Management Team (DivMT) and Directorate Management Team (DMT) level. The indicators included are based on key priorities for the Directorate, as outlined in the current business plans and modernisation programme and include operational

data that is regularly used within Directorate. The Performance Dashboard will evolve for Adult Social Care as the modernisation programme is shaped.

- 2.3 The monthly performance monitoring is based on data that is derived from the client system (SWIFT/ AIS). This system captures the assessment, needs, services, costs and review data from every service user that we support.
- 2.4 The operational teams have the responsibility for updating the system and have a wide range of reports available to them to be able to manage their own performance, including supervision with staff.
- 2.5 The latest report contains the most up to date indicators with targets, based on the delivery of the modernisation programme and statutory responsibilities. This includes ensuring that the interdependencies between services are understood and the targets reflect these. For example, a reduction in residential care may mean an increase in home care.
- 2.6 Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the Dashboard.
- 2.7 A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.
- 2.8 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 2.9 Performance results are assigned an alert on the following basis:

Green: Current target achieved or exceeded

Red: Performance is below a pre-defined minimum standard

Amber: Performance is below current target but above minimum standard.

3. Summary of Performance

- 3.1 There are currently 20 measures within the Adult Social Care Performance Dashboard and where appropriate a RAG (Red, Amber and Green) rating has been applied.
- 3.2 For September 2018, nine performance indicators are rated as Green, two as Amber and two are Red.

- 3.3 Since the minister's statement earlier in the year, national targets have been set which are linked to the Better Care Funding and which require Social Care and Health to work together to reduce delayed transfers of care and deliver better outcomes for people. The joint Health and Social Care Kent target is **3,544 delayed days**, unfortunately this was not met, and Kent experienced 479 more bed days with a total of 4,023 DToC Bed days in September according to locally collected data. This was 11 per 100,000 of the population against a target of 9.3 per 100,000 of the population.
- 3.4 However, the good performance relating to delays that are Social Care responsibility continues to be sustained. Only 26% of the delays across all community and acute sites were due to Social Care which is below target.
- 3.5 More detailed information in respect of Delayed Transfers of Care can be found at Appendix B. This represents locally collected data.
- 3.6 The number of admissions to permanent residential and nursing care was above target in September 2018, and there is an anticipated pressure being forecast for residential and nursing care with known planned placements in the coming months. This is an area that we are focussing on as a priority.

4. Recommendations

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care Performance Dashboard.

5. Background Documents

None

6. Report Author

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Adult Social Care Dashboard

September 2018



Published: 14 November 2018

Key to RAG (Red/ Amber/ Green) ratings applied to KPIs	
GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as red when performance falls below this threshold

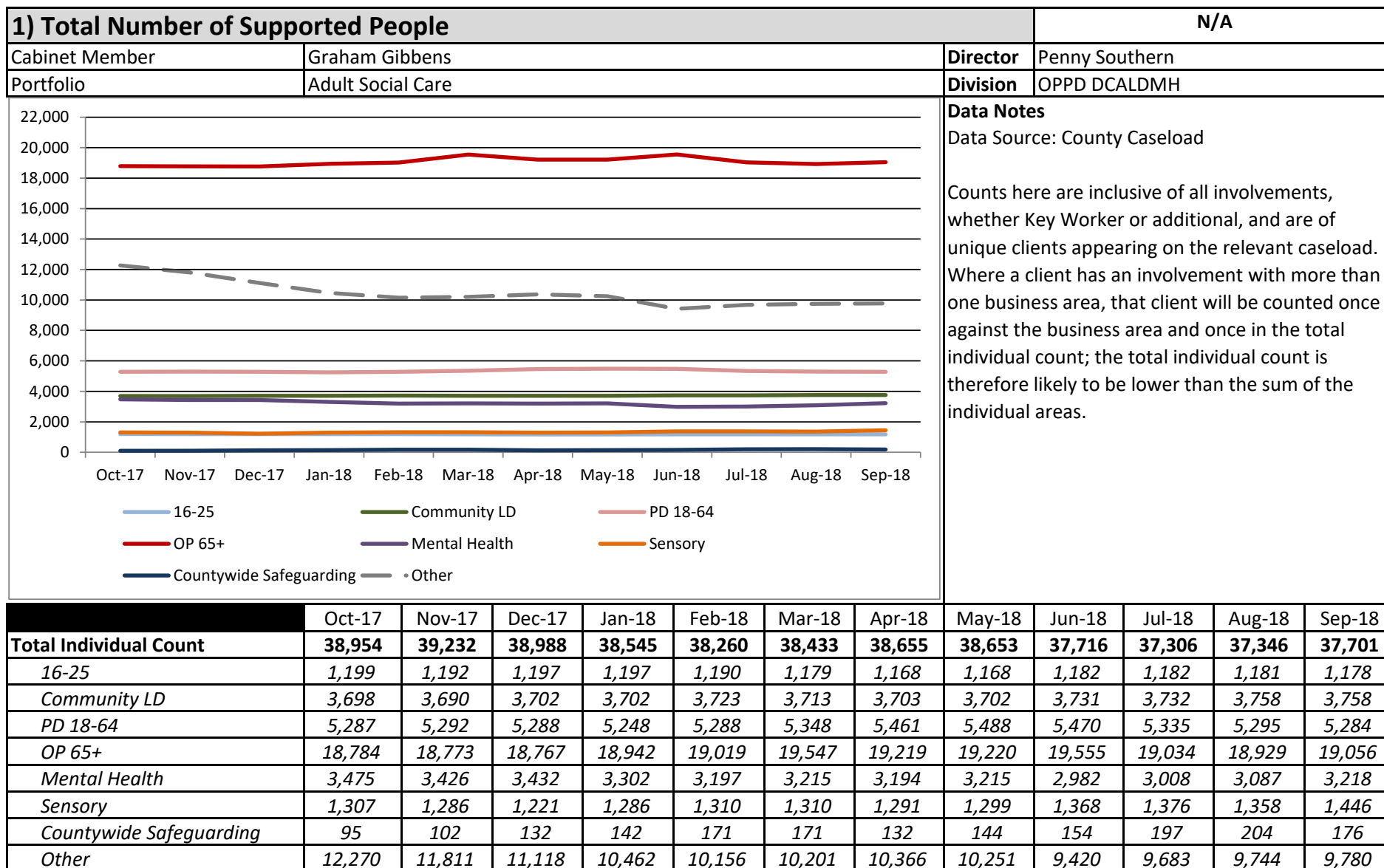
Adult Social Care Indicators

The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

Some indicators are monthly indicators, some are annual, and this is clearly stated.

All information is as at the latest month wherever possible.

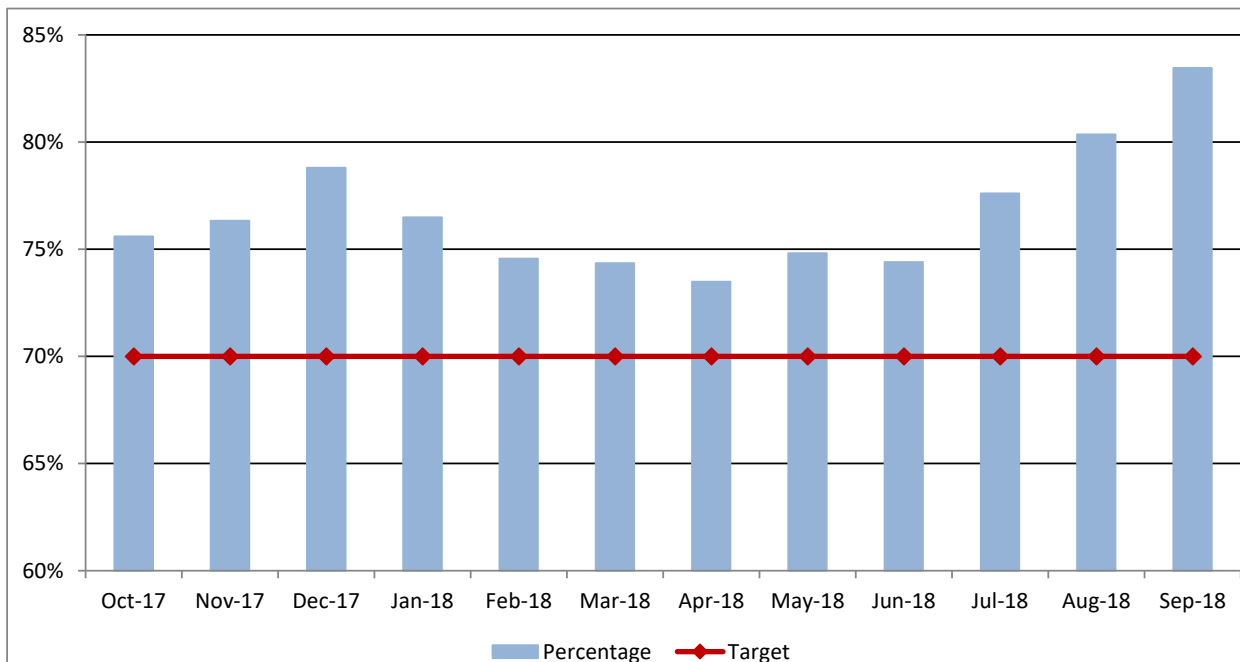
Indicator Description		DivMT Report	QPR	2017-18 Outturn	Current 2018-19 Target	Current Position	Data Period	RAG
1	Total number of people supported, by presenting need			38,433	N/A	37,346	Snapshot	N/A
2	Percentage of contacts resolved at source	Y	Y	80%	70%	83%	Month	GREEN
3	Referrals to Enablement	Y	Y	955	868	1,051	Month	GREEN
4	Clients still independent after enablement		Y	75%	60%	69%	Snapshot	GREEN
5	Delayed Transfers of Care - proportion that are social care responsibility		Y	24.0%	30%	26.3%	12M	GREEN
6	Total Delays per 100,000 population		Y		9.30	11.00	Month	RED
7	Admissions to permanent residential or nursing care for people aged 65+	Y	Y	162	104	162	Month	RED
8	Number of people aged 65+ in permanent residential care	Y	Y	2,216	2,096	2,197	Snapshot	AMBER
9	Number of people aged 65+ in permanent nursing care	Y	Y	1,066	1,066	1,051	Snapshot	GREEN
10	Number of people receiving homecare	Y	Y	4,223	4,315	4,233	Snapshot	GREEN
11	Number of people receiving direct payments	Y	Y	4,146	3,284	3,094	Snapshot	GREEN
12	Number of people with a learning disability in residential/nursing care	Y	Y	1,058	1,020	1,014	Snapshot	GREEN
13	Number of people with a learning disability receiving a community service	Y	Y	3,071	N/A	3,093	Snapshot	N/A
14	Number of people with Mental health needs in residential care	Y	Y	311	298	303	Snapshot	AMBER
15	Number of people with Mental health needs receiving a community service	Y	Y	505	N/A	495	Snapshot	N/A
16.1	Number of Safeguarding concerns		Y	861	N/A	938	Month	N/A
16.2	Number of Safeguarding enquiries		Y	465	N/A	426		
16.3	Number of safeguarding consultations		Y	186	N/A	228		
16.4	Number of safeguarding closures		Y	343	N/A	444		
17	Number of DOLS applications		Y	417	455	455	Month	GREEN



Commentary

The Other business area includes Headquarters-aligned teams, such as Client Financial Affairs, Carer locality, etc. There is a large number of people who have an additional worker involvement recorded against an "Other" team but no Key Worker involvement - these are likely to result from clients having referrals closed incorrectly.

2) Percentage of Contacts resolved at source						GREEN
Cabinet Member	Graham Gibbens			Director	Anne Tidmarsh	
Portfolio	Adult Social Care			Division	Older People and Physical Disability	

**Data Notes**

Data Source: OPPD DivMT Report

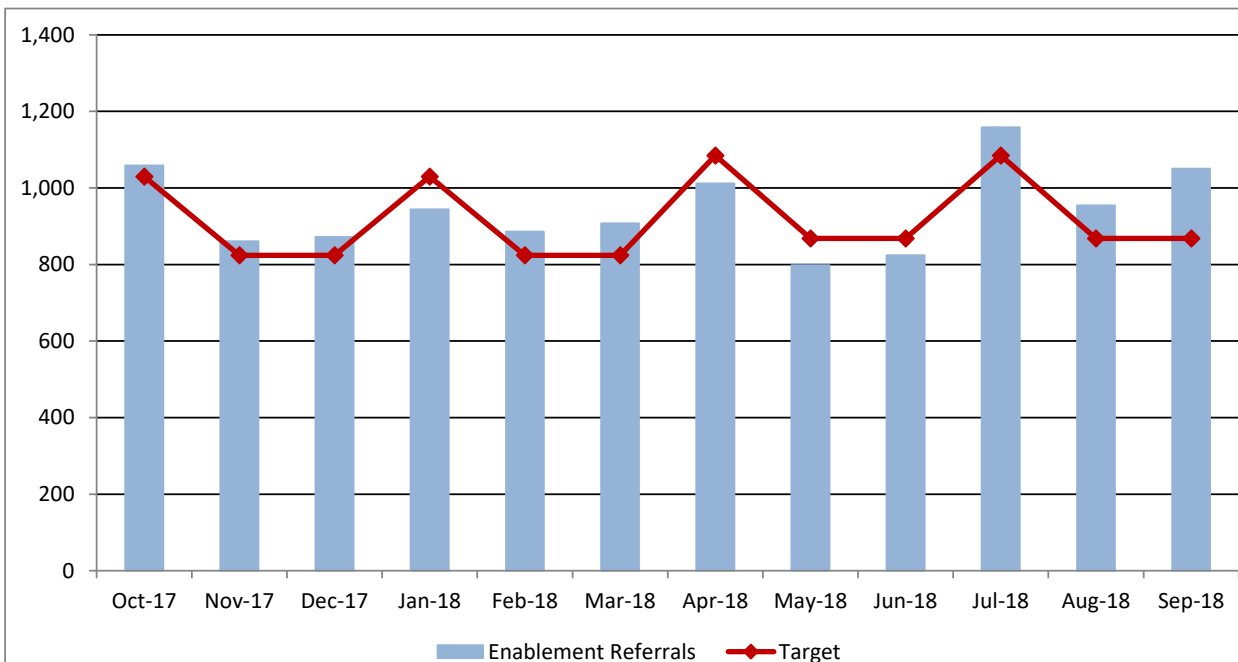
Quarterly Performance Report Indicator

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Percentage	76%	76%	79%	76%	75%	74%	73%	75%	74%	78%	80%	83%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This is the percentage of people who's needs are met at the point of contacting Social Care through information, advice, guidance or small pieces of equipment. A key priority for Adult Social Care is to respond to more people's needs at the point of contact, through better information, advice and guidance, or provision of equipment where appropriate.

3) Referrals to Enablement						GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh			
Portfolio	Adult Social Care	Division	Older People and Physical Disability			

**Data Notes**

Unit of Measure: Number of people who had a referral that led to an Enablement service

Data Source: Enablement Dashboard + Hilton

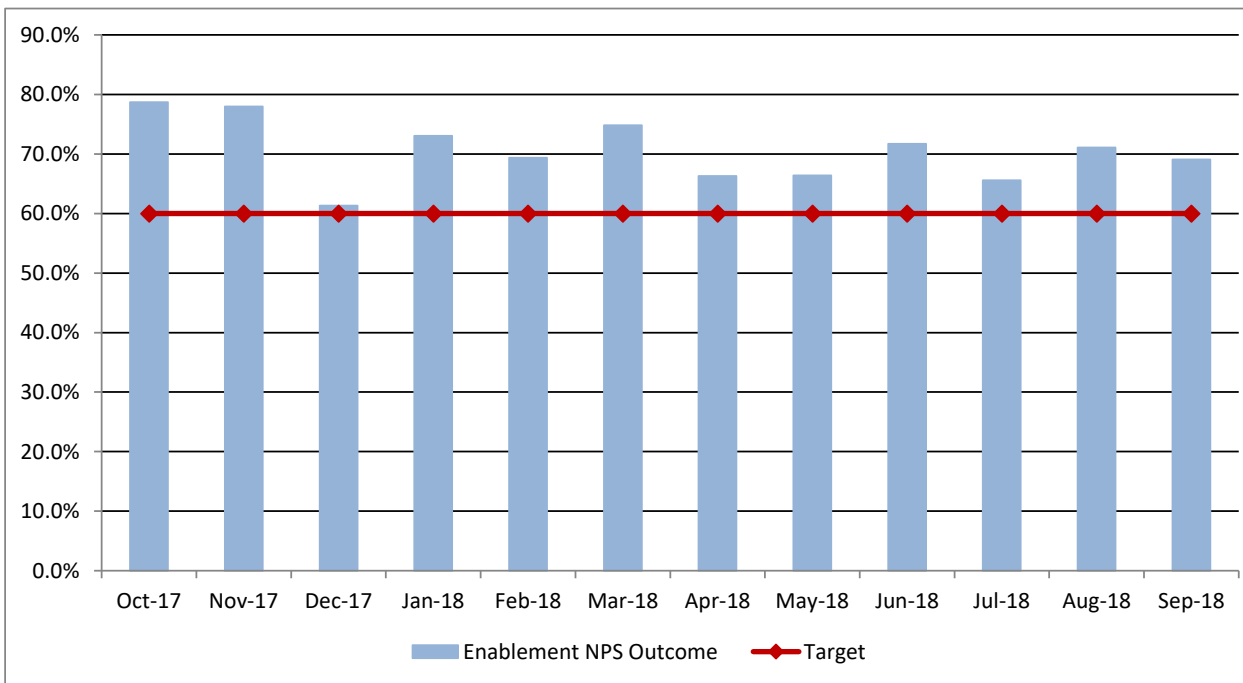
Quarterly Performance Report Indicator

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	1,030	824	824	1,030	824	824	1,085	868	868	1,085	868	868
Enablement Referrals	1,059	861	872	944	886	908	1,012	798	824	1,159	955	1,051
RAG Rating	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN

Commentary

This the number of referrals to our enablement service which is a specialist service to enable people to live independently and undertake daily tasks without support and is inclusive of referrals to Hilton from August 2017. The overall picture of people being supported in the full range of enabling services is much more positive. A number of other schemes commissioned by KCC, the NHS and CCGs such as Home First, Hilton's Discharge to Assess and Virgin Care are delivering intermediate care which is enabling people that would have ordinarily have gone through our KEAH service prior to these schemes existence.

4) Clients still independent after Enablement						GREEN
Cabinet Member	Graham Gibbens			Director	Anne Tidmarsh	
Portfolio	Adult Social Care			Division	Older People and Physical Disability	

**Data Notes**

Unit of Measure: Percentage of people who received an Enablement service who had no public support at the end of their enablement service.

Data Source: Enablement Dashboard

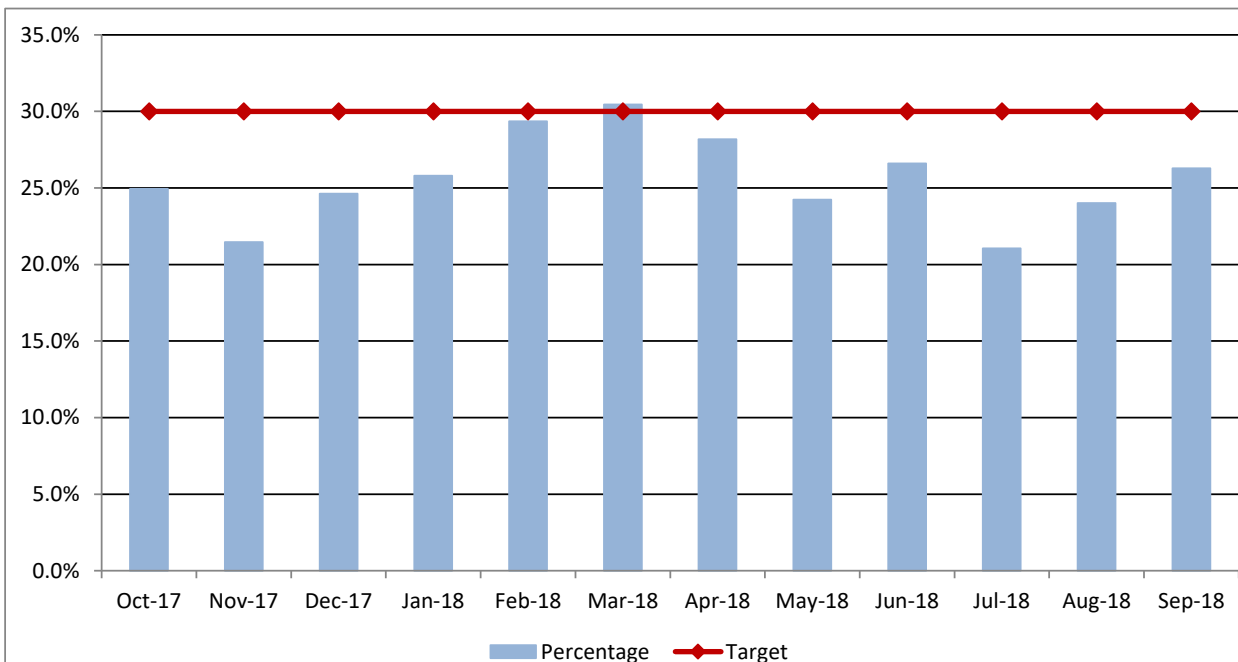
Quarterly Performance Report Indicator

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Enablement NPS Outcome	78.7%	78.0%	61.3%	73.1%	69.4%	74.8%	66.3%	66.4%	71.7%	65.6%	71.1%	69.1%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

Performance continues to be above target.

5) Delayed Transfers of Care - Social Care Responsibility						GREEN	
Cabinet Member	Graham Gibbens				Director	Anne Tidmarsh	
Portfolio	Adult Social Care				Division	Older People and Physical Disability	

**Data Notes**

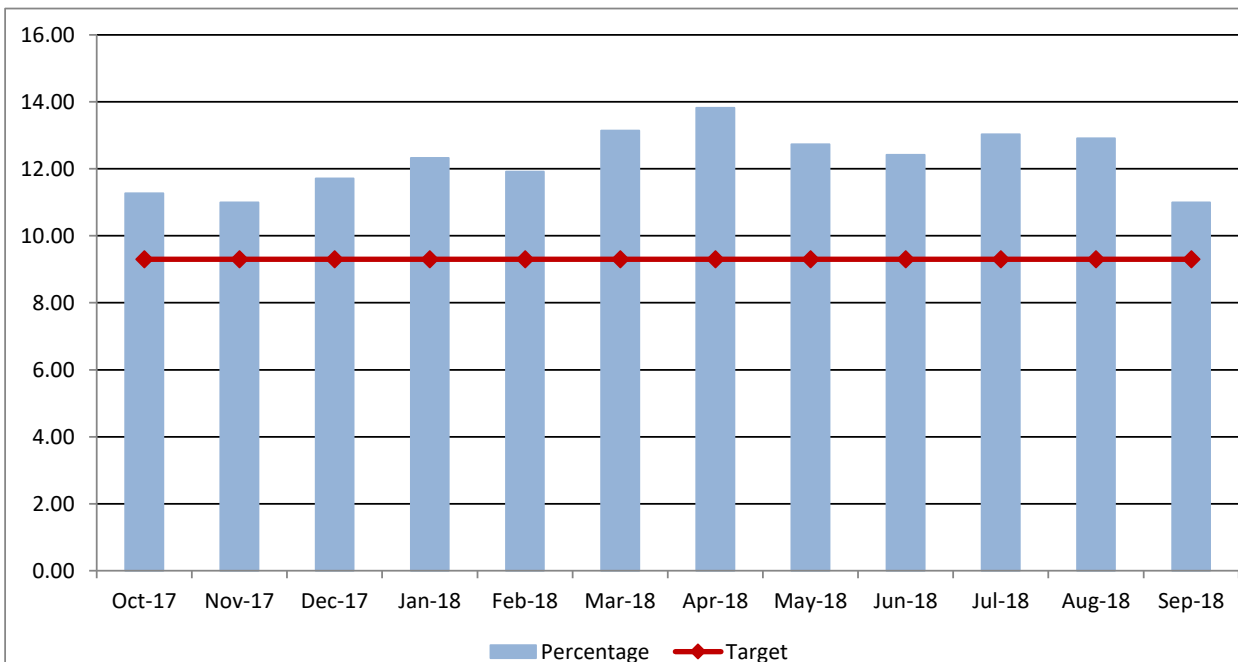
This indicator represents the percentage of all delays attributable to Adult Social Care or Jointly with the NHS.

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Percentage	24.9%	21.5%	24.6%	25.8%	29.4%	30.5%	28.2%	24.2%	26.6%	21.1%	24.0%	26.3%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This is the proportion of delays to discharge from hospital that are attributable to Adult Social Care or Jointly with the NHS. Delay transfers can be affected by many factors, mainly client choice and health based reasons. Whilst there are ongoing pressures to find social care placements, these have been eased with support such as intermediate care and step down beds. Information relating to delayed transfers of care is collected from health on a monthly basis; since April 2017 in response to an ADASS request the calculation method has been adjusted to capture all bed-day delays during the month. As of September 18, 26.3% of delays are attributable in whole or part to Adult Social Care. For Social Care delayed discharges, the three main reasons were: awaiting further non-acute NHS care, awaiting nursing home placement and patient/family choice.

6) Delayed Transfers of Care - Total Delays per 100,000 Pop (Health and Social Care)						RED	
Cabinet Member		Graham Gibbens				Director	Anne Tidmarsh
Portfolio		Adult Social Care				Division	Older People and Physical Disability



Data Notes

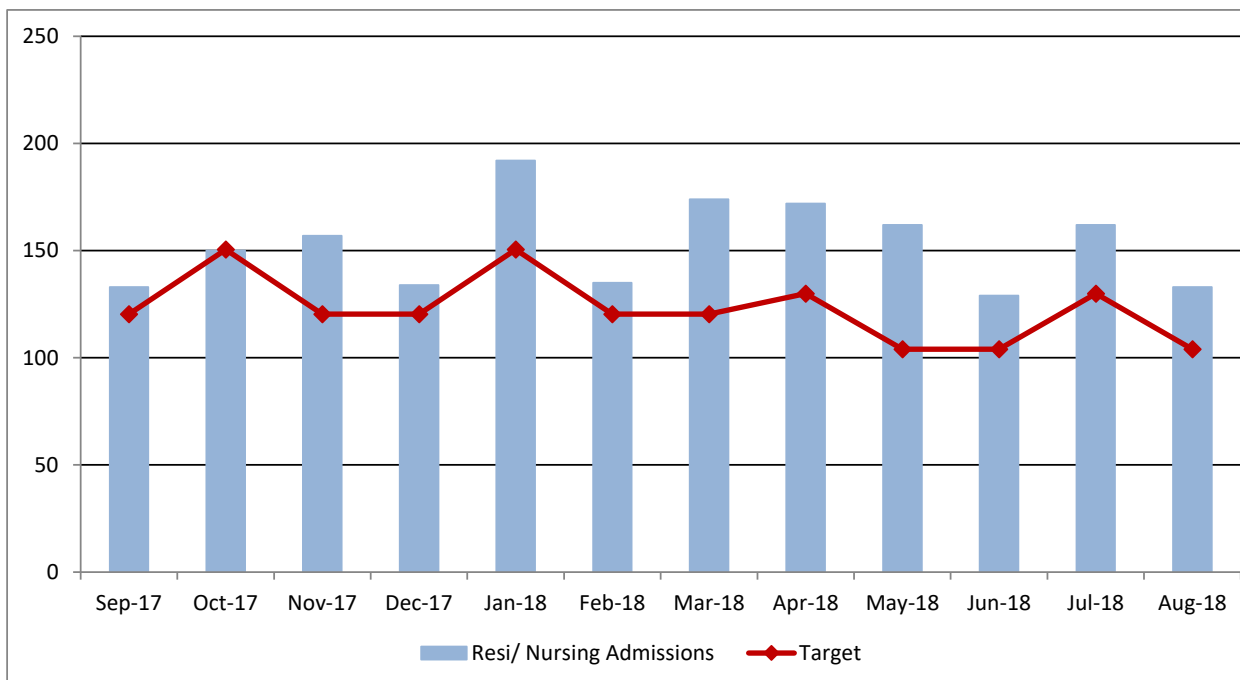
Based on locally collected discharge data. Figures for the latest month do not include Adult MH delays as this data is submitted after publication on the 21st working day of the month.

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3
Percentage	11.27	11.00	11.71	12.33	11.91	13.15	13.83	12.73	12.42	13.03	12.91	11.00
RAG Rating	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED

Commentary

The ratio of patients with a delayed discharge (including all responsibilities for the delay) has been consistently above the target of 9.3 delayed discharges per 100,000 of population. The key pressure areas for NHS delays are within East Kent Hospitals University Foundation Trust [33.7% of all Kent delays], Maidstone and Tunbridge Wells Trust [14.7%] and Dartford and Gravesham Trust [13.6%].

7) Admissions to permanent residential or nursing care for people aged 65+			RED
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Adult Social Care	Division	Older People and Physical Disability

**Data Notes**

Unit of Measure: Older people placed into Permanent Residential and Nursing Care per month, provided a month in arrears to allow for late input.

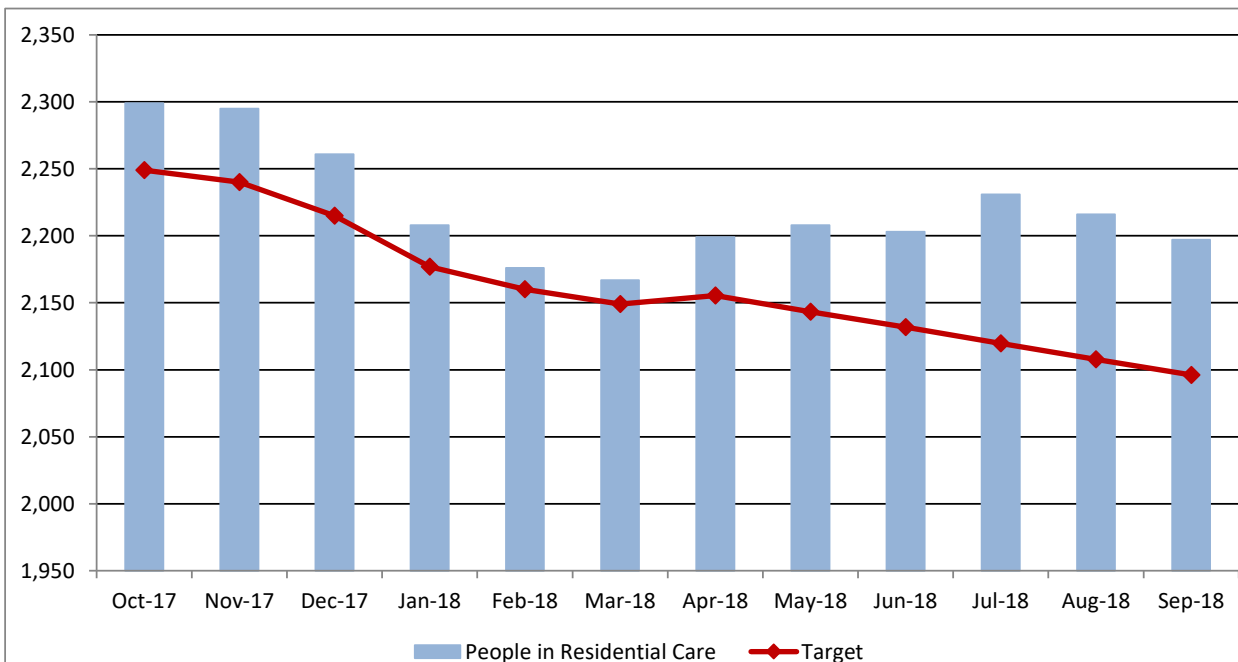
Data Source: OPPD SMT Report

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Target	120	151	120	120	151	120	120	130	104	104	130	104
Resi/ Nursing Admissions	133	150	157	134	192	135	174	172	162	129	162	133
RAG Rating	RED	GREEN	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED

Commentary

This is the number of older people newly placed in a permanent residential/ nursing care home. Please note that figures for the most recent month are likely to increase due to legitimate delays in inputting whilst placement and funding arrangements are agreed. Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, (and our success in managing hospital delays will impact on admissions), specific circumstances or health conditions, breakdown in carer support, falls, incontinence and dementia.

8) Number of people aged 65+ in permanent residential care (AS01)						AMBER
Cabinet Member	Graham Gibbens			Director	Anne Tidmarsh	
Portfolio	Adult Social Care			Division	Older People and Physical Disability	

**Data Notes**

Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care

Data Source: OPPD SMT Report

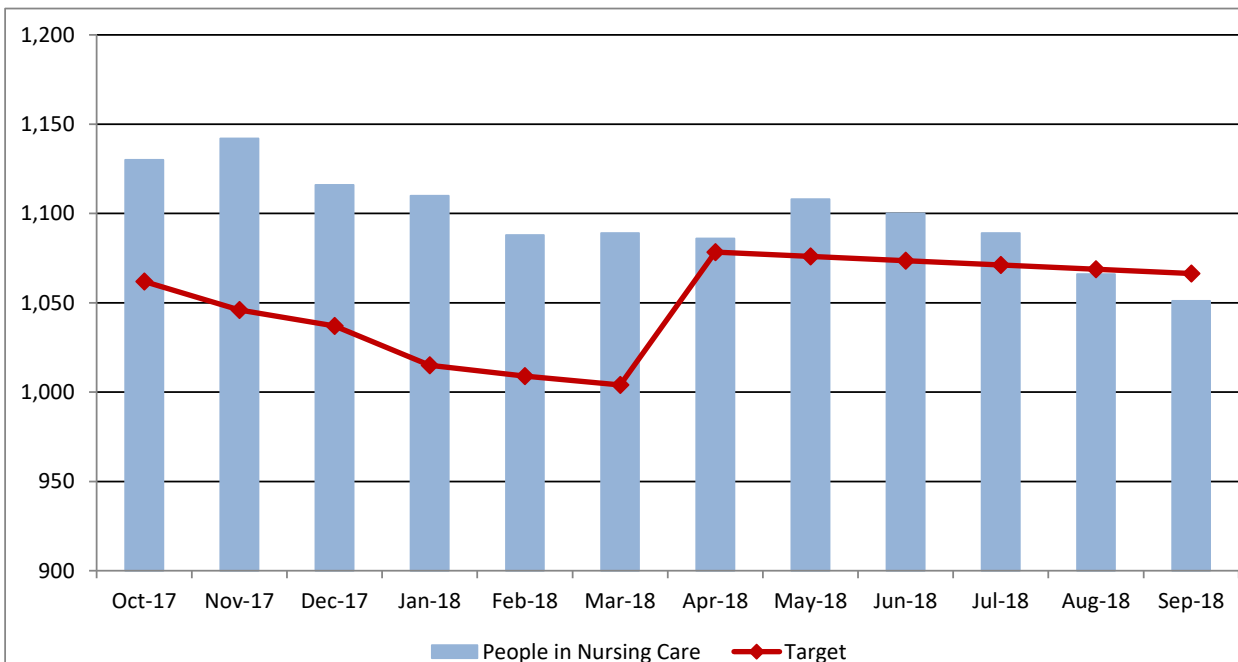
Quarterly Performance Report Indicator

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	2,249	2,240	2,215	2,177	2,160	2,149	2,155	2,143	2,132	2,120	2,108	2,096
People in Residential Care	2,299	2,295	2,261	2,208	2,176	2,167	2,199	2,208	2,203	2,231	2,216	2,197
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

This is the number of people in permanent residential care at the end of the month. Based on our additional reporting, we anticipate a significant increase in placements in the coming months which will put additional pressure on our forecast.

9) Number of people aged 65+ in permanent nursing care (AS02)						GREEN
Cabinet Member	Graham Gibbens			Director	Anne Tidmarsh	
Portfolio	Adult Social Care			Division	Older People and Physical Disability	

**Data Notes**

Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent nursing care

Data Source: OPPD SMT Report

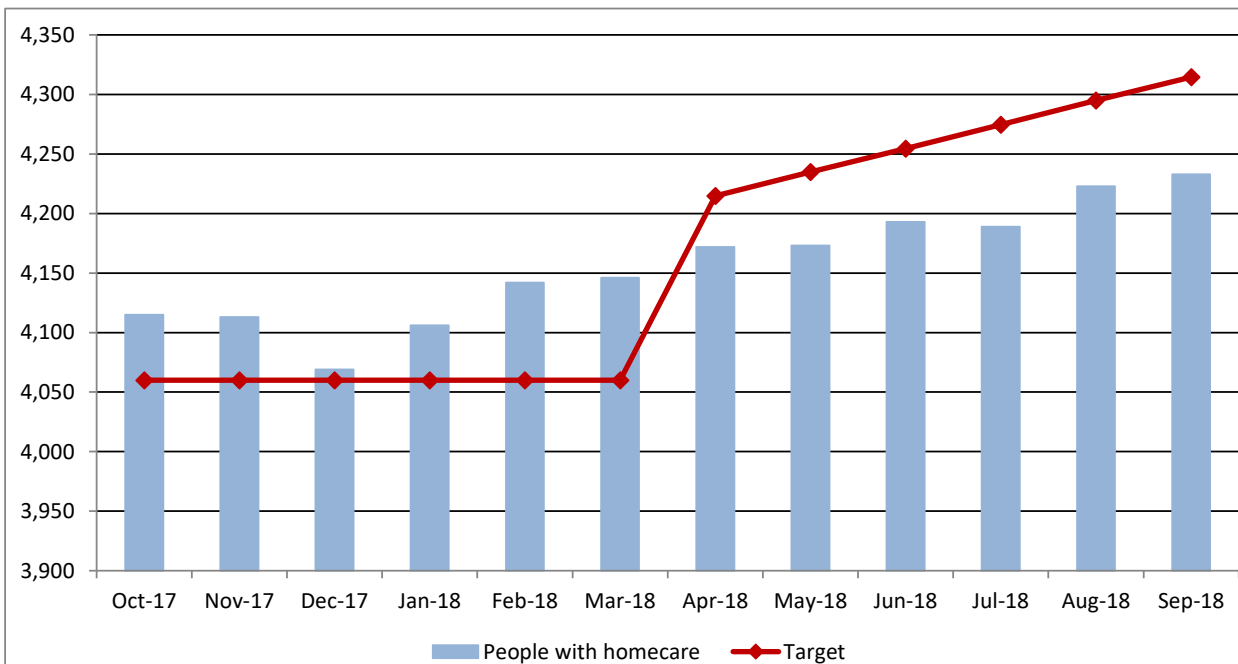
Quarterly Performance Report Indicator

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	1,062	1,046	1,037	1,015	1,009	1,004	1,078	1,076	1,074	1,071	1,069	1,066
People in Nursing Care	1,130	1,142	1,116	1,110	1,088	1,089	1,086	1,108	1,100	1,089	1,066	1,051
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN

Commentary

This is the number of people in permanent nursing care at the end of the month. Based on our additional reporting, we anticipate a significant increase in placements in the coming months which will put additional pressure on our forecast.

10) Number of people receiving homecare (AS03)						GREEN
Cabinet Member	Graham Gibbens				Director	Anne Tidmarsh
Portfolio	Adult Social Care				Division	Older People and Physical Disability

**Data Notes**

Unit of Measure: End of month snapshot of the number of people receiving homecare

Data Source: OPPD SMT Report

Quarterly Performance Report Indicator

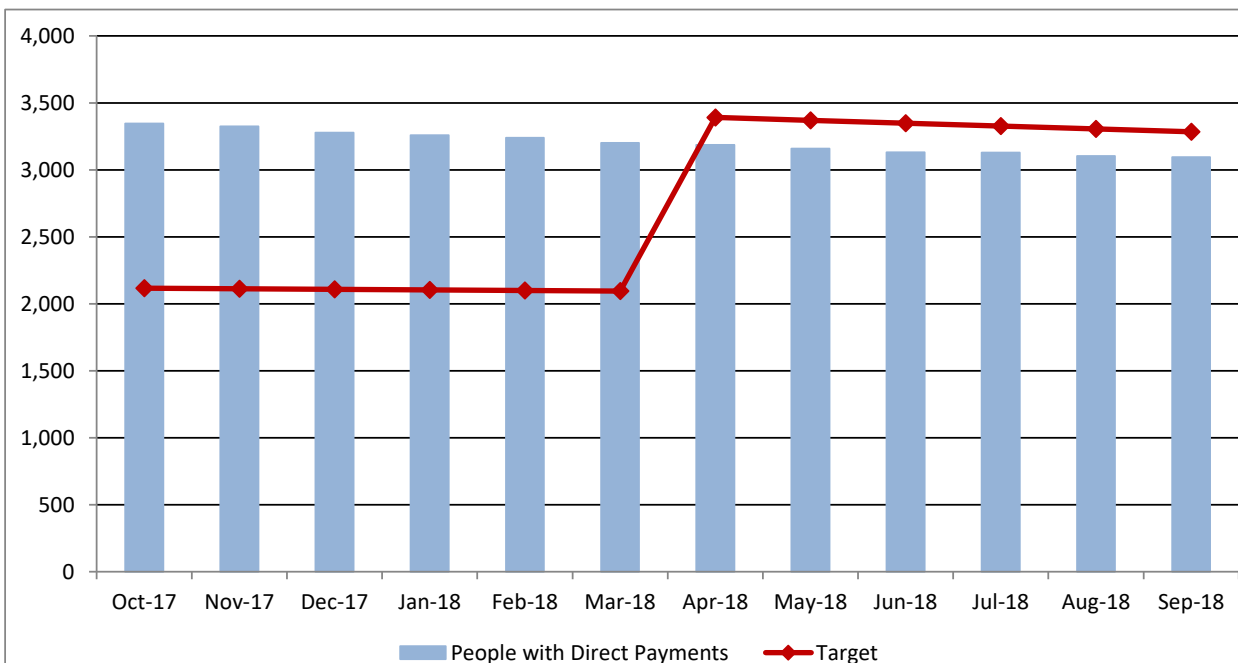
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	4,060	4,060	4,060	4,060	4,060	4,060	4,215	4,235	4,255	4,275	4,295	4,315
People with homecare	4,115	4,113	4,069	4,106	4,142	4,146	4,172	4,173	4,193	4,189	4,223	4,233
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This is the total number of people receiving homecare which has been increasing steadily over the last 12 months (3.6% increase), with an additional 48 people in receipt of Homecare. Homecare is largely delivered to people over the age of 65, with 3,588 people aged 65+ receiving services at the end of September and 679 people aged 18-64 in receipt of a homecare service.

The average hours per older person per week remains slightly above the 2018-19 target of 10 hours or less per person at 10.01 average hours. The 2018-19 target average hours per person aged 18-64 is 11 hours or less, and current performance is 10.22

11) Number of people receiving direct payments						GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh / Penny Southern			
Portfolio	Adult Social Care	Division	OPPD / DCLDMH			

**Data Notes**

Unit of Measure: End of month snapshot of the number of people receiving direct payments

Data Source: OPPD/LDMH SMT Report

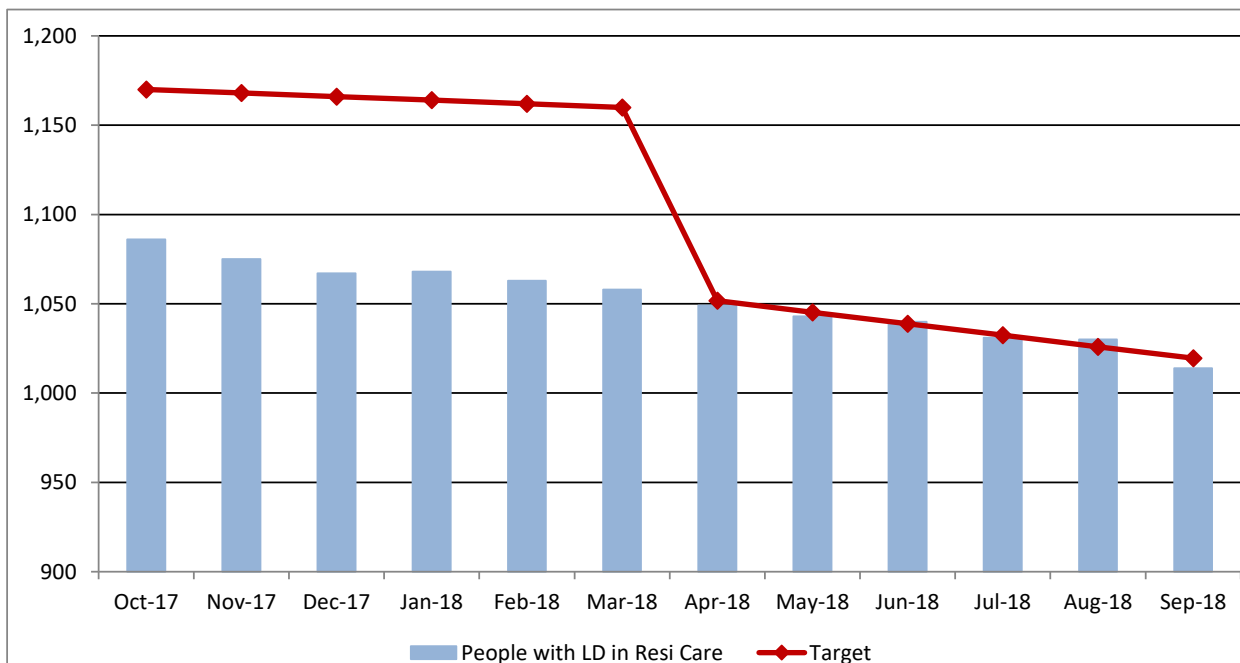
Quarterly Performance Report Indicator

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	2,116	2,112	2,108	2,103	2,099	2,095	3,392	3,370	3,348	3,327	3,305	3,284
People with Direct Payments	3,345	3,325	3,278	3,258	3,240	3,201	3,187	3,158	3,131	3,128	3,104	3,094
RAG Rating	RED	RED	RED	RED	RED	RED	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This the total number of people who have a direct payment and purchase their own care.

12) Number of people with a learning disability in residential/nursing care (AS04)			GREEN
Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Adult Social Care	Division	Learning Disability

**Data Notes**

Unit of Measure: Number of people with a learning disability in permanent residential or nursing care as at month end.

Data Source: LD DivMT Report

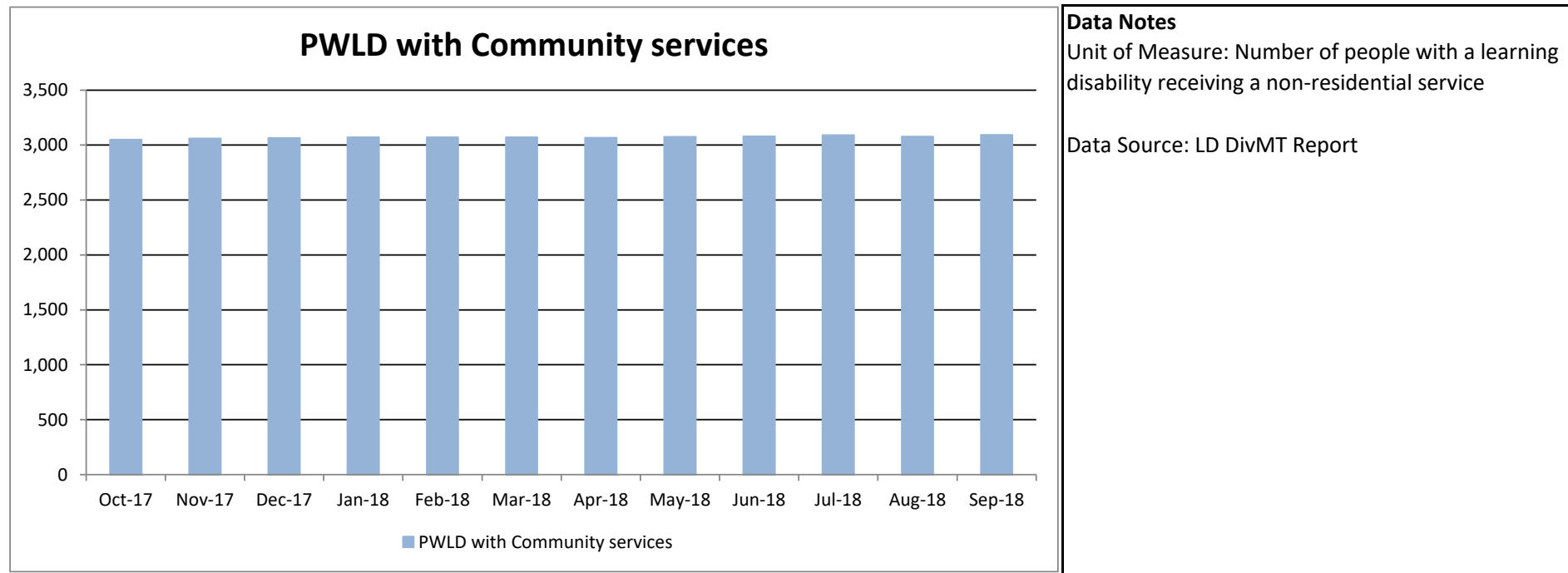
Quarterly Performance Report Indicator

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	1,170	1,168	1,166	1,164	1,162	1,160	1,052	1,045	1,039	1,032	1,026	1,020
People with LD in Resi Care	1,086	1,075	1,067	1,068	1,063	1,058	1,049	1,043	1,040	1,031	1,030	1,014
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	AMBER	GREEN

Commentary

This is the number of people with a learning disability in permanent residential or nursing care. It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. All residential placements have now been examined as a part of *Your Life, Your Home* to ensure that where possible, there will be a choice available for people to be supported through supported accommodation, shared lives and other innovative support packages which enable people to maintain their independence.

13) Number of people with a learning disability receiving a community service			N/A
Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Adult Social Care	Division	Learning Disability



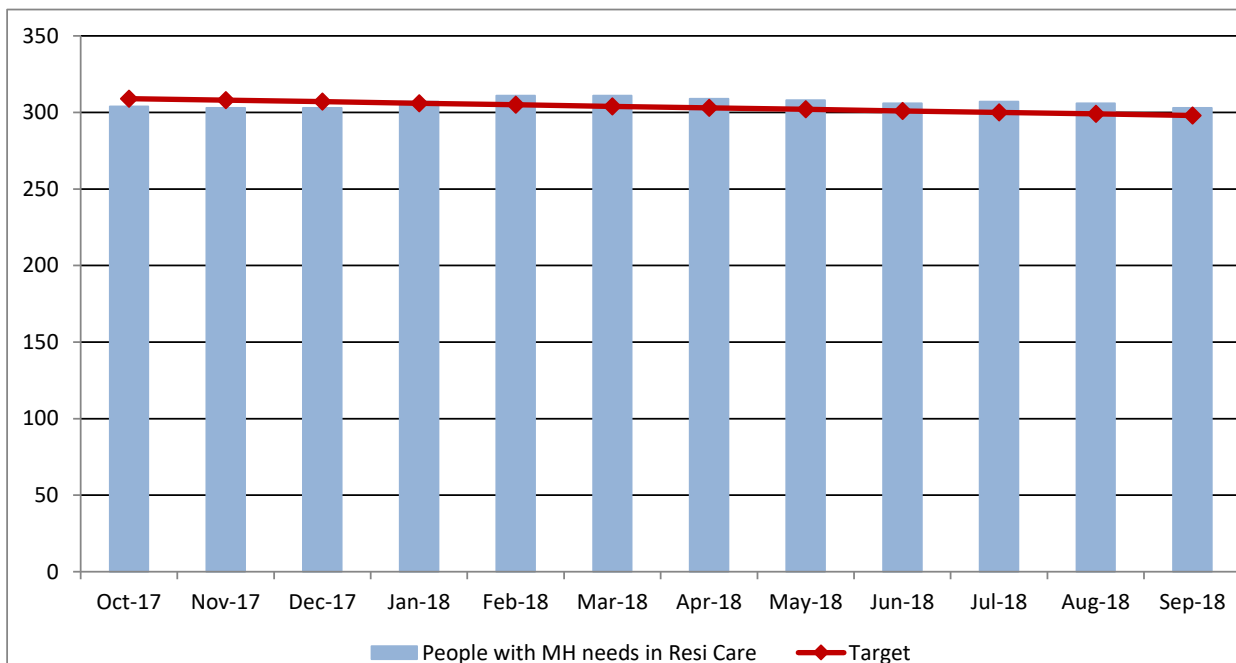
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
PWLD with Community services	3,050	3,062	3,065	3,071	3,071	3,071	3,068	3,077	3,081	3,091	3,079	3,093

Commentary
<p>This is the number of people with a learning disability that are supported in the community. The net number of people with a learning disability receiving a community service (i.e. any LD clients in receipt of a support package not including residential services) remains stable and is gradually increasing, with the success of Your Life Your Home contributing to this increase.</p>

14) Number of people with mental health needs in residential/nursing care (AS04)

AMBER

Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Adult Social Care	Division	Mental Health



Data Notes

Unit of Measure: Number of people with mental health needs in permanent residential or nursing care as at month end.

Data Source: MH DivMT Report

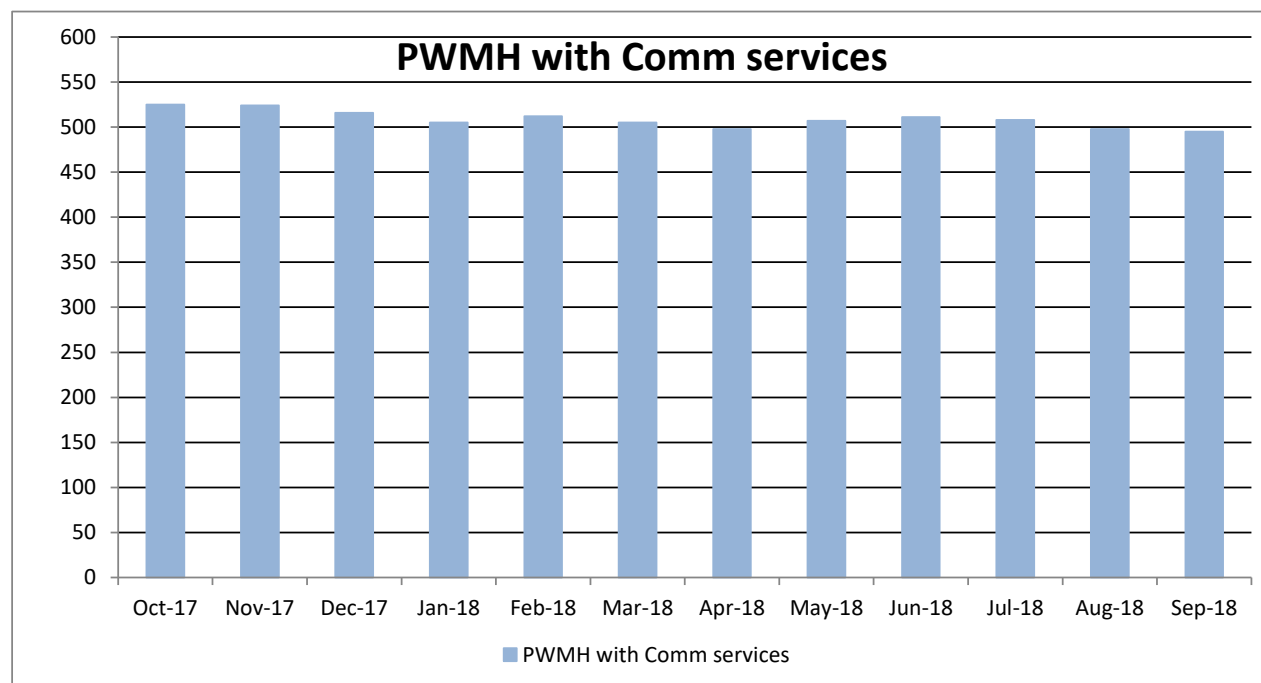
Quarterly Performance Report Indicator

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	309	308	307	306	305	304	303	302	301	300	299	298
People with MH needs in Resi	304	303	303	307	311	311	309	308	306	307	306	303
RAG Rating	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

This is the number of people with mental health needs in permanent residential or nursing care. It is a clear objective of the Directorate to ensure that as many people with mental health needs live as independently as possible.

15) Number of people with mental health needs receiving a community service						N/A	
Cabinet Member		Graham Gibbens			Director	Penny Southern	
Portfolio		Adult Social Care			Division	Mental Health	

**Data Notes**

Unit of Measure: Number of people with mental health needs receiving a non-residential service

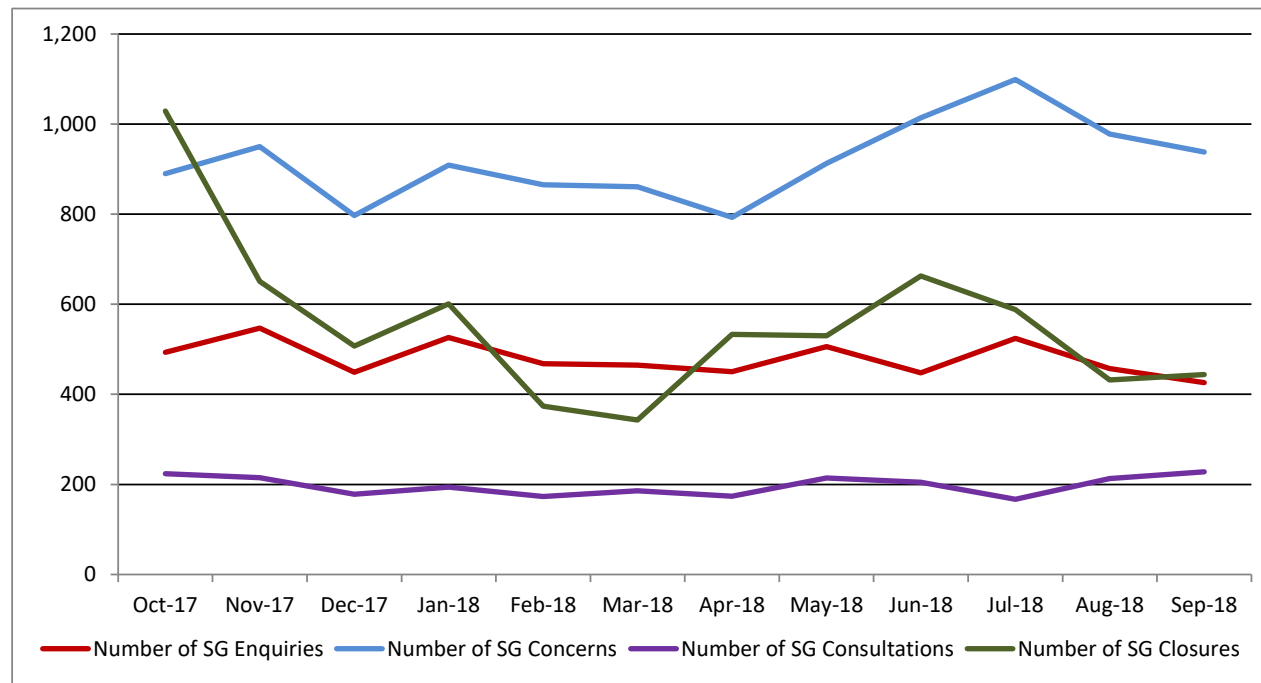
Data Source: MH DivMT Report

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
PWMH with Comm services	525	524	516	505	512	505	498	507	511	508	498	495

Commentary

This is the number of people with mental health needs that are supported in the community. The net number of people receiving a community service (i.e. any MH clients in receipt of a support package not including residential services) remains stable and is gradually decreasing.

16) Safeguarding Indicators			N/A
Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Adult Social Care	Division	OPPD DCALDMH

**Data Notes**

Unit of Measure: Number of Safeguarding Concerns, Enquiries, Consultations and closed cases in the calendar month.

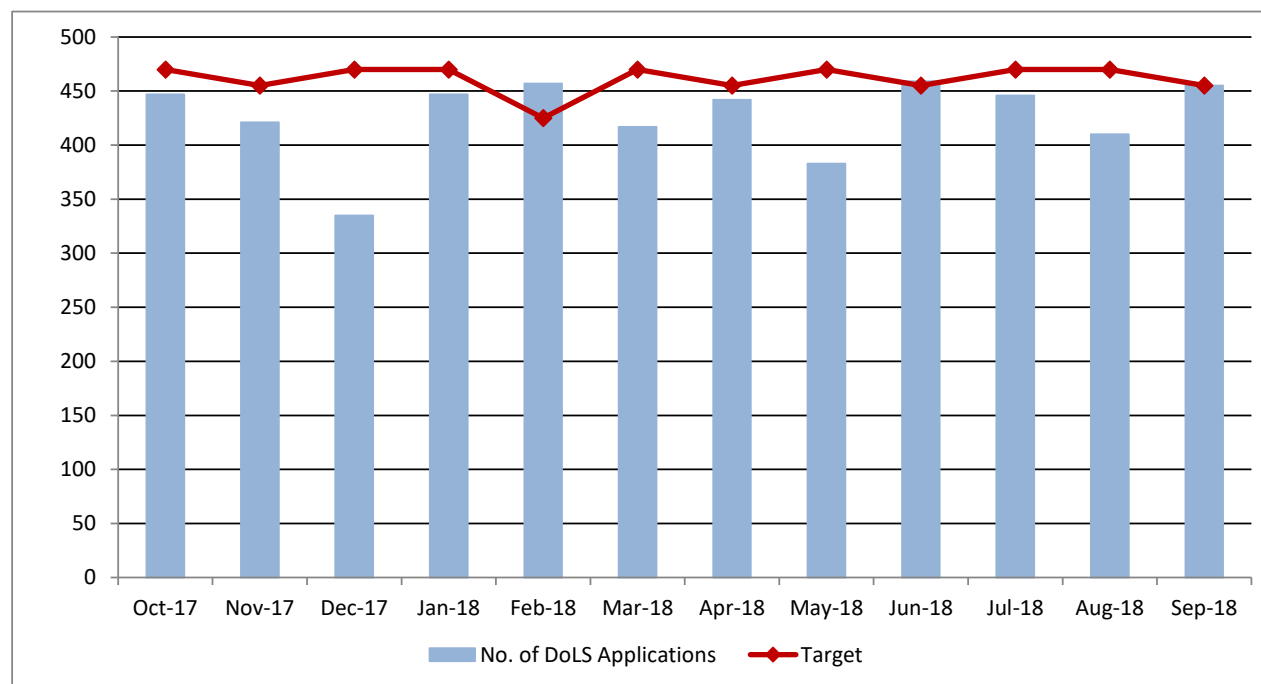
Data Source: Safeguarding Report

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Number of SG Concerns	890	950	797	909	865	861	793	913	1,014	1,099	978	938
Number of SG Enquiries	493	547	449	526	468	465	450	506	448	524	457	426
Number of SG Consultations	224	215	178	194	173	186	174	214	205	167	213	228
Number of SG Closures	1,029	651	507	601	374	343	533	530	663	588	432	444

Commentary

The number of Safeguarding Concerns remains historically high with an 11.4% increase observed in quarter 2 with July's peak in activity contributing to this. However, the number of Safeguarding Enquiries initiated has remained fairly level and this underlines a deteriorating conversion rate (i.e. the number of Concerns converting to Enquiries; this is in spite of improving SG Consultation recording. Safeguarding closures remain consistent and are being boosted by efforts to resolve closure backlogs.

17) Number of DoLS applications			GREEN
Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Adult Social Care	Division	OPPD DCALDMH

**Data Notes**

Number of Contacts received in the calendar month with a contact reason type of *DoLS - Assessment Request*

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	470	455	470	470	425	470	455	470	455	470	470	455
No. of DoLS Applications	447	421	335	447	457	417	442	383	459	446	410	455
RAG Rating	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN

Commentary

The number of requested DoLS applications has remained fairly stable, averaging 427 over the past 12 months.

HEALTH AND SOCIAL CARE DELAYED TRANSFERS OF CARE AS AT SEPTEMBER 2018

September 2018 - DToC Days							
	Health	Social Care	Health and Social Care	Total	% Attributable to Social Care	% Attributable to Health	% Attributable to Health and Social Care
Dartford and Gravesham NHS Trust	547	144	0	691	20.8%	79.2%	0
East Kent Hospital University Foundation Trust	1357	66	22	1445	4.57%	93.9%	1.53%
Kent and Medway Partnership Trust	102	39	84	225	17.3%	45.4%	37.3%
Kent Community Health Foundation Trust	118	124	28	270	45.9%	43.7%	10.4%
Maidstone and Tunbridge Wells Trust	591	461	1	1053	43.8%	56.1%	0.1%
Medway Foundation Trust	3	101	0	104	97.1%	2.9%	0
Virgin Care Services	180	55	0	235	23.4%	76.6%	0
Kent Grand Total	2898	990	135	4023	24.6%	72%	3.4%

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From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 30 November 2018

Subject: Work Programme 2019/20

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Adult Social Care Cabinet Committee.

Recommendation: The Adult Social Care Cabinet Committee is asked to consider and note its work programme for 2019/20.

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult Social Care and Health Cabinet Committee: - *'To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults'*.

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2019/20

3.1 An agenda setting meeting was held at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion to the agenda of future meetings.

3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda

planning and allow Members to have oversight of significant service delivery decisions in advance.

- 3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

- 4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

- 5. Recommendation:** The Adult Social Care Cabinet Committee is asked to consider and note its work programme for 2019/20.

6. Background Documents

None.

7. Contact details

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Adult Social Care Cabinet Committee - Work Programme 2019/20

ASC Cabinet Committee meeting dates	Key Decisions	Commissioning Items/Contract Monitoring	Developing Issues	Members' interests/suggestions	Standing Items
22-Jan-19	<p>New Mental Health Operating Model</p> <p>18/00054 - Digital Strategy</p> <p>18/00053 - Sensory Service British Sign Language Interpreting Contract</p> <p>Budget Report</p>	<p>Community Day Services for People with a Learning Disability and/or Physical Disability (16/00089)</p> <p>End of Life Care – Update</p> <p>Sensory Strategy Update</p> <p>Safeguarding Adults Update</p>			<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2019/20</p>
12-Mar-19	<p>Adults Rates and Charges 2019/20</p> <p>Adult Social Care Green Paper</p> <p>18/00067 – Rates Payable and Charges Levied for Adult Social Care Services 2019/2020</p>	<p>Performance Dashboard</p>			<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2019/20</p>

17-May-19					Verbal Updates by Cabinet Member and Corporate Director Work Programme 2019/20
12-July-19		Performance Dashboard Update on progress against British Deaf Association of British Sign Language Pledges – to come back to Committee in July 2019			Verbal Updates by Cabinet Member and Corporate Director Work Programme 2019/20
27-Sept-19					Verbal Updates by Cabinet Member and Corporate Director Work Programme 2019/20
27-Nov-19		Performance Dashboard			Verbal Updates by Cabinet Member and Corporate Director Work Programme 2019/20

16-Jan-20					Verbal Updates by Cabinet Member and Corporate Director Work Programme 2019/20
27-Mar-20		Performance Dashboard			Verbal Updates by Cabinet Member and Corporate Director Work Programme 2019/20
22-May-20					Verbal Updates by Cabinet Member and Corporate Director Work Programme 2019/20
Future items	<ul style="list-style-type: none"> Process for indexation of contracts (C Maynard) 				

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